

# East of England Cancer Alliances Rapid Cancer Registrations Dataset

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**NHS England and NHS Improvement**



**RCRD: Usage and Limitations**

**The Change in the Cancer Data Approach**

**The Cancer Alliances**

**Using RCRD**

**The Power of RCRD**

**Learnings from using RCRD**

This presentation uses data from the Rapid Cancer Registrations Dataset (RCRD), released by the National Cancer Registration and Analysis Service (NCRAS). NCRAS host the national cancer database, containing data sent directly by NHS Trusts send. In addition, this data has the potential to be linked to multiple other health care datasets. This provides England with probably the richest cancer database in the world.

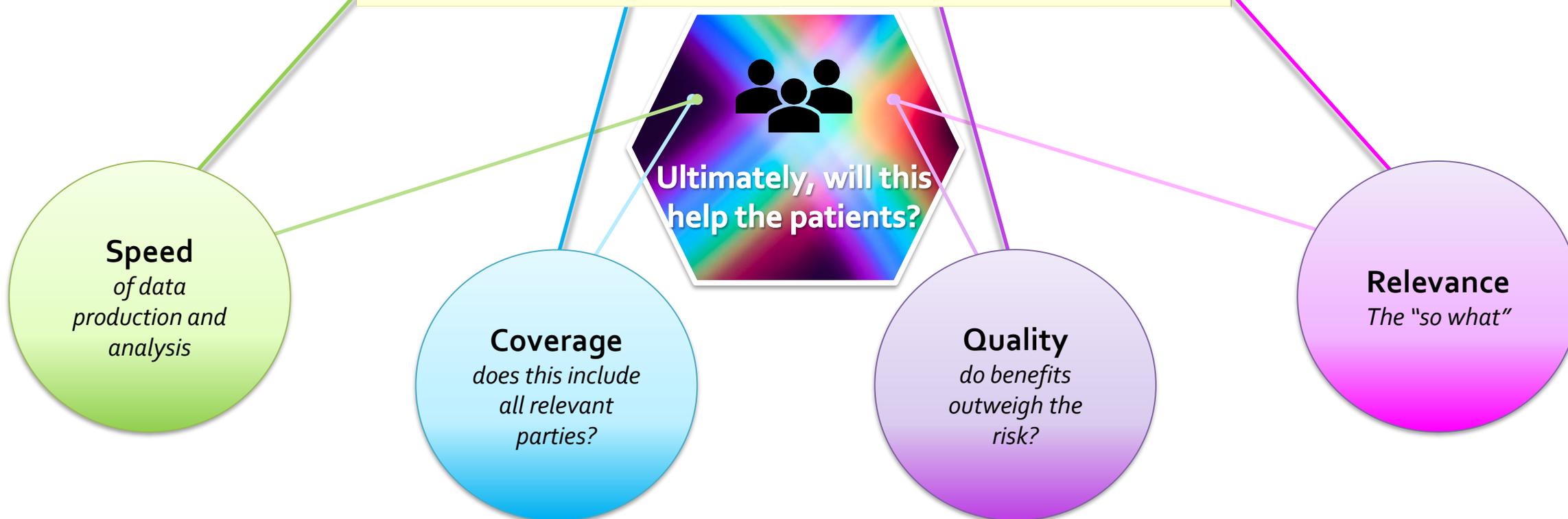
- It usually takes around 18 months to two years for each cancer registration to be fully processed, quality assured and released. This is due to the huge amount of work undertaken by NCRAS Registration Officers to synthesise digital and paper notes for patients to ensure each patient record is as accurate as possible. It can take around six months alone for all relevant records to be submitted to the registry for the registration process to begin.
- However, during the pandemic, NCRAS have shifted focus and have recently began to share more rapid cancer registration information – with just a 4-6 month time lag. As such, we know some data will be
- National and regionally, cancer staff have moved from using robust, validated and time-lagged datasets to using rapid, 'good enough' management information data during the pandemic.
- The cancer alliances work with cancer registration Data Liaison Leads to encourage Trusts to increase data completeness for COSD data items, such as stage at diagnosis.

