# Secondary Care ePMA Data Collection Data Provision Notice

## Information Asset Owner: Pritpal Rayat

## Published: May 2024

# 1 Contents

# 2 Background

The Health and Social Care Act 2012 (the Act) gives NHS England 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.

The data, as specified by NHS England in this published Data Provision Notice, is required to support Directions from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

# 3 Purpose of the collection

NHS England's Digital Medicines Programme has been commissioned by the Transformation Directorate to establish a new collection of information captured by secondary care providers' Electronic Prescribing and Medicine Administration (ePMA) systems for medicines prescribed and administered to patients in England.

- ePMA data is formed from a record created for the medicine to be prescribed, and entries created to record the administration of the medicine to individual patients.
- Secondary care is defined as hospitals (acute, mental health, specialist, and community) care services settings. Secondary care providers are NHS Trusts providing acute, mental health, specialist, and community care services.

After collecting this data NHS England will enable access to it for analysis and research. We have an expectation that the use of this data will deliver benefits in terms of improvements in health outcomes and patient safety across the NHS in the following areas:

- Patient safety comprising; antimicrobial stewardship, the scale and reasons for medicine administration problems such as missed or delayed doses, and the scale of polypharmacy (patients on 5 or more medicines).
- Monitoring medicine usage and equity of access including influence of location on prescribing.
- Supporting pharmacovigilance for new and existing medicines.
- Measuring compliance with best practice and policy and gathering intelligence on the effectiveness of medicines.
- Reporting for cost effectiveness (financial stewardship).

## 3.1 Use cases

There are a range of use cases from numerous potential data users including, but not limited to:

- The Department of Health & Social Care, who as sponsor for the Directions want to analyse antimicrobial prescribing so they can help inform measures to counteract antimicrobial resistance.
- The Medicines and Healthcare products Regulatory Agency, who want to access large volumes of hospital prescribing data, so they can monitor medicines once they are released to market and potentially identify problems at an early stage.

- NHS England, to identify opportunities to improve safety and effectiveness.

These and other data users are all interested in accessing ePMA data, to support improvements to health outcomes, particularly when they can link to other datasets to provide enhanced intelligence and offer a complete view of patients' medicine usage.

# 4 Legal basis for collection, analysis, publication and dissemination

## 4.1 Legal basis for collection and analysis

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012 (2012 Act) to establish and operate a system for the collection and analysis of the information specified for this service. The direction and accompanying requirements specification are published on the NHS England website: https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/secondary-care-epma-directions

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

## 4.2 Legal basis for publication

NHS England will publish information in line with its duty under section 260(1) of the 2012 Act unless it falls within section 260(2) of the 2012 Act.

Any information that is published will be in accordance with the process outlined in the Secondary Care ePMA Directions 2024 and will be in accordance with the Information Commissioner's Office Anonymisation Code of Practice and be in accordance with the Code of Practice for Statistics.

## 4.3 Legally restricted and sensitive medicines

Certain medicines are classified as legally restricted or sensitive, defined as medicines administered in relation to a characteristic, treatment or condition for which there is a restriction on the disclosure of identifiable information by virtue of:

- The Human Fertilisation and Embryology Act 1990 (as amended by the Human Fertilisation and Embryology Act 2008); or
- HIV and Sexually Transmitted Infections (STIs) Guidance (https://transform.england.nhs.uk/information-governance/guidance/hiv-and-sexually-transmitted-infections-stis/ issued by NHS England on 12 October 2023, following the issue of the NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) (Revocation) Directions 2023),

referred to in this Data Provision Notice as "legally restricted and sensitive data".

Under this Data Provision Notice secondary care providers should remove the NHS Number associated with prescribing and administration of legally restricted and sensitive data before they transfer it to NHS England. (To assist with this, providers can email medsdata@nhs.net to request a copy of NHS England's current list of legally restricted and sensitive medicines).

