Hints & Tips

Prescription
Information Services

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Welcome to the July 2016 issue of Hints & Tips!

If you've got a hint or tip that you would like us to write about in a future edition, please email it to:

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Contents

Welcome to the July 2016 issue of Hints & Tips, your regular newsletter full of updates and information.

In this issue we've included information on MyNHS, upgrades to the ePACT service and the Medicines Optimisation Dashboard, plus details of the results we've achieved since changing our processes for unidentified prescribers. There's an update on how we will now report on prescribed items which appear in our information reports as 'Unspecified Code', advice on using the Repeat Dispensing reports available on the **Information Services Portal** and information on the process by which items are added to Drug Tariff Part VIII.

We're also looking at medicines which now have licensed equivalents available and at how and why NHS Prescription Services have begun to collect patient identifiable data. There's also a reminder of the importance of medical prescriber codes. Finally, we ask whether your prescriptions are being printed correctly and examine the implications of not adhering to the overprint specification.

If there are any topics you'd like us to cover in future issues please let us know at **nhsbsa.communicationsteam@nhs.net**

ePACT 2

Introduction to ePACT

The Information Services team of the NHS Business Services Authority (NHSBSA) provides NHS stakeholders with prescribing volume, trend and cost analyses. These are derived from the NHSBSA systems used to calculate and make payment to dispensing contractors. We provide this information through two main channels; the Information Services Portal and ePACT.

ePACT is an online application which gives authorised users access to 60 months of prescription data. It operates on the N3 network and has been a valuable tool to NHS organisations for many years. However, it is built on old technology and some performance issues have now been identified which need to be addressed.

ePACT2 project

We're therefore now looking into upgrading the technology used to deliver ePACT. This will improve the performance of the service, deliver a new modern interface, provide better features and give access to increased data sets. We will build on the feedback provided last year and more recently to improve the way that you can interact with prescribing data and information.

ePACT2 – what will it offer?

The new ePACT2 will provide easy-to-use analysis, reports and dashboards. It will be much more interactive than ePACT, allowing users to:
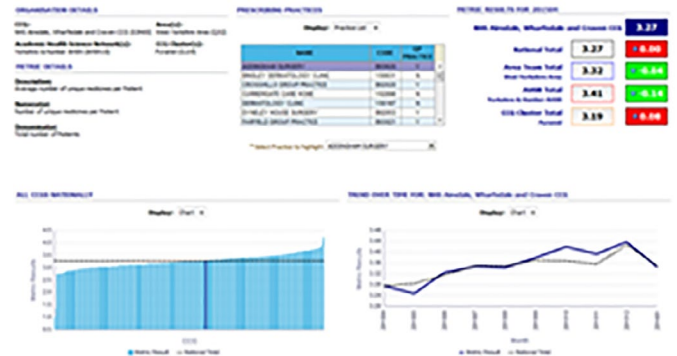
- run ad hoc queries by creating new analyses from scratch or modifying existing queries
- easily create data visualisation using interactive reports and dashboards where users can drill, pivot and filter their data directly onto the dashboard
- schedule queries to be pre-run so the results are available when the user opens the dashboard
- export the data provided by the reports and dashboards into various Microsoft Office formats
- add an alert to trigger workflows based on specific events and subsequently notify stakeholders when the conditions for the alert are met
- create groups of organisations and drugs for use in analysis and reporting.
- access a greater number of data sets.

Some of our users have already had an opportunity to see a prototype of ePACT2 and have been impressed with what they saw:

"The user interface is improved, more responsive, quicker and improved visuals."

"Access to information quicker, and more tailored to your individual needs."

"Impressed with the greater variety of options available to work with the data within the ePACT system, such as the dashboarding. System seemed much more adaptable to be tailored to the needs of the user as well. The potential improvement in the speed of downloading data, particularly for large requests was also a plus as is the shift to accessing the system through internet browsers rather than with N3 access."

You can find more detailed customer feedback and surveys conducted on the NHSBSA website at *http://www.nhsbsa.nhs.uk/PrescriptionServices/5594.aspx*

ePACT2 – what next?

We're now making plans to roll out the improved service with an aim to migrate users to the new ePACT2 by the end of March 2017. You can find updates on progress and plans on the NHSBSA website at: *http://www.nhsbsa.nhs.uk/PrescriptionServices/5593.aspx*

We've received a lot of great suggestions and feedback so far, but if you have any ideas or there's anything you'd like to suggest please let us know by emailing us at *nhsbsa.help@nhs.net* or calling us on 0191 203 5050. Support is available Monday to Friday 8:30 to 16:30, excluding Bank Holidays.

