

Statement of Administrative Sources

Annex B: Supporting metadata

Use of NICE-appraised medicines in the NHS in England
(Now discontinued. Last published 21/01/2014 using 2012 data)

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Organisation	The Health and Social Care Information Centre (HSCIC) http://www.hscic.gov.uk/		
Enquiries	Please contact the Health and Social Care Information Centre Contact centre Telephone: 0845 300 6016 and email: enquiries@hscic.gov.uk		
Responsible Statistician	Name: Kate Croft Section: Prescribing Team		
Section 1: Statistical End Product	Use of NICE-appraised medicines in the NHS in England		
		Source 1	Source 2
Section 2: Original Administrative/Management Source/System	Name	HPAI	ePACT system
	Name of the organisation responsible	IMS Health	NHS Prescription Services, NHS Business Services Authority
	Purpose of the administrative source	Record of issues from hospital pharmacies	Re-imbusement of dispensers
	Unit of Inquiry	Pack	Prescription
	Intended Coverage	All prescriptions issued in hospitals in England	All dispensed prescriptions prescribed in England
	Actual Coverage	Trusts covering over 95% of acute beds	As above
	Geographical Coverage	England	England
	Lowest level of Geographical Coverage	SHA/AT	PCT/CCG
	Extent to which statistical end-producers can influence system?	Occasional communications and meetings with IMSHealth	Quarterly liaison meetings between HSCIC, Department of Health (DH) and Prescription Services
Data definitions used	Pack and cost	Items, quantity and cost; data is converted to Defined Daily Doses. Details of data contained in Prescription Services database can be	

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			found at http://www.nhsbsa.nhs.uk/PrescriptionServices/815.aspx Details of Defined Daily Doses can be found at http://www.whooc.no/atc_ddd_index/
	Classification systems used	Anatomical Therapeutic Chemical (ATC) codes	British National Formulary, published by the British Medical Association and the Royal Pharmaceutical Society, see www.bnf.org.uk
Data Collection Process	1)Periodicity/Timing 2)Validation process	Data is provided monthly about 2 weeks after the end of the month. No validation process is applied by the HSCIC so we are reliant on IMSHealth's quality control	Data is provided monthly about 6 weeks after the end of the month. We are reliant on Prescription Services' quality control
	Access Arrangements	Controlled by data controller	Controlled by data controller
	Dissemination Procedures	Data is sold by IMSHealth	ePACT data are made available to DH, Area Teams and CCGs by NHS Prescription Services
	Publication procedure	None	Limited raw data is published, i.e. made available to the public, through Prescription Services' website.
	Timing/Periodicity of public release	None	On a monthly basis
	Nature of changes to system that could impact on statistics	Re-organisation of NHS	Re-organisation of NHS

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Section 3: Change Process	IMSHealth HPAI system (for some of data used)	No formal process	
	ePACT system (for some of data used)	No formal process	
		IMSHealth HPAI system (for some of data used)	ePACT system (for some of data used)
Section 4: The subsequent statistical production process	Validation procedures	Data is independently extracted by another member of staff and compared with initial extraction.	Data is independently extracted by another member of staff and compared with initial extraction. Results compared with previous year.
	Quality assessment	Such information as is available is summarised in the publication.	Prescription Services have an accuracy target of payments to dispensers being between 99.8% and 100.2% of the “true” payment as determined by a statistical process.
	Periodicity of release	First publication was in September 2009. Second was in January 2011. Third in September 2012. Fourth in January 2014. Publication is now discontinued, as this information is now published in NICE Technology Appraisals in the NHS in England (Innovation Scorecard).	
	Potential impact of changes to the source on the statistics produced	Changes to drugs, NHS organisation Structure and Technical Appraisals covered.	
	Procedures for mitigating such discontinuities	We would estimate impact and provide conversion if required/appropriate, methodology change notices and liaison with stakeholders	