

## **Statistics at the NHSBSA**

### **Public Consultation – Prescribing Costs in Hospitals and the Community**

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# 1. General Information

The NHS Business Services Authority (NHSBSA) is seeking users' views on several changes and improvements to the Prescribing Costs in Hospitals and the Community Official Statistics publication made to the 2021 release.

## 1.1. Consultation details

**Issued:** 15 November 2021

**Respond by:** 4 February 2022

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

### **Summary of consultation questions:**

A summary of the consultation questions can be found in appendix 1 of this document.

### **Territorial extent:**

This consultation relates to statistics for England only.

## 1.2. How to respond

We encourage you to submit your responses by completing the [online form](#) available on the NHSBSA website. You can also submit your responses to the consultation questions to the NHSBSA statistics mailbox at [nhsbsa.statistics@nhs.net](mailto:nhsbsa.statistics@nhs.net).

When responding please state whether you are responding as an individual or representing the views of an organisation. Your response will be most useful if it is framed in direct response to the questions posed but further comments and evidence are also welcome.

## 1.3. 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.

## **1.4. Confidentiality and data protection**

All responses collected will be treated confidentially and data will be stored in line with the General Data Protection Regulation. Personal details of respondents will not be associated with any published results of the survey or shared with anyone outside of NHSBSA.

## **1.5. After the consultation**

We will publish a summary of the comments received within one month after the consultation closes on our website.

## **2. Overview**

The Prescribing Costs in Hospitals and the Community publication historically reported the overall cost at list price, before any discounts, of medicines used in hospitals and those prescribed in primary care in England.

This publication has been onboarded by the NHSBSA following a public consultation by NHS Digital in 2019. The results of this consultation can be viewed on [NHS Digital's website](#). The NHS Digital series of this publication will continue to be available to users on their [website](#).

The NHSBSA has changed the data source used for medicines issued and dispensed in hospitals in these statistics for the 2021 release. This has allowed further breakdowns to be provided and an updated cost metric to be used that shows the actual cost to the NHS for medicines issued in hospitals instead of the list price.

The data source for prescriptions dispensed in the community has remained unchanged in this series. This data is, and will continue to be, extracted from the NHSBSA Enterprise Data Warehouse (EDW).

## Background

Previous Prescribing Costs in Hospitals and the Community (PCHC) releases were delivered by NHS Digital, this is the first in a new series by the NHSBSA. For the secondary care medicines data these covered the overall cost at list price before any discounts of medicines used in hospitals. This data was provided by IQVIA, who collect data on items issued from pharmacies in most hospitals in England and apply costs to this data using the Drug Tariff and standard price lists. Therefore, all costs given in these reports were medicine costs at list price, also known as Net Ingredient Cost (NIC) in Primary Care – this is the basic price of a drug excluding VAT and is not necessarily the price the NHS paid. Most NHS hospital pharmacies do not supply dressings or devices. The secondary care spend in this report is not indicative of total NHS spend on these products. Supply is usually made via the NHS Supply chain.

The actual prices paid by hospitals for medicines often differ from the list price. They are able to take account of lower prices through NHS-negotiated contract prices; or where medicines that have been appraised by NICE and are recommended for use in the NHS if the medicine is provided with a discount agreed in a Patient Access Scheme (PAS) or a commercial access agreement. These discounted prices are commercially sensitive so are not publicly available, however, they can be significant for specific types of drugs.

As a result, the cost estimates previously reported in this publication did not accurately reflect the actual cost paid by the NHS for individual medicines, or for providing medicines to patients in a hospital setting.

The costs of community prescribing are provided by the NHSBSA and are derived from activities relating to the reimbursement of dispensing contractors that provide services to NHS patients in England. This data source has remained consistent for the 2021 release.

## Changes to this publication

The NHSBSA have changed the data provider used for secondary care medicines in these statistics from IQVIA to Rx Info. Rx Info maintain the Define system that contains processed pharmacy stock control and issues data in [Dictionary of Medicines and Devices \(dm+d\)](#) standardised format from all NHS Acute, Teaching, Specialist, Mental Health and Community Trusts in England.

