

Freedom of Information Act Officer
County Durham And Darlington NHS Foundation Trust
Darlington Memorial Hospital
Hollyhurst Road

Darlington

DL3 6HX

8th September 2021

Freedom of Information Request: data management and medicines usage in secondary care

Dear Freedom of Information Act Officer,

I am conducting research on how the usage of medicines is recorded in secondary care and kindly request your help. Your responses will help to inform the design of my next project.

I would be grateful if you could complete the answers to the questions in this letter (from page 2 onwards).

Please do not hesitate to contact me, if you have any issues or questions.

Thank you in advance for your assistance.

1. Does your Trust have an electronic prescribing and medicines administration system (ePMA)?

	<i>Please tick one option</i>
a. Yes (<i>go to Q2</i>)	X
b. No (<i>go to Q4</i>)	<input type="checkbox"/>

2. What is the full name of this ePMA system?

<i>Please specify the system name and supplier</i>
DXC (Dedalus) Integrated Clinical Manager – ePMA
ChemoCare – Chemotherapy ePMA system

3. Which of the following statements best describes the status the data integration of (i) the system that manages clinical patient notes and records and (ii) the pharmacy dispensing system at your Trust?

<i>Please tick one option for (i) and one option for (ii).</i>		
	(i) Clinical patient records / medical notes	(ii) Pharmacy Dispensing System (PDS)
a. Electronic and fully integrated	X	<input type="checkbox"/>
b. Electronic and partially integrated	<input type="checkbox"/>	X
c. Electronic and not integrated	<input type="checkbox"/>	<input type="checkbox"/>
d. On paper	<input type="checkbox"/>	N/A

4. Which of the following statements best describes your Trust's overall implementation of the ePMA system?

	<i>Please tick one option</i>
a. ePMA system is fully implemented (Go to Q5)	<input type="checkbox"/>
b. ePMA system is partially implemented and progress is ongoing to complete it (Go to Q5)	<input type="checkbox"/>
c. ePMA system has been procured from a named supplier and awaiting implementation (Go to Q5)	<input type="checkbox"/>
d. Selection of suppliers and procurement of ePMA system is underway (Go to Q5)	<input type="checkbox"/>
e. Awaiting funding (Go to Q17)	<input type="checkbox"/>
f. No ePMA systems or plans in place (Go to Q17)	<input type="checkbox"/>
g. Other – please specify below ePMA implemented with the exception of Maternity inpatients, neonates, outpatients.	

5. To the best of your knowledge when will an ePMA system be fully implemented at your Trust?

	Month	Year
Estimated date of full implementation	May	2022

6. Which of the following statements best describes the interface between the patient record system and the pharmacy dispensing system?

	<i>Please tick one option</i>
a. Patient records are electronic and fully integrated with pharmacy dispensing system.	<input type="checkbox"/>
b. Patient records are electronic and partially integrated with pharmacy dispensing system.	<input type="checkbox"/>
c. Patient records are electronic, but not integrated with the pharmacy dispensing system.	<input type="checkbox"/>
d. On paper	<input checked="" type="checkbox"/>

7. What is the name of the pharmacy dispensing system at your Trust?

<i>Please specify the system name and supplier</i>
EMIS Hospital Pharmacy (Ascribe) 10.11

8. Can the Trust export data from these systems and, if so, in which of the following formats?

<i>Please tick all that apply</i>		
	(i) Patient records system	(ii) Pharmacy Dispensing System (PDS)
a. .xls (Excel)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. .csv or .txt (Text)	<input type="checkbox"/>	<input type="checkbox"/>
c. Not possible	<input type="checkbox"/>	<input type="checkbox"/>

9. In principle are the prescribing systems capable of producing an anonymised report of the number of patients treated **by specific drug treatment** and **by diagnosis** a single report?

	<i>Please tick one option</i>
a. Yes	<input type="checkbox"/>
b. No	<input checked="" type="checkbox"/>

10. In the case of drugs with multiple indications, e.g., a drug indicated for rheumatoid arthritis and haematology, does the system record sufficient detail to report on how much is used for each indication?

