Data Provision Notice

The COVID RT Study

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Contents

Background

The Health and Social Care Act 2012 (the **2012 Act**) gives the Health and Social Care Information Centre, now known as NHS Digital and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice (**DPN**), is required to support a direction from the Secretary of State for Health and Social Care to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose of the collection

The COVID RT Study is led by the National Cancer Research Institute (**NCIR**) Clinical and Translational Radiotherapy Research Working Group (**CTRad**), and has been developed in partnership with the Royal College of Radiologists, the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine.

The purpose of the collection is to understand the impact of COVID-19 on both radiotherapy patients and the radiotherapy service at a national scale. See: https://www.ncri.org.uk/how-we-work/ctrad/covid-19-research/

Benefits of the collection

The COVID-19 pandemic has had a significant impact on cancer patients and cancer services across the UK. During the peak of the pandemic, radiotherapy services across the UK continued to treat cancer patients in often challenging circumstances and implemented significant changes to standard practice in order to minimise the risks to patients of contracting COVID-19 and focus radiotherapy resources where they were most needed. The scale of these changes in radiotherapy practice, the clinical decision making underpinning them and their impact on cancer patient outcomes is unknown.

This data collection and linkage is crucial to evaluate the impact of changes in radiotherapy treatments during the pandemic on patient outcomes. The outputs from COVID RT will be important to assess the true impact of COVID-19 on patient outcomes and, critically, to inform the response to future waves of the COVID-19 pandemic and/or future pandemics.

Legal basis for the collection, analysis, publication, dissemination and transparency

Collection and Analysis

NHS Digital has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the collection and analysis of information required to support the national response to the COVID-19 pandemic. A copy of the Direction is published here https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/covid-19-public-health-directions-2020

COVID RT data has been captured by radiotherapy providers (centres/hospitals) and provides a detailed description of clinical decisions and radiotherapy treatment delivery

across the UK during the pandemic. Eighty-seven percent of UK radiotherapy providers have participated, with representation across all 4 UK Nations, but the data will only be collected from providers of NHS radiotherapy treatment services in England that have agreed to participate in the study. In accordance with the advice to providers from the COVID RT study, this collection is considered to be a service evaluation and participating providers have gained approval from their Caldicott Guardian for the collation and storage of the data in anticipation of submitting it centrally.

Dissemination

The data collected will be shared with Cancer Research UK (**CRUK**) in a pseudonymised form and will be held in their Trusted Research Environment for analysis by the COVID RT study team to investigate the impact of COVID-19 on patient outcomes and to inform the response to future waves of the COVID-19 pandemic and/or future pandemics. The data will be shared with CRUK using NHS Digital's dissemination powers in section 261(1) of the 2012 Act.

NHS Digital may also disseminate the information it has obtained by complying with the Direction to other parties that have a lawful basis to receive the information.

Transparency

In accordance with individuals 'right to be informed' under the UK GDPR, NHS Digital has published transparency information for this collection, which can be found here www.digital.nhs.uk/coronavirus/coronavirus-covid-19-response-information-governance-hub/the-covid-rt-study-transparency-notice. NHS Digital has also prepared suggested wording that can be incorporated into a provider's existing information for patients, this can be found here https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/covid-rt-study.

Persons consulted

NHS Digital has, as required under section 258 of the 2012 Act, consulted with the following persons:

- Royal College of Radiologists (**RCR**)
- Society and College of Radiographers (**SCoR**)
- Institute of Physics and Engineering in Medicine (**IPEM**)
- COVID RT Steering Group - made up of representatives from RCR, SCoR, IPEM, NHS Digital, CTRad, University of Leeds, and the National Institute for Health Research
- Individual radiotherapy providers (centres/hospitals) in England, Northern Ireland, Scotland and Wales.

Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS Digital's duty under section 259(8) on the following persons:

- providers of NHS radiotherapy treatment services in England who have agreed to participate in the study - see Appendix 1

Under section 259(5) of the 2012 Act, the organisation types specified in the above Scope must comply with the Form, Manner and Period of the data collection requirements.

Form of the collection

Providers may choose to collate data for selected tumour sites only (e.g. sites in which COVID-19 has had the greatest impact on radiotherapy treatment) or, if they are able to, to include every patient that aligns with the data collection drop-down option list in the Study spreadsheet ("*CTRAD COVID RT 11-05-2020_to be implemented at sites*"), which also provides the list of tumour types that are included within each primary site code. For the primary sites chosen, providers should collect and store COVID RT data on every adult cancer patient for whom radiotherapy is being/has been considered in the curative definitive or adjuvant treatment setting from 01/03/2020.

