

Impact of COVID-19 on future NBOCA reporting

NBOCA understands that the coming months are going to be difficult for clinicians and MDTs to provide care to patients with bowel cancer during the COVID-19 pandemic. Providing systemic anticancer therapy and radiotherapy and undertaking surgical resections will be challenging. Treatment pathways will be altered to avoid patients becoming immunosuppressed or having to access hospital-based care, both of which would increase their risk of serious illness from COVID-19. Restricted access to theatres and critical care beds may also result in delays. Patients admitted for surgery will be at risk of contracting COVID-19 while in hospital and of adverse outcomes both due to the disease and potential lack of critical care resources.

The information on care pathways, surgical activity and outcomes routinely produced by the National Bowel Cancer Audit will undoubtedly show the impact of COVID-19 on the delivery of bowel cancer services. As such, the audit team has begun to review its statistical methods so that the impact of COVID-19 can be identified and distinguished from the typical results produced by hospital trusts and surgeons. This will ensure the Audit can help the surgical community and wider health system learn valuable lessons from this unprecedented time. It will also ensure that, once the pandemic is over, information produced by the Audit for hospital trusts and surgeons gives an accurate reflection of the likely outcomes for patients under normal circumstances, unbiased by the impact on outcomes during the pandemic.

In summary:

- Please continue to collect NBOCA data locally during the COVID-19 pandemic so that we can understand the impact of the pandemic on the provision of cancer services.
- The NBOCA CAP system remains open for data submissions and NBOCA can provide help. There will be no data submission deadlines during this unprecedented period.
- Data on colorectal cancer outcomes during COVID-19 and the subsequent recovery phase will not be used for benchmarking or assessment of hospital trusts and MDTs, and nor will it be used towards Clinical Outcomes Publication.
- Information produced by the Audit will accurately reflect the outcomes for patients under normal circumstances.