NHS England recognises that:

- not all provider's ePMA systems are using dm+d and will therefore not be able to search by reference code,
- ePMA system suppliers might not create functionality in provider's systems to search for the medicines and remove the NHS Number,
- if a provider's ePMA supplier has not built provision to search for the medicines and remove the NHS Number the providers might not have the resources to do this themselves,

so, in the event data NHS England receives data that contains an NHS Number alongside a legally restricted or sensitive medicine at the landing stage in NHS England's Data Processing Service, we will replace the NHS Number with null characters before the data is used by NHS England or made available for research and analysis.

## 4.4 Deceased patients

The data collection (particularly the historic) may include data relating to those individuals that are deceased. After consultation with NHS England's Caldicott Guardian and Executive Director of Privacy Transparency and Trust, we feel this represents a low risk, as patients have had the opportunity since 28 May 2018 to use the National Data Opt-Out to prevent their identifiable records from being shared (we will not collect data older than 1 June 2018), and enabling researchers to analyse records for patients that have not survived treatments, could assist in identifying what part medicines have played, as well as contributing to the overall usefulness of the information we can offer for analysis and research.

## 4.5 The National Data Opt-Out

The National Data Opt-Out introduced on 28 May 2018 enables patients to object to confidential patient information[5] being used for research, planning or commissioning purposes. The Directions impose a legal obligation on NHS England to collect and analyse the data -and NHS England will issue Data Provision Notices under section 259 of the Health and Social Care Act 2012 to each hospital trust - the Data Provision Notice sets out a legal obligation with which the trusts must comply and therefore the National Data Opt-Out does not apply when trusts provide this data to NHS England or when NHS England process the data in compliance with the Directions.

If NHS England provides applicants access to confidential patient information from this collection for purposes other than the individual care of a patient, National Data Opt-Outs will be respected and where they apply, applied in line with National Data Opt-Out policy guidance before such access to confidential patient information is provided.

## 4.6 Legal basis for dissemination

NHS England always retains responsibility and accountability for the dissemination of data from the collection as the Controller under the UK General Data Protection Regulation (UK

GDPR). It will do so through ensuring that requests for data are necessary, proportionate, that the minimum amount of data necessary for the purpose only is shared and that the transfer and use of the data shared will be secure and lawful.

Where identifiable data is requested, the data applicant would need a legal basis to process this data without breaching the common law duty of confidence. This may include express patient consent for example in the case of certain research and clinical trials. Use of data for research purpose will also require a Research Ethics Committee approval.

The application of the National Data Opt-Out will be considered on a case-by-case basis for each dissemination and may or may not apply depending on the identifiability of the data and the purposes for which the data is to be used. For more information on the National Data Opt-Out see the National Data Opt-Out Operational Policy Guidance.

### 4.7 Dissemination routes

This data (available from 13 January 2025) can generally only be accessed through a Secure Data Environment, with limited exceptions. Instances of analysing or disseminating data outside of a secure data environment will be extremely limited. Any exceptions will require significant justification, such as where explicit consent from clinical trial participants has been obtained. This is to align with the strategy document 'Data saves lives: reshaping health and social care with data' (Data Saves Lives) published in June 2022 which mandates that in future NHS data can only be accessed through a Secure Data Environment.

In Secure Data Environments a range of built-in tools allow users to interrogate, analyse and visualise data. This is highly secure computing environment that provides remote access to data by health organisations it closely controls who accesses the data and stops it from being downloaded or transferred to another location which is outside NHS control.

NHS England's Data Access Environment and Trusted Research Environment are Secure Data Environments which organisations can use to access data (The Data Access Environment is the platform that supports the Trusted Research Environment).

New Secure Data Environments are being built by NHS health bodies during 2024, in accordance with policy guidelines, a full technical specification, and accreditation regime, all of which will be produced as a result of 'Data saves lives' commitments. NHS England will only share data with Secure Data Environments that are approved environments which meet NHS England governance and assurance criteria and standards, and this Data Provision Notice will be updated to reflect how data will be shared.

### 4.8 Review date

By 31 December 2025 NHS England will review the need for the collection. The associated Information Standards Notice (DAPB4005) has a review date of 31 December 2025.

