

**Statistics at NHSBSA**  
**Response to the Public Consultation**  
**on Prescription Cost Analysis -**  
**England**

**March 2021**

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# Section 1: General Information

Consultation details

**Issued:** 21<sup>st</sup> December 2020

**Closed:** 15<sup>th</sup> February 2021

**Enquiries to:** [nhsbsa.statistics@nhs.net](mailto:nhsbsa.statistics@nhs.net)

**Territorial extent:**

This consultation related to statistics for England

## **Accessibility**

We are committed to securing a breadth of interaction across the full spectrum of our customer/user base. We want to make this consultation as accessible as possible. If you require this document in an alternative format, please contact us.

## **Confidentiality and data protection**

All responses collected are treated confidentially and data is being stored in line with the General Data Protection Regulation. Personal details of respondents are not associated with these published results and will not be shared with anyone outside of NHS BSA.

## Section 2: Overview

The Prescription Cost Analysis (PCA) publication shows the total cost for drugs, dressings and appliances, and number of prescription items, for prescriptions that have been dispensed in the community in England.

This publication can have a wide range of uses including informing government policy, allowing public scrutiny of national prescribing habits, and use by industry to monitor uptake of proprietary presentations.

In 2020 the PCA England Statistics publication was migrated from NHS Digital to NHS BSA following a public consultation. The results of this consultation can be viewed on [NHS Digital's website](#).

The NHSBSA Prescription Cost Analysis (PCA) - England Official Statistic release was assessed from April 2020 to October 2020 by the [Office for Statistics Regulation \(OSR\)](#) to determine if it fully complied with the [Code of Practice for Statistics](#) and met the highest standards of trustworthiness, quality, and public value.

OSR identified six requirements for us to address to make sure the high standards associated with National Statistics designation are met. An action plan has been created that outlines how the NHSBSA Official Statistics team proposes to achieve the requirements set out in the [OSR assessment](#) by February 2021. This will allow OSR to recommend to the UK Statistics Authority (UKSA) that National Statistics status for these statistics is confirmed.

Following the successful migration, the NHS BSA proposed a number of changes and improvements to the PCA England publication which could be implemented in the 2021 release. Through this consultation, NHS BSA sought responses on the proposed changes which are set out, alongside the responses, in Section 6 of this document.

The NHS BSA are also aware that they do not have full sight of the use of the PCA England statistical release and may not be aware of all the users of this publication. Therefore, the consultation also welcomed evidence on the users and uses of the PCA England release.

The responses were fairly supportive of the proposed changes though one of the responses raised significant concerns about the methods proposed for the handling of data relating to medicines prescribed generically when they are not available in generic form.

## Section 3: Background

### The PCA England Publication

The Prescription Cost Analysis (PCA) publication shows the total cost for drugs, dressings and appliances, and number of prescription items, for prescriptions that have been dispensed in the community in England. These statistics are designed to be able to be used to give the total number of items and spend for any individual presentation, or at any other level of the British National Formulary (BNF) hierarchy, for example, antibacterial drugs or antidepressant drugs. They can also be used to give the proportion of prescription items and spend that are prescribed and dispensed generically.

This publication can have a wide range of uses including informing government policy, allowing public scrutiny of national prescribing habits, and use by industry to monitor uptake of proprietary presentations.

### Processing of Prescription Data

A prescription goes through a number of stages before the data extracted from it ends up in our administrative data warehouse and subsequently in this publication. The prescription starts its journey when being issued by a GP, nurse or other authorised prescriber within a care setting. A prescription can be issued in paper form or as an electronic prescription via the Electronic Prescription Service (EPS). At the time of publishing, EPS prescription items account for approximately 75% of all prescription items.

This prescription is then taken, or in the case of EPS sent, to a dispensing contractor to be dispensed. A contractor submits their prescriptions at the end of every month for reimbursement to the NHS Business Services Authority (NHSBSA), for EPS a contractor submits their electronic messages to the NHS Spine maintained by NHS Digital, and from there it is sent to the NHSBSA for processing.