The data items to be submitted by providers are:

- Case No
- NHS Number
- Date of birth
- Date of treatment decision (month)
- Primary site
- Altered RT timing
- Altered RT intent
- RT indication
- Concurrent chemo
- RT regimen
- Planned dose
- Planned fractions
- Actual RT start date
- Actual RT finish date
- Given fractions
- Optional field - COVID +ve on treatment?
- Optional field - Case entered by
- Optional field - Case Comments

Manner of the collection

Providers were informed at webinars held by NCRI that once the necessary central approvals were in place, they would be invited to submit the locally collected data to a central body. See: https://www.ncri.org.uk/wp-content/uploads/NCRI-CTRad-COVID-RT-4-May-2020-for-circulation.pdf. The data was intended to be collected by the National Disease Registration Service (NDRS) within Public Health England (PHE). The NDRS has now transitioned to NHS Digital, who will collect identifiable COVID RT data from English radiotherapy providers and then share the data in pseudonymised form with CRUK where the analysis will be conducted.

A collection template has been provided and the data will be securely sent to NHS Digital as Excel spreadsheets (blank template has been provided) from each English RT provider that has agreed to participate. In accordance with the "*Protocol for submission of COVID RT*", providers should submit the COVID RT data using Egress Switch, a government accredited and file encryption service, and send the data to the secure mailbox covid.rt@phe.gov.uk.

Period of the collection

Providers should make one submission of the COVID RT data that they have collated on their systems between 1 March 2020 to 31 December 2020. Providers will be advised if a further submission of the data is required.

Data quality

NHS Digital, NDRS will collate the COVID RT data from all providers into one file, and will remove any data that has not been submitted in the correct format. The COVID RT Study team will advise on any other data quality issues, and will contact providers where data has not been received.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

NHS Digital has sought to minimise the burden on providers by collecting the data from providers in the form that providers were advised by the COVID RT Study to collate the data, rather than requesting information in another format which may be more burdensome to process.

In seeking to minimise the burden it imposes on others, in line with sections 253(2)(a) and 265(3) of the 2012 Act, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and adult social care system in England.

A burden assessment has not taken place for this collection. The requirement for the data for the purpose of responding to COVID-19 outweighs the requirement for a burden assessment to take place.

Appendix 1 – Radiotherapy providers in England participating in the COVID RT study

- Addenbrooke's Hospital, Cambridge;
- Bristol Haematology & Oncology Centre;
- Castle Hill Hospital, Hull;
- Cheltenham General Hospital;
- Colchester General Hospital;
- Dorset Cancer Centre, Poole Hospital;
- Guy's & St Thomas' Cancer Centre;
- Imperial College Cancer Centre;
- Ipswich Hospital;
- Kent Oncology Centre;
- Leeds Cancer Centre, St James' University Hospital;
- Leicester Royal Infirmary;
- Lincoln County Hospital;
- Mount Vernon Cancer Centre;
- Musgrove Park Hospital, Taunton;
- New Cross Hospital, Wolverhampton;
- Norfolk and Norwich University Hospital;
- North Middlesex University Hospital;
- Northern Centre for Cancer Care, Freeman Hospital, Newcastle;
- Northampton General Hospital;
- Nottingham University Hospital;
- Oxford Cancer Centre, Churchill Hospital;
- Peterborough City Hospital;
- Plymouth Oncology Centre, Derriford Hospital
- Queen Elizabeth Hospital, Birmingham;
- Queens Hospital, Romford;
- Royal Berkshire Hospital;
- Royal Cornwall Hospital;
- Royal Derby Hospital;
- Royal Devon and Exeter Hospital;
- Royal Free Hospital;
- Royal Marsden Hospital;
- Royal Preston Hospital;
- Royal Shrewsbury Hospital;
- Royal Surrey County Hospital;
- Royal Sussex County Hospital;
- Royal United Hospital, Bath;
- Southend University Hospital;
- The Christie Hospital;
- The Clatterbridge Cancer Centre;
- The James Cook University Foundation Hospital, Middlesbrough;
- Torbay Hospital;
- University College Hospital, London;
- University Hospital Coventry;
- Weston Park Hospital, Sheffield;
- Worcester Oncology Centre.

For further information

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