

# Secondary Care ePMA Data Collection

## Requirements Specification



## Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Implementation Guidance
- Requirements Specification (this document)
- Technical Specification (referred to in documentation as “Data Collection Extraction Contents”)

An Information Standards Notice (DAPB4005 Amd 14/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 22 May 2024



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# Document management

## Revision History

Version	Date	Summary of Changes
0.1	24/03/2022	Initial draft
0.2	11/04/2022	Incorporated comments from DSAS
0.3	01/06/2022	Content finalised for DAPB review
0.4	21/12/2023	Minor corrections and links added
0.5	01/12/2023	Updated templates, revised timelines
0.6	12/12/2023	Uplifted to publishable version
0.7	06/03/2024	New start date as Directions returned from Government Legal Department
1.0	22/05/2024	Final checks, editorial corrections and publication

## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Steve Marks	Senior Programme Manager – Digital Medicines, Data	06/03/2024	0.7
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## Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Steve Marks		Senior Delivery Manager	06/03/2024	0.7

## Glossary of Terms

Term / Abbreviation	What it stands for
COVID-19	Coronavirus disease 2019 - a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
DAPB	Data Alliance Partnership Board – an NHS England board which approves or rejects proposals for Information Standards.
DAPSB	Data Alliance Partnership Sub-Board – an NHS England board which considers proposals for Information Standards.
DARS	Data Access Request Service – provides an application and assessment service for organisations to view/access data collected by NHS England.
DCB	Data Coordination Board – responsible for approving and publishing Information Standards between 2014 and 2017
dm+d	Dictionary of Medicines and Devices – a dictionary of descriptions and codes which represent medicines and devices in use across the NHS. dm+d codes are unique for each item.
DPS	Data Processing Services - a secure, highly-scalable system in NHS England that transforms the way data is used to improve health and care.
DS	Data Services - provides an end-to-end approach to data within NHS England spanning collection, extraction and curation, promoting data security, privacy and regulations.
DSA	Data Sharing Agreement - sets out the purpose of data sharing, cover what happens to the data at each stage, and help all involved in sharing to be clear about their roles and responsibilities.
ePMA	electronic Prescribing and Medicines Administration– computer systems used in hospitals to record prescribing and administration of medicines to patients
GP	General Practitioner – a doctor based in the community
Homecare	A medicine delivery service used by hospitals to supply high-cost medicines and associated care to patients (at their home or workplace) without the patient needing to attend hospital for the supply/administration. (Typically; HIV, arthritis, fertility, renal).
Information Standard	Information Standard - a formal document approved and issued by the Data Alliance Partnership Board (DAPB). It defines technical criteria, content, methods, processes and practices for implementation across health and social care in England.

<b>Term / Abbreviation</b>	<b>What it stands for</b>
ISN	Information Standards Notice - a notice of an Information Standard approved by the Data Alliance Partnership Board. When a health and social care organisation in England receives an ISN, they will ensure that they and their contractors comply with the standard in a reasonable time, as defined in the ISN. (Before 2017 ISNs were published by the Data Coordination Board, and before 2014 by the Standardisation Committee for Care Information (SCCI)).
IT	Information Technology - the use of computers to create, process, store, retrieve, and exchange data and information.
MESH	Message Exchange for Social Care and Health – the main secure method to transfer messages and large files securely between health and social care organisations. (MESH INT is a route for testing).
MPS	Master Person Service - cross-checks demographic information in the data and matches it to NHS Numbers on the Personal Demographics Service to confirm identity.
NHS	National Health Service - the umbrella term for the publicly funded healthcare systems of the United Kingdom
NHS Digital	NHS Digital - Merged into NHS England 31 January 2023, with all duties and responsibilities legally transferred.
NHSX	NHSX - a joint unit bringing together teams from the Department of Health and Social Care, NHS England and NHS Improvement, with the aim of driving the digital transformation of care. NHSX was absorbed into NHS England at the end of February 2022.
PDS	Personal Demographics Service – the national electronic database of NHS patient details such as name, address, date of birth and NHS Number.
PGD	Patient Group Direction - provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines, without the patient having to see a prescriber (such as a doctor or nurse prescriber).
RFC	Requirements For Change – in the NHS this refers to a request to make a change to a process.
SACT	Systemic Anti-Cancer Therapy - a mandatory dataset collected from all NHS England providers on the treatment of all patients with cancer.
SNOMED CT	SNOMED CT - a structured clinical vocabulary for use in an electronic health record. It is the most comprehensive and precise clinical health terminology product in the world. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England.