Once received by the NHSBSA paper prescriptions are scanned and transformed into digital images, which are then passed through Intelligent Character Recognition (ICR) to extract data from the paper form. The majority of paper forms go through ICR without any manual intervention. However, there are cases when operator intervention is required in order to accurately capture the relevant information from the prescription form. This manual intervention can be required for a multitude of reasons, such as if a form is handwritten or information is obscured by a pharmacy stamp.

All prescription data, paper and electronic, is processed via the Capacity Improvement Program (CIP) database. This is the main transactional database for all prescription data that is used for the reimbursement of dispensing contractors. Data is then passed to the Dedicated Payment of Contractors (DPC) database to calculate the final payments that are to be made to dispensing contractors. Prescription data is also extracted from CIP and loaded into the NHSBSA Information Services Data Warehouse. During this extract, transform and load (ETL) process business logic is performed on the raw transactional data to transform it into easier to use information

for NHSBSA information systems. The data held in the NHSBSA Information Services Data Warehouse then has further business logic applied to it, explained in the methodology below, to form the tables that are used in these statistics.

## **Previous Consultation**

In 2019 NHS Digital held a public consultation on a series of proposed changes to the Prescribing and Medicines statistical outputs. The changes included the migration of a number of statistical releases, including the PCA England Statistics, from NHS Digital to NHS BSA. The [results of the consultation](#) showed PCA England Statistics to be one of the most popular publications and identified that it supports a range of uses. Respondents to the consultation were supportive of the move of this publication to the NHS BSA for 2020.

Since then, NHS Digital and NHS BSA worked together to ensure the initial migration went smoothly and PCA England 2019 was published by the NHS BSA in April 2020.

Now that the initial migration process has taken place NHS BSA are seeking users views on a series of proposed changes to be implemented in the 2021 PCA England release. This includes some of the additional changes that users suggested during the 2019 consultation as well as improvements to methodology.

## Section 4: How we consulted

### **The consultation period**

In April 2020, as part of the release of the Prescription Cost Analysis (PCA) – England 2019 publication, NHS BSA announced that they would consult on changes to the PCA England publication

The consultation ran for eight weeks from 21<sup>st</sup> December 2020 to 15<sup>th</sup> February 2021.

### **Responses to the consultation**

NHS BSA sought responses through an online survey but also welcomed responses by email and by post.

At the close of the consultation on 15<sup>th</sup> February NHSBSA had received two responses to the consultation. One of the responses was received via the online form and one was received by email. Both responses were submitted on behalf of organisations rather than from individuals.

NHS BSA also engaged directly with a number of stakeholders to discuss the consultation and the recommended changes. These engagements were conducted virtually due to the implementation of social distancing policies and movement restrictions in response to the coronavirus (COVID-19) pandemic.

NHSBSA are grateful for the responses they received. The responses were fairly supportive of the proposed changes though one of the responses raised significant concerns about the methods proposed for the handling of data relating to medicines prescribed generically when they are not available in generic form.

Further details of the response and the engagements are provided in section 6 of this document.

## Section 5: Current methodology of the PCA England publication.

### Current Methodology

Generic (unbranded) prescribing is encouraged, and many drugs are now prescribed generically even when they are not available in generic form. Within PCA data prescriptions for drugs are classified in four ways:

Preparation class 1 – Drugs prescribed and available generically.

Preparation class 2 – Drugs prescribed generically but only available as a proprietary product.

Preparation class 3 – Drugs prescribed and dispensed by proprietary brand name.

Preparation class 4 – Dressings, appliances and medical devices.

In 2019, 84% of all prescription items dispensed in England in 2019 were prescribed generically. However, some presentations can be prescribed generically where an actual generic does not exist, these presentations are given a preparation class of 2, which describes them as a drug able to be prescribed generically but only available as a proprietary presentation. In order to represent these preparation class 2 presentations more in real world terms the NHSBSA have applied an apportionment methodology to the data to share items prescribed in this manner across their proprietary equivalents. This methodology is used as the NHSBSA is unable to determine the presentation that has actually been dispensed by the dispensing contractor and therefore cannot be certain what proprietary drug has been issued in these instances.

