

NICE Technology Appraisals in the NHS in England (Innovation Scorecard):

to September 2016

Published 12 April 2017

The Innovation Scorecard reports on the use of medicines and medical technologies in the NHS in England, which have been positively appraised by the National Institute for Health and Care Excellence (NICE) since 2012.

Key findings

What do we measure?



104
medicines



4 groups
of medicines used to
treat major conditions:

- Acute coronary syndrome
- Diabetes
- Multiple sclerosis
- Stroke

What have we found?

For the 12 months from October 2015 to September 2016 (compared to the previous 12 months)



medicines
prescribed
more*



increase in use of
diabetes medicines*



increase in use of
stroke medicines in
primary care*

*Reported as defined daily doses (DDD), actual daily doses (ADD), mgs, vials, tablets, units, implants or pens/syringes per 100,000 of population in England. NB. Medicines are those reported on the Innovation Scorecard.
Source: NHS Digital

Contents

Key findings	1
Background	4
Introduction	5
Main findings	7
Medicine groupings	10
Background Quality Report	11
Accuracy and Reliability	12
Relevance	17
Comparability and Coherence	18
Timeliness and Punctuality	20
Accessibility and Clarity	21
Assessment of user needs and perceptions	22
Performance Cost and Respondent Burden	23
Confidentiality, Transparency and Security	24
Glossary	25

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ISBN 978-1-78386-990-9

This product is relevant to members of the public and other stakeholders to support the understanding of compliance with National Institute for Health and Care Excellence (NICE) Technology Appraisals (TAs) and other guidance. It will allow them to understand the quality, reliability and potential pitfalls and issues with the data and to stimulate discussion.

Background

In December 2011 the Department of Health (DH) set out plans to support the development, adoption and spread of innovation in the NHS. 'Innovation, Health and Wealth, accelerating adoption and diffusion in the NHS' (IHW) is part of the Government's Plan for Growth and the Life Sciences Strategy. One of the actions identified in the IHW paper aims to drive implementation of NICE Technology Appraisals (TA) and reduce variation by publishing information that relates to levels of variation and compliance with NICE TAs, locally, as stated:

'Working with industry, the Department of Health, NICE, the NHS and the Health and Social Care Information Centre, we will develop and publish a straightforward Innovation Scorecard, designed to track adoption of NICE Technology Appraisals at a local level'.

IHW committed the NHS to establish a NICE compliance regime to ensure the rapid and consistent implementation of NICE TAs throughout the NHS. This regime was introduced in January 2012, and includes a new requirement set out in the Operating Framework, binding the NHS to comply with NICE TAs. The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE TAs where clinically appropriate.

The Accelerated Access Review (AAR) commissioned by the government in November 2014 sets out recommendations to speed up access to innovative healthcare and technologies, to improve efficiency and outcomes for NHS patients. The final report released in October 2016 makes recommendations to make it easier for NHS patients to access innovative medicines, medical technologies, diagnostics and digital products, improving efficiency and patient outcomes.

The Accelerated Access Review (AAR) makes a number of references to the development of the Scorecard in particular its role in measuring the uptake of medicines and potential to measure other technologies. It also makes a specific recommendation "5.7. *There should be a single, accessible source of information on the uptake of technologies for the NHS, patients and industry*". It proposes that, in future, the Innovation Scorecard should be the single source of information on the use of innovation in the NHS. It should be owned by NICE and used by the rest of the Accelerated Access Partnership, particularly NHS England and NHS Improvement, to hold the system to account and assess the progress of local areas.

The Innovation Scorecard is published quarterly by NHS Digital on behalf of the Office for Life Sciences, with the first publication in January 2013. This work is informed by collaborative working with colleagues from the Association of the British Healthcare Industries (ABHI), Cabinet Office, DH, NHS Digital, the NHS, NHS England, NICE, Office for Life Sciences, and the pharmaceutical industry.