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## 1. Overview or Definition

<b>Standard Number</b>	DAPB4005
<b>Standard Title</b>	Secondary Care ePMA Data Collection

This document defines the Secondary Care ePMA (electronic Prescribing and Medicines Administration) data collection Information Standard.

Before NHSX was absorbed into NHS England’s Transformation Directorate in February 2022 it commissioned NHS Digital to establish a new collection of information captured by secondary care providers’ ePMA systems for medicines prescribed and administered to patients in England. Following the merger of NHS Digital and NHS England on 31 January 2023 responsibility for the collection legally transferred to NHS England.

- ePMA data is formed from a record created for the medicine to be prescribed, and entries created to record the administration of the medicine to individual patients.
- Secondary care providers are NHS Trusts providing acute, mental health, specialist, and community care services.

The Standard will incorporate the use of a report built to our specification by either secondary care providers or by their ePMA system suppliers. Data collection will be by a weekly automated extract to reduce burden on a provider’s personnel to a minimum. NHS England will make the data comparable, then make it available for analysis for planning, commissioning and research purposes to organisations that have a lawful basis to access it.

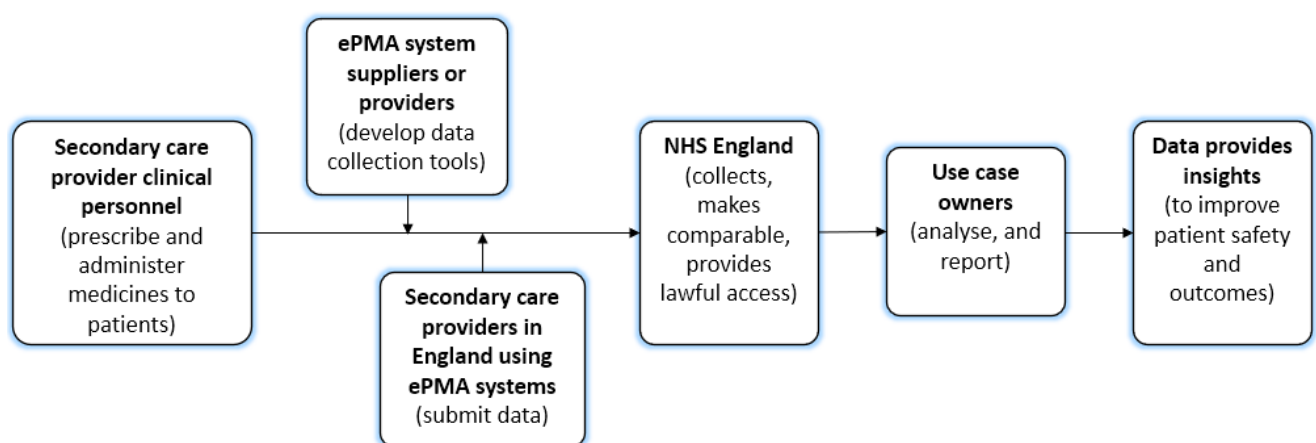


Figure 1: Stakeholders in the medicine data collection and usage

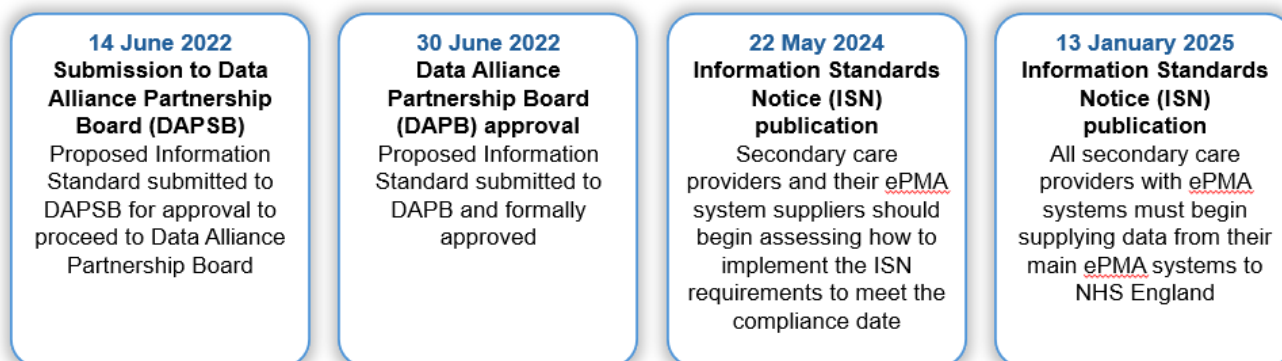


Figure 2: Timescales for approval, publication, and compliance

## 2. Supporting information

This Requirements Specification should be read in conjunction with the other documents that describe this Standard, all of which can be found on this [Standard's web page](#).

Document title	Purpose
<b>DAPB4005 Requirements Specification</b> ( <i>This document</i> )	Explains this Information Standard in detail. It is the starting point and should be read first by providers implementing the Standard.
<b>DAPB4005 Implementation Guidance</b>	Provides a step-by-step guide to; assigning organisation codes, configuring MESH, data collection and transfer, scheduling submissions, problem resolution.
<b>Secondary Care ePMA Data Collection Extraction Contents v1.1</b>	Outlines the specification of all input data feeds to NHS England.
<b>Secondary Care ePMA Data Collection Requirements v1.2</b>	Defines how the data is to be sent from the secondary care providers to NHS England (including MESH details).
<b>ePMA_Prescribing v1.1</b>	Defines the physical format of the file for prescription data.