A generic preparation class 2 presentation with only one proprietary preparation class 3 equivalent will have all generic items and costs assigned to the proprietary presentation, even if there has been no prescribing for the proprietary presentation.

Where a preparation class 2 presentation has multiple preparation class 3 equivalents an apportionment of the generic items and costs has occurred across all of the proprietary drugs that have also had prescribing occur. This apportionment is based on the proportion of prescribing that each proprietary presentation is responsible for. Due to this apportionment a presentation may be reported as having a fraction of items dispensed where this has not occurred, for example, 10.5 or 16,567.7.

For preparation class 1 presentations the NHSBSA is also unable to determine the supplier of the actual generic product that was dispensed. Sometimes a presentation is prescribed as an actual generic presentation rather than its virtual equivalent, with a supplier listed. Where this has occurred, we have aggregated all data under the virtual preparation class 1 record.

Presentations can change preparation class throughout the year. For example, if a presentation is no longer on patent and generic versions are able to be produced the drug would change from class 2 to class 1. New drugs are expensive to develop; therefore, when a new medicine comes to market, they are initially available as proprietary products only, exclusively from the pharmaceutical company that developed them with a higher price for a number of years. This is known as being 'in patent'.

To avoid disaggregation of data these statistics use the latest preparation class of each presentation available within the dataset i.e. from December or the latest month the presentation was a valid prescribable product. NHSBSA Information services releases an administrative data feed of [monthly Prescription Cost Analysis data](#). The monthly Prescription Cost Analysis data files available on the NHSBSA website use the preparation class of the drug as it was at the end of the month the data relates to.

Examples of methodology in practice

Following are some generalised examples of the apportionment methodology:

**A generic preparation is prescribed which is a class 2 presentation, and where there is only one proprietary equivalent**

Generic drug A is a preparation class 2 presentation with only one preparation class 3 equivalent, proprietary drug A. 80% of prescription items have been prescribed generically, with the remaining 20% prescribed as the proprietary presentation, we have then apportioned all items and costs for the generic presentation to the proprietary presentation in these statistics.

**Table 1a: Raw data before apportionment applied – one to one mapping**

Presentation	Preparation Class	Items	NIC (£)
Generic drug A (e.g. Paracetamol 500mg tablets)	02	80,000	120,000.00
Proprietary drug A (e.g. Panadol Advance 500mg tablets)	03	20,000	30,000.00

**Table 1b: Data after apportionment applied, as displayed in these statistics – one to one mapping**

Presentation	Preparation Class	Items	Items (of which class 2)	NIC (£)	NIC (£) (of which class 2)
Proprietary drug A (e.g. Panadol Advance 500mg tablets)	03	100,000	80,000	150,000.00	120,000.00

**Generic preparation class 2 presentation with multiple proprietary equivalents**

Generic drug B is a preparation class 2 presentation with three preparation class 3 equivalents, proprietary drugs B1, B2 and B3. 50% of prescription items have been prescribed generically with the remaining 50% prescribed between the proprietary presentations. We have then apportioned the generic items between these proprietary presentations based upon the percentage share they have of the remaining prescribed items.

**Table 2a: Raw data before apportionment applied – one to many mapping**

Presentation	Preparation Class	Items	NIC (£)
Generic drug B	02	500,000	1,000,000.00
Proprietary drug B1	03	250,000	500,000.00
Proprietary drug B2	03	150,000	300,000.00
Proprietary drug B3	03	100,000	200,000.00

**Table 2b: Data after apportionment applied, as displayed in these statistics – one to many mapping**

Presentation	Preparation Class	Items	Items (of which class 2)	NIC (£)	NIC (£) (of which class 2)
Proprietary drug B1	03	500,000	250,000	1,000,000.00	500,000.00
Proprietary drug B2	03	300,000	150,000	600,000.00	300,000.00
Proprietary drug B3	03	200,000	100,000	400,000.00	200,000.00

### Current Geographical breakdown(s)

The release shows the total cost for drugs, dressings and appliances, and number of prescription items, for any individual presentation, or at any other level of the British National Formulary (BNF) hierarchy at a national level for England only.