Data collected by Rx Info includes the costs paid by hospital trusts for medicines and devices inclusive of VAT. These costs consider local, regional, and national contract prices. These contract prices, along with other prices obtained through PAS or commercial access agreements, remain commercially sensitive. However, it is possible to use this data to provide a more accurate measure of the actual cost paid for medicines by NHS trusts at a non-disclosive level, including national totals.

## Drug classifications

The collection of data in dm+d format by Rx Info allows the mapping of secondary care medicines data to other existing sources of drug data, including to British National Formulary (BNF) classifications in the structure prior to the issuing of edition 70. As a result, we have included additional breakdowns by BNF section in the 2020/21 release of these statistics. Section is the second broadest grouping of medicines in the BNF below chapter. The BNF is structured as:

- BNF Chapter – broadest grouping. For example, Chapter 3 – Respiratory system
- BNF Section – the grouping published in these statistics. For example, Section 4.3 - Antidepressants
- BNF Paragraph
- BNF Sub-paragraph
- BNF Chemical Substance
- BNF Product
- BNF Presentation – Smallest grouping. For example, Paracetamol 500mg tablets

It is not possible for the NHSBSA to release data at a more granular level for these statistics owing to the commercial sensitivity of Secondary Care Medicines Data.

## Geographies

In previous iterations of this publication data was only available at a national level broken down by the sector in which the prescribing occurred. For example, primary care dispensed in the community, secondary care dispensed in the community, secondary care issued by the hospital pharmacy, and prescriptions issued by dental performers that have been dispensed in the community.

The NHSBSA have now included additional break downs by Sustainability Transformation Partnerships (STP). STPs are health geographies that are formed by NHS organisations, local councils, and others to set out proposals to improve health and care for the local population. STPs replaced NHS England Local Offices and Area Teams on 1 April 2020. These breakdowns give a system level total spend on medicines used in the NHS for 42 health geographies. As the NHS evolves to Integrated Care Partnerships, we will look to update future publications of this series to reflect those changes.

### 3. Previous consultations

In December 2020 the NHSBSA [launched a consultation](#) for the methodology and content of our Prescription Cost Analysis (PCA) – England publication. As part of this consultation, we asked users if there was utility in including Secondary Care Medicines Data (SCMD) in the PCA publication. We did not receive enough responses to make an informed decision on this. However, we have since identified that we would be unable to include SCMD in the PCA publication due to the granularity of the data required.

Also, data on medicines issued in hospitals is collated as quantities issued (that is, packs). There is no equivalent to the concept of an item as is commonly used when analysing primary care data. The NHSBSA will continue to publish 2 separate statistical releases, PCA and Prescribing Costs in Hospitals and the Community.



## 4. Contact us

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

Please quote 'Public Consultation Prescribing Costs in Hospitals and the Community' in the subject title of any correspondence.

You can contact us by:

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

## Appendix 1

- Do you support the changes made to the Prescribing Costs in Hospitals and the Community Official Statistics publication?
- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think the change of data source has been to you? Please give a reason for your rating.
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think this change in data source will have on your use of these statistics? Please give a reason for your rating.
- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think the expanded geographical breakdowns have been to you? Please give a reason for your rating.
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think these expanded geographical breakdowns will have on your use of these statistics? Please give a reason for your rating.
- On a scale of 1 to 7, 7 being extremely useful and 1 being not at all useful, how useful do you think the breakdowns by BNF Section have been to you? Please give a reason for your rating.
- On a scale of 1 to 7, 7 being extremely positive and 1 being extremely negative, what impact do you think the breakdowns by BNF Section will have on your use of these statistics? Please give a reason for your rating.
- Is there any other information or analyses that aren't currently included in the statistics that you would like to be included?
- Are there any other ways that you think the Prescribing Costs in Hospitals and the Community publication can be improved?