<b>ePMA_MedicinesAdmin v1.1</b>	Defines the physical format of the file for medicine administration data.
<b>Secondary Care ePMA Privacy Notice guidance for providers</b>	Includes text about this collection which can be used on provider's web pages.

Table 1: Documents supporting this Standard

## 3. Background

### 3.1. Why is this collection needed?

Currently there isn't a large-scale collection of patient-level (identifiable) medicine data from secondary care providers in England, even though prescribing in this sector accounts for more than half of England's total prescribed medicine usage by cost. The [NHS Long Term Plan](#), Section 6.17 expects all providers to implement electronic prescribing systems to reduce errors, and also refers in Section 2.22 to the use of electronic prescribing in hospitals to support antimicrobial resistance strategies. Over time these objectives will increase the use of ePMA in secondary care provider locations, increasing the volume of data we can collect, and in turn increasing the value of the data for research and analysis.

### 3.2. Existing data sources

There are several NHS patient-level (identifiable) medicine data collections already running in England, however as mentioned none of them provide a large-scale collection of medicine data from secondary care providers.

- Electronic Prescribing and Medicines Administration (EPMA) Data - In 2020 NHS Digital established a collection of ePMA data from 26 NHS hospital trusts that use the same system supplier. This is a limited collection initiated as part of NHS Digital's COVID-19 response, and we have used it to develop processes that underpin this Standards' development; fine-tuning the field list, building tools to make the data comparable, working out how to engage providers and system suppliers, and identifying use case owners.
- SACT (Systemic Anti-Cancer Therapy) dataset - This is a collection from all NHS providers of cancer treatments to patients in England. It is a mandatory collection, includes drug names and drug combinations (regimens), and allows the NHS to understand cancer treatment patterns and outcomes on a large scale.
- Drugs Patient Level Contract Monitoring collection - This is a collection from hospital trusts of high-cost NHS funded prescribed items which are not reimbursed through the National Tariff Payment System.
- Primary care dispensing in the community - This is a large-scale collection of medicine data, but only contains medicines prescribed and dispensed in primary care. This data is collected by the NHS Business Services Authority and has proved valuable for a wide range of use cases including addressing prescribing inequality and variation, reducing costs by medicine switching, and identifying unsafe prescribing.

