

# Information Standard Notice DAPB4013 Amd 5/2021 – Supplemental guidance

Digital and Interoperable Medicines Programme  
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## Background

Since NHS Digital published this Information Standards Notice we have received questions from NHS stakeholders and system suppliers seeking clarification or further information. This document summarises those questions and provides responses – it will be updated as required, and the current version and publication date can be found at the top of each page.

### a) How the Information Standards Notice (ISN) impacts on the flow within and across different organisations and locations

The ISN applies to patient medication information flowing within an NHS organisation, between different organisations, across trust boundaries and regions.

The aim of the ISN is to enable interoperability using standards, to ensure medicines information is transmitted and consumed in a consistent format, irrespective of the originating or receiving organisation or system.

### b) Use cases impacted by the ISN and their priority

The use cases (ePMA to pharmacy, Discharge, Admission and Shared Medication Record information flows) highlighted in the Specification Requirements are examples only. It is not a comprehensive list, and it is expected to grow especially as shared care records start to be embedded more generally.

The use case examples are also not listed in order of priority. Our expectation is that users will assess medicines and allergy/intolerance flows and work with their system suppliers to identify priorities.

### c) The ISN impact to interfaces between systems and dispensing robots

The interface between systems and robots should comply with the ISN, where patient specific information flows between the systems.

### d) GP Practice compliance responsibility

GP practices will need to be compliant with the ISN. It is the responsibility of the provider organisation to be compliant with all regulatory requirements.

NHS standard terms and conditions for digital system contracts generally require that suppliers must maintain their systems in line with published NHS standards. It is recommended that organisations contact their system suppliers at the earliest opportunity to discuss ISN requirements.

### e) Out of scope

Out of scope examples include:

- Non-patient specific messaging (the FHIR resources are patient-specific).

- The current Electronic Prescription Service. NHS Digital are currently developing a re-architected platform for the future EPS service, and once complete the plan is that this will be subject to the Information Standards Notice's requirements. The ISN will be uplifted to provide information about EPS Next Generation (forecast uplifted publication late spring 2022).

#### **f) The difference between dm+d and ISN compliance**

This ISN and the dm+d Standard are two separate Standards, but there is a link between them. This ISN covers the transfer of medicine information across the NHS; dm+d is part of that dataset, as depending upon the context, it is the standard for describing the item being prescribed / dispensed / administered.

'SCCI0052: Dictionary of medicines and devices' requires that electronic systems that exchange or share information about medicines relating directly to a patient's care must use dm+d identifiers and descriptions when transferring information. This is a mandated NHS standard.

'DAPB4013: Medicine and Allergy/Intolerance Data transfer' sets out the definitions that are to be used when a health care professional sends or receives patient medication and allergy/intolerance data, by computer systems. The purpose is to ensure that medication and allergy and/or intolerance data is transferred between systems and locations in an interoperable, machine-readable format.

Depending on user requirements, systems/users may achieve compliance with the Standards (SCCI0052 and DAPB4013) using different implementation options.

#### **g) How organisations without ePMA or electronic pharmacy stock control systems meet the requirements of the Standard**

The ISN states where there is an existing electronic flow, provider organisations should comply with the Standard by March 23. It also states that where electronic flows are not in place users are not mandated to implement an electronic system by this deadline. It should be noted that users are required to comply with the standard if they subsequently introduce an electronic system (and start transferring information electronically) at any point after March 2023.

Users are encouraged to assess compliance with the ISN and dm+d Standards when procuring new digital medicines systems.

#### **h) NHS Digital Support**

NHS Digital currently offers various forms of support to stakeholders involved in the adoption of medicine interoperability. A working/user group meets online most Mondays at 15:05 to support definition/adoption of the standards, dm+d, dosing, and other associated interoperability topics. Those interested in joining these sessions can contact [medicinesstandards@nhs.net](mailto:medicinesstandards@nhs.net) and request to be added to the meeting invitation list.

We have identified several areas where primary and secondary care differ when transferring patient's medicine data, and as the digital interactions between these care settings increase, more are likely to be identified. We will continue to work with users and vendors to address these as they emerge.

**i) NHS trust's awareness of the ISN and requirement for dm+d updates every 6 months**

The Interoperable Medicine Standards project team has notified trusts using various communication channels, and there is also an NHS Digital team engaging with individual trusts to improve awareness and ensure that they know about the need to maintain dm+d regularly.

Whilst maintaining dm+d every 6 months is helpful, we would encourage Trusts to update a minimum of every 8 weeks - as this is a requirement for the Electronic Prescription Service, (EPS), which is being deployed into Outpatient prescribing.

**j) Funding availability**

There is no specific funding available to support compliance with this ISN.

The 22/23 technology funding allocations are being made directly to systems, for further information refer to: <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/?msclkid=3fa36677ba5a11ecbc2ca3277edc3863>

**k) Frontline staff responsibilities**

Frontline staff are encouraged to input complete and accurate information into their digital systems so that information that flows between organisations is usable.

**l) UKCore FHIR R4 implementation of Transfer of Care / eDischarge availability including technical specifications publication and path-to-live ready**

Work is underway to publish a UKCore R4 specification for Transfer of Care. We currently do not have forecast dates for completion of this work.

**m) When to uplift to R4 if users/suppliers implement STU3**

For medication related use cases, the minimum viable product business data between STU3 CareConnect and UKCore R4 is identical. The timing to uplift to UKCore R4 should be dictated by other FHIR implementations and the need to be interoperable with other systems.

**n) Difference between STU3 and R4**

There are only small data and structural differences between UKCore R4 and STU3 CareConnect for FHIR resources related to medication. Within the minimum viable product definition within UKCore the data is identical.

For medication use cases, implementations should strive to support UKCore R4 but supporting STU3 CareConnect is acceptable if this aligns with the version of FHIR supported by other systems in the interoperability ecosystem.

The structural difference is within the FHIR Dosage structure. The Dosage.dose[x] and Dosage.rate[x] structures in STU3 have been replaced in R4 with a combined Dosage.doseAndRate structure.

**o) Possibility of working with multi-versions of FHIR**

It is possible to work with multi-versions of FHIR but how this is achieved may vary between implementations. We expect some systems to make available different technical Endpoints for each version of FHIR they support. For example; POST to an STU3 CareConnect or UKCore R4 Endpoint.

We expect some systems to make use of the NHS Digital Transform service, exposing a single Endpoint that can accept different versions of FHIR and transform the content into the version natively supported by the system. For more specific information on this service, please contact [medicinesstandards@nhs.net](mailto:medicinesstandards@nhs.net).

**p) Converting from R4 to STU3 (and vice-versa) if the sending/receiving organisation is using a different FHIR version to me**

The use of FHIR Capability Statements are likely to play a role to describe the functions of technical Endpoints, but there is still work to be done on this. We expect some systems will use the Transform service, exposing a single Endpoint that can accept different versions of FHIR and transform the content into the version natively supported by the system. For more specific information on the Transform service, please contact [medicinesstandards@nhs.net](mailto:medicinesstandards@nhs.net).

**Contact us**

Additional question? Email us at [medicinesstandards@nhs.net](mailto:medicinesstandards@nhs.net)