## 5 Persons consulted

Under section 258 of the Health and Social Care Act 2012, before establishing a new collection NHS England must consult with stakeholders. The Data workstream has consulted as detailed in table 1 and NHS England will undertake further engagement and consultation with these groups prior to the initial data collection on 13 January 2025.

| Consulted with | Detail |
|---|---|
| Potential data users (use case owners) | • Engaged with **Department of Health & Social Care** to commission the Directions to provide data for antimicrobial stewardship.<br>• **Public Health Scotland and NHS Digital** regarding measuring antibiotic usage in hospitals, to understand prescribing against the Access, Watch, Reserve classification.<br>• **Public Health Scotland and NHS Digital** regarding analysing treatments prescribed for COVID-19 to see whether specific medicines reduce severity of COVID-19.<br>• **University of Liverpool** and **University College London** regarding analysing patient's existing medication and COVID-19 outcomes to see whether specific medicines increase severity of COVID-19.<br>• **University of Liverpool** regarding assessing how prescribing has altered during COVID-19 and trying to predict impending service usage (such as increased cardiovascular events).<br>• **Medicines and Healthcare products Regulatory Agency (MHRA)** regarding using hospital prescribing data to monitor medicines once they are released to market and potentially identify problems at an early stage.<br>• Worked with **NHS Digital's Information & Analysis team**, and **clinical leads** who would all be potential users of the data.<br>• **UK Health Security Agency (UKHSA)** (previously known as Public Health England (PHE)) regarding analysing hospital prescribing of dependency forming medicines to support implementation of the PHE Review: Dependence and Withdrawal Forming Prescribed Medicines<br>• **Wessex Academic Health Science Network** regarding using hospital medicine data to understand whether polypharmacy problems are improved because a review takes place and medicines are changed or stopped, or is the risk increased because new medicines are added which cause new complications and adverse effects.<br>• We have also informed and taken directional advice from the **Medicines Data Advisory Group** which provides key user and stakeholder input to the Digital Medicines Programme on the delivery of medicine data. The Group includes members drawn from hospital trusts, NHS Business Services Authority, NHS England, NHS RightCare, National Institute for Health and Care Excellence, the Academic Health Science Network. |
| Hospital trusts | To inform about the proposed collection and enable us to hear and understand the challenges for them to implement. (Worked closely with 3 trusts). |
| ePMA system suppliers | To inform suppliers of the main ePMA systems about the proposed collection using workshops and regular email updates. 17 ePMA suppliers (main ePMA systems in trusts) have had an opportunity to share any challenges in collecting the specified data.<br>The field list specification which defines what data items will be collected for this collection was shaped by working with the 2 |

| Consulted with | Detail |
|---|---|
| | largest ePMA suppliers to collect ePMA data from 24 hospital trusts to support NHS Digital's COVID-19 response. |
| Patients | A consultation was conducted by the Programme Board's patient representative in March 2022 with a sample of patients to see if their views echoed those of previous large public/patient consultation exercises we'd reviewed such as 'Public deliberation in the use of health and care data' which found that patients trust the NHS to apply safe frameworks around access and usage of their data.<br><br>Our results were broadly the same, and it was also clear that patients still feel the NHS could do more to communicate with them about how their data is collected and used. To address this concern NHS England will instruct secondary care providers to add information about this collection to their transparency and privacy web pages.<br>In addition, NHS England will create a transparency notice and specific webpages to inform patients, will publish the Data Protection Impact Assessment for this collection, and will further consult on the Transparency notice with patient groups as part of its communication and engagement plan.<br><br>This collection was used as an example in March 2023 by NHS England to assess how patients thought NHS funds should most appropriately be spent to inform them about data collections. The group wholeheartedly supported the ePMA collection as well as the idea of it being linked to other datasets and made available for research, but felt NHS funds were better directed to patient care than spent on advertising data collections. |
| Patient representatives | Consulted with medConfidential (health data privacy advocacy group) about the collection. |
| Advisory Group for Data | The Advisory Group for Data which (post-merger) replaces the Independent Group Advising on the Release of Data (IGARD) provides independent scrutiny of data collections and also makes general recommendations or observations to NHS England about our processes, policies and procedures to ensure they are appropriate for governing the receipt, processing and publication of data that does not compromise confidentiality and maximises the use of information.<br>We provided the collection's documents to the Advisory Group for Data for review and subsequently answered questions at their formal panel on 30 March 2023. They raised 12 recommendations. NHS England's Privacy Transparency Ethics & Legal team assessed these, and we have implemented 8 of the recommendations. The other 4 were not recommended to be implemented by Privacy Transparency Ethics & Legal or Government Legal Services, primarily due to the different way Directions are now written after the NHS England and NHS Digital merger. |

