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

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Yes *(go to Q2)*** | **□** |
| 1. **No *(go to Q4)*** | **√** |

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

| *Please specify the system name and supplier* |
| --- |
|  |

1. 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?

| *Please tick one option for (i) and one option for (ii).* | | |
| --- | --- | --- |
|  | (i) Clinical patient records / medical notes | (ii) Pharmacy Dispensing System (PDS) |
| 1. Electronic and fully integrated | □ | □ |
| 1. Electronic and partially integrated | □ | □ |
| 1. Electronic and not integrated | □ | □ |
| 1. On paper | □ | N/A |

1. **Which of the following statements best describes your Trust’s overall implementation of the ePMA system?**

|  | ***Please tick one option*** |
| --- | --- |
| 1. **ePMA system is fully implemented *(Go to Q5)*** | **□** |
| 1. **ePMA system is partially implemented and progress is ongoing to complete it *(Go to Q5)*** | **□** |
| 1. **ePMA system has been procured from a named supplier and awaiting implementation *(Go to Q5)*** | **√** |
| 1. **Selection of suppliers and procurement of ePMA system is underway *(Go to Q5)*** | **□** |
| 1. **Awaiting funding *(Go to Q17)*** | **□** |
| 1. **No ePMA systems or plans in place *(Go to Q17)*** | **□** |
| 1. **Other – please specify below** |  |
|  | |

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

|  | **Month** | **Year** |
| --- | --- | --- |
| **Estimated date of full implementation** |  |  |
| This is not recorded information[[1]](#footnote-1).  The right of access created by the Freedom of Information Act only applies to recorded information. This does not include requests asking for a person’s knowledge, wishes, opinions or general advice. | | |

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

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Patient records are electronic and fully integrated with pharmacy dispensing system.** | **□** |
| 1. **Patient records are electronic and partially integrated with pharmacy dispensing system.** | **□** |
| 1. **Patient records are electronic, but not integrated with the pharmacy dispensing system.** | **√** |
| 1. **On paper** | **□** |

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

| ***Please specify the system name and supplier*** |
| --- |
| **ASCRIBE/EMIS** |

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

| ***Please tick all that apply*** | | |
| --- | --- | --- |
|  | **(i) Patient records system** | **(ii) Pharmacy Dispensing System (PDS)** |
| 1. **.xls (Excel)** | **□** | **√** |
| 1. **.csv or .txt (Text)** | **□** | **√** |
| 1. **Not possible** | **√** | **□** |

1. **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?**

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Yes** | **□** |
| 1. **No** | **□** |

Please see our answer to question 5; we cannot answer in principle.

1. **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?**

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Yes** | **□** |
| 1. **No** | **□** |

Please see explanation below.

1. **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?**

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Yes** | **□** |
| 1. **No** | **□** |

Please see explanation below.

1. **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?**

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Yes** | **□** |
| 1. **No** | **□** |

Please see explanation below.

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

| ***Please indicate yes or no per item*** | | |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. **Date (month year)** | **□** | **□** |
| 1. **Diagnosis or indication** | **□** | **□** |
| 1. **Drug name (&/or SNOMED ID)** | **□** | **□** |
| 1. **Drug formulation** | **□** | **□** |
| 1. **Drug strength** | **□** | **□** |
| 1. **Drug unit of measure (e.g., milligrams, micrograms, vials)** | **□** | **□** |
| 1. **Quantity dispensed (in UOM)** | **□** | **□** |
| 1. **Quantity prescribed (in UOM)** | **□** | **□** |
| 1. **Number of patients treated** | **□** | **□** |

Please see explanation below.

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

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Yes** | **□** |
| 1. **No** | **□** |

Please see explanation below.

1. **What is the name of this report?**

| ***Please specify*** |
| --- |
|  |

Please see explanation below.

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

| ***Please specify*** |
| --- |
|  |

Please see explanation below.

1. **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**](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/contract-monitoring#current-releases) **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?**

|  | ***Please tick one option*** |
| --- | --- |
| 1. **Fully** | **□** |
| 1. **Partially** | **□** |
| 1. **Not at all** | **□** |

Please see explanation below.

1. **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.**

| ***Please indicate yes or no for each diagnosis description*** | | |
| --- | --- | --- |
| **Diagnosis description** | **Yes** | **No** |
| **Immunology** | **□** | **□** |
| **Atopic dermatitis** | **□** | **□** |
| **Crohn’s disease** | **□** | **□** |
| **Plaque psoriasis** | **□** | **□** |
| **Rheumatoid arthritis** | **□** | **□** |
| **Severe asthma** | **□** | **□** |
| **Ulcerative colitis** | **□** | **□** |
|  |  |  |
| **Multiple sclerosis** | **□** | **□** |
| **Primary progressive multiple sclerosis** | **□** | **□** |
| **Relapsing remitting multiple sclerosis** | **□** | **□** |
|  |  |  |
| **Ophthalmology** | **□** | **□** |
| **Wet age-related macular degeneration** | **□** | **□** |
| **Dry age-related macular degeneration** | **□** | **□** |
| **Diabetic macular oedema** | **□** | **□** |
|  |  |  |
| **Medical oncology** | **□** | **□** |
| **Breast cancer** | **□** | **□** |
| **Lung cancer** | **□** | **□** |
| **NSCLC** | **□** | **□** |
| **SCLC** | **□** | **□** |
| **Melanoma** | **□** | **□** |
| **Ovarian cancer** | **□** | **□** |
| **Prostate cancer** | **□** | **□** |
| **Renal carcinoma** | **□** | **□** |
|  |  |  |
| **Haematology** | **□** | **□** |
| **Non Hodgkin Lymphoma** | **□** | **□** |
| **Hodgkin’s Disease** | **□** | **□** |
| **Acute Myeloid Leukaemia** | **□** | **□** |
| **Chronic Lymphocytic Leukaemia** | **□** | **□** |
| **Multiple Myeloma** | **□** | **□** |

With regards to questions 10 to 18, we are unable to answer these questions because although we have contracted the provision of an ePMA system for inpatient and outpatient settings this is yet to go-live.

I would also like to point out that Hertfordshire Partnership University NHS Foundation Trust is a provider of mental health and specialist learning disability services therefore will not be able to answer questions in relation to cancer or any other physical diagnosis.

1. Section 1(1) Any person making a request for information to a public authority is entitled

   (a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and

   (b) if that is the case, to have that information communicated to him. [↑](#footnote-ref-1)