Introduction

The Innovation Scorecard aims to improve transparency within the NHS of what treatments recommended by NICE are available at a local level within Trusts and CCGs as well as national and NHS England Region levels. The Innovation Scorecard has been published with the intention of assisting the NHS in the identification of variation, which, through discussion, can be explained, challenged or acted upon. It is not intended to be used for performance management.

Information on compliance with NICE guidance by NHS organisations is not centrally collected. Due to limitations in the data available, and to improve transparency, the Innovation Scorecard reports on variation based on a range of different data sets. The data sets currently used in the publication include:

- Prescription data from NHS Prescription Services, part of the NHS Business Services Authority
- Hospital Pharmacy Audit Data from IMS Health
- Pharmex data from Commercial Medicines Unit (CMU) at the Department of Health
- Hospital Episode Statistics (HES) data from NHS Digital
- Mid-year population estimates from Office for National Statistics
- Defined Daily Doses (DDDs) from World Health Organisation Collaborating Centre for Drug Statistics Methodology
- Actual Daily Doses (ADDs) from NHS Digital

The resources available for this publication include this report which includes the background quality report, an estimates report, csv data files, guidance documents and key facts infographic.

Following an initial release of a web platform tool in January 2017, this publication sees the full release of the new tool. This new tool has been developed in response to a user consultation undertaken in early 2016 specifically to enhance user experience in accessing the data, making it easier for commissioners and users to find information on what medicines (and later medical technologies and diagnostic tools) are available in their region and allow for easier comparison with other areas.

User feedback is welcomed on this new development to feed ongoing and future developments.

Notes on publication:

1. Full release of a web platform tool to enhance user experience in accessing the data.
2. 7 new medicines have been added.
3. 1 new medicine grouping for diabetes has been added.

4. Reporting of all medical technologies has been temporarily suspended until further notice. This will be brought back into the publication pending data availability and agreement of a robust inclusion criterion for medical technologies and diagnostics.

Main findings

The Innovation Scorecard measures use of 104 medicines which includes 4 groups of medicines used to treat stroke, neurological conditions (multiple sclerosis), cardiovascular conditions (acute coronary syndrome) and diabetes in the NHS in England.

This includes 7 new medicines and 1 new medicine grouping compared to the previous release of this publication in January 2017.

For the 12 months from October 2015 to September 2016 (compared to the previous 12 months):

- 74 per cent of medicines were prescribed more
- Medicines used to treat acute coronary syndrome has increased by 17 per cent
- Medicines used to treat diabetes has increased by 103 per cent
- Medicines used to treat multiple sclerosis has increased by 54 per cent
- The use of NOACs in Primary Care has increased by 97 per cent
- The use of NOACs in Secondary Care has increased by 38 per cent

When interpreting the data there are a number of considerations:

- medicines can be used to treat multiple conditions
- a condition can be treated with various medicines
- one medicine may displace another, for example, for treatment of hepatitis C teleprvir (a decrease of 90% in use) is an older class of medicine than sofosbuvir (which has had an increase of 415% in use)
- for a typical uptake curve the rate of increase is rapid in the early years but eases off over time

New medicines on the Innovation Scorecard

The 7 new medicines on this release of the Innovation Scorecard are all used to treat cancer.

Currently there is no prescribing recorded for 3 of these new medicines (talimogene laherparepve, pegaspargase and radium-223 dichloride) although there have been purchases recorded.

The new medicine grouping on this release is for the treatment of diabetes.

Note:

Radium-223 dichloride is not routinely recorded on hospital pharmacy systems.

74%
of medicines
were prescribed
more

Medicines with increase in use

For the 12 months from October 2015 to September 2016 (compared to the previous 12 months):

- There were 62 individual medicines which recorded an increase in prescribing. This is based on the 84 (out of 104) individual medicines which had some prescribing in each of the last 24 months.
- The range of increase in prescribing for medicines which were prescribed more was between 0.2 per cent and 2,331 per cent.
- 18 medicines had an increase in uptake between 0 per cent and 10 per cent, the modal rate of increase.
- 33 medicines had an increase in uptake between 0 per cent and 25 per cent, the median rate of increase.
- 24 medicines had at least doubled, over a 100 per cent increase.
- 10 medicines had at least a 10 fold increase, over 1,000 per cent.