## 4. Scope

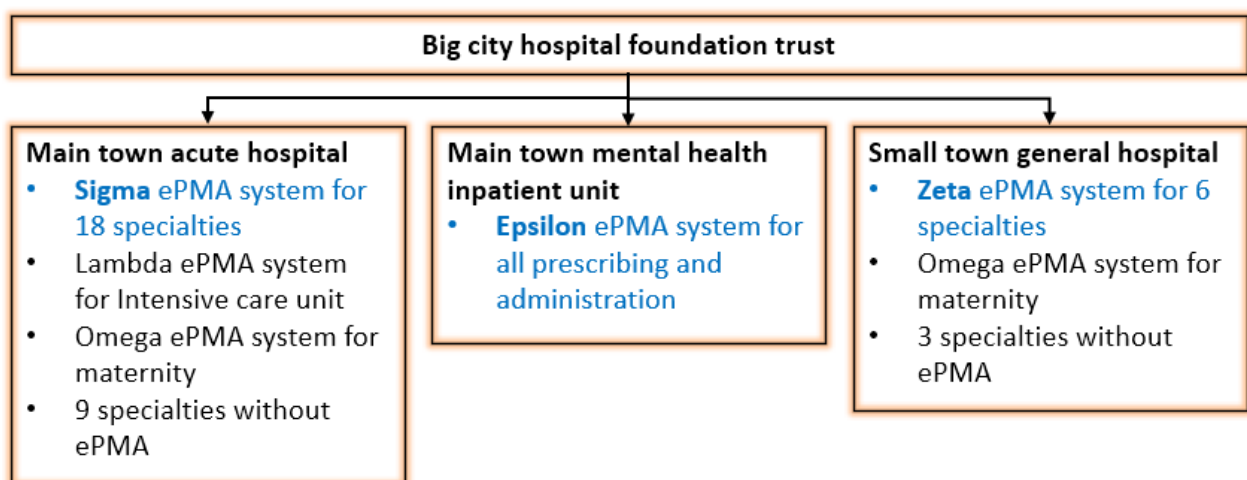
### 4.1. Organisations

The data will be collected from secondary care providers in England who record medicine prescribing and administration information electronically on ePMA systems. Secondary care providers are NHS Trusts providing acute, mental health, specialist, and community care services.

The data may be from providers' ePMA system servers or their data warehouses or data cubes which store this data, depending on the system each provider uses. Our current understanding from surveying hospital trusts is that by the end of 2023 around 80% of trusts were live with an ePMA system. As all hospital trusts are required by the [NHS Long Term Plan \(section 6.17 part v\)](#) to implement electronic prescribing the data collection will continue to grow over time until 100% are providing data.

It is common for secondary care providers to have more than 1 ePMA system, perhaps using a 'main' system for most wards and specialties and different systems for cancer treatments, maternity, and intensive care - our intention is to collect from the 'main' ePMA system(s), defined as the system used by the majority of wards and specialties. For secondary care providers that have merged and there is more than 1 'main' system we will try to collect data from all their 'main' systems.