### Current drugs, dressings and appliance classification

These statistics use the therapeutic classifications defined in the British National Formulary (BNF) using the classification system prior to edition 70 for drugs. NHS Prescription Services have created pseudo BNF chapters for items not included in BNF chapters 1 to 15. Most of these items are dressings and appliances, which have been classified into six pseudo BNF chapters (18 to 23).

These statistics use the preparation class of a drug or appliance as it was in the latest month that is in the data. For example, if a drug changed from class 2 to class 1 during the year, all data would be displayed against the class 1 record.

### Current time periods

These statistics are published by calendar year.

## Section 6: Proposed Changes and Consultation Responses

### New methodology

The NHSBSA proposes to change the methodology that is used to distribute generic prescription items with a preparation class of 2 amongst its proprietary equivalents. Instead of apportioning these items, further data already captured as part of normal prescription processing would be used to identify the correct proprietary product that data should be displayed against. It should be noted that this methodology is still an approximation of the actual medicinal product that has been dispensed, but we believe this change will be a more accurate reflection of real-world conditions and will also align PCA with reimbursement policy set out by the Department of Health and Social Care (DHSC).

We have consulted the Methodology Advisory Service (MAS) at the Office for National Statistics (ONS), one of the UKs leading providers of methodological advice, about these proposed changes. MAS have commented that the changes are “deemed to be a sensible improvement on the existing approach”.

### Generic preparation class 2 presentation with single proprietary (class 3) equivalent (one to one mapping)

As with the current methodology, all items and costs prescribed generically will be reported against the proprietary presentation. See table 1a and 1b for an example of this.

### Generic preparation class 2 presentation with multiple proprietary (class 3) equivalents (one to many mapping)

For these presentations we will use the reimbursement price as held within our systems for that month to match to the cost that we have reimbursed the dispensing contractor. Where a unique relationship can be determined all items and costs will be attributed to the matched proprietary presentation.

For example, Generic drug B has a preparation class of 2 with three equivalent proprietary presentations:

**Table 3a: Example of reimbursement prices, unique relationship**

Presentation	Preparation Class	Reimbursement Price (p)
Generic drug B	02	586
Proprietary drug B1	03	586
Proprietary drug B2	03	657
Proprietary drug B3	03	845

Only 1 Proprietary presentation has a reimbursement price that matches what we have reimbursed the dispensing contractor, therefore all items and costs that were reimbursed at that price will be displayed against the record for Proprietary drug B1.

If a unique relationship cannot be established, that is if a generic presentation has more than one proprietary equivalent with the same reimbursement price for that month, then further information is used to try and determine which proprietary product was dispensed.

It is possible to use the endorsement field sent within the electronic message for EPS prescriptions to try and determine which of the proprietary presentations was dispensed.

For example, Generic drug C has a preparation class of 2 with three equivalent proprietary presentations, two of which have the same reimbursement price:

**Table 3b: Example of reimbursement prices, non-unique relationship**

Presentation	Preparation Class	Reimbursement Price (p)
Generic drug C	02	255
Proprietary drug C1	03	255
Proprietary drug C2	03	255
Proprietary drug C3	03	305

Here we are unable to establish a unique relationship and so look at the endorsement field in the EPS message for the item. Here the dispensing contractor has endorsed that they have dispensed Proprietary drug C2, therefore all items and costs will be displayed against the record for Proprietary drug C2.

In cases where it is not possible to establish a unique relationship using the above method, or for paper prescriptions, we will report data against the record for the generic preparation class 2 record, as we are unable to reliably determine the actual presentation that has been dispensed.

The proposed change in methodology would mean a change to the way that data is displayed within Prescription Cost Analysis statistics, moving from data as displayed in table 2b to the below:

**Table 3c: Data after new methodology applied**

Presentation	Preparation Class	Items	NIC (£)
Generic drug B	02	100,000	200,000.00
Proprietary drug B1	03	650,000	1,300,000.00
Proprietary drug B2	03	150,000	300,000.00
Proprietary drug B3	03	100,000	200,000.00

## **We asked**

- Do you support these proposed methodological changes to the PCA National Statistic publication?
  - On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think these methodological changes to PCA data will be to you?
  - On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think these changes will have on your use of PCA data?