- RCRD data enriches our understanding of what has happened to cancer pathways and patients during COVID-19. Unlike other datasets, we know that this tells us about cancer patients with confirmed diagnoses.
- You can undertake analysis based on all activity by NHS providers in a specific region, Cancer Alliance or ICS, regardless of where patients live in the country.
- RCRD can also stratify both for patients living within the East of England and for East of England residents who attended any provider in England.
- The RCRD is available by a number of parameters – these, however, are mostly independent. Therefore, we can view cancer incidence by age, sex, deprivation, ethnicity, stage at diagnosis, Route to Diagnosis – all cut by tumour site as well. However, we can not currently see combination metrics, such as stage by sex or route by deprivation.
- There is a slide at the end of the pack that allows you to see a snapshot of the inclusion and exclusion criteria of the RCRD.

The COVID-19 Pandemic and the NHS Level 4 Critical Incident

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**When we considering using more rapid data, we consider:**

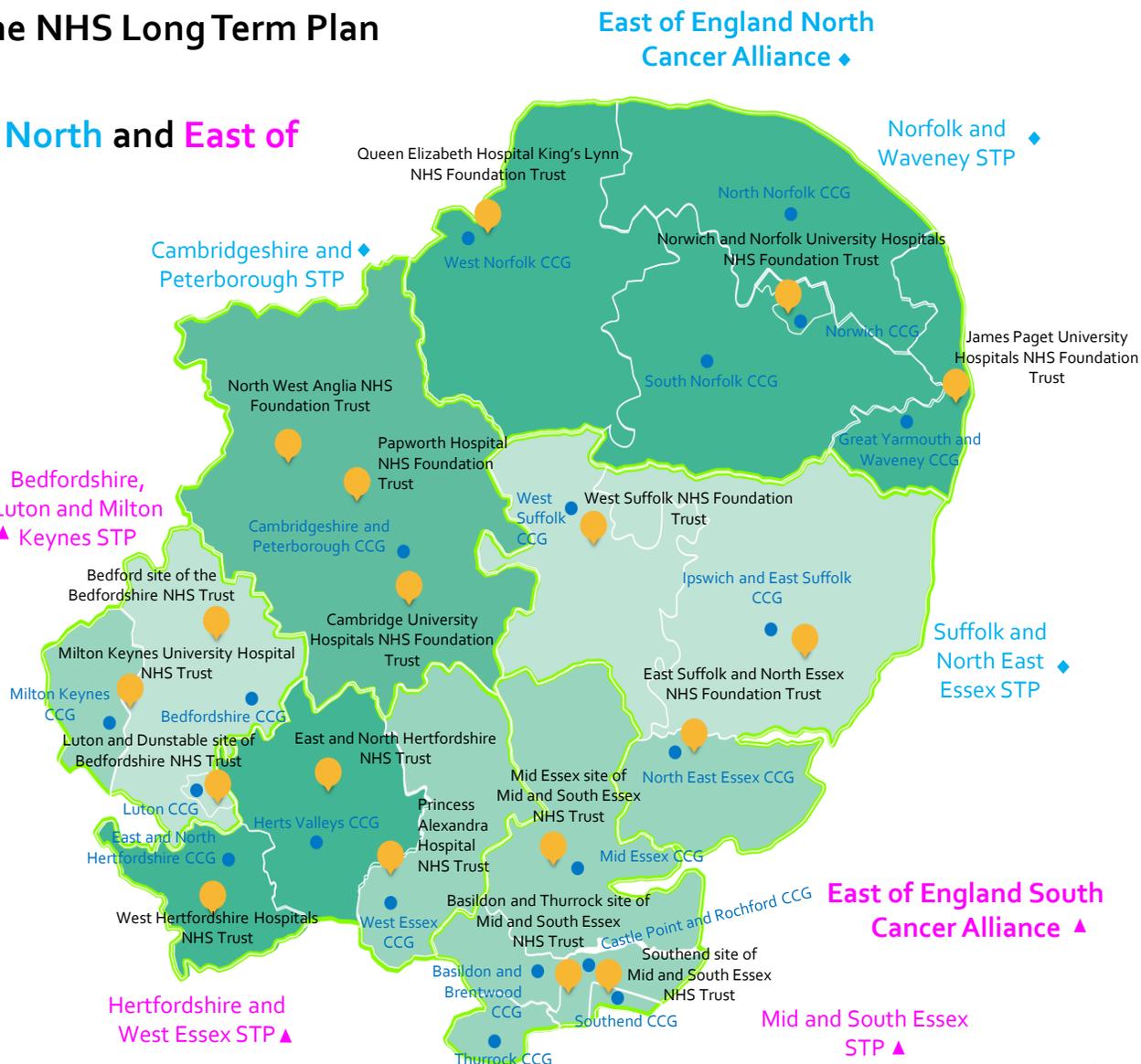


# The Cancer Alliances

- There are 21 Cancer Alliances in England working to deliver the NHS Long Term Plan commitments for people affected by cancer.
- 2 Cancer Alliances are in the East of England: **East of England North** and **East of England South**