The following table shows the 5 medicines along with the high level conditions with the highest increase in prescribing.

Table 1: Top 5 medicines and high level conditions with highest percentage increase in use between the 12 months from October 2015 to September 2016 compared to the previous 12 months

Medicine	High level condition
daclatasvir	Hepatitis C
empagliflozin	Diabetes
obinutuzumab	Cancer
sofosbuvir	Hepatitis C
vedolizumab	Auto-immune conditions

Source: NHS Digital

Notes:

1. This is based on medicines reported on the Innovation Scorecard only.
2. The reported measure is standardised per 100,000 resident population, with the exception of diabetes which is standardised per 100,000 population on the QOF diabetes register.
3. Only medicines where there has been some prescribing in all of the 24 months were evaluated.
4. Medicines are in alphabetical order and not by percentage of increase.

Medicines with decrease in use

For the 12 months from October 2015 to September 2016 (compared to the previous 12 months):

- There were 22 individual medicines which recorded a decrease in prescribing. This is based on the 84 (out of 104) individual medicines which had some prescribing in each of the 24 months.

A decrease in prescribing should not immediately be interpreted as a concern. It may be attributed to a number of factors including the arrival of a newer medicine, substitution (where a medicine is used for another indication), safety recall/alerts issued on that medicine or a barrier to uptake e.g. poor clinical consensus.

The following table shows the 5 medicines along with the high level conditions with the highest decrease in prescribing.

Table 2: Top 5 medicines and high level conditions with highest percentage decrease in use between the 12 months from October 2015 to September 2016 compared to the previous 12 months

Medicine	High level condition
boceprevir	Hepatitis C
ipilimumab	Cancer
simeprevir	Hepatitis C
telaprevir	Hepatitis C
vemurafenib	Cancer

Source: NHS Digital

Notes:

1. This is based on medicines reported on the Innovation Scorecard only.
2. The reported measure is standardised per 100,000 resident population
3. Only medicines where there has been some prescribing in all of the 24 months were evaluated.
4. Medicines are in alphabetical order and not by percentage of decrease.

Medicine groupings

Medicine groupings were introduced to the Innovation Scorecard in January 2016 and have been developed by analysts and pharmacists at NHS Digital, ABPI, OHE, NICE, OLS and NHS England.

These groups have been designed to show the combined use of medicines where:

- There are a number of medicines as options for treatment of a specific condition
- One TA covers more than one medicine for the same indication
- Two or more TAs cover the same specific condition

It is more informative to compare uptake of combined options for treatment than only showing uptake of the individual medicines in isolation.

The published medicine groupings will only include those medicines with a positive TA. All other treatment options which may be available will not be reported in the Innovation Scorecard.

There are five medicine groupings published in this release of the Innovation Scorecard.

The use of stroke medicines (NOACs) is reported separately for primary care and secondary care due to the specific conditions they are being used for. The other three groups of medicines report use in the NHS as a whole i.e. covering both primary and secondary care.

Acute coronary syndrome

Use of medicines to treat acute coronary syndrome has increased steadily in the last two years.

Diabetes

Use of medicines to treat diabetes has increased steadily in the last two years

Multiple sclerosis

Use of medicines to treat multiple sclerosis has increased steadily in the last two years

NOACs in primary care

Use of NOACs in primary care has increased steadily at national, regional and CCG levels in the last two years.

NOACs in secondary care

Use of NOACs in secondary care has increased steadily in the last two years.

There is regional variation in the use of these medicines in secondary care, though use has increased in all regions.

Background Quality Report

This section of the report aims to provide users with an evidence based assessment of the quality of the publication outputs by reporting against the nine European Statistical System (ESS) quality dimensions and principles¹.

In doing so, this meets NHS Digital's obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics², particularly Principle 4, Practice 2 which states: "Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality".

Due to the provisional nature of some of the data included in the innovation scorecard, some figures may be revised from publication to publication as issues are uncovered and resolved. Where a refresh of data occurs, it will be clearly documented in the publications. Users should always use the figures in the latest publication to ensure they are the most up to date figures available.

