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**Secondary Care Medicines Data Release Guidance**

**Version: v005**

**Document Release Note**

Document Name: Secondary Care Medicines Data Release Guidance

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| **Document Details Name** | **Version Number** | **Description** |
| Secondary Care Medicines Data Release Guidance | v005 | This document describes the content and provides instruction on the use of the Secondary Care Medicines Data release. Includes indicative pricing information. |

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| **Revision**  1 |  | **Revision**  **Description** | **Page**  **Number** | **Previous**  **Page**  **Number** | **Action Taken** | **Addenda/ New Page** |
| V003 | 13th July 2021 | Additional information on indicative pricing | Various |  |  |  |
| V004 | 6th January 2025 | Additional information to inform availability of data in ePACT2 | Various |  |  |  |
| V005 | 24th January 2025 | Updated out-of-date URLs | Various |  | Updated out-of-date URLs |  |

**About this document**

The NHS Business Services Authority (NHSBSA) hosts and publishes Secondary Care Medicines Data on behalf NHS England. 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

Data Columns and metadata

Data exclusions

Accessing this data

Disclosure control

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# Secondary Care Medicines Data

## Summary

The SCMD is published for the purpose of making some secondary care medicines data available in the public domain. Secondary care medicines data contains processed pharmacy stock control data in [Dictionary of Medicines and Devices (dm+d)](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd) 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 and Rx-info (*Define*) facilitated by NHS England1.The data owners and data controllers are the respective NHS Trusts.

NHS Business Services are publishing this data on behalf of NHS England and are not able to provide analytical support or interpretation of the data which is provided by individual NHS Trusts into the Rx-Info system. To facilitate data interpretation and analysis, please refer to [*Support and resources*](#_Support_and_resources).

The primary sources of this data are loaded from hospitals daily, 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. Additional detail can be found in [*Data periods and interpretation*](#_Data_Periods_and).

From July 2021, new information on the indicative cost of medicines supplied was 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 shown, there is 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.

NHS Trusts may switch their pharmacy stock control providers as per their business requirements. Some Trusts have switched over to newer pharmacy stock control systems in 2023. As of August 2024, the integration of the new pharmacy stock control systems at these Trusts to capture data is being facilitated and it is work in progress. This might explain some of the existing data gaps, and data will be made available as the integration work is complete at Trusts.

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

## Data Periods and interpretation

Data is being provided from January 2019 onwards on a monthly basis.

Data is aggregated at monthly use and VMP level (drug moiety, strength and form) in a dictionary of medicines and devices (dm+d) standard. This is used to represent medicines and devices in use across the NHS.

The dm+d browser enables search by ‘product’, ‘ingredient’, ‘code’ including a help page: <https://dmd-browser.nhsbsa.nhs.uk/>. Further information on dm+d can be found at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dictionary-medicines-and-devices-dmd>.

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. Work is underway by the dm+d editorial team to increase coverage for hospital medicines.

This dataset does not include NHS prescriptions supplied by the hospital and dispensed in community pharmacy.

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.

Data is to be provided approximately one 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.

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.

### ODS codes

The NHS utilises Organisational Data Service (ODS) codes to identify individual organisation. ODS codes for NHS organisations can be found at <https://www.odsdatasearchandexport.nhs.uk/>. Due to mergers and other organisational changes, ODS codes may change. Due to the requirement to provide data into a wide range of data collections and systems, 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.

Changes to ODS codes can be found at: [Mergers and acquisitions - NHS England Digital](https://digital.nhs.uk/services/organisation-data-service/news-and-alerts/mergers-and-acquisitions).

## Data revisions and republishing

The Rx-info dataset is 'live' dataset that gets continually updated every day at Rx-info and the processes are ISO 9001 compliant. The SCMD data is a snapshot for such data provided to NHSBSA on the 15th of each month. Rx-info will 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 three 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. In a few exceptional cases, Trusts might provide historical data from additional sources such as historic 'residual sources' to Rx-info for previous years, which may result in minor discrepancies due to the non-static nature of backtracking.

**Data columns and metadata**

The following table provides information about the data, including a description of the columns included 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 |
| 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-search-and-export/csv-downloads/other-nhs-organisations> |
| 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\_IDENTIFIE R | 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\_QUANITY\_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. Actual cost cannot be displayed because NHS hospital pricing contracts are confidential, as are NICE Patient Access Scheme prices.

The indicative cost of medicines supplied in this data is based on the community pharmacy reimbursement prices for generic medicines and list prices for branded medicines. 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.

Care should be taken when interpreting and analysing this indicative cost as it does not reflect net actual cost (including discounts and rebates) paid by hospitals when purchasing medicines. The indicative cost in this data set will overestimate the total spend on medicines issued in hospitals.