## **Responses**

The first response supported these changes, identified that they would be useful and would have a positive impact on their use of PCA data.

The second response was more mixed, identifying that they agreed with some, but not all of the proposed methodological changes.

There was concern that the proposed methodological changes would obscure the volume and cost of prescriptions that are issued generically, and that the methodology would not reflect the realities of dispensing. Specifically, the respondents agreed that where only 1 proprietary equivalent presentation exists, all items and costs prescribed generically should be reported against the proprietary presentation (i.e. same as current methodology). However, they want the data to still indicate how much of the prescribing and costs dispensed items were prescribed generically i.e. are preparation class 2.

They also agreed that where there are multiple proprietary products, of which more than 1 is a reimbursement price match (i.e. there is a non-unique relationship), then endorsement information should be used to try and determine which proprietary presentation was dispensed. If this cannot be determined, a separate line in the data should be included which shows the generically prescribed items and cost as its own independent line. They felt that this methodology should be applied in all instances where there are multiple proprietary presentations which match a generically prescribed presentation regardless of how many match the generic reimbursement price.

They disagreed with the proposed methodology that where there are multiple proprietary presentations, of which only 1 is a reimbursement price match (i.e. a unique relationship can be determined), all items and costs prescribed generically will be reported against the unique matched proprietary presentation. Citing that this methodology assumes that dispensing contractors will dispense the proprietary product with the price that matches the reimbursement price but that there are many reasons why this may not always be the case.

The response identified that the changes as proposed would be unhelpful and make the PCA data much less useful to them, restricting the types of analysis they could

do. However, they identified that if their recommendations were adopted then the changes would be more positive.

## **New geographical breakdowns**

The NHSBSA also proposes to expand the geographical breakdowns that are provided as part of the PCA publication. Currently PCA data is only released at a national level for England. We believe there would be added value by including additional geographical breakdowns in the statistical release; these include breakdowns by administrative boundaries and health geographies. The level of the geographical breakdowns will be determined by a disclosure control assessment.

## **We asked**

- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think expanded geographical breakdowns, such as by administrative boundaries or health geographies, would be to you?
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think expanded geographical breakdowns will have on your use of PCA data?
- Which geographical breakdowns would you be interested in seeing included in the PCA data?

## **Responses**

One response was neutral regarding these proposed changes and felt that it would have neither a positive nor negative impact.

The second response was very positive about this proposed change identifying that it would be very useful in allowing comparisons of prescribing and dispensing trends between geographical regions and that this would have an extremely positive impact.

Across the responses 4 additional geographical breakdowns were identified as being of interest:

- Strategic Transformation Partnerships (STPs)
- LPC region
- CCG region
- NHS Area Teams

## **New drugs, dressings and appliance classification**

These statistics will continue to use the therapeutic classifications defined in the British National Formulary (BNF) using the classification system prior to edition 70 for drugs alongside the pseudo BNF chapters for items not included in BNF chapters 1 to 15 created by NHS Prescription Services.

NHSBSA would like to understand if releasing these statistics with additional drug and appliance classifications included, such as SNOMED and ATC codes, would be useful to our users.

## We asked

- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think additional drug classifications, such as SNOMED CT or ATC codes, would be to you?
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think additional drug classifications would have on your use of PCA data?
- Which additional drug classifications would you be interested in seeing included in future PCA releases?

## Responses

Responses were fairly to extremely positive about this proposed change identifying that it would be useful in allowing cross mapping of data to other datasets increasing the level and scope of analysis that the data can be used for. One response expanded on this to explain that it will be important for pseudo BNF chapters and sections to be kept up to date to reflect the updated system of drug classification and the NHSBSA must ensure all missing BNF codes are updated in any new PCA data releases and that these updates are made regularly to ensure the data remains in line with future changes to the BNF.