| Consulted with | Detail |
|---|---|
| GP Data for Planning and Research team | We have met regularly with project management and communications representative from NHS England's GP Data for Planning and Research programme, to hear about how they have responded to the challenges they have faced after announcing their data collection in 2021. |
| Professions | We have consulted with NHS staff including Chief Pharmacists and information governance teams on the proposed collection via webinars, workshops, and existing communications channels.<br><br>The programme provided a paper about this proposal to the Academy of Royal Colleges July 2022 meeting. The Council welcomed to initiative and were supportive in principle, and we subsequently met with the Chair of the Council to answer questions. |
| Events attended by hospital personnel and ePMA system suppliers | Where opportunities present, NHS England has raised awareness, for example Tech UK events, Medicines Hackathon, ePMA Masterclass, Academic Health Science Network learning event, and the National Pharmacy Clinical Congress. |
| National Data Guardian for health and social care | Provided information about the collection to the National Data Guardian in April and September 2023, including how we comply with the 8 Caldicott Principles. |

**Table 1: Consultation undertaken by the workstream for this collection**

### Continued engagement

The Data project team has developed a plan for communication and engagement with NHS organisations and patient groups which runs up to the 13 January 2025 collection start date.

# 6 Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- Secondary care providers - defined as hospitals (acute, mental health, specialist, and community) care services settings – using ePMA systems.

Under section 259(1)(a) and (5) of the Health and Social Care Act 2012 the organisation types specified above must comply with the Form, Manner and Period requirements below.

# 7 Form of the collection

- We will collect personal (identifiable) data held in ePMA systems relating to patients of NHS secondary care providers in England.
- We collect NHS Number as the identifier so that demographics can be added from NHS England's Personal Demographics Service, and so linkage can be made to other NHS England datasets.

- The data will illustrate on a per patient basis what medicines have been prescribed, if available the reason (indication) for prescribing, what stage of the patient's journey through the care provider the data relates to (admission, inpatient, discharge, outpatient, Homecare), and how and when the medicine was administered to the patient.
- Data fields will be accompanied by a date and time stamp to enable the data to be assembled into a story.

Tables 2 and 3 show the field list of data items that will be collected for prescribing and administration activity. Full detail is contained in the 'Secondary Care ePMA Data Collection Requirements' supporting document which is part of the Information Standards Notice (DAPB4005).

| Item | Field name (prescribing activity) | Status |
|---|---|---|
| 1 | Organisation site identifier (system location) | Mandatory |
| 2 | Data set created timestamp | Mandatory |
| 3 | Primary data collection system in use | Mandatory |
| 4 | Reporting period start date | Mandatory |
| 5 | Reporting period end date | Mandatory |
| 6 | NHS Number | Required if available |
| 7 | NHS Number status indicator code | Required if available |
| 9 | Organisation site identifier (of treatment) | Required if available |
| 10 | Medication administration setting type (prescribed) | Required if available |
| 11 | Other medication administration setting description | Required if available |
| 12 | Prescribed medication status description | Required if available |
| 13 | Prescribed item identifier | Mandatory |
| 14 | Prescribed medication authorised timestamp | Required if available |
| 15 | Prescribed medication general practitioner managed post discharge Boolean | Required if available |
| 16 | Prescribed medication record last updated timestamp | Mandatory |
| 17 | Prescribed medication name | Mandatory |
| 18 | Prescribed medication (dm+d) | Required if available |
| 19 | Prescribed medication dose form description | Required if available |
| 20 | Prescribed medication dose form (SNOMED CT) | Required if available |
| 21 | Prescribed medication active ingredient substance description | Required if available |
| 22 | Prescribed medication active ingredient substance strength description | Required if available |
| 23 | Prescribed medication therapeutic indication description | Required if available |
| 24 | Therapeutic indication code (SNOMED CT) | Required if available |
| 25 | Prescribed medication dosage instruction sequence number | Required if available |