¹ The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

² UKSA Code of Practice for Statistics:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

Accuracy and Reliability

Accuracy and reliability relates to the proximity between an estimate and the unknown true value.

Statistics in this publication are based on data from:

- Prescription data from NHS Prescription Services, part of the NHS Business Services Authority

- Hospital Pharmacy Audit Data from IMS Health

- Pharmex data from Commercial Medicines Unit (CMU) at the Department of Health

- Hospital Episode Statistics (HES) data from NHS Digital

- Mid-year population estimates from Office for National Statistics

- Defined Daily Doses (DDD) from World Health Organisation Collaborating Centre for Drug Statistics Methodology

Data from NHS Prescription Services

NHS Prescription Services, part of the NHS Business Services Authority, process prescriptions dispensed in the community and returned to them for reimbursement. The data collected as part of this process is provided through primary care and hospital versions of the electronic Prescribing Analysis and Cost tool (ePACT) system which allows NHS Digital to extract data via the NHSNet.

ePACT is a service for pharmaceutical and prescribing advisors which allows real time on-line analysis of the previous sixty months prescribing data held on NHS Prescription Services' Prescribing Database. Data is updated on a monthly basis (6 weeks after the dispensing month).

Prescriptions written in England and dispensed in England, Wales or Scotland are included.

Primary care ePACT covers prescriptions prescribed by GPs, nurses, pharmacists and others (excluding dentists) and dispensed in the community. For data at CCG level, prescriptions written by a prescriber located in a particular CCG but dispensed outside that CCG will be included in the CCG in which the prescriber is based. Note that the sum of the CCG data provided in this publication will not match the England total available elsewhere as a small proportion of the national data cannot be attributed to a specific CCG.

While most of the data relates to prescribing and dispensing activity in primary care additional hospital ePACT data is also available for those prescriptions written in hospital but dispensed in the community (formerly known as "FP10HP" prescriptions). This data has been included at national and Area Team level reporting.

All prescriptions which are prescribed in England and dispensed in the community in the UK need to be submitted to NHS Prescription

Services if the dispenser is to be reimbursed and so coverage should be complete. If a prescription was issued, but not presented for dispensing or was not submitted to NHS Prescription Services by the dispenser, then it is not included in the data. The prescription item is recorded in the month in which NHS Prescription Services received it. In the majority of cases prescriptions will be issued, dispensed and submitted to NHS Prescription Services in the same month. However, prescriptions can be presented for dispensing up to six months after issue, and the dispensing organisation may submit the prescription for payment late. Prescription data may be attributed to organisations which have since closed. An issuing organisation may have closed before a prescription is dispensed and NHS Prescription Services may also receive prescriptions late from an organisation or a prescription pad from a closed organisation may still be in use by a prescriber previously at that organisation.

NHS Prescription Services quality assures the data they provide. They state that due to the complex and manual processes involved there may be random inaccuracies in capturing prescription information which are then reflected in the data. Currently the prescription processing activity is internally audited to 98.5 per cent accuracy (i.e. at least 98.5 per cent of prescriptions are recorded accurately).

NHS Digital believes that there is no reason to suggest that any analyses have been adversely affected by the data quality issues raised.

Further data quality details are available from NHS Prescription Services: <http://www.nhsbsa.nhs.uk/PrescriptionServices/3751.aspx>

Data from the Commercial Medicines Unit

Product volume (Pharmex) data has been supplied by the Commercial Medicines Unit (CMU) of the Department of Health. It has been used within the Scorecard with the agreement of the National Pharmaceutical Supply Group (NPSG).

This data is collected from hospital pharmacy systems and represent medicine purchases made through these systems.

Pharmex data are published in volumes (mgs or international units) to show variation.

The data is reported under the hospital Trust purchasing the medicines. However, these 'Trusts' are purchasing points. A Pharmex Trust could be a single site, a group of sites, the whole Trust or a collection of Trusts depending on local arrangements of pharmacy purchasing systems. This means that some Trusts may be shown as making no purchases of certain medicines even though these are used.

