Public Health England

Protecting and improving the nation's health

Radiotherapy Data Set v5.0 (RTDS)
Change Specification

National Information Standard (SCCI0111)

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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SCCI Standardisation Committee for Care Information

This information standard (SCCI0111) has been approved for publication by NHS England under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the requirements specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification (this document)
- Implementation Guidance.

An Information Standards Notice (SCCI0111 Amd 13/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the HSCIC website.

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1.0	03/11/2015	Publication Version

Reviewer:
This document must be reviewed by the following:

Name	Organisation	Version	Date
Dr Jem Rashbass	Director, National Disease Registration, Public Health England	v1.0	03/11/2015

Approvals:
The following must approve this document:

Name	Organisation	Version	Date
Dr Jem Rashbass	Director, National Disease Registration, Public Health England	v1.0	03/11/2015

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1. Background

The Change Specification requires NHS Acute Providers of Radiotherapy Services to collect and submit the radiotherapy data set (RTDS) to Public Health England (PHE) replacing the requirement to submit the data set to the National Clinical Analysis and Specialised Services Applications Team (NATCANSAT).

The management and delivery of the national Radiotherapy Data Set (RTDS) since 2009 has been undertaken by NATCANSAT, which is based at The Clatterbridge Cancer Centre NHS Foundation Trust.

The RTDS service with NATCANSAT was commissioned by the National Cancer Intelligence Network (NCIN), which in April 2013 became part of PHE. The National Cancer Registration Service (NCRS) was also incorporated into PHE in April 2013 and now both the NCIN and NCRS sit within the Chief Knowledge Officer's (CKO) directorate. PHE now provides definitive national functions for the collection, quality assurance and analysis of cancer data across 155 NHS acute trust providers of cancer care. This already includes the 50 NHS acute trust providers of radiotherapy services.

PHE already manages major cancer data sets such as the Cancer Outcomes and Services Data Set (COSD SCCI1521) and the Systemic Anti-Cancer Therapy Data Set (SACT ISB1533), the National Prostate Cancer Audit (NPCA) and the National Lung Cancer Audit (NLCA).

The NATCANSAT data extraction products will be replaced by the development of equivalent generic PHE data extraction, submission and validation methods through an on-line submissions portal. Where necessary, on-site technical support will be provided by PHE to set up and ensure the timeliness and accuracy of the data extraction and submission for RTDS. There will be thorough testing of the new methods beginning in October 2015 and continuing through to March 2016.

If the testing goes to plan then the upload portal will be officially launched on 1 April 2016 ready to receive the substantive notifications relating to April 2016 and due for submission 20 May 2016.

It is intended that by 1 January 2016 the NCRS upload portal will be fully developed and operational. This allows for three months' of test submissions from providers to validate and calibrate the functions of the upload portal before the April 2016 submission is due. All NHS radiotherapy providers will be formally advised by 31 December to confirm that the submissions portal is ready to receive the January 2016 test data, which is due for submission on 20 February 2016.

A one month delay in the completion of the submissions portal (31 January 2016) would reduce this to two months of operational testing and by extension a two months' (29 February) delay would reduce this to one month of operational testing.

In the event of these delays in development, at each point a formal communication will be issued to all providers.

Should the delay in delivering and testing the fully functional portal extend beyond three months then this would threaten the timelines for the collection and submission of the substantive April 2016 data that is due to be submitted by 20 May 2016. A formal 'no-go' notice will be issued to all providers by the end of March if the upload portal is not fully tested, operational and available.

The mitigation for short-term delays of up to three months would be that the NCRS would receive the RTDS data by SFT or secure email in csv, access or xls formats as necessary and use other tools to undertake validation and quality assurance of the data. The NCRS has dedicated quality assurance staff in each of its eight regional offices who would be available to support this work. These processes may take relatively more time to undertake and so there could be slippage in the timeliness of feedback and reporting.

Should the delay in delivering the fully functional portal become subject to more critical time delay (beyond the first financial quarter of 2016/17) and thereby cause significant additional burden on providers, then PHE will seek to contract with the NATCANSAT team to reinstate their data submissions management through their proprietary toolkit. PHE would have to bear fully the costs of such an arrangement until it was no longer necessary. A decision on this would be formally communicated by letter to the Chief Executives of all radiotherapy service providers from the Chair of the Radiotherapy Information Strategy Group no later than 30 June 2016. Additionally, the project senior responsible officer would seek support via the Standardisation Committee for Care Information for temporary re-instatement of the previous Information Standards Notice to allow this to be actioned.

2. Changes to Business Process

During the financial year 2015/16 because of the change in management of the standard, PHE will need to work with NHS acute providers of radiotherapy services to design and implement replacement data extraction, quality assurance and validation methods from their oncology management systems (OMS) for submission to PHE. This will replace the current requirement to extract the data set using the NATCANSAT toolkit for submission of the data.

