

Data Provision Notice

Medicines Spend and Use Data – discovery data collections

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Background

The Health and Social Care Act 2012 (the 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 this DPN are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

NHS Digital has been directed by the Secretary of State for Health and Social Care to establish and operate an information system for the collection and analysis of medicines spend and use data.

The collection and analysis of medicines data will enable information to be obtained about the spend and usage of medicines, by NHS providers commonly referred to as secondary care (as set out below under '*Scope of collection*').

Discovery work is required to collect and analyse data from NHS providers who have agreed to participate, to work towards an eventual common specification or standard, for data collection.

NHS Digital will work in partnership with participating NHS providers and IT system suppliers, to collect data about all medicines purchased and issued by NHS providers commonly referred to as secondary care (as set out below under '*Scope of collection*').

Benefits of the collection

Medicines are the most frequent clinical intervention.

The overall medicines cost at list price in the NHS, before any discounts, in 2017/18 was £18.2 billion, an increase of 4.6 per cent from £17.4 billion in 2016/17 and an increase of 39.6 per cent from £13.0 billion in 2010/11¹.

In 2017/18 hospital use accounted for 50.4 per cent (£9.2 billion) of the total cost at list price, before any discounts, up from 47.6 per cent (8.3 billion) in 2016/17 and up from 32.1 per cent (£4.2 billion) in 2010/11¹.

¹ NHS Digital. Prescribing costs in hospital and the community 2017/18. <https://digital.nhs.uk/data-and-information/publications/statistical/prescribing-costs-in-hospitals-and-the-community>

National health and care organisations require access to good quality, national data, about NHS medicine spend and use, in order to:

- improve patient care and outcomes
- understand the medicines market
- manage medicines spend.

Analysis of the data collected by NHS Digital during discovery work will enable the:

1. Understanding of the data such as, content, structure, format, variations, data quality, commonalities
2. Understanding of how the data may (or may not) fulfil customer requirements (e.g. representatives from health and care organisations, such as NHS England and NHS Improvement or colleagues from the Department of Health and Social Care)
3. Establishment of (or determination of) appropriate systems and tools to collect, process, analyse, link, disseminate and store the data. This includes how the current medicine descriptions can be matched to the dictionary of medicines and devices (dm+d) standard
4. Work towards a common specification or standard, for data collection.

Other specific data processing and data quality requirements will also be identified and implemented as part of developing NHS Digital's technical solution for collecting and analysing the data.

As discovery progresses, it will also allow the potential outcomes and benefits of a national medicines spend and use data collection to be better understood and described.

Legal basis for the collection, analysis, publication and dissemination

Data collection and analysis

Pursuant to sections 254(1) and 254(6) of the Act, NHS Digital has been directed by the Secretary of State for Health and Social Care, to establish and operate an information system for the collection and analysis of medicines spend and use data. This information system will be known as the Medicines Spend and Use Information System.

The accepted and signed 'Medicines spend and use data discovery Directions 2019' are published on the [NHS Digital website: https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/medicines-spend-and-use-data-discovery-directions-2019](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/medicines-spend-and-use-data-discovery-directions-2019)

Please also refer to '*Background*' (above) and '*Scope of collection*' (below) in relation to NHS Digital's powers under section 259 of the Act.

Publication

In accordance with section 260(2)(d) of the Act, NHS Digital is directed not to publish information obtained by complying with these directions, due to their discovery nature.

Dissemination

In accordance with section 261(2)(e) of the Act, NHS Digital may exercise the power under section 261(1) and disseminate the information obtained in such form and manner and at such times as it considers appropriate.

In accordance with section 262(5) of the Act, any information which has the potential to prejudice commercial interest (as referred to in the Dissemination/Sharing section of the Specification associated with the '*Medicines Spend and Use Data – Discovery Directions 2019*') may not be disseminated without express permission from the original data provider.

Other Information governance considerations

General

NHS providers who have agreed to participate in discovery work should use the information supplied in this DPN to satisfy themselves that they are compliant with all necessary information governance requirements (such as fair processing) in advance of submitting data to NHS Digital. For example, please see below under '*Impact on individuals' privacy*' and the collection of cost centre information (where local practice within a given provider may mean that NHS staff information is being used as a means of cost centre identification).

Impact on individuals' privacy

No patient identifiers are being collected in this data collection.

Cost centre information will be collected in order to help understand specialty areas of medicine use (e.g. oncology). In doing so, NHS Digital is aware that some NHS providers use clinician name and/or clinician code as a means of identifying a local cost centre. As such, we are aware that some personal data relating to NHS staff may be collected.

As part of discovery work, NHS Digital will consider the approach, retention requirements and data minimisation, in relation to the collection and processing of clinician name or code.

Persons consulted

Following receipt of the directions to establish and operate an information system for the collection and analysis of medicines spend and use data, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- NHSX – colleagues in Digital Oversight
- Department of Health and Social Care (DHSC) – colleagues in Medicines and Pharmacy Analysis
- Consultation with NHS providers will be an ongoing, collaborative activity, as and when providers agree to participate (due to the discovery nature of these directions).

