Consultation on the Publication of Prescribing Data

Summary of Reponses

18 December 2015

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Introduction

Users and stakeholders of national prescribing data held by the Information Services Division (ISD) were invited to submit their views on proposed changes to the way in which this information is made available. The consultation ran from mid September 2015 until the end of October 2015.

The consultation document was published on the ISD website at:

http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publication-Consultation-Prescribing-V7-Final.pdf

This report summarises the responses and makes recommendations for future changes. ISD would like to thank everyone who took time to provide feedback.

Participation

An email inviting key stakeholders to participate was issued to contacts including:

- Scottish Government
- NHS Boards – Directors of Pharmacy, Directors of Finance and Family Health Service executive groups
- Scottish Prescribing Advisors Association
- Community Pharmacy Scotland
- General Pharmaceutical Council
- Royal Pharmaceutical Society
- Prescribing Information System for Scotland National User Group
- Royal College of General Practitioners
- British Medical Association
- Primary Care Leads Group
- Association of the British Pharmaceutical Industry
- Ethical Medicines Industry Group
- Other interested parties including recipients of regular routine reports

The consultation was also promoted through the NHS National Services Scotland Twitter account (@NHSNSS).

Responses received

A total of 27 responses were received. Responses were broadly categorised as NHS / Public Sector and non NHS.

- NHS / Public Sector – 14 responses
  - NHS Boards (including Scottish Prescribing Advisors Association members)
  - General Practice
  - Special NHS Boards
  - British Medical Association
  - Scottish Medicines Consortium
  - Community Pharmacy
- Non-NHS - 13 responses
  - British Medical Association
  - Pharmaceutical companies
  - Consultancy Services
  - University / Academia

Results

In the consultation document ISD asked a series of questions regarding the current and proposed prescribing publications.

Q1: Level of data aggregation and frequency of publication.

Stakeholders were asked to indicate the importance and desired frequency of different organisational breakdowns.

Data at Scotland level

All the NHS / public sector category users and three quarters of the non-NHS users who responded said that Scotland level data was relevant to them.

Within the NHS category there was no clear preferred frequency, but amongst private sector users, monthly release was the preferred option for five out of nine users who want to see Scotland level data. Overall, monthly release was the preferred option for 40% of respondents.

Data at NHS Board level

All the NHS category and 91% of the private sector users who responded to this question said that NHS Board level data was relevant to them.

Within the NHS category, quarterly release was the preferred frequency for five out of 11 respondents, but amongst private sector users, monthly release was the preferred option for seven out of 11 users who want to see NHS Board level data. Overall 45% of respondents would like monthly NHS Board level data with 36% happy to see data published quarterly.

Data at locality level (eg Integrated Health Care Partnership or similar)

Nine out of 11 NHS category users and ten out of 11 private sector said that locality level data was relevant to them. Within the NHS category there was no clear preferred frequency for publication of locality level data, but amongst private sector users, monthly release was the preferred option for eight out of ten users who want to see locality level data. Overall just over half of all respondents, who stated a preference, would like monthly locality level data.

Data at prescribing contractor level

Eight out of 11 NHS category users and all private sector users who responded said that prescribing contractor level data was relevant to them.

Within the NHS category there was no clear preferred frequency for publication of prescribing contractor level data, although three out of eight stated quarterly, but amongst private sector users, monthly release was the preferred option for 11 out of 12 users who want to see prescribing contractor level data. Overall 65% of all respondents, who stated a preference, would like monthly prescribing contractor level data.

Data at dispensing contractor level

Seven out of 11 NHS category users and all private sector users who responded to this question said that dispensing contractor level data was relevant to them. Within the NHS category there was no clear preferred frequency for publication of dispensing contractor level data, but amongst private sector users, monthly release was the preferred option for 11 out of 12 users who want to see dispensing contractor level data. Overall 13 out of 19 respondents, who stated a preference, would like monthly prescribing contractor level data.

Comments about level of aggregation and frequency of publication

A common concern among the NHS respondents was that frequent release of data, especially at low-levels such as general practice, would be open to misinterpretation. Reasons given included a lack of understanding of the reason for fluctuations in the data that occur month-to-month. There were also concerns raised about the added bureaucracy for NHS organisations responding to queries around such data. In addition there were concerns around patient confidentiality in relation to publishing at low-levels of organisation.

There was strong preference amongst private sector organisations to see more detail including prescribing and dispensing contractor level data on a monthly basis.

Q2) Timeliness and frequency of summary statistics

Stakeholders were asked to indicate how frequently summary data should be released in response to ISD's proposal to release high level summary statistics on a monthly basis.

How frequently should summary data be released eg monthly, quarterly?

Seven out of 11 NHS category users preferred a quarterly release of summary statistics, whereas seven out of 10 of the private sector users who responded to this question said that monthly release is preferred. Overall, there was an equal number (10) stating monthly and quarterly release as the preferred option.

What data items should be included in a summary statistics publication?

Suggested data items generally include volume of items and costs.

What level should data be presented at in a summary publication eg Scotland level, NHS Board level?

