Radiotherapy Board

Response to Public Health England consultation on Version 6.0.7 of the Radiotherapy Dataset

The Radiotherapy Board[i] welcomes the opportunity to respond to Public Health England's (PHE's) public consultation on the proposed Version 6 (V6.0.7) of the Radiotherapy Dataset (RTDS).

The Board would like to offer the following comments about the RTDS and about the proposed Version 6:

1. About the RTDS

a) *Value* - further to its response to the consultation on the review of the RTDS undertaken in 2019, the Radiotherapy Board would like to re-state its support for this vital national resource. The information available through the RTDS is an essential component of service planning, commissioning, clinical practice and research, as well as for the effective operational provision of radiotherapy services. The Board therefore welcomes and supports developments which will enhance the value of the RTDS.

b) *UK expansion* - in addition to the changes now proposed for Version 6, the Radiotherapy Board has long advocated extending the scope of the dataset to include comparable information for all four UK nations. It commends the work being undertaken by PHE to deliver this and welcomes the intention to introduce a single extract format across all Record and Verify systems currently in use across England, Scotland and Wales.

c) *Data integration* - the Radiotherapy Board welcomes PHE's ongoing commitment to widening access to, and availability of, data from the RTDS. This is a huge benefit to all stakeholders with an interest in radiotherapy. The Board urges PHE to also consider as a priority what further work can be undertaken to integrate information from the RTDS with that from other datasets. This would be a significant step towards measuring clinical outcomes which are often the net result of multiple treatment modalities, not just radiotherapy.

2. RTDS Version 6.0.7

a) *Burden of data collection* – the Radiotherapy Board remains concerned that the scale and scope of changes proposed to the RTDS will increase the burden of data collection. Radiotherapy centres will be investing significant effort into providing these data. The Board therefore suggests that a clearer explanation is needed from PHE as to how the overall data will be shared with them in a way that will offer benefit. The change to the RTDS will come at a time when radiotherapy centres are under particular pressure to restore and maintain services following the COVID-19 pandemic and during the ensuing endemic phase, and when they are already facing significant and serious workforce shortages.

The Board welcomed the 'open meetings' hosted by PHE earlier this month for radiotherapy providers in England, Scotland and Wales, and hopes these provided sufficient opportunity for concerns about the burdens of data collection to be debated.

b) *Clinical Trials* – the Radiotherapy Board welcomes the inclusion of a new data item to record whether or not a radiotherapy prescription is being given as part of a clinical trial. This

recognises research participation as a significant quality indicator and will support the reporting of data on research participation.

c) *Molecular Radiotherapy* – the Radiotherapy Board welcomes the inclusion of additional details to improve the recording of molecular radiotherapy treatments (the Licence ID issued by the Administration of Radioactive Substances Advisory Committee (ARSAC) of the practitioner who justified the therapy and the route of administration for treatment delivery) but suggests that there are other significant quality indicators for molecular radiotherapy, such as whether any dosimetry data are being collected (these data are increasingly being mandated by ARSAC). Has any consideration been given to collecting this information?

   The Radiotherapy Board suggests further clarification is needed around plans for collection of data on molecular radiotherapy treatments as it seems to be unclear whether these data are optional or mandatory. In its explanation of data submission formats PHE notes that there will be *"an optional single file manual extract providers can supply, for non-record and verify system treatments such as molecular treatments or unconnected brachytherapy machines"*. The Radiotherapy Board feels that provision of data on molecular radiotherapy treatments should be mandatory.

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[i] The Radiotherapy Board was established in 2013 by The Royal College of Radiologists, the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine. It provides guidance, oversight and support for the continuing development of high-quality radiotherapy services for cancer patients in the UK. Its membership includes representation from other organisations closely involved in radiotherapy services.