Scope of the collection

The collection and analysis of medicines data, will enable information to be obtained about the spend and usage of medicines, by NHS providers commonly referred to as secondary care, and may include but may not be limited to:

- NHS acute providers (providing largely hospital-based services)
- NHS community providers (providing services such as district nursing, health visiting)
- NHS mental health providers
- NHS specialist providers (providing services such as specialist eyecare or cancer treatment)
- NHS ambulance services
- Organisations commissioned by the NHS to provide NHS services, including medicines supply and medicines stock control services.

Under section 259(1)(a) of the Act, this DPN is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on those NHS providers who have agreed to participate in discovery work with NHS Digital (in order to facilitate work towards an eventual common specification or standard, for data collection).

On receipt of this DPN, NHS providers who have agreed to participate are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

NHS Digital will issue this DPN to NHS providers as and when they agree to participate. Participating provider(s) will be named on the web page on which this DPN is published:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns/medicines-spend-and-use-data-discovery-data-collections>

Form of the collection

NHS Digital, working with participating providers, will collect data about all medicines purchased and issued by NHS providers, commonly referred to as secondary care (as set out below under '*Scope of collection*').

Because of the discovery nature of this work, a detailed articulation of the data to be collected cannot be made at this stage. As NHS providers agree to participate, NHS Digital will work with them (and relevant suppliers of their IT system solutions) to agree the data set to be extracted from systems and provided to NHS Digital (this will be an iterative process as we work collaboratively with NHS providers and suppliers, towards a common specification or standard, for data collection).

At a high-level, the data will typically comprise of:

1. Purchase data

Data recorded in systems relating to the processes of ordering, receiving delivery of and paying for a medicine. For example, data from:

- purchase orders
- delivery notes
- invoices.

Data will include details of suppliers/manufacturers of medicines.

2. Stock level data

Data recorded in systems relating to the cost and quantity of medicines:

- held as stock at a given point in time prior to being issued
- medicines checked-in and out of the stock.

3. Issues data

Data recorded in systems relating to medicines issued to a cost centre (e.g. wards, departments, manufacturing units, other pharmacies). NB: Issue data can be used as a proxy for medicine use ('use' in this statement means a proxy for medicines supplied or administered to a patient (or was returned to the pharmacy unused), although it is not possible to identify patients in this data collection).

All 3 categories of high-level data will include:

- medicine description (name, strength, formulation (e.g. tablet, injection))
- quantity/volume (e.g. number of tablets), pack size and/or number of packs
- cost
- organisational, location, cost centre details e.g. ODS code, Trust name, ward name
- time periods e.g. date, time.

No patient identifiable data is to be provided within the data flow from NHS providers to NHS Digital.

However, a flag may be flowed within the data to denote, where applicable, that the data originally related to a patient. This approach may be used to ascertain the proportion of data across the in-scope NHS providers that is associated with a patient.

This is because anecdotal evidence suggests that the level of patient-level data held in relevant systems (for example, pharmacy stock control systems) varies across NHS providers (both in terms of the number of transactions associated with patients and medicines linked to a patient identifier). Under the Discovery direction, NHS Digital has no intention (or legal basis) to flow any patient identifiable data (patient identifiers e.g. NHS Number). By taking the approach of using a flag (as stated above) NHS Digital can start to gather metrics about:

- the percentage of transactions with patient data
- the cost (in percentage terms) related to those transactions with patient data.

To provide an example – if NHS Digital collects 100 rows of data from a given NHS provider and 90 of those rows contain a flag, it would not be possible to know if that was 90 patients, 10 patients having received 9 medicines, or 1 patient having received 90 medicines.

These metrics will support evidencing the proportion of data associated with patients, informing future work (beyond the current Discovery Direction). As such, this flag approach allows us to gather such metrics, without flowing any patient identifiable data and therefore practising ‘data minimisation’.

NHS Digital will work with participating NHS providers (and relevant suppliers of their IT system solutions) to discuss and agree the ‘flag’ approach.

Cost centre information will be collected in order to help understand specialty areas of medicine use (e.g. oncology). In doing so, NHS Digital is aware that some NHS providers use clinician name and/or clinician code as a means of identifying a local cost centre. As such, we are aware that some personal data relating to NHS staff may be collected (please also refer above, under the heading ‘*Legal basis for the collection, analysis, publication and dissemination*’ and in particular ‘*Other information governance considerations*’).

Manner of the collection

Transfers of data from participating NHS providers to NHS Digital, will likely be via [Message Exchange for Social Care and Health \(MESH\)](#) (or [Secure Electronic File Transfer \(SEFT\)](#) whichever is least burdensome to participating providers). However, during discovery work, appropriate data transfer mechanisms will be discussed and agreed between NHS Digital, participating NHS providers (and IT system suppliers, as applicable).

Period of the collection

The collection period commences from the date of publication of this DPN.

Due to the discovery nature of this work, data collections will be on an ad hoc basis and will be agreed between NHS Digital and those NHS providers who have agreed to participate.

This DPN will be reviewed before the end of March 2021.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

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

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

Detailed burden assessment findings

Because of the discovery nature of this collection, colleagues in the DSAS team have confirmed that a burden assessment is not required at this stage.

The discovery process will also enable NHS Digital to work collaboratively with NHS providers (and their IT suppliers) to investigate opportunities to minimise burden and develop suitable implementation approaches.

For further information

www.digital.nhs.uk

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