



Secondary Care Medicines Data Release Guidance

Version: v003

Document Release Note

Document Name: Secondary Care Medicines Data Release Guidance

Document Details Name	Version Number	Description
Secondary Care Medicines Data Release Guidance	v003	This document describes the content and provides instruction on the use of the Secondary Care Medicines Data release. Includes indicative pricing information.

Revision Details Revision Number	Revision Date	Revision Description	Page Number	Previous Page Number	Action Taken	Addenda/ New Page
V003	13 th July 2021	Additional information on indicative pricing	Various			

About this document

The NHS Business Services Authority (NHSBSA) hosts and publishes Secondary Care Medicines Data on behalf NHS England and Improvement (NHSE&I). This document describes the content of that data release.

Information in this document has been organised as follows:

Chapters:

- Summary
- Data Periods and interpretation
- Republishing of data
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- Data exclusions
- Accessing this data
- Disclosure control

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Secondary Care Medicines Data

Summary

Secondary care medicines data 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.

Data is from NHS England sites only and provided under the agreement entered into by Trusts on the funded licence of Rx-Info Define¹ by NHS England and Improvement re-contracted in February 2021 to end March 2023.

The primary sources of this data are loaded from hospitals daily in most cases but secondary sources appear monthly and in arrears of up to 6 weeks. There are multiple different data sources processed by Rx-info with individual provider Trusts having up to 14 data feeds making up their complete data picture.

From July 2021 new information on the indicative cost of medicines supplied is included within the SCMD dataset. This information is derived from current medicines pricing data held in NHSBSA data systems including the Common Drug Reference (CDR) database and dm+d calculated to a VMP level. The value is presented in pounds and pence. Where no value is given there is, currently, no cost data available to NHSBSA. Indicative cost data is used as NHS hospital pricing contracts are confidential as are NICE Patient Access Scheme prices.

Data for a small number of drugs is not included for ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST (RT3) due to historic Non-Disclosure Agreements.

Data Periods and interpretation

Data is being provided from January 2019 onwards and is aggregated at monthly use and VMP level (drug moiety, strength and form).

NHS Business Services are publishing this data on behalf of NHS England and Improvement and are not able to provide analytical support or interpretation of the data which is provided by individual NHS providers into the Rx-Info system.

Where specific medicines do not have a dm+d code they cannot be standardised across all organisations and therefore do not appear in this data set. At the current time 5.4% of all hospital pharmacy issued medicine items cannot be mapped to dm+d due to not existing as a dm+d concept. Work is underway with the dm+d editorial team to increase coverage for hospital medicines.

Where hospitals utilise FP10(HP) forms dispensed by the community pharmacy network these data are not included in this extract. NHSBSA publish these data directly.

It is technically possible that a Trust can show a negative use of a medicine where supply made in a previous month has been returned in a subsequent one.

¹ The Define software package is produced and managed by Rx-info Ltd.

Data is to be provided approximately 1 month in arrears of the previous closed month to allow for complete mapping of the data by Rx-info and the effects of backtracking² to propagate through the data before publication.

ODS codes

The NHS utilises Organisational Data Service (ODS) codes to identify individual organisation. The SCMD uses these codes however, due to mergers, and other organisational changes and the requirement to provide data into a wide range of data collections not all ODS codes are updated at the same time. In some cases trusts may merge but continue to have separate pharmacy systems for several years – in such cases their Rx-Info data is collected and reported based on their historic ODS code. We have provided a separate Excel file that tries to identify the ODS codes and the mapping to current ODS codes together with why the code has not been updated e.g.

SCMD ODS code	Current NHS ODS code if not changed in SCMD	Reason not changed to NHS ODS code
R1A		
R1C		
R1D		
R1E	RRE	Recent merger - other data systems not changed
R1F		
R1H		

The workbook also includes the current full ODS list.

Republishing of data

We plan to provide a complete annual refresh of the data two months after the close of a financial year, planned for the end May, which will then be the fixed data set accounting for backtracking. 45 per cent of the data sources from which this extract is based are subject to backtracking. Data backtracking is at its greatest in the 3 months prior to current month and can affect a variable amount of data per month based on Trust type.

On this basis data should be treated as provisional until the previous year refresh is provided.

Data Columns and metadata: The following table provides metadata ³ on the included columns in this data release. Column	Title	Type	Description
YEAR_MONTH	Year and Month as YYYY-MM	integer	The year followed by the month of when the medicines were issued. For example: 2019-01

² Backtracking is a process in the WellSky (JAC) pharmacy stock control systems whereby historical prices or issues can be amended based on the actual invoiced price charged or stock issue less amount used.

³Metadata provides information about other data, including a description of the data. This includes information that provides context to the data.