Additions to Drug Tariff Part VIII

The NHS Business Services Authority (NHSBSA) performs an administrative role in compiling the Drug Tariff on behalf of the Department of Health and the prices listed in Part VIIIA of the Drug Tariff indicate what NHS dispensing contractors will be paid for dispensing prescriptions written generically. The NHSBSA follows a process set out by the Department of Health before any additions/changes/deletions are made to Part VIIIA. The NHSBSA will be able to use any information regarding products not already listed in Part VIIIA to initiate the process of adding them to Part VIIIA, however it is important to note that the NHSBSA cannot prejudge the outcome or duration of this process. You can pass any suggestions to *nhsbsa.prescribingqueries@nhs.net.*

If you have any questions relating to policy around this process, please contact the Department of Health.

Medicines Optimisation Dashboard

The latest version of the NHS England Medicines Optimisation dashboard was released week commencing 23 May 2016. The dashboard is produced by the NHS Business Services Authority to support NHS England as part of the wider Pharmaceutical Price Regulation Scheme (PPRS)/Medicines Optimisation Programme. This programme aims to improve patient outcomes, quality and value from medicine use. The quarterly dashboard helps Clinical Commissioning Groups (CCGs) to improve and understand how patients are supported to use their medicines. It also brings together data aligned to various themes including patient safety, mental health, cardiovascular and respiratory disease, diabetes, antibiotic prescribing and community pharmacy. This allows local NHS organisations to highlight variations in local practice and encourages discussion on the appropriateness of local care.

The dashboard is currently created using Microsoft Excel, placing limitations on what can be produced. In November we plan to launch a new look dashboard on a new platform, using tools similar to those which produce the CCG Outcomes Toolkit. If you have any comments and suggestions to feed into this work please send them to *nhsbsa.help@nhs.net.*

You can access the dashboard at
https://www.england.nhs.uk/ourwork/pe/mo-dash/ on the NHS England website. To be kept up-to-date with any developments, please open the dashboard and click on 'Subscribe to updates to Medicines Optimisation Dashboard' on the menu page.

Unidentified prescribers

NHS Prescription Services has recently changed its processes meaning that where it is not possible to identify a nurse prescriber from the information provided on the prescription form, the prescribing is now attributed to the senior partner of the practice. Adopting this process, along with some additional improvements to our systems, means that the number of prescription items attributed to the national unidentified prescriber code has greatly reduced. This has a huge impact on the quality of the data we provide as well as ensuring the correct organisations are recharged for the costs of the prescribing.

Please remember though that where a nurse prescriber cannot be identified and the cost of prescribing has been charged to the senior partner, it's very important for practices and CCGs to update the NHSBSA promptly by sending amendments regarding their nurse prescribers' information to us as soon as possible.

Since the beginning of 2016 we have seen a considerable decrease in the number of forms and items attributed to National Unidentified Prescribers, as shown in the table below:

Month	Unidentified forms	Unidentified items
Jan 16	208,643	369,743
Feb 16	183,963	311,802
Mar 16	52,971	85,507

Due to this the actual cost of items attributed to National Unidentified Prescribing has reduced from £3.2m to £0.96m over the same period. We will continue to work towards reducing this number even further in the coming months.

Unspecified codes

In the last issue of Hints & Tips we reported on those products captured in our information systems as an 'Unspecified Code'. We advised that we would soon be reporting all items with a net ingredient cost of £60 or more to Clinical Commissioning Groups (CCGs). We are pleased to confirm that we are now able to provide information at this level. As well as receiving the detail relating to your own CCG, we will also provide you with a summary of all items captured nationally with an 'Unspecified Code' and a value of £60 or more. This will allow you to carry out further analysis to identify national trends.

Licensed products now available

Generic description	Licensed equivalent
Naproxen 25mg/ml 100ml oral suspension	Orion Pharma (UK) Ltd

Naproxen 25mg/ml 100ml oral suspension has recently been licensed by Orion Pharma (UK) Ltd and should ideally be dispensed in preference to Naproxen25mg/ml (Special Order).

Repeat Dispensing reports

Did you know?

Did you know Repeat Dispensing reports - including both paper prescription and EPS data are available via the Information Services Portal, providing information on the percentage of repeat dispensing at both cost and item level? The reports are updated each month and 24 months of data is available. Reports are available at National, Area Team, Primary Care Organisation and Clinical Commissioning Group level.

This information may help you to understand where there might be opportunities to increase the uptake of EPS.

Patient identifiable information

To provide an enriched data set NHS Prescription Services now captures patient information when processing prescription data. This provides an opportunity for the NHS Business Services Authority's Information Services team to deliver improved analytics. We are in the early stages of collecting this information and are currently conducting tests to understand how robust and accurate the data is.

