

<b>Reference:</b>	FOI.6974.21
<b>Subject:</b>	Data management and medicines usage in secondary care
<b>Date of Request:</b>	22 September 2021

**Request and response:**

I would be grateful if you could complete the answers to the questions below.

Hywel Dda University Health Board (UHB) provides the information below, as requested.

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

	<i>Please tick one option</i>
a. Yes ( <i>go to Q2</i> )	
b. No ( <i>go to Q4</i> )	✓

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

<i>Please specify the system name and supplier</i>

3. 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 Health Board?

<i>Please tick one option for (i) and one option for (ii).</i>		
	(i) Clinical patient records / medical notes	(ii) Pharmacy Dispensing System (PDS)
a. Electronic and fully integrated	<input type="checkbox"/>	<input type="checkbox"/>
b. Electronic and partially integrated	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic and not integrated	<input type="checkbox"/>	<input type="checkbox"/>

d. On paper	<input type="checkbox"/>	<input type="checkbox"/>
-------------	--------------------------	--------------------------

4. Which of the following statements best describes your Health Board's overall implementation of the ePMA system?

	<i>Please tick one option</i>
a. ePMA system is fully implemented ( <a href="#">Go to Q5</a> )	<input type="checkbox"/>
b. ePMA system is partially implemented and progress is ongoing to complete it ( <a href="#">Go to Q5</a> )	<input type="checkbox"/>
c. ePMA system has been procured from a named supplier and awaiting implementation ( <a href="#">Go to Q5</a> )	<input checked="" type="checkbox"/>
d. Selection of suppliers and procurement of ePMA system is underway ( <a href="#">Go to Q5</a> )	<input type="checkbox"/>
e. Awaiting funding ( <a href="#">Go to Q17</a> )	<input type="checkbox"/>
f. No ePMA systems or plans in place ( <a href="#">Go to Q17</a> )	<input type="checkbox"/>
g. Other – please specify below	

5. To the best of your knowledge when will an ePMA system be fully implemented at your Health Board?

	Month	Year
Estimated date of full implementation		2023

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

	<i>Please tick one option</i>
a. Patient records are electronic and fully integrated with pharmacy dispensing system.	<input type="checkbox"/>

b. Patient records are electronic and partially integrated with pharmacy dispensing system.	<input type="checkbox"/>
c. Patient records are electronic, but not integrated with the pharmacy dispensing system.	<input type="checkbox"/>
d. On paper	<input checked="" type="checkbox"/>

7. What is the name of the pharmacy dispensing system at your Health Board?

<i>Please specify the system name and supplier</i>
Careflow Medicines Management (formerly WellSky)

8. Can the Health Board export data from these systems and, if so, in which of the following formats?

<i>Please tick all that apply</i>		
	(i) Patient records system	(ii) Pharmacy Dispensing System (PDS)
a. .xls (Excel)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. .csv or .txt (Text)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Not possible	<input type="checkbox"/>	<input type="checkbox"/>

9. 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?

	<i>Please tick one option</i>
a. Yes	<input type="checkbox"/>
b. No	<input checked="" type="checkbox"/>

10. 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?

	<i>Please tick one option</i>
a. Yes	<input type="checkbox"/>
b. No	<input checked="" type="checkbox"/>

11. 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?

	<i>Please tick one option</i>
a. Yes	<input type="checkbox"/>
b. No	<input checked="" type="checkbox"/>

12. 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?

	<i>Please tick one option</i>
a. Yes	<input type="checkbox"/>
b. No	<input checked="" type="checkbox"/>

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

<i>Please indicate yes or no per item</i>		
	Yes	No
a. Date (month year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Diagnosis or indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Drug name (&/or SNOMED ID)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

d. Drug formulation	<input type="checkbox"/>	✓
e. Drug strength	<input type="checkbox"/>	✓
f. Drug unit of measure (e.g., milligrams, micrograms, vials)	<input type="checkbox"/>	✓
g. Quantity dispensed (in UOM)	<input type="checkbox"/>	✓
h. Quantity prescribed (in UOM)	<input type="checkbox"/>	✓
i. Number of patients treated	✓	<input type="checkbox"/>

14. Do you already produce a report such as this within the Health Board?

	<i>Please tick one option</i>
c. Yes	<input type="checkbox"/>
d. No	✓

15. What is the name of this report?

<i>Please specify</i>
Not applicable

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

<i>Please specify</i>
Not applicable

17. To what extent would your Health Board be able to produce a report showing 'Therapeutic indication code (SNOMED CT)', or a description of indication / diagnosis, alongside details of drug treatment?

	<i>Please tick one option</i>
a. Fully	<input type="checkbox"/>
b. Partially	<input type="checkbox"/>
c. Not at all	<input checked="" type="checkbox"/>

18. If you answered "fully" or "partially" at Q17, for which of the following diagnoses or indications could a report be produced?

Not applicable.

We are interested in the level of detail (e.g., medical oncology versus ovarian cancer) as well as the specific diagnoses.

<i>Please indicate yes or no for each diagnosis description</i>		
<b>Diagnosis description</b>	<b>Yes</b>	<b>No</b>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>
Atopic dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>
Plaque psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Severe asthma	<input type="checkbox"/>	<input type="checkbox"/>
Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Primary progressive multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Relapsing remitting multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>
Wet age-related macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Dry age-related macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>

Diabetic macular oedema	<input type="checkbox"/>	<input type="checkbox"/>
Medical oncology	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>
Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
NSCLC	<input type="checkbox"/>	<input type="checkbox"/>
SCLC	<input type="checkbox"/>	<input type="checkbox"/>
Melanoma	<input type="checkbox"/>	<input type="checkbox"/>
Ovarian cancer	<input type="checkbox"/>	<input type="checkbox"/>
Prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>
Renal carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>
Non Hodgkin Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Hodgkin's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Acute Myeloid Leukaemia	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Lymphocytic Leukaemia	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Myeloma	<input type="checkbox"/>	<input type="checkbox"/>