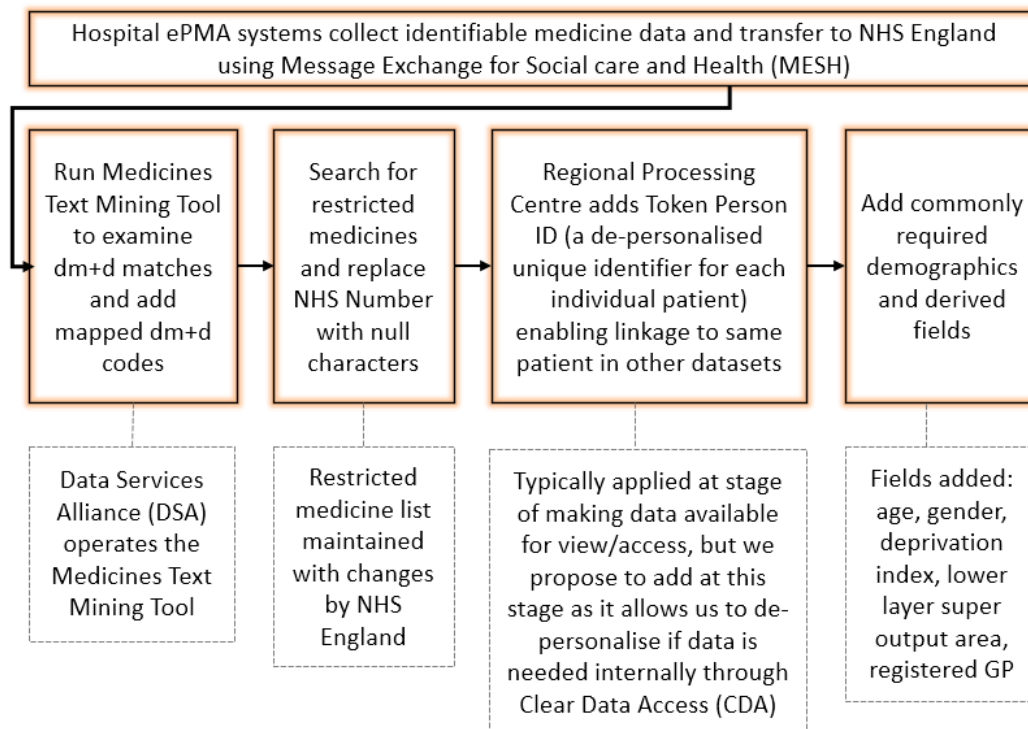
The image below conveys which 'main' ePMA systems (identified in blue) we expect to collect data from in a secondary care provider which has multiple hospitals and multiple ePMA systems. Note: to improve the value of the data in the future we may consider extending the scope to include the other ePMA systems.



**Figure 3: Identifying 'main' ePMA systems. (Note: hospital and ePMA system names are fictional)**

## 4.2. Data flows

Figure 4 describes the processes we will apply to all the ePMA data received from secondary care providers.



**Figure 4: Data flow from providers through NHS England processing, to availability for view/access**

The [Medicines Text Mining Tool](#) maps a hospital medicine description to the closest match in the dm+d standard, where possible suggesting a dm+d code if it is absent on collection. Information about restricted and sensitive medicines is provided in [Section 8.4](#).

## 4.3. Frequency of the collection

We will establish weekly collections from each secondary care provider and will also arrange for a backdated collection of historical data, with the earliest we backdate to being 1 June 2018. This backdated collection aligns with the medicines dispensed in the primary care NHS Business Services Authority dataset which has been live since July 2020, with historical data currently back to 2018, meaning we can offer use case owners the ability to link primary and secondary care medicine data so they can perform historical analysis. For this collection if a provider started using ePMA in September 2019 we backdate the collection to then, if they started using ePMA in April 2010 we backdate to no earlier than 1 June 2018.

It is important that backdated data is collected as it provides a longer-term record of medication taken, improving the usefulness of this data for analysis.

## 4.4. Patient-level identifiable data

It is necessary for us to collect patient-level identifiable data so that:

- all prescribing and administration episodes relating to a single patient can be linked
- the collected data can be linked to data for that patient in other datasets held by NHS England (where there is a legal basis to do so). This will allow complex use cases to be considered, and ‘follow’ the patient as they move between different care locations

The fields to be collected are shown in [Section 9](#), with full detail in the relevant supporting documents described in [Section 2](#).

After discussion (with NHS England’s Caldicott Guardian and the Executive Director of Privacy Transparency and Ethics), about historic data possibly containing information about patients that are deceased we decided to collect data no older than 1 June 2018. Because National Data Opt-Out went live from 28 May 2018 we can reasonably expect all patients whose information we will collect have had the opportunity to complete National Data Opt-Out to restrict their identifiable data from being shared. (A national data opt-out can be set for a deceased patient if they have explicitly stated this in a last will or testament). The Caldicott Guardian assesses this approach as low risk when collecting deceased patient’s records, and offsets it against the benefit of, for example, enabling analysis of records for patients that have not survived treatments and identifying what part medicines have played. It has been suggested that deceased patient’s records are excluded at the point of collection – we have rejected this as:

- secondary care providers don’t have access to the registers containing this information
- NHS England has access to the registers, but notification of death is not always timely so we cannot guarantee to identify all deceased patients at the point of collection.