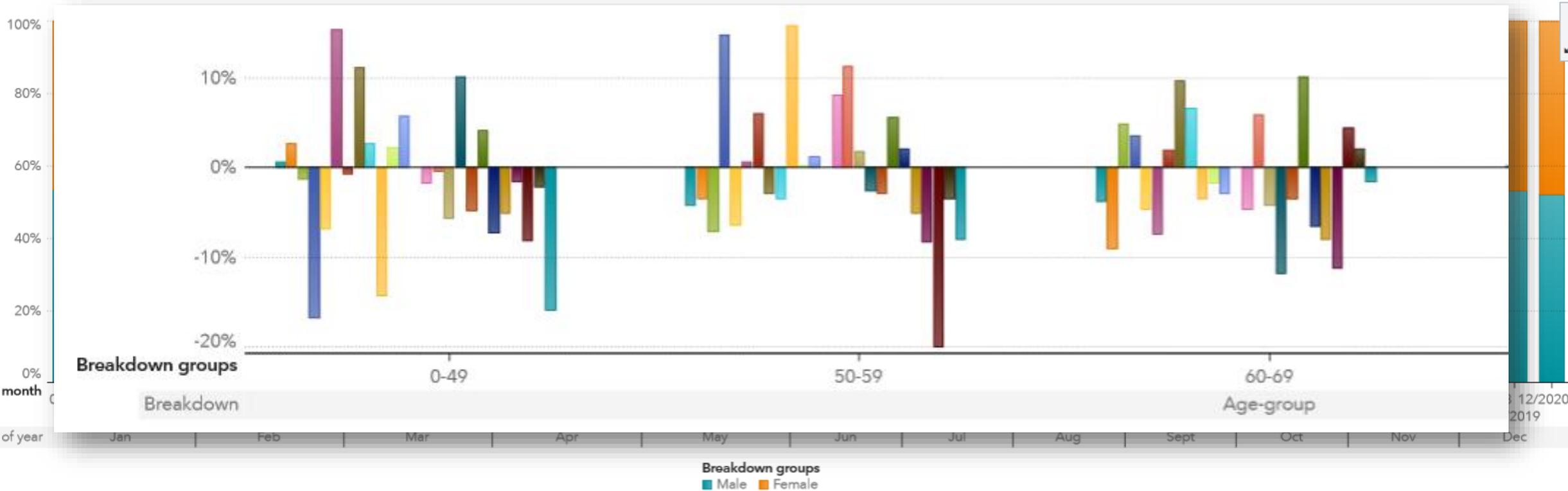


- The ambitions will be delivered in a way that:
  - improves quality of life outcomes;
  - improves patient experience outcomes;
  - reduces variation; and
  - reduces inequalities.



- The charts designed within the tool are important to look at, to see whether there are obvious patterns or changes during the pandemic.