ODS_CODE	Organisation Data Service Code	string	The Trust's Organisation Data Service Code (ODS), for example R1A. Look up files are provided and maintained by NHS Digital, for example see: Trusts under https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhsorganisations .
VMP_SNOMED_CODE	Virtual Medicinal Product (VMP) SNOMED Code	Integer	The Dictionary of Medicines and Devices (dm+d) Virtual Medicinal Product's (VMP) SNOMED code. For example: 322236009
VMP_PRODUCT_NAME	Virtual Medicinal Product (VMP) Product Name	string	The Dictionary of Medicines and Devices (dm+d) Virtual Medicinal Product's Name. For example: Paracetamol 500mg tablets.
UNIT_OF_MEASURE_IDENTIFIER	Unit of Measure Identifier	Integer	The unit of measure for the VMP quantity's SNOMED code, or the value 3314211000001106 if there is no value. For example: 428673006.
UNIT_OF_MEASURE_NAME	Unit of Measure name	string	The Dictionary of Medicines and Devices (dm+d) unit of measure name for unit of measure identifier, or 'no value' if unknown. For example: tablet.
TOTAL_QUANTITY_IN_VMP_UNIT	Total Quantity in the Virtual Medicinal Product (VMP) Unit	number	The total quantity of medicines issues in the unit that Virtual Medicinal Product is defined n, rounded to 2 decimal places. For example: 20.
INDICATIVE_COST	Indicative cost of supplied product	number	Indicative* cost for the Secondary Care Medicines Data is derived from current medicines pricing data held in NHSBSA data systems including the Common Drug Reference (CDR) database and dm+d calculated to a VMP level. The value will be in pounds and pence. Where no value is given it is as a result of the NHSBSA not having any pricing data within their systems.

*The new Indicative cost data is used as NHS hospital pricing contracts are confidential as are NICE Patient Access Scheme prices. The calculated indicative cost, derived from current medicines pricing data held in NHSBSA data systems is multiplied by the number of VMP issued within that month.

Data exclusions:

Non-standardised items: Pharmacy system raw data feeds include un-coded items e.g. non-dm+d inclusive medicines, fees, clean room consumables, packaging items and

extemporaneous manufacture raw materials which equates to 5.4% of the individual items that may be issued. These data cannot be presented as no standardisation is possible.

Specialties excluded from data:

- Breakages/Damages – not issued to patients
- Disposal – not issued to patients
- Expired Stock – not issued to patients
- General Sales – non NHS use
- Stock Adjustments – not issued to patients
- GP Prescriptions – accounted for in other data sources
- Private Patients – Non NHS spend
- Internal Stock Transfers – prevention of double counting issues data

Transactions flagged as outliers: During data quality control, some data points are identified as incorrect when supplied from the publishing hospital. These errors are few but can be material in size and are internally highlighted as erroneous and excluded in this release.

Zero activity: The total quantity of medicines issues can on occasion be found in the source data as zero, these are excluded from this release. These occur as an artifact of the backtracking process.

Accessing this data

The secondary care medicines data set is hosted on behalf of NHS England and Improvement (NHSE&I) in the NHS Business Services Authority's (NHSBSA) [Open Data Portal](#)

The data can be downloaded monthly as a compressed (zip) comma-separated values (CSV) file, or as an uncompressed comma-separated values (CSV) file.

The data is also available to extracted and/or queried via NHSBSA's Open Data Portal application programming interface (API).

Note: SNOMED Virtual Medicinal Product (VMP) codes greater than 15 numeric digits may be displayed incorrectly when this data is opened in some spread sheet software programs due to limits of number precision.

If you are opening the downloaded CSV file in Microsoft Excel you will need to manually import the data into a new workbook, setting the SNOMED VMP code column to text, in order to avoid the truncation of these codes that Excel does automatically.

We have provided instructions below on how to do this:

1. Open a new Microsoft Excel workbook
2. Navigate to the 'Data' ribbon
3. In the 'Get external data' section select 'From text/csv'
4. Navigate to the location where you have saved the downloaded file, and select it to import

5. This will open the text import wizard, select delimited under 'Original data type'. Click next
6. Under 'Delimiters' de-select tab, and check comma. Click next
7. Now use the window and scroll bars at the bottom of the wizard to find the SNOMED code column. Click it to highlight it and change the 'Column data format' to text. Click finish

With new versions of Microsoft Excel, such as that in Office 365 you will have to import the data using a different method, either via power query or via the legacy text import wizard.

Further information on this can be found on [Microsoft support website](#).

Disclosure control

Following an assessment of the potential disclosure risk of releasing this data Statistical disclosure control (SDC¹) has not been applied to this data set.

No patient identifiable data is collected within the Rx-info systems and issues data is aggregated into monthly totals. There is no risk of sensitive personal information being identified by a motivated intruder who could use such information to cause damage, harm, embarrassment, anxiety or distress to an individual(s).

The published data is intended to assist the user as much as possible in their need for information, while at the same time ensuring that the risk of protected information being released is reduced to as close to zero as possible.

END.

¹ Disclosure control is the process of reducing the risk of disclosure. It aims to ensure an appropriate balance of data usability for our customers and the management of data confidentiality risks