Pharmex covers about 95% of hospital Trusts. Coverage may be lower at Region level due to missing data or non-contributing Trusts.

The CMU is aware that the data has partial coverage of medicines delivered via homecare or where supply is outsourced.

Some medicines are purchased through other routes outside the pharmacy systems, and do not appear in the Pharmex data. These include purchase by departments within the hospital other than pharmacy, outsourced outpatient pharmacy dispensing services or purchases from specialist companies who provide commercially prepared IV solutions and ready-to-use premixed medicines.

In some cases the purchases shown are negative. This indicates that the Trust returned more than they purchased in that year.

In some cases, Trusts have disagreed with the data extracted from the Pharmex system.

The data is not standardised to allow for the differing demographics and needs of the local population and specialist services of Trusts.

Although there may be a delay between purchase and dispensing or supply of the product, hospitals would not usually hold significant quantities of product in the pharmacy. Over a twelve month period purchases are considered to be close to actual usage.

Data from IMS Health

Unlike primary care, there is no central NHS collation of information on medicines issued and used in NHS hospitals. IMS Health collects and collates data on a commercial basis, based on issues of medicines recorded on hospital pharmacy systems. Issues refer to all medicines supplied from hospital pharmacies to wards, departments, clinics, theatres, satellite sites and to patients both in out-patient clinics and on discharge.

The data is reported at National and Region level.

IMS Health collects data on the quantities of medicines issued (packs). The costs in the HPAI datasets are calculated from quantities by IMS Health using the Drug Tariff and other standard price lists.

The HPAI data does not include any volume measure equivalent to an item, as used in primary care, nor does it include the physical quantity and contains no equivalent to the number of Defined Daily Doses (DDDs). NHS Digital has calculated DDDs for this publication in order to be able to collate and compare primary and secondary care medicine use.

Over 96% of NHS beds across England are covered in the data provided, which is grossed up by IMS Health to provide national figures. 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.

IMS Health is aware that the data has incomplete coverage of medicines delivered via the homecare route or via outsourcing, though has included any homecare data obtained from other sources.

Some medicines are purchased through other routes outside the pharmacy systems, and do not appear in the HPAI data. These include purchase by departments within the hospital other than pharmacy, outsourced outpatient pharmacy services or purchases from specialist companies who provide commercially prepared IV solutions and ready-to-use premixed medicines.

Data is provisional; hospitals can resubmit and adjust their data in subsequent submissions to IMS Health.

The data is not standardised to allow for the differing demographics and needs of the local population and specialist services of Trusts.

This data is used with the permission of IMS Health.

Data from Hospital Episode Statistics (HES), from NHS Digital

HES are compiled from data sent by more than 300 NHS hospitals in England and from some independent sector organisations for activity commissioned by the NHS. NHS Digital liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies. While this brings about improvement over time, some shortcomings remain.

The HES Data Quality Notes highlight any specific known issues with the data to be considered when analysing the data. They are designed for HES system users and those requesting extracts. This is a single repository and replaces individual DQ notes published every month and can be found at: <http://digital.nhs.uk/article/1825/The-processing-cycle-and-HES-data-quality>

Details of the HES Finalised Admitted Patient data quality notes can be found at:

[http://digital.nhs.uk/searchcatalogue?q=title:"Hospital+Episode+Statistics,+Admitted+patient+care+-+England"&area=&size=10&sort=Relevance](http://digital.nhs.uk/searchcatalogue?q=title:)

Data from Office of National Statistics (ONS)

The resident population figures used in this publication are taken from mid-year population estimates published by ONS. The year used varies depending on the time period for the numerator.

Data from World Health Organisation Collaborating Centre for Drug Statistics Methodology

DDD (Defined Daily Dose) figures are taken from the WHO Collaborating Centre for Drug Statistics Methodology.

DDD is the assumed average maintenance dose per day for a drug used for its main indication in adults. It is an international standard, developed to allow comparisons when studying drug utilisation. The DDD is a unit of measurement and does not necessarily reflect the recommended or Prescribed Daily Dose.