| Item | Field name (prescribing activity) | Status |
|---|---|---|
| 26 | Prescribed medication dosage instruction description | Required if available |
| 27 | Body site of administration prescribed description | Required if available |
| 28 | Body site of administration prescribed (SNOMED CT) | Required if available |
| 29 | Route of administration prescribed description | Required if available |
| 30 | Route of administration prescribed (SNOMED CT) | Required if available |
| 31 | Method of administration prescribed description | Required if available |
| 32 | Method of administration prescribed (SNOMED CT) | Required if available |
| 33 | Prescribed medication dose quantity value | Required if available |
| 34 | Prescribed medication dose quantity value unit of measurement description | Required if available |
| 35 | Prescribed medication dose range low quantity value | Required if available |
| 36 | Prescribed medication dose range low quantity value unit of measurement description | Required if available |
| 37 | Prescribed medication dose range high quantity value | Required if available |
| 38 | Prescribed medication dose range high quantity value unit of measurement description | Required if available |
| 39 | Prescribed medication dose repeat frequency value | Required if available |
| 40 | Prescribed medication dose repeat period | Required if available |
| 41 | Prescribed medication dose repeat period unit of measurement (FHIR R4) | Required if available |
| 42 | Prescribed medication dose day of week (FHIR R4) | Required if available |
| 43 | Prescribed medication dose time of day | Required if available |
| 44 | Prescribed medication dose associated event (FHIR R4) | Required if available |
| 45 | Prescribed medication dose to be administered timestamp | Required if available |
| 46 | Prescribed medication dose administered as needed Boolean | Required if available |
| 47 | Prescribed medication validity period start timestamp | Required if available |
| 48 | Prescribed medication validity period end timestamp | Required if available |
| 49 | Prescribed medication additional dosage instruction description | Required if available |
| 50 | Prescribed medication additional dosage instruction (SNOMED CT) | Required if available |

**Table 2: Prescribing activity fields**

Data items that will be collected for medicine administration activity.

| Item | Field name (medicine administration activity) | Status |
|---|---|---|
| 1 | Organisation site identifier (system location) | Mandatory |

| Item | Field name (medicine administration activity) | Status |
|---|---|---|
| 2 | Data set created timestamp | Mandatory |
| 3 | Primary data collection system in use | Mandatory |
| 4 | Reporting period start date | Mandatory |
| 5 | Reporting period end date | Mandatory |
| 6 | NHS Number | Required if available |
| 7 | NHS Number status indicator code | Required if available |
| 9 | Organisation site identifier (of treatment) | Required if available |
| 10 | Medication administration setting type (actual) | Required if available |
| 11 | Other medication administration setting description | Required if available |
| 12 | Medication administration status description | Required if available |
| 13 | Medication administration identifier | Mandatory |
| 14 | Prescribed item identifier | Required if available |
| 15 | Prescribed medication dose to be administered timestamp | Mandatory |
| 16 | Coded procedure timestamp (medication administration) | Required if available |
| 17 | Medication administration recorded timestamp | Required if available |
| 18 | Prescribed medication dose not administered Boolean | Required if available |
| 19 | Prescribed medication dose not administered reason description | Required if available |
| 20 | Medication administration record last updated timestamp | Mandatory |
| 21 | Medication administered name | Mandatory |
| 22 | Medication administered (dm+d) | Required if available |
| 23 | Medication administration dose form description | Required if available |
| 24 | Medication administration dose form (SNOMED CT) | Required if available |
| 25 | Medication administration dose actual description | Required if available |
| 26 | Body site of administration actual description | Required if available |
| 27 | Body site of administration actual (SNOMED CT) | Required if available |
| 28 | Route of administration actual description | Required if available |
| 29 | Route of administration actual (SNOMED CT) | Required if available |
| 30 | Method of administration actual description | Required if available |
| 31 | Method of administration actual (SNOMED CT) | Required if available |
| 32 | Medication administration dose quantity value | Required if available |
| 33 | Medication administration dose quantity value unit of measurement description | Required if available |

| Item | Field name (medicine administration activity) | Status |
|---|---|---|
| 34 | Medication administered active ingredient substance description | Required if available |
| 35 | Medication administered active ingredient substance strength description | Required if available |

**Table 3: Administration activity fields**

# 8 Manner of the collection

The data will be collected using reports created by providers or by their ePMA system suppliers and is intended to require minimum effort on the part of providers. Information Standards Notice (DAPB4005) supporting documents includes specifications for the report construction.