**There may be significant discrepancies between indicative cost actual cost**, therefore this field should not be used for financial or commercial metrics or analyses. Caution is also advised when comparing indicative costs between different organisations. Care should also be taken when estimating the growth of costs in secondary care medicines when using this data as discounts and rebates will affect rates of growth as well as level of spend.

Data is only available by VMP, and no plans are in place to publish data at AMP level. This is restricted by the scope of sharing agreement between Rx-Info, NHS England and NHSBSA, which does not include the fields such as AMP, AMPP, qualified person, prescriber cost centre, etc.

More in-depth definitions and explanation of terminology such as VMP, AMP, etc. can be found in the following NHSBSA publication: [NHS dictionary of medicines and devices (dm+d)](https://www.nhsbsa.nhs.uk/sites/default/files/2024-10/Data%20Model%20R2%20v4.0_October%202024.docx).

## 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. These data cannot be presented as no standardisation is possible.

**Fields 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 the data – Via the Open Data Portal

The secondary care medicines data set is hosted on behalf of NHS in the NHS Business Services Authority’s (NHSBSA) [Open Data](http://opendata.nhsbsa.net/) [Portal.](http://opendata.nhsbsa.net/) 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 spreadsheet 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 provide 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.
8. 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.*](https://support.microsoft.com/en-us/office/text-import-wizard-c5b02af6-fda1-4440-899f-f78bafe41857#ID0EAAEAAA=Newer_versions)

## Accessing the data – Via ePACT2

From January 2025, the published data is also available on ePACT2 for registered users. This enables users to create analyses and reports in the ePACT2 interface without requiring downloading separate data extracts.

Users can access it via the ePACT2 [ePACT2 | NHSBSA](https://www.nhsbsa.nhs.uk/access-our-data-products/epact2), create analysis > subject area > Secondary Care Meds Data.

NHSBSA are publishing this data on behalf of NHS England 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, To facilitate data interpretation and analysis, please refer to [*Support and resources*](#_Support_and_resources), for any advice on the ePACT2 functionality or to report a technical issue please contact [DataServicesSupport@nhsbsa.nhs.uk](mailto:DataServicesSupport@nhsbsa.nhs.uk)

Please note that the limitations regarding non-static data, indicative price costs etc apply to the SCMD data within ePACT2.

## Disclosure control

Following an assessment of the potential disclosure risk of releasing this data Statistical disclosure control (SDC3) 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.

3 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.

## Support and resources

NHSBSA do not own the SCMD data and publish it on behalf of NHS England. Below is a list of resources that may help you when using the data in this publication.

* **ePACT2 Data User forum:** [Secondary Care Data SCMD - ePACT2 User Network - FutureNHS Collaboration Platform](https://future.nhs.uk/ePACT2/messageShowThread?threadID=12618254)
* [**dm+d browser**](https://dmd-browser.nhsbsa.nhs.uk/)
* **[dm+d definitions](https://dmd-browser.nhsbsa.nhs.uk/glossary)**
* **[ODS code browser](https://www.odsdatasearchandexport.nhs.uk/)**

**Frequently asked questions (FAQ).**

1. *Is there a plan to include other data fields, such as AMP, AMPP level, prescribing cost centre, prescriber ID, etc.?*

Data is only available by VMP, and no plans are in place to publish data at AMP level. This is restricted by the scope of sharing agreement between Rx-Info, NHS England and NHSBSA, which does not include the fields such as AMP, AMPP, qualified person, prescriber cost centre, etc. The data transferred from Rx-Info to NHSBSA only includes the fields specified in this technical specification.

1. *Can this information be requested via a Freedom of Information (FOI) request?*

No. This is because neither NHS England nor NHSBSA hold or own this information. The data owners and data controllers of the data are the respective NHS Trusts.

1. *What are indicative costs?*

The indicative cost of medicines supplied in this data is based on the community pharmacy reimbursement prices for generic medicines and list prices for branded medicines. Care should be taken when interpreting and analysing this indicative cost as it does not reflect net actual cost (including discounts and rebates) paid by hospitals when purchasing medicines. The indicative cost in this data set will overestimate the total spend on medicines issued in hospitals. For example, the total indicative cost of medicines issued in secondary care for 2020 / 21 was £14.5 billion compared to the net actual cost of £7.59 billion (excluding central rebates).

Care should also be taken when estimating the growth of costs in secondary care medicines when using this data as discounts and rebates will affect rates of growth as well as level of spend.

1. *Can NHSBSA provide information on actual prices?*

No. NHSBSA does not have access to actual prices for medicines used in hospitals. This is because discounts and central rebates are confidential, as a result of Patient-Access Schemes (PAS), commercial access arrangements, managed access arrangements, and commercial frameworks, e.g., Medicines Procurement and Supply Chain (MSPC) frameworks.

**END.**