DDDs are available for individual drugs/medicines and combined products. New and amended DDDs, including those for combined products, are released twice annually i.e. May and December and updated to the ATC/DDD Index on January. This means that new and updated DDD figures will take effect from the October release of the Innovation Scorecard onwards, with historic data updated accordingly

DDD figures, updates and methodology can be found at:
<http://www.whooc.no/>

Relevance

Relevance is the degree to which the statistical product meets user needs in both coverage and content.

Medicines which meet the inclusion criteria of the Innovation Scorecard are presented at National (England) and NHS Region level and where available, at CCG and NHS Trust levels, by calendar quarter and rolling year.

The statistics presented for the medicine groupings are currently published as experimental official statistics. These are new statistics which are still undergoing development and testing in terms of their ability to meet user requirements.

The medicine groupings are available in a separate dashboard on the web platform tool and users can see both the grouped uptake and the values for each individual medicine within the group. As such, medicines which form part of these medicine groupings will not be included in the individual medicine dashboard.

The web platform tool shows use of medicines and medical technologies over time i.e. by calendar quarter, and at different NHS organisation levels i.e. National (England), Regions and where available, CCG and NHS Trust.

Comparability and Coherence

Coherence is the degree to which data that is derived from different sources or methods, but refers to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.

There have been significant developments with each Innovation Scorecard publication. Therefore figures in previous publications should not be compared with the latest publication.

Users should always use the figures in the latest publication to ensure they are the most up to date figures available. Previous Innovation Scorecard publications can be found at:
<http://content.digital.nhs.uk/article/2021/Website-Search?q=innovation+scorecard&area=&size=10&sort=Relevance&topics=13210>

The Prescription Services data presented here differs from that presented in the NHS Digital publications based on the Prescription Cost Analysis system. This is because the PCA database is based on all prescriptions written in England, Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England only and includes prescriptions written by dentists and hospital doctors.

The data reported as ADDs, DDDs or mgs in this publication will not match other prescribing data published by NHS Digital, which are generally reported as items and cost.

Users can misinterpret the data as relating to numbers of patients but care should be taken as the data relates to volumes of medicines not to individuals.

Changes to the figures over time need to be interpreted in the context of changes in available medicines and changes in NHS practice. For example, a reduction in items dispensed for a particular medicine may be due to the introduction of alternative medicines, or a change in prescribing behaviour, especially in the length of treatment each item is intended to cover. Additionally, a change in prescribing practice could also be due to drug safety updates as published by the Medicines and Healthcare products Regulatory Agency and its independent advisor the Commission on Human Medicines.

Details of drug safety updates can be found at: <http://www.gov.uk/drug-safety-update>

Sales and purchases data reflect when medicines and medical technologies were purchased and not when they were actually used. Sales and purchases may differ between quarters due to economic reasons rather than medical reasons. For example Trusts may bulk buy in one quarter but use the product in several subsequent quarters.

Local level data (Regions, CCGs, Trusts) will not add up to national data due to unidentified organisations which are included in the national totals but not against local level organisations.

NHS organisations differ widely in the populations they serve so data at National (England), NHS Regions and CCG levels are standardised by the estimated resident populations.

For hospital Trusts data the number of FCE days of hospital care for the time period under consideration (taken from the Hospital Episode Statistics data) has been used to standardise the data. The values vary significantly, with more specialist hospitals, for example, the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust reporting fewer than 10,000 days of hospital care per year, whereas larger Trusts such as Bart's Health NHS Trust report over 800,000 days of hospital care per year.

Trust level data should not be compared with the national, Region or CCG data due to the differing data sources and standardisation methodologies applied.

This scorecard covers some highly specialised medicines and technologies so differences in use across organisations are to be expected.

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

This report is published quarterly and reports on data which is approximately six months in arrears. The publication date is determined by the availability of the data and allows adequate time for the compilation of the report including all other publication outputs.