## 4.5. Episodes of care

Providing the ‘main’ ePMA system is used in these areas we intend to collect data for the totality of patients’ journeys through the secondary care providers, which we expect will broadly be categorised as:

### 4.5.1. Inpatient

- Medications on admission (as identified during the medication reconciliation process)
- All prescriptions/authorisations for administration on site, including those created under Patient Group Directions (PGDs). (PGDs provide a legal framework that allows health professionals to supply and/or administer specified medicines to a pre-defined group of patients without them having to see a prescriber).
- All medication administrations

#### 4.5.2. Discharge

- All prescriptions for discharge/short term leave

#### 4.5.3. Outpatient, day case, emergency department, home care

- All prescriptions/authorisations for administration on site (including those created under PGDs)
- All medication administrations
- All prescriptions for dispensing.

#### 4.6. Out of scope for collection

- Medicines prescribed and administered but not recorded on an ePMA system
- ePMA systems not defined as the 'main ePMA system' – see [section 4.1.](#)

### 5. Benefits and outcomes

After collecting this data NHS England will enable access to it for analysis by use case owners, who we assume will publicise their findings and make recommendations for change. Some of these organisations will have direct authority to mandate changes, or their recommendations might be promoted and/or mandated by authorities such as NHS England.

#### 5.1. Qualitative benefits

We have a general assumption that the use of this data will deliver benefits in terms of improvements in health outcomes and patient safety across the NHS in the following areas:

- patient safety comprising; antimicrobial stewardship, the scale and reasons for medicine administration problems such as missed or delayed doses, and the scale of polypharmacy (patients on 5 or more medicines)
- monitoring medicine usage and equity of access including influence of location on prescribing
- supporting pharmacovigilance for new and existing medicines
- measuring compliance with best practice and policy and gathering intelligence on the effectiveness of medicines
- reporting to support strategic objectives such as development of a national strategy to avoid harm caused by inappropriate polypharmacy.

## 5.2. Use cases

We have gathered a range of use cases from numerous potential data users including the Department of Health and Social Care, United Kingdom Health Security Agency, and the Medicines and Healthcare products Regulatory Agency, who are all interested in accessing de-personalised hospital medicine data, to support improvements to health outcomes, particularly when they can link to other datasets to provide enhanced intelligence.

## 6. Data transfer assurance

For the weekly and historic data transfers basic validation will be performed on receipt by NHS England's Data Processing Service, this includes checking the file is not empty, has the correct structure, the dates supplied are consistent, and the file hasn't already been received (is a duplicate). If the received file fails any of the validations a file will be sent to the provider's MESH mailbox to inform why it has been rejected. In these cases a re-send will be expected, accordingly providers are advised to check their MESH mailbox regularly for messages which notify a failed send.

Details enabling configuration of MESH are contained in the supporting documents (see [Section 2](#)); 'Secondary Care ePMA Data Collection Requirements' and 'Secondary Care ePMA Data Collection Implementation Guidance'. NHS England's [MESH web page](#) also contains useful information and resources.

We recommend providers (or ePMA system suppliers for the first provider they pilot with), test the data transfer by sending synthetic data to our MESH INT mailbox, which has been configured to receive test data. This will allow us to check the MESH configuration is correct and that the synthetic data is as expected, for example field types are correctly allocated and defined. For configuration of MESH INT email the Digital Medicine's Data project team [medsdata@nhs.net](mailto:medsdata@nhs.net) and we will arrange a discussion to provide you with the details you need and collect the information we need to open up the MESH INT mailbox for testing.

## 7. Legal and information governance

### 7.1. Directions

The [Secondary Care ePMA Directions 2024](#) provide the legal basis for this collection.

### 7.2. Data Provision Notice

As a result of receiving Directions to collect ePMA data, under sections 259(1)(a) of the Health and Social Care Act 2012 we have published a [Data Provision Notice](#) which provides details of the data collection including: purpose, scope, form, manner and frequency, what we are allowed to do with the data (publish, disseminate).