	<i>Please tick one option</i>
a. Yes	<input type="checkbox"/>
b. No	<input checked="" type="checkbox"/>

11. In the case of drugs that are used to treat more than one type of cancer, can the system produce a single report that shows the quantity of drug used for each tumour type?

	<i>Please tick one option</i>
a. Yes	<input checked="" type="checkbox"/>
b. No	<input type="checkbox"/>

12. In the case of drugs that are used to treat more than one type of cancer, can the system produce a single report that shows the quantity of drug used for each tumour type by cancer stage?

	<i>Please tick one option</i>
a. Yes	<input checked="" type="checkbox"/>
b. No	<input type="checkbox"/>

13. Which, if any, of the following fields can be exported from the ePMA system?

<i>Please indicate yes or no per item</i>		
	Yes	No
a. Date (month year)	X	<input type="checkbox"/>
b. Diagnosis or indication	<input type="checkbox"/>	X
c. Drug name (&/or SNOMED ID)	X	<input type="checkbox"/>
d. Drug formulation	X	<input type="checkbox"/>
e. Drug strength	X	<input type="checkbox"/>
f. Drug unit of measure (e.g., milligrams, micrograms, vials)	X	<input type="checkbox"/>
g. Quantity dispensed (in UOM)	<input type="checkbox"/>	X
h. Quantity prescribed (in UOM)	<input type="checkbox"/>	X
i. Number of patients treated	X	<input type="checkbox"/>

14. Do you already produce a report such as this within the Trust?

	<i>Please tick one option</i>
c. Yes	X
d. No	<input type="checkbox"/>

15. What is the name of this report?

<i>Please specify</i>
Wildcard ePMA search

16. Which team or department is responsible for producing this report?

<i>Please specify</i>
Health Informatics – Systems Team

17. In September 2021 we understand that a new standard is being implemented for the Drugs Patient Level Contract Monitoring (DrPLCM) report, which is submitted monthly by every NHS Trust. Please see [DCB2212](#) Drugs Patient Level Contract Monitoring (DrPLCM) Version 2.0 released 8th April 2021.

To what extent will your Trust be able to submit the data field named **'Therapeutic indication code (SNOMED CT)'**, or a **description of the indication**, alongside details of drug treatment, as stipulated by NHS England by the end of 2021?

	<i>Please tick one option</i>
a. Fully	<input checked="" type="checkbox"/>
b. Partially	<input type="checkbox"/>
c. Not at all	<input type="checkbox"/>

18. Which of the following diagnoses or indications are detailed in the latest DrPLCM report for your Trust?

We are interested in the level of detail (e.g., medical oncology versus ovarian cancer) as well as the specific diagnoses.

<i>Please indicate yes or no for each diagnosis description</i>		
Diagnosis description	Yes	No
Immunology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Atopic dermatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crohn's disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plaque psoriasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Severe asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ulcerative colitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple sclerosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary progressive multiple sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<i>Please indicate yes or no for each diagnosis description</i>		
Diagnosis description	Yes	No
Relapsing remitting multiple sclerosis	<input type="checkbox"/>	X
Ophthalmology	<input type="checkbox"/>	X
Wet age-related macular degeneration	<input type="checkbox"/>	X
Dry age-related macular degeneration	<input type="checkbox"/>	X
Diabetic macular oedema	<input type="checkbox"/>	X
Medical oncology	<input type="checkbox"/>	X
Breast cancer	<input type="checkbox"/>	X
Lung cancer	<input type="checkbox"/>	X
NSCLC	<input type="checkbox"/>	X
SCLC	<input type="checkbox"/>	X
Melanoma	X	<input type="checkbox"/>
Ovarian cancer	X	<input type="checkbox"/>
Prostate cancer	<input type="checkbox"/>	X
Renal carcinoma	<input type="checkbox"/>	X
Haematology	<input type="checkbox"/>	X
Non Hodgkin Lymphoma	<input type="checkbox"/>	X
Hodgkin's Disease	<input type="checkbox"/>	X
Acute Myeloid Leukaemia	<input type="checkbox"/>	X
Chronic Lymphocytic Leukaemia	<input type="checkbox"/>	X
Multiple Myeloma	X	<input type="checkbox"/>