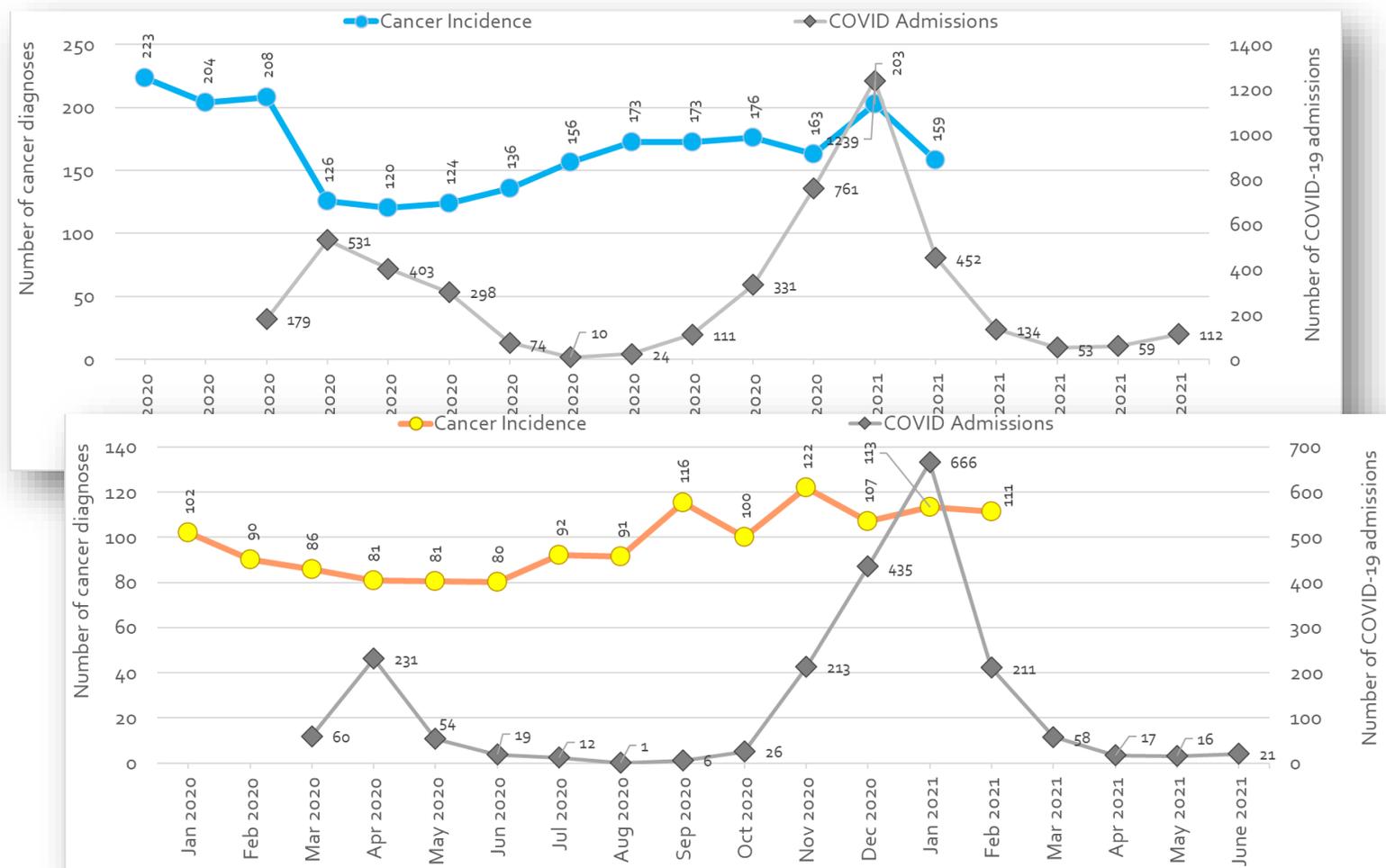
- We can do this by number and by proportion.
- There are a range of visuals – trend charts, bar charts and tables.