Apart from the two minor clinical coding format changes there will be no changes required to the size or content of the data set.

PHE will provide on-site support to facilitate:

- the data extraction, quality assurance and validation methods and tools from oncology management systems across the 50 NHS acute providers of radiotherapy
- software development to import and integrate RTDS data into the national ENCORE system, a national RTDS data reporting portal
- web development to build an online RTDS upload portal with built in validation checks

The requirements for providers during 2015/16 are to begin to work with PHE in establishing and testing replacement data extraction, validation and reporting functions and tools and from 1 April 2016 onwards to extract and submit the data set to PHE using the new processes and cease to send them to NATCANSAT. PHE will co-ordinate this work and involve the Oncology Management System (OMS) providers in testing and providing solutions.

From 1 April 2016 all NHS funded facilities providing Radiotherapy Services are required to return data to PHE for all Activity undertaken on Teletherapy and Brachytherapy Machines or with radioisotopes not contained within a Teletherapy or Brachytherapy Machine.

The Radiotherapy Data Set (RTDS) accompanies the Out-Patient Commissioning Data Set (OPCDS) for Patients attending for Radiotherapy.

Where inpatients attend for Radiotherapy, a Radiotherapy Attendance record should be submitted to Public Health England along with the Commissioning Data Set (CDS) record for the Inpatient Attendance.

For further guidance, see the Public Health England website at: https://nww.api.encore.nhs.uk

Data submission

The Radiotherapy Data Set should be submitted to Public Health England by the 15th working day of each month or a quality assured return which meets the defined critical QA criteria by the 20th day of the month.

The extracts should include all Radiotherapy Attendance records for the previous calendar month. The submissions should commence with the data relating to April 2016.

The RTDS will be submitted accompanied by the Outpatient Commissioning Data Set (OPCDS) in current format as per the Radiotherapy Data Set Message page.

The upload function will retain the current format, however the current NHS standard for the transmission of data sets is XML. The ability to transmit the data to Public Health England in XML format will be consulted on for introduction from April 2017 with a view to the current upload function being discontinued from April 2019.

Data should be submitted using secure NCRS upload portal at:
https://nww.api.encore.nhs.uk/upload/

3. Changes to Information Governance

The change in management of the standard will mean that PHE will become solely legally responsible for the collection, processing, storage and release of RTDS data. Beyond this there are no material changes proposed to the conditions under which the data are collected, stored, analysed or released. PHE manages requests for release of data through the Office for Data Release. PHE recognises that the information collected relates to individuals and recognises the obligation to look after that information carefully. PHE also has a responsibility to share information appropriately to:

- support the effective running of health and social care services
- ensure those responsible for making decisions about the future of health and care delivery can do so based on evidence
- support those carrying out ethically-approved research studies that will benefit future care and treatment
- protect the public's health from infectious diseases and other hazards to health
- improve the public's health and well being and reduce health inequalities
- improve population health through sustainable health and care services.

PHE will advise the Confidentiality Advisory Group (CAG) of the Health Research Authority of the change in management of the data set and standard as part of the review of continuing support for the NCRS licence under the Health Service (Control of Patient Information) Regulations 2002 to continue to process confidential patient information without consent. The role of the CAG is to review applications and information submitted under these regulations and to provide advice to the Secretary of State for Health and Health Research Authority on whether an application should be, or continue to be, approved and where applicable, any relevant conditions.

The NCRS within PHE is required to demonstrate to CAG that appropriate technical and organisational measures are in place to prevent unauthorised processing of confidential

information. This evidence is demonstrated through maintaining a satisfactory Information Governance Toolkit (IGT) submission. The current percentage score for IGT v.12 is 73%. The HSCIC IG Toolkit Team provided confirmation directly to the CAG that a satisfactory IGT submission is in place on 28 May 2015.

4. Changes to Data Items

There are two minor format changes to data items in the data set. DDCN 1496 Clinical Coding, published on 26 January 2015, explained that a review of clinical coding information in the NHS Data Model and Dictionary had been undertaken to better reflect current coding requirements and the distinction between clinical terminologies and clinical classifications.

As part of this review, all data sets in the NHS Data Model and Dictionary were checked to establish if the data set specification formats were correct and changes made where they were.

Consequently, this Change Specification also updates the following Data Elements in the Radiotherapy Data Set to bring them in line with the Clinical Coding Data Dictionary Change Notice:

Description	**Current Format**	**Required Format**
Radiotherapy Diagnosis (ICD-10 Code)	an6	min an4 max an6
Radiotherapy Anatomical Treatment Site (OPCS-4 Code)	an6	an4