The main limitation for the timeliness of the Innovation Scorecard is due to the contractual agreement with one of the main data suppliers for prescribing in Secondary Care. The contract for use of this data stipulates that the time period to which the data refers to must be at least six months in arrears before it can be published on any open website.

New medicines with a positive recommendation on published TAs are made available on the Innovation Scorecard approximately six months in arrears. This is to align the reporting periods on the scorecard taking into consideration the contractual limitations of the availability of data.

Organisational changes are published in line with the reporting periods of the Innovation Scorecard, and are not relative to the publication dates of the releases. This means that for an organisational change which takes effect from April 2016 will only be reflective from the January 2017 release of the Innovation Scorecard onwards and where possible, historic data updated on the new releases.

Similarly, DDD refreshes are also implemented in line with the reporting periods of the Innovation Scorecard, and not relative to the publication dates of the releases.

New and amended DDDs, including those for combined products, are released twice annually i.e. around May and December. The ATC searchable index with DDDs is updated in January and is to be used for prescribing from January onwards. This means that new and updated DDD figures will take effect from the October release of the Innovation Scorecard onwards, with historic data updated accordingly.

This publication has been released in line with the pre-announced publication date and is therefore deemed to be punctual.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

More detailed data on primary care or prescriptions written in hospital but dispensed in the community may be requested from Prescription Services.

Requests for HES should be made to NHS Digital and for the CMU purchase data should be directed to the Department of Health. Requests regarding HPAI data should be sent direct to IMS Health, and for industry data direct to the relevant company.

This report, including details of how to interpret the data is available from the NHS Digital publication repository.

The publication may be requested in large print or other formats through the NHS Digital's contact centre: enquiries@nhsdigital.nhs.uk (please include 'Innovation Scorecard' in the subject line).

This report provides a high level summary of the medicines reported on for the current publication as well as some analysis of utilisation comparing the current 12 months with the previous 12 months.

Also available is a key points infographic and frequently asked questions as well as some contextual information i.e. DDD list.

Data is presented on a new interactive web platform following an initial release in January 2017. This new tool has been developed in response to a user consultation undertaken in early 2016 specifically to enhance user experience in accessing the data, making it easier for commissioners and users to find information on what medicines are available in their region and allow for easier comparison with other areas.

User feedback is welcomed on this new development to feed ongoing and future developments.

Assessment of user needs and perceptions

This section describes the processes for finding out about users and uses and their views on the Innovation Scorecard publication.

Comments on the Innovation Scorecard publication can be made through various media:

‘Have your say’ on the NHS Digital website

NHS Digital general enquiries email enquiries@nhsdigital.nhs.uk
and/or telephone number 0300 303 5678

Twitter @nhsdigital

A user survey of the Innovation Scorecard publication in Feb 2016 was conducted to collect feedback on the content and display of the current publication. The results of the survey will be used to ensure the publication remains relevant to users. Some of the recent developments in response to the feedback received include:

Key points infographic to summarise the contents of the publication

Development of a web platform tool to enhance user experience in accessing the data

Refreshed reports with user friendly commentary and charts

The Innovation Scorecard strategic group and technical working group consist of a range of stakeholders whose views have been used to continuously develop this publication.

Performance Cost and Respondent Burden

This section describes the effectiveness, efficiency and economy of the statistical output.

For the figures from the Prescription Services, the figures 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. For purchase data and hospital dispensing data the Trusts are not compelled to provide the data and do so voluntarily. HES data is from an existing administrative source.

Information about the administrative sources and their use for statistical purposes is included in NHS Digital's Statement of Administrative Sources at: <http://digital.nhs.uk/article/1789/Statement-of-administrative-sources>

Confidentiality, Transparency and Security

This section describes the procedures and policy used to ensure sound confidentiality, security and transparent practices.

