**FOI Ref: 6009**

**Category(ies): Trust - IT**

**Subject: Data Management and Medicines Usage in Secondary Care**

**Date Received: 10/09/2021**

1. Does your Trust have an electronic prescribing and medicines administration system (ePMA)?

|  | *Please tick one option* |
| --- | --- |
| 1. Yes *(go to Q2)* | yes |
| 1. No *(go to Q4)* |  |

1. What is the full name of this ePMA system?

| *Please specify the system name and supplier* |
| --- |
| MEDITECH V6 and MEDITECH |

1. Which of the following statements best describes the status the data integration of (i) the system that manages clinical patient notes and records and (ii) the pharmacy dispensing system at your Trust?

| *Please tick one option for (i) and one option for (ii).* | | |
| --- | --- | --- |
|  | (i) Clinical patient records / medical notes | (ii) Pharmacy Dispensing System (PDS) |
| 1. Electronic and fully integrated | yes | □ |
| 1. Electronic and partially integrated | □ | yes |
| 1. Electronic and not integrated | □ | □ |
| 1. On paper | □ | N/A |

1. Which of the following statements best describes your Trust’soverall implementation of the ePMA system?

|  | *Please tick one option* |
| --- | --- |
| 1. ePMA system is fully implemented *(Go to Q5)* | Yes |
| 1. ePMA system is partially implemented and progress is ongoing to complete it *(Go to Q5)* | □ |
| 1. ePMA system has been procured from a named supplier and awaiting implementation *(Go to Q5)* | □ |
| 1. Selection of suppliers and procurement of ePMA system is underway *(Go to Q5)* | □ |
| 1. Awaiting funding *(Go to Q17)* | □ |
| 1. No ePMA systems or plans in place *(Go to Q17)* | □ |
| 1. Other – please specify below |  |
|  | |

1. To the best of your knowledge when will an ePMA system be fully implemented at your Trust?

|  | Month | Year |
| --- | --- | --- |
| Estimated date of full implementation | Sept | 2018 |

1. Which of the following statements best describes the interface between the patient record system and the pharmacy dispensing system?

|  | *Please tick one option* |
| --- | --- |
| 1. Patient records are electronic and fully integrated with pharmacy dispensing system. | □ |
| 1. Patient records are electronic and partially integrated with pharmacy dispensing system. | □ |
| 1. Patient records are electronic, but not integrated with the pharmacy dispensing system. | Yes |
| 1. On paper | □ |

1. What is the name of the pharmacy dispensing system at your Trust?

| *Please specify the system name and supplier* |
| --- |
| JAC |

1. Can the Trust export data from these systems and, if so, in which of the following formats?

| *Please tick all that apply* | | |
| --- | --- | --- |
|  | (i) Patient records system | (ii) Pharmacy Dispensing System (PDS) |
| 1. .xls (Excel) | yes | Yes |
| 1. .csv or .txt (Text) | Yes | Yes |
| 1. Not possible | □ | □ |

1. In principle are the prescribing systems capable of producing an anonymised report of the number of patients treated ***by specific drug treatment*** and ***by diagnosis*** a single report?

|  | *Please tick one option* |
| --- | --- |
| 1. Yes | Yes |
| 1. No | □ |

1. In the case of drugs with multiple indications, e.g., a drug indicated for rheumatoid arthritis and haematology, does the system record sufficient detail to report on how much is used for each indication?

|  | *Please tick one option* |
| --- | --- |
| 1. Yes | Yes |
| 1. No | □ |

1. In the case of drugs that are used to treat more than one type of cancer, can the system produce a single report that shows the quantity of drug used for each tumour type?

|  | *Please tick one option* |
| --- | --- |
| 1. Yes |  |
| 1. No | No |

1. In the case of drugs that are used to treat more than one type of cancer, can the system produce a single report that shows the quantity of drug used for each tumour type by cancer stage?

|  | *Please tick one option* |
| --- | --- |
| 1. Yes |  |
| 1. No | No |

1. Which, if any, of the following fields can be exported from the ePMA system?

| *Please indicate yes or no per item* | | |
| --- | --- | --- |
|  | Yes | No |
| 1. Date (month year) | yes | □ |
| 1. Diagnosis or indication | yes | □ |
| 1. Drug name (&/or SNOMED ID) | yes | □ |
| 1. Drug formulation | yes | □ |
| 1. Drug strength | yes | □ |
| 1. Drug unit of measure (e.g., milligrams, micrograms, vials) | yes | □ |
| 1. Quantity dispensed (in UOM) | yes | □ |
| 1. Quantity prescribed (in UOM) | yes | □ |
| 1. Number of patients treated | yes | □ |

1. Do you already produce a report such as this within the Trust?

|  | *Please tick one option* |
| --- | --- |
| 1. Yes | yes |
| 1. No | □ |

1. What is the name of this report?

| *Please specify* |
| --- |
| We use our own data warehouse to produce a number of reports |

1. Which team or department is responsible for producing this report?

| *Please specify* |
| --- |
| Health Informatics and Pharmacy |

1. In September 2021 we understand that a new standard is being implemented for the Drugs Patient Level Contract Monitoring (DrPLCM) report, which is submitted monthly by every NHS Trust. Please see [DCB2212](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/contract-monitoring#current-releases) Drugs Patient Level Contract Monitoring (DrPLCM) Version 2.0 released 8th April 2021.

To what extent will your Trust be able to submit the data field named **‘Therapeutic indication code (SNOMED CT)’, or a description of the indication**, alongside details of drug treatment, as stipulated by NHS England by the end of 2021?

|  | *Please tick one option* |
| --- | --- |
| 1. Fully | □ |
| 1. Partially | Yes in the EPR not JAC |
| 1. Not at all | □ |

1. Which of the following diagnoses or indications are detailed in the latest DrPLCM report for your Trust?

We are interested in the level of detail (e.g., medical oncology versus ovarian cancer) as well as the specific diagnoses.

| *Please indicate yes or no for each diagnosis description* | | |
| --- | --- | --- |
| **Diagnosis description** | **Yes** | **No** |
| Immunology | □ | No |
| Atopic dermatitis | □ | No |
| Crohn’s disease | □ | No |
| Plaque psoriasis | □ | No |
| Rheumatoid arthritis | □ | No |
| Severe asthma | □ | No |
| Ulcerative colitis | □ | No |
|  |  |  |
| Multiple sclerosis | □ | No |
| Primary progressive multiple sclerosis | □ | No |
| Relapsing remitting multiple sclerosis | □ | No |
|  |  |  |
| Ophthalmology | □ | No |
| Wet age-related macular degeneration | □ | No |
| Dry age-related macular degeneration | □ | No |
| Diabetic macular oedema | □ | No |
|  |  |  |
| Medical oncology | □ | No |
| Breast cancer | □ | No |
| Lung cancer | □ | No |
| NSCLC | □ | No |
| SCLC | □ | No |
| Melanoma | □ | No |
| Ovarian cancer | □ | No |
| Prostate cancer | □ | No |
| Renal carcinoma | □ | No |
|  |  |  |
| Haematology | □ | No |
| Non Hodgkin Lymphoma | □ | No |
| Hodgkin’s Disease | □ | No |
| Acute Myeloid Leukaemia | □ | No |
| Chronic Lymphocytic Leukaemia | □ | No |
| Multiple Myeloma | □ | No |