



**The Clatterbridge  
Cancer Centre**  
NHS Foundation Trust

Clatterbridge Road  
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Wirral  
CH63 4JY

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Date: 27 September 2021

**Re: Freedom of Information Request**  
**Ref: 269-2021**

Thank you for your email dated the 9<sup>th</sup> September 2021, requesting information in relation to data management and medicines usage in secondary care.

The information that you require is as follows:

**I would be grateful if you could complete the answers to the questions in this letter.**

**Please see Appendix 1.**

Should you require any further information please do not hesitate to contact me on the email address provided below.

Please remember to quote the reference number above in any future communications.

If you are dissatisfied with the handling of your request, you have the right to ask for this to be investigated internally.

If you are dissatisfied with the information you have received, you have the right to ask for an internal review.

Both processes will be handled in accordance with our Trust's Freedom of Information Policy and the Freedom of Information Act 2000.

Internal investigation and internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Freedom of Information Review, The Clatterbridge Cancer Centre NHS Foundation Trust, Clatterbridge Road, Bebington, Wirral, CH63 4JY

If you are not satisfied with the outcome of the internal investigation/review, you have the right to apply directly to the Information Commissioner for a decision.

The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

**In order for us to ensure customer satisfaction and to monitor compliance with the Freedom of Information Act 2000, we would be grateful if you could take a couple of minutes to complete a short feedback form via the link below:**

**<https://www.surveymonkey.co.uk/r/H39RFMM>**

## Appendix 1

1. Does your Trust 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> )	<input type="checkbox"/>

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

<i>Please specify the system name and supplier</i>
Meditech v6.08

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 Trust?

<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	✓	✓
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 Trust's overall implementation of the ePMA system?

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

	Month	Year
Estimated date of full implementation	N/A – see above	N/A – see above

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.	✓
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 type="checkbox"/>

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

<i>Please specify the system name and supplier</i>
Meditech v6.08

8. Can the Trust 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 type="checkbox"/>
b. .csv or .txt (Text)	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
d. Drug formulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Drug strength	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Drug unit of measure (e.g., milligrams, micrograms, vials)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Quantity dispensed (in UOM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Quantity prescribed (in UOM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Number of patients treated	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

15. What is the name of this report?

<i>Please specify</i>
Contract monitoring – NHSE REN Drug PLCM  Questions 9-12 would be produced using the data mart provided with Meditech. We currently have limited functionality for in system reporting.

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

<i>Please specify</i>
Business Intelligence Team

17. In September 2021 we understand that a new standard is being implemented for the Drugs Patient Level Contract Monitoring (DrPLCM) report, which is submitted monthly by every NHS Trust. Please see [DCB2212](#) Drugs Patient Level Contract Monitoring (DrPLCM) Version 2.0 released 8<sup>th</sup> April 2021.

To what extent will your Trust be able to submit the data field named **‘Therapeutic indication code (SNOMED CT)’**, or a description of the indication, alongside details of drug treatment, as stipulated by NHS England by the end of 2021?

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

18. Which of the following diagnoses or indications are detailed in the latest DrPLCM report for your Trust?

**N/A - Diagnosis is not asked for in this return.**

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 checked="" type="checkbox"/>
Atopic dermatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crohn's disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plaque psoriasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Severe asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ulcerative colitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primary progressive multiple sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relapsing remitting multiple sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wet age-related macular degeneration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dry age-related macular degeneration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetic macular oedema	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical oncology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lung cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NSCLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SCLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Melanoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ovarian cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prostate cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Renal carcinoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<i>Please indicate yes or no for each diagnosis description</i>		
<b>Diagnosis description</b>	<b>Yes</b>	<b>No</b>
Haematology	✓	<input type="checkbox"/>
Non Hodgkin Lymphoma	✓	<input type="checkbox"/>
Hodgkin's Disease	✓	<input type="checkbox"/>
Acute Myeloid Leukaemia	✓	<input type="checkbox"/>
Chronic Lymphocytic Leukaemia	✓	<input type="checkbox"/>
Multiple Myeloma	✓	<input type="checkbox"/>