Five out of eight NHS category users and six out of 10 private sector users who responded to this question said that NHS Board level data was the preferred lowest organisational level for summary statistics.

Comments about proposed monthly summary statistics

There were some suggestions for monthly prescription cost analysis activity similar to that published by Primary Care Services in Wales. Some NHS respondents stated preference for displaying at Health and Social Care Partnership level. In addition, narrative description of the data fields to introduce the statistics was seen as important.

Q3) Proposed monthly release of data files

Stakeholders were asked their opinions on ISD's proposal to release monthly data files of dispensed items at a low level of aggregation.

What organisational breakdowns should be included in this file eg GP practice?

Most of the respondents agreed that monthly data at general practice level would be useful but there were some NHS respondents who felt that this level of data provision should not happen at all. There was greatest enthusiasm for this amongst private sector respondents, many of whom requested the lowest level of breakdown possible, including dispensing locations.

It is proposed that this data file should reflect the prescription cost analysis publication. Are there other data items that you would you like to see included?

ISD proposed that the files should reflect the current prescription cost analysis publication. Items that were prescribed in hospital, full 15 character British National Formulary codes, and a reflection of data provided already by England and Wales were the most cited requirements from respondents. Some patient characteristics were also stated to be desirable.

Is there any data that you believe should be excluded from this data file eg hospital name for items prescribed in hospital but dispensed in the community?

There was a clear message from NHS category respondents that disclosure control policies are adhered to so that no personal or commercially sensitive information is included.

Comments about monthly release of data files

Within some of the NHS category and more especially within the private sector respondents, there was a message that the data should attempt to match that published elsewhere in the United Kingdom.

Q4) Publication of information on dispenser remuneration

ISD proposed that, on the assumption that monthly summary information is published; the quarterly remuneration publication should be replaced by a new annual release starting summer 2016.

Would an annual publication of remuneration data meet your needs? If not, then how frequently do you think remuneration data should be published?

There was no clear message about the preferred frequency of publication of remuneration data, and with less than half of respondents answering these questions, those that did were split fairly evenly between annual, quarterly and monthly publication.

Comments about remuneration

There were no strong feelings expressed about moving to an annual publication.

Q5) Publication of prescription cost analysis data

ISD asked whether the inclusion of community pharmacy dispensed items which are prescribed in hospital should continue to be included in the prescription cost analysis publication. ISD also wanted to establish if an annual publication would still be useful for users who do not want to analyse open data files. An annual publication may also be useful for those interested in figures for items dispensed in the year which may have been excluded from the monthly files for reasons of disclosure.

Is the publication of an annual summary useful?

14 out of 16 respondents agreed that an annual publication would still be useful.

What organisational breakdowns should be included in an annual summary of data eg Scotland level, NHS Board level?

Three out of nine NHS respondents would like the data published at Health and Social Care Partnership level, with the other six stating a preference for NHS Board level. NHS Board and/or Scotland was also the preference for six out of ten private sector respondents with the remainder looking for the minimum level possible (eg general practice).

This is currently published by financial year, all other UK nations publish by calendar year. What is your preference?

Of the NHS respondents who expressed a strong view, four out of six wanted to remain with financial year whereas 10 out of 10 from the private sector stated calendar year which is in line with the rest of the United Kingdom. There were a couple of suggestions that the data be provided for both calendar and financial year.

Should the prescription cost analysis publication include items that are prescribed in hospital clinics and dispensed in community pharmacies?

Of the 22 respondents, there was one NHS respondent that had a strong view that this should not be included. The respondent suggested that, as most hospitals advise general

practitioners what to prescribe, the GP becomes the prescriber even though they have little influence over the choice or cost of drugs prescribed. It was felt that this makes including and splitting the analyses between hospital and general practice prescribing misleading. All 21 other respondents agreed that these items should be included, provided that this is clearly defined and delineated.

Should the analysis be split to reflect the volumes prescribed in different settings?

19 out of 22 respondents agreed that the analysis should be split to reflect the volumes prescribed in different settings.

Comments about prescription cost analysis

There were a couple of respondents who would like more frequent reporting eg quarterly. A better alignment with information published elsewhere in the United Kingdom was a common wish for example definitions of gross ingredient cost and net ingredient cost, inclusion of full British National Formulary coding (15 digits for medicine and 11 for devices), and differentiation between generic versus branded prescribing.

Q6) Publication of data on pharmacy services

ISD consulted on whether extending the annual publication of information on the minor ailments service to other services provided by community pharmacies such as public health, gluten free foods, and the chronic medications service would be of interest and value.

What organisational breakdowns should be included in a publication on pharmacy services eg Scotland, NHS Board?

Out of seven NHS respondents who gave an opinion, four said that information on pharmacy services should include Health and Social Care Partnerships or even lower level, whilst the other three suggested NHS Board level. Amongst the eight private sector respondents, half wanted the information presented at NHS Board level, with the other half looking for lower level information.

Would you prefer to see this information published by financial year or by calendar year?

Of the seven NHS respondents giving an opinion, only one was in favour of calendar year, with the remainder preferring financial year in line with budget setting processes. A couple of NHS respondent suggested that the data be presented by quarterly time period. All nine private sector respondents wished for calendar year information.