Additional drug classifications that would be of interest to users are as follows:

- SNOMED CT
- Drug matching to VMPID & AMPID codes as used in the NHS dm+d database.
- Including the Drug Tariff classification for a drug where appropriate e.g.:
  - Part VIIIA
  - Cat A
  - Cat M
  - Cat C
  - Part VIIIB
  - Part IXA
  - Part IXB
  - Part IXC
  - Part IXR
- Stating where a drug is a special / unlicensed preparation (even if not included within Drug Tariff Part VIIIB)

NHSBSA propose to change how the preparation class of a drug or appliance is displayed in PCA data. Instead of assigning all data to the latest preparation class that a drug or appliance has, NHSBSA propose to show changes in preparation class throughout the year. This could result in multiple rows per drug or appliance.

## **We asked**

- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think displaying changes in preparation class throughout the year, would be to you?
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think displaying changes in preparation class throughout the year would have on your use of PCA data?

## **Responses**

Responses were generally positive about this change identifying it as fairly to extremely positive and fairly to extremely useful. Respondents identified that this would be useful as it would provide accurate data on drug classifications throughout the year and could inform various analyses including assessing how much NIC has been allocated to different preparation classes across the year.

## **New time periods**

NHSBSA would like to understand the usefulness of publishing PCA statistics for financial years alongside calendar years. This would result in the date of publication for the statistics moving to later in the year.

## **We asked**

- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful would including financial year in PCA data be to you?
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact would the inclusion of financial year have on your use of PCA data?

## **Responses**

Both responses indicated that this would be a useful, positive change and would align with other data sets and existing analyses that are focused around financial years. However, they did add that continuing to provide calendar year analysis alongside this would be beneficial in allowing historical comparison with previous publications.

## **Additional Feedback**

We welcomed feedback from users about their thoughts on additional analyses that could be included in the PCA data and any improvements that they could suggest.

We asked:

- Is there any other information or analyses that aren't currently in the PCA data that you would like to be included?

- Are there any other ways that you think the PCA publication could be improved?

## **Responses**

Respondents did not have anything to add for these questions.

## Section 7: Secondary care prescribing data

NHSBSA currently hosts and publishes Secondary Care Medicines Data (SCMD) on behalf NHS England and Improvement (NHSE&I). This contains processed pharmacy stock control data in Dictionary of Medicines and Devices (dm+d) standardised format from all NHS Acute, Teaching, Specialist, Mental Health and Community Trusts in England. NHSBSA is currently working to add the indicative cost of the medicines issued to this release.

For more information on SCMD visit our Open Data Portal. Work is underway to add in a cost figure to this monthly dataset soon.

To avoid duplication and confusion amongst users of potentially different costs associated with different data sources the NHS Digital experimental Official Statistic release on Prescribing Costs in Hospitals and the Community release will transition to the NHS BSA in 2021.

NHSBSA would like to understand the usefulness of including Secondary Care Medicines Data in future annual PCA releases. This will help NHSBSA determine if multiple publications are required for these statistics.

### **Responses:**

Only one response provided answers to these questions, they were positive about the proposed changes and felt that they would be useful.

## Section 8: Next steps

We'd like to thank everyone who gave us their views by responding to the consultation, user input is essential for us to continue to deliver statistics that are of value. The comments submitted have given us an endorsement to enhance and enrich the annual PCA National Statistics publication.

We intend to:

- Adopt the new methodology outlined in this response for the annual PCA National Statistics.
- Adopt the new methodology outlined in this response for the monthly management information PCA data set to ensure that all forms of PCA are consistent to make user journeys easier.
- Engage with users after this transition to address concerns raised about the utility of the changes to explore their impacts.
- Release more guidance about the changes to the PCA publication, including how users can still get data on drugs prescribed generically from the new format.
- Transition to a financial year view alongside releasing data for a calendar year to provide continuity.
- Enhance the annual PCA National Statistics with additional drug and geographical information.

We didn't receive enough feedback about the Secondary Care Medicines Data from this consultation to make a truly informed decision regarding its inclusion in the PCA publication. We will continue with the separate [Prescribing Costs in Hospitals and the Community publication](#) and engage with users in the future regarding its content.

## Section 9: Contact Us

Feedback is important to us; we welcome any questions and comments relating to this document.

Please quote 'Public Consultation Prescription Cost Analysis – England' in the subject title of any correspondence.

You can contact us by:

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