The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing. Further details can be found at:

<http://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/>

This publication is subject to a standard NHS Digital risk assessment prior to issue. Disclosure control is implemented where this is deemed to be necessary in accordance with the protocols associated with the underlying data sources. Further details of the risk assessment are available in NHS Digital's Disclosure Control Procedure can be found at: <http://digital.nhs.uk/pubs/calendar>

Link to NHS Digital's privacy policy: <http://digital.nhs.uk/privacy>

Freedom of Information Process: <http://digital.nhs.uk/foi>

Methodology specification documents on grouped medicines and FAQs are provided in the list of resources for this publication.

Glossary

The **NICE** glossary can be found at this web link-

<http://www.nice.org.uk/website/glossary/glossary.jsp?alpha=A>

ABHI	Association of British Healthcare Industries
ABPI	The Association of the British Pharmaceutical Industry
CCG	Clinical Commissioning Group
CG	Clinical Guideline
CMU	Commercial Medicines Unit (Department of Health)
DDD	Defined Daily Dose. Defined daily doses (DDDs) are a World Health Organisation (WHO) statistical measure of medicine consumption. DDDs are used to standardise the comparative usage of various medicines between themselves or between different health care environments.
DH	Department of Health
ePACT data	Primary Care Trust Prescribing Data. Data on prescribing by primary care collected by the NHSBSA.
HES	Hospital Episode Statistics
HPAI	Hospital Pharmacy Audit Index – a data set owned by IMS Health
Homecare medicines	The supply of hospital prescribed medicines direct to patients in their own homes.
HSCIC	Health and Social Care Information Centre
IH&W Board	Innovation, Health and Wealth Board
Industry data	Sales data provided by the Pharmaceutical Industry
IPG	Interventional procedures guidance
MTG	Medical technology guidance
NICE	National Institute for Health and Care Excellence
OHE	The Office of Health Economics
OLS	Office for Life Sciences
Outsourced Supply	The supply of hospital prescribed medicines direct to outpatients from a contracted dispenser.
Pharmex	Database maintained by CMU of purchases of medicines by hospital Trusts.
Prescription Services	A department within the NHS Business Services Authority
Primary Care	Primary care is the term for the health care services provided within the local community, acting as the first point of consultation.

Quintile	A quintile is a statistical term describing a division of organisations into five defined intervals based upon the values for the organisations and how they compare to the entire set of organisations. Each quintile contains 20% of the total organisations. The organisations have been ordered from smallest to largest use. The first quintile represents the lowest fifth of the data (1-20%); the second quintile represents the second fifth (21% - 40%) etc.
Secondary Care	Secondary care is known as acute healthcare and can be either elective care or emergency care. Also referred to as hospital Trusts.
TA Trust	NICE Technology Appraisal An NHS hospital Trust, also known as an acute Trust provides secondary health services. A hospital Trust may include a number of local hospitals, under a single overall management arrangement.
NOACs	Novel oral anti-coagulants
PCA	Prescription Cost Analysis
ADD	Actual Daily Doses
Median	The middle number of a group of numbers; that is, half the numbers have values that are greater than the median, and half the numbers have values that are less than the median
Modal	The most frequently occurring number in a group of numbers
NHS	National Health Services
UKSA	UK Statistics Authority
FP10	Prescriptions written in primary care but dispensed in the community
FP10HP	Prescriptions written in hospital but dispensed in the community
NPSG	National Pharmaceutical Supply Group
DQ	Data Quality
ONS	Office of National Statistics
WHO	World Health Organisation

ATC Anatomical Therapeutic Chemical (ATC) classification system, where the active substances are divided into different groups according to the organ or system on which they act and their therapeutic, pharmacological and chemical properties.

Drugs are classified in groups at five different levels. The drugs are divided into fourteen main groups (1st level), with pharmacological/therapeutic subgroups (2nd level). The 3rd and 4th levels are chemical/pharmacological/therapeutic subgroups and the 5th level is the chemical substance.

The 2nd, 3rd and 4th levels are often used to identify pharmacological subgroups when that is considered more appropriate than therapeutic or chemical subgroups.

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ISBN 978-1-78386-990-9

This publication may be requested
in large print or other formats.

**Published by NHS Digital, part of the
Government Statistical Service**

NHS Digital is the trading name of the
Health and Social Care Information Centre.

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