

Transforming Lives with Digital Medicines

Data for Secondary Uses

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Objectives of the drop in session



1. Why are we trying to collect data from ePMA systems?



2. What data are we proposing to collect from ePMA systems?



3. When are we proposing to collect and the timescales?



4. Feedback, thoughts and questions?



Why are we trying to collect ePMA data

Only limited patient-level medicine data is collected in secondary care

The Systemic Anti-Cancer Therapy (SACT) Dataset

High Cost Drugs (HCD) Dataset

The Commissioning Data Sets (CDS) (non-medicine)

2019
ePMA Proof of
Concept to collect
ePMA data



Providing more evidence of the effectiveness of medicines at treating specific illnesses



Why are we trying to collect ePMA data – COVID Collection

PHASE 1 PILOT DATA

WellSky (CMM) complete summer 2020 Cerner pilot data available for analysis summer 2021 To support COVID-19 use cases

EPMA data from 1st Jan 2019

PHASE 2 COVID COLLECTION using WellSky (CMM)

6 Trusts

24 English Trusts using WellSky (CMM)

Available Now via DARS



Feedback Loop to Trusts on dm+d mapping

CMM (CareFlow Medicines Management) DATA	English Data Landed (19/04/22)
Prescriptions	60,564,490
Administrations	297,325,078

CMM data represents around 9.2% of total prescribing in secondary care and 10.8% of prescribing in acute trusts

PHASE 3
EPMA
SECONDARY
CARE
COLLECTION

National Collection for England of EPMA data from all Trusts with an EPMA system (175 Trusts with an EPMA system expected by April 2023)

Estimate expected data around 2,400,000 prescriptions and 11,000,000 administration per week once all the Trusts live, implementing, funded flow data

To support more patient level use cases

EPMA data from 1st Apr 2015

Available from April 2023

Why are we trying to collect ePMA data – Benefits to the NHS

First Do No Harm - The report of the Independent Medicines and Medical Devices Safety Review

Overprescribing report – good for you, good for us, good for everybody

World Health Organisation
Medication Without harm

UK 5-year action plan for antimicrobial resistance 2019 to 2024

NHS Long Term Plan

Deliver value from the £16 billion we spend on medicines

Providing information that informs safety, effectiveness, planning and policy

- ☐ Effectiveness of medicines e.g. for COVID-19
- ☐ Identification of vulnerable patients at risk from COVID-19
- Research for primary care applied to secondary care e.g. the number of new prescriptions for cardiovascular medicines during the pandemic
- ☐ Supporting the analysis and monitoring of the benefit/risk profile of new medicines
- ☐ Monitoring the use of medicines in the restraint of patients
- Monitoring of antidepressants being prescribed to under 18's
- Development of a Medicines Safety Dashboard
- Analysis of patients experiencing complications or adverse effects caused by the mixture of medicines (polypharmacy)
- ☐ Assist in shaping any future ePMA standardisation



What are we proposing to collect?



Estimated 175 Trusts in England

- ✓ Acute
- ✓ Mental health
- ✓ Specialist
- √ Community

WEEKLY extract of ePMA data



- ✓ Inpatient
- √ Discharge
- ✓ Outpatient
- ✓ Day case
- ✓ Emergency department
- √ Homecare

ONE - OFF extract of HISTORICAL ePMA data



- ✓ Organisation information
- ✓ Patient identifiers
- ✓ Prescribed Medication
- / Dosage
- ✓ Indication
- ✓ Administration information

WEEKLY ePMA data transferred securely via MESH



What are we proposing to collect? - Data collection Challenges



For medicines classed as

sensitive or restricted patient
identifiers will be removed. NHS
Digital can remove these if a Data
Processing Agreement (DPA) has
been signed, otherwise the
identifiers must be removed by
trusts before the data is
transferred



Feedback report will be provided to secondary care providers on any data quality and dm+d mapping issues



National Data Opt-Out status checked and all identifiable data removed for patients that have opted out



Data access via

Secure Data Environments

REMOVAL of sensitive or restricted patient identifiers

Data Quality FEEDBACK Loop

National OPT-OUT applied

Protecting NHS DATA



What are we proposing to collect - Consultation

Patients

The Academy of Medical Royal Colleges

Secondary Care Chief Pharmacists

Use case owners

NHS England

Secondary Care IG leads

NHS Digital data specialists

Department of Health & Social Care

ePMA system suppliers

Medicine Programme Medicines Data Advisory Group Data dissemination will be limited to NHS organisations or those commissioned by NHS organisations.

This policy will be regularly reviewed to ensure it meets the needs of commissioners, patients, trusts and users of the data.



What are we proposing to collect - Patient consultation findings

I'm unsure how the NHS is collecting / using patient data, I believe the public needs reassurance

Be explicit, honest, no jargon and explain what it means to the patient NOT the NHS



Having visited hospital on countless occasions over the last 7 years, I haven't ever been informed about the use of my data other than some incomprehensible legal jargon at the bottom of the form. Clinicians haven't informed me. Patients require clarity, transparency and honesty.

How do we effectively inform patients in how their data is being managed?

☐ Hospital website

□ Leaflets

☐ Speaking to patients

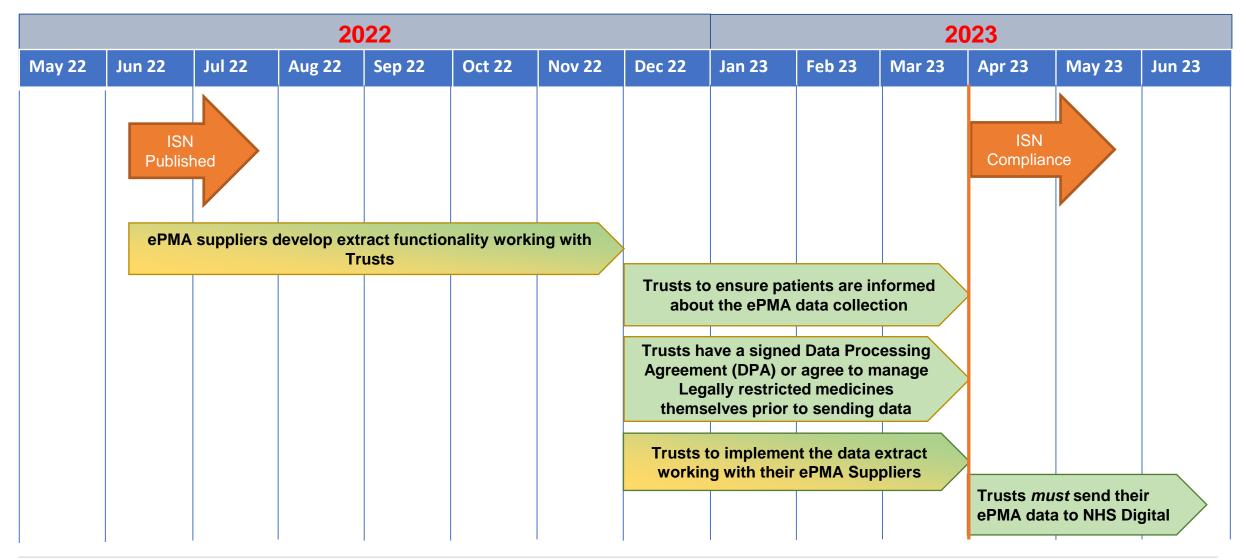
Posters

□ Other?

How can NHS Digital assist trusts – hospital notice developed for COVID collection



When are we proposing to collect – What trusts would need to do





Questions & Feedback – Feedback and Questions

Feedback, thoughts and questions?





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