We are very mindful of the sensitivity of this information and of the risks involved, e.g. patient data being unlawfully accessed through combining data and/or through breaches of information security. We have therefore determined a number of principles to create a Safe Haven policy. We are also working very closely with our Information Governance team to provide assurance that any personal identifiable information is processed and shared lawfully and in accordance with best practice.

Are your prescriptions being printed correctly?

NHS Prescription Services make payment for approximately 1 billion prescription items per year which have been dispensed within a primary care setting in England. The data from these prescriptions is used not only to pay dispensing contractors, but also to provide prescribing information to the Department of Health and the wider NHS. It is also used to support analytic initiatives that provide valuable insight into patient care, safety and quality. It is therefore vital this information is captured accurately.

As part of the processing procedure, information on prescriptions is captured by an Intelligent Character Recognition scanning system. To ensure that the information can be captured accurately, it is imperative that all printed prescriptions adhere to our overprint specifications. Font size and the positioning of details within the allocated areas are particularly important.

You can find guidelines on overprint specifications at
http://www.nhsbsa.nhs.uk/PrescriptionServices/938.aspx. If you need help to amend software, please contact the relevant software company.

Medical Prescriber Codes

NHS Prescription Services uses codes for prescribers and organisations to identify where the prescription costs should be assigned. The codes also enable us to provide data about the products being prescribed and by whom. If we don't have accurate and up-to-date information on the codes being used, this can therefore result in prescription costs being incorrectly assigned and inaccurate prescribing data.

Medical prescribers need to use a single prescriber code on a prescription that identifies both them and the practice or cost centre that they are working in. If a doctor enters general practice in England the Health and Social Care Information Centre allocate a 6 digit number to the doctor, referred to as the Doctor Index Number (DIN). The DIN is passed to the requesting Clinical Commissioning Group (CCG) or organisation acting on their behalf. The authorised signatory of that CCG/organisation then informs NHS Prescription Services using the appropriate notification form. You can find this form, along with the form for notifying deletions and changes, at
http://www.nhsbsa.nhs.uk/PrescriptionServices/3973.aspx

Please remember:

- GPs working in two different practices **must** use a different code at each practice.
- If a GP is moving from one practice to another, the authorised signatory at the CCG (or CCGs if they are moving out of the area) **must** inform NHS Prescription Services. This is so that we can remove them from their original practice in our records and add them to the new practice.

We have recently been made aware of several instances where this has not occurred, resulting in a significant amount of work for CCGs.

Intelligent Transparency – *My NHS* goes live

The Secretary of State for Health, Jeremy Hunt, believes that intelligent transparency is key to improving health and care services and outcomes. Speaking last July at the King's Fund, he described '…not top-down targets but transparency and peer review; learning and self-directed improvement that tap into the basic desire of every doctor, nurse and manager to do a better job for their patients; empowered leaders with the permission and the space to excel.'

Transparency is desirable in its own right to support public accountability, but it can also be the trigger for the behaviour change needed to improve outcomes for patients, service users, the public, and the health and care system itself.

As part of this initiative the Department of Health has set up the *My NHS* website. This brings together key measures from published data and from a range of data publishers to signal overall quality. The site is designed to make sense to anyone, whether they are a member of the public or a health or care professional, so that anyone can compare the quality and performance of NHS and care services, providers and commissioners, including public health.

The site has been expanding and developing since it was first launched at the end of 2014 and is now undergoing a major refresh and 'go live'. In particular, for hospitals you can now search more easily, select themes more easily, sort more easily and so compare data more easily, whether you're interested in Patient Reported Outcome Measures, food quality, infection control, or any of the other range of indicators.

There's a new map for CCGs, and very soon data will be added on the CCG Improvement and Assessment Framework.

Check out the site and let My NHS know what you think, how it helps, what you'd like and how they can continue to make it better. There's a feedback box on My NHS itself, or you can email the team at *mynhs@dh.gsi.gov.uk*.

Psychological therapies (IAPT)	Neurosurgery	Head and neck cancer surgery	Stroke
Vascular surgery	Endocrine and thyroid surgery		
Cardiac surgery	Interventional cardiology	Heart attack	Ankle surgery
Elbow and shoulder surgery	Knee replacement		
Hip replacement	Urological surgery	Upper gastro-intestinal surgery	Bariatric surgery
Colorectal surgery	Lung cancer		
Maternity	Cancer diagnostic		

Your dedicated helpline

For further information please contact the Information Services Support Team:

0191 2035050

or email:

nhsbsa.help@nhs.net