The data will be transferred to NHS England using a trusted mechanism - MESH (Message Exchange for Social Care and Health) – the main secure method to transfer messages and large files securely between health and social care organisations.

# 9 Data Quality

Data Quality Reports relating to data collected by NHS England complying with these Directions must be disseminated to the secondary care provider that provided the data for data quality purposes and to provide feedback regarding their adoption of the dictionary of medicines and devices standard (dm+d). The data to be shared will be de-identified and will not contain the Token Person ID. This sharing will be by a simple report sent from NHS England through NHSmail (end-to-end) to the individual providers.

Data quality issues will be highlighted in this data quality report for the providers for them to take further action. Providers should make every effort to resolve inherent systemic errors and address recurring data quality issues.

## Implementation guidance

The Secondary Care ePMA Data Collection Implementation Guidance is a supporting document for the Information Standards Notice (DAPB4005), and provides a step-by-step guide to; assigning organisation codes, configuring MESH, data collection and transfer, and scheduling current and historical submissions.

# 10 Period of the collection

## 10.1 Current data

Providers should establish weekly data submissions beginning from 13 January 2025.

## 10.2 Historical data

Providers should arrange for a set of data submissions which provides data backdated to 1 June 2018 at the earliest. For example, if a provider started using ePMA in September 2019 we backdate the collection to then, if they started using ePMA in April 2010 we backdate to no earlier than 1 June 2018. The National Data Opt-Out went live on 28 May 2018 so we

have a reasonable expectation the full date range of this collection ensures patients have had the opportunity to opt-out of sharing. Backdated submissions are to be supplied across multiple files - each file should contain 3 months of compressed data (but a shorter date range can be negotiated if 3 months presents difficulties for the provider). The Information Standards Notice's Implementation Guidance includes a suggested schedule for historical data submission.

# 11 Transparency

As NHS England is collecting personal data from providers through this collection, providers have a legal duty under Articles 13 and 14 of the UK GDPR to be transparent and to provide patients with transparency information about the data they are sharing with NHS England. NHS England will consult with relevant groups, defined in Section 4, regarding transparency information.

A requirement of the Information Standards Notice (DAPB4005) is that providers should inform patients that NHS England is collecting this information. This is recommended to be by an addition to your web page that informs patients about who their personal information is shared with. We provide sample privacy notice content which providers can elect to use. It has been developed with hospital trust information governance representatives, and hospital's patient participation groups, so it reflects their needs.

## Right to restrict processing and rectification

Providers should ensure they have processes in place that allow them to fulfil patient rights requests under the UK General Data Protection Regulation (UK GDPR) to restrict processing / rectify inaccurate data. This means that for any data in scope of this collection which has an outstanding rectification / restriction rights request, this should not be submitted to NHS England until it is resolved / rectified.

# 12 Burden

A formal burden assessment has not taken place for this collection but reducing burden on providers has been a priority for us as we have approached the collection.

- We are hopeful ePMA suppliers will agree with providers to create the extract reports and install them on the provider's ePMA systems. Alternatively, providers will need to develop the reports themselves.
- Where possible we will use ePMA supplier's software to automatically run and transfer the reports to NHS England.
- The reports extract the data with minimum data quality or validation parameters which keeps provider's computer processing load to a minimum.
- To remove the burden of configuring new transport mechanisms we are using MESH which is simple to configure.

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

# 13 Helpdesk

Any questions or enquiries regarding this document should be emailed to the Data project team: medsdata@nhs.net

We recommend providers subscribe to the Information Standards Notices (Data Coordination Board) Bulletin to ensure you are informed about any changes to the associated Standard. You can subscribe to this (and other bulletins) on our programme bulletins web page.