Use of NICE appraised medicines in the NHS in England – 2012, experimental statistics

Data Quality

Accuracy
Statistics in this report are based on data from:

- NHS Prescription Services, part of the NHS Business Services Authority,
- IMS Health,
- Pharmaceutical companies

Data from NHS Prescription Services
For Prescription Services data the data was extracted from the primary care and hospital versions of their ePACT system. Prescription Services reorganised and rebuilt this data to assign usage from the old NHS geographies to the new NHS geographies. NHS Prescription Services quality assures the data they provide.

Data from IMS Health
The hospital dispensing information is provided by IMS Health. It is based on information collected by IMS Health from the majority of hospitals in England. A minimum of 99% of acute English hospitals supply data to IMS Health about all medicines issued by hospital pharmacy departments. National figures are grossed up to give England level estimates on the basis of bed numbers. However sub-national figures are not adjusted in any way and will be an under estimate if trusts do not contribute data. Note that IMS Health revise figures as new data becomes available and so any figures may be different when extracted on a different occasion.

There are known problems when a product is used via an aseptic unit (where a drug is prepared for use by dilution) as the data received by IMS Health does not always indicate the physical amount of the drug and an estimate has to be made using average doses. Also data from some aseptic units does not appear in data submitted to IMS Health. Another known deficiency is when medicines are supplied to patients in their homes using a process known as homecare. Although the service (including the medicines used) is paid for by the trust the medicines are not always recorded in the pharmacy system and so may not appear in the data provided to IMS Health. Some hospitals have outsourcing arrangements for out-patient dispensing, and these medicines may not be recorded in pharmacy systems and therefore not be included in IMS data. This means that the figures are likely to be an underestimate of the medicines used.

Data from pharmaceutical companies
Product volume data has been supplied by various companies aggregated to Area Team and England level. The definition of these regions was agreed with IMS Health as part of this project using IMS “bricks” (based on postal “bricks”). The term “brick” refers to an aggregation of lower level units. The manufacturer data used was for the following medicines:

Sunitinib – Pfizer
Trastuzumab – Roche
Lenalidomide – Celgene

Gefitinib – AstraZeneca
Erlotinib – Roche
Thalidomide – Celgene
It was not possible to verify these figures or to confirm how they were derived (for example: as sales to wholesalers, sales to trusts, actual number of patients treated based on returns from trusts as part of a Patient Access Scheme) or what was excluded. Therefore they were accepted from the companies on trust.

Relevance
This report gives an indication (within the limitations of the methodology and data) of the use of various medicines positively appraised by NICE. For a number of medicines, their use are compared with the expectations of use developed by NICE.

Compatibility and Coherence
The Prescription Services data presented here differs from that presented in the HSCIC publications based on the Prescription Cost Analysis (PCA) system. This is because the PCA database is based on all prescriptions dispensed in England irrespective of where they were written. The primary care figures given here will match the CCG Prescribing data published by the HSCIC.

Timeliness and punctuality
The timing of this publication is influenced by the availability of the data, and the work required to produce the report.

Accessibility
More detailed data on primary care or prescriptions written in hospital but dispensed in the community may be requested from Prescription Services. Release of hospital data is governed by an agreement between the HSCIC and IMS Health. Any requests for more detailed data should be made to the HSCIC who will release the data provided that it would not be in conflict with the terms of the agreement and would not impose an unacceptable workload. Requests regarding industry data should be sent direct to the relevant company.

Performance cost and respondent burden
The figures from the Prescription Services used in this publication are collected as part of the process of reimbursing dispensers for drugs supplied. The publication therefore uses an existing administrative source. The hospital data is not collected by the NHS but by a commercial company who cannot require trusts to provide the data and so any burden is entered into willingly. For data provided by companies no burden was placed on the NHS.

Confidentiality, Transparency and Security
The standard HSCIC data security and confidentiality policies have been applied in the production of these statistics. The standard data and confidentiality policies have been applied in line with the data sharing agreements signed between the HSCIC and the pharmaceutical companies contributing data.