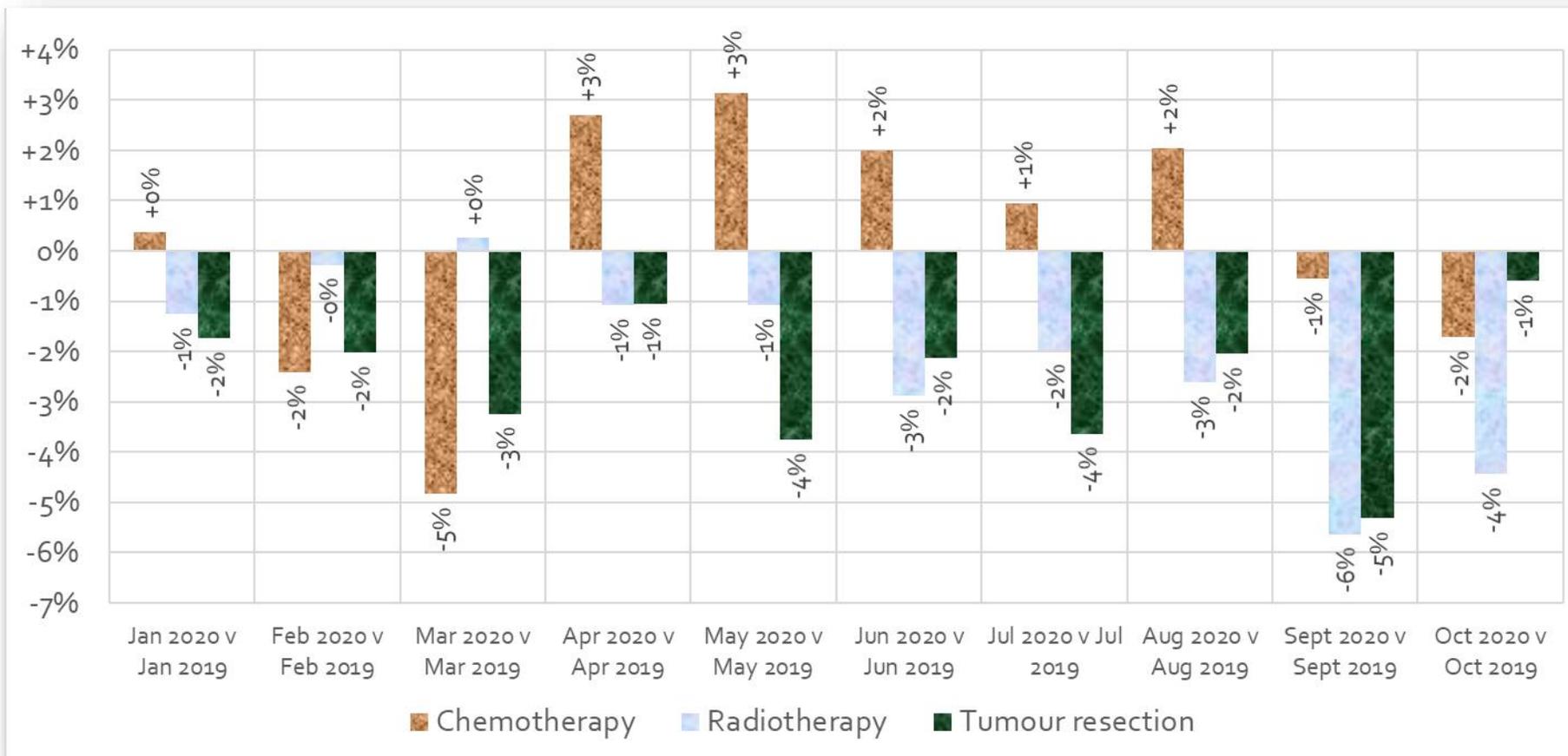
- We are grateful for all of the work undertaken nationally to process cancer registrations more rapidly than ever before.
- It is beyond expectation that we can see and use the data in the format and granularity that we are able to do in the RCRD.
- The processing, including de-duplication and preliminary cleaning, means that this remains our best source of cancer registrations during the pandemic.
- The incredible part of the data has been the flexibility of the NDRS Team including Sean McPhail, Carolynn Gildea, Elsita Payne and others in responding to feedback and implementing crucial functionality.
- This allows us in Cancer Alliances to be able to export and use the data locally **to drive conversations and effect changes that will impact cancer services and patients.**

We can now start to answer questions including:

## Did COVID-19 hospital admissions show a relationship with the diagnosis of cancer during the pandemic?



- There were some challenges to treatment data reporting and/or treatments delivered during COVID-19.
- We can see how **chemotherapy** treatments increased in 2020 compared to 2019 from April to August.
- **Surgery** appears to have decreased.
- **Radiotherapy** also appears to have decreased, this requires a clinical sense check.



- We can now see what has happened to our **cancer incidence numbers and patients** during COVID-19.
- We can quantify these key metrics now – though this is not the final step. **We must share and discuss** this with key health care staff, including clinicians and patients to understand:
  - ➔ Are the numbers and trends reflecting the experience on the frontline; and
  - ➔ ***If they are not***, how can we ensure good data quality to improve COSD and other cancer data submissions?
  - ➔ ***If they are***, then what local interventions can we co-ordinate at regional, Alliance, ICS, Commissioner, Local Authority or Acute Trust level to support patients on cancer pathways?
- Statistical significance (or lack of) does not equate to **clinical significance**.
- We aim to take the findings to support our Cancer Alliances' development of **strategic discussions**.
- We can estimate as the data quality improves, the **longer term impact** on the LTP ambitions.

Thank you to all contributors and colleagues for their contribution to the validity and value of this analysis whilst it has been in preparation.

With thanks also to Sean McPhail,Carolynn Gildea, Elsita Payne, Laura Webster and colleagues at the National Cancer Registration and Analysis Service for responding to our queries and requests relating to this dataset and their work to make this crucial cancer data available more rapidly than ever before, and particularly for making data downloads possible.

**Please send any comments/feedback to**

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