Please tell us about any specific information you would like to see included in this publication eg volumes, costs, patient registrations, demographic characteristics of patients using these services etc.

In addition to the items suggested in the consultation document (volumes, costs, patient registrations, demographic characteristics of patients using these services etc) there were proposals for numbers of new medicines and high-risk medicines within the chronic medication service, chronic medication service patients with an assessment done,

emergency hormonal contraceptions, opioid replacement therapy, patients issued emergency supplies, home care, deferrals/referrals to general practice.

Comments about pharmacy services

The suggested inclusions were deemed to be useful additions.

Q7) Selected further comments

"More disaggregation by equalities subgroups would be helpful for health inequalities impact assessments of changes in treatment policies"

"Concerns in remote areas that there are many single handed GPs so releasing data at practice level is effectively releasing individual GP data."

"Clear descriptions and explanations of all data items and aggregations must be provided to avoid any ambiguities or misinterpretations."

"Given the history of data load issues and difficulty in applying retrospective fixes, how will ISD ensure the accuracy of the data released and it being fit-for-purpose?"

"We would propose that a series of focus groups established by ISD, including boards across Scotland and run fairly regularly would ensure that the content and value of the published reports is considered."

"We were interested to know if any evaluation had been carried out on the impact of other home nations in the UK widening the scope of their published prescribing data?"

"It would be useful to consider how linking to other data sources via CHI might enhance the data sets and improve the understanding of the management of selected patient groups / specific conditions."

"We suggest that high volume/cost areas, pain medications, anti-coagulation trends, disease modifying drugs, antibiotics, and smoking cessation products might be of interest."

"Better definitions of the different measures of cost (GIC, NIC, etc) and alignment with measures used by the other UK nations. If alignment is not possible, then clearer definition of what the other nations are measuring would be essential."

"If data is collected, it should be released at the most granular level if that is cost-effective and practical."

"Releasing more granular and more up to date accurate data will allow for new insights by Health care providers in new ways that will drive efficiency and standards."

Conclusions

ISD have considered all the responses received to the consultation and our conclusions are outlined below.

Level of data aggregation and frequency of publications

There is a clear demand from private sector stakeholders to have access to information at the most granular level of organisation detail and to have information published monthly. Although there is some resistance amongst NHS and government stakeholders to data aggregated to prescribing or dispensing contractor level, the majority do think this information is relevant to them. The range of responses from these stakeholders to the question of the frequency at which this information would be relevant appears to reflect the different contexts of the published data, what it is used for, as well as concerns about protecting patient confidentiality and ensuring that information is interpreted correctly.

In an attempt to address these differing needs, as well as meeting the expectations of the Scottish Government's open data strategy, ISD intend to pilot the monthly release of comma-separated value (.csv) prescribing data files at a low-level of organisation structure by 31 March 2016.

Pharmacists, data analysts and information governance staff employed in ISD will work together to define a set of rules which ensure that any disclosure risk attached to these data files is minimised. Enhanced metadata giving clear definitions around the data items included will also be provided to aid in the interpretation of these data.

In addition, ISD will take account of the responses elsewhere in the consultation to introduce the publication of more frequent summary statistics at a higher level of aggregation, while scaling down the frequency of other selected current publications.

Timeliness and frequency of summary statistics

There was no clear consensus about whether summary statistics should be published monthly or quarterly. ISD plan to develop a monthly summary statistics publication and hope to pilot a data visualisation dashboard interface. This publication will include national as well as some NHS Board breakdowns.

Metadata will also be provided to support interpretation.

An initial report covering the latest available month as well as historic activity over a longer time period is intended to be published by 31 March 2016. The content of these publications will be planned over the next two months, but it is expected that it will include selected data items from the current quarterly remuneration and annual summary statistics publications.

Monthly release of data files

ISD will pilot monthly release of comma-separated value (.csv) prescribing data files at a low-level of organisation structure by 31 March 2016. In response to demands of stakeholders keen to see Scottish prescribing data aligned to that published elsewhere in the United Kingdom, ISD will review the content of open data files from England, Wales and Northern Ireland. A set of rules to protect sensitive information at lower levels of aggregation will be developed in order to protect patient confidentiality.

Dispenser remuneration

ISD will move to publishing dispensing remuneration annually (currently quarterly) on the premise that important information on remuneration will be included within the new monthly summary statistics publication.

Prescription cost analysis

ISD will continue to publish prescription cost analysis information on an annual basis and will consider the appropriate organisational breakdown and whether to publish on an annual or calendar year basis in light of the responses to the consultation. ISD will also take heed of the preference for differentiating between hospital and community based prescribing in the figures as well as looking into other suggestions and comments provided.

Pharmacy services

ISD will consider all the responses and suggestions around pharmacy services and will look to extend what we publish in this area where information is available.

Summary

ISD are delighted with the response to our consultation on the publication of prescribing data which we will use to guide development of future outputs.

Contact

If you have any comments about the consultation or ISD's plans for prescribing data, please contact the Prescribing Team at nss.isdPrescribing@nhs.net .