The [Data Provision Notice](#) is a legal obligation which secondary care providers must comply with. Providers should download a copy of the Data Provision Notice to assure themselves the legal basis is in place for them to submit this data.

After publication of this Information Standards Notice we will email providers and ePMA system suppliers on our contact list to inform them about this Standard and Data Provision Notice.

### 7.3. Patient identifier (NHS number)

NHS Number will be collected to enable NHS England to as part of the Data Processing Service ingestion to add demographic and derived fields (date of birth, age, gender\*, deprivation index, lower layer super output area, registered GP). When the data is being prepared for view/access, additional demographic items might be added (if requested by the use case owner and approved by NHS England’s Data Access Request Service). Some or all of the demographic fields might subsequently be removed as part of our data minimisation policy (only provide what is absolutely necessary) when the data is prepared for view.

(\*Note the Personal Demographics Service uses the label ‘gender’ which has a description of ‘Gender (sex) of the person’, further defined as: classification of the gender of a patient. The classification is phenotypical rather than genotypical, i.e., it does not provide codes for medical or scientific purposes. It is the administrative gender that the patient wishes to be known as. In some cases, this may not be the same as the patient’s registered birth gender, or the gender they identify with).

### 7.4. Restricted and sensitive medicines

Certain medicines are classified as legally restricted or sensitive, defined as medicines administered in relation to a characteristic, treatment or condition for which there is a restriction on the disclosure of identifiable information by virtue of:

- The Human Fertilisation and Embryology Act 1990 (as amended by the Human Fertilisation and Embryology Act 2008); or
- HIV and Sexually Transmitted Infections (STIs) Guidance (<https://transform.england.nhs.uk/information-governance/guidance/hiv-and-sexually-transmitted-infections-stis/>) issued by NHS England on 12 October 2023, following the issue of the NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) (Revocation) Directions 2023),

referred to in this Requirement Specification as “legally restricted and sensitive data”.

Under this Requirements Specification secondary care providers should remove the NHS Number associated with prescribing and administration of legally restricted and sensitive data before they transfer it to NHS England. (To assist with this providers can email

[medsdata@nhs.net](mailto:medsdata@nhs.net) to request a copy of NHS England's current list of legally restricted and sensitive medicines).

NHS England recognises that:

- not all provider's ePMA systems are using dm+d and will therefore not be able to search by reference code
- ePMA system suppliers might not create functionality in provider's systems to search for the medicines and remove the NHS Number
- if a provider's ePMA supplier has not built provision to search for the medicines and remove the NHS Number the providers might not have the resources to do this themselves

so, in the event data NHS England receives data that contains an NHS Number alongside a legally restricted or sensitive medicine at the landing stage in NHS England's Data Processing Service, we will replace the NHS Number with null characters before the data is used by NHS England.

Note: Based on data collected from hospital ePMA systems in 2020 to support NHS Digital's COVID-19 response we saw that 0.01% of the patients had the NHS Number removed due to restricted medicines.

## 7.5. Dissemination/Sharing

### 7.5.1. Secondary care providers

Under section 261(4) of the 2012 Health and Social Care Act, data collected or obtained by complying with the Secondary Care ePMA Directions will be disseminated to the secondary care providers that the data was collected from for data quality purposes – to provide a quality report regarding their adoption of the dictionary of medicines and devices standard (dm+d). The data shared will not contain patient identifiable data.

### 7.5.2. NHS England

NHS England will require access to the data collected under the Secondary Care ePMA Directions 2024 which accompany this Information Standards Notice, to support it to carry out its statutory functions, including regarding the monitoring and optimisation of medicines. Access to the data will be subject to arrangements and processes under the Transfer Regulations put in place as part of the transfer of NHS Digital's statutory functions to NHS England in January 2023. Access to the data will be subject to compliance with UK GDPR.

### 7.5.3. Data Access Request Service (DARS)

Once the received data has been processed the data will be made available through NHS England's Data Access Request Service to applicants who are able to demonstrate their legal basis and ability to access the data appropriately.

- Analysis will be made by reference or linkage to other data obtained by NHS England under any other direction under section 254 or a request made under section 255 of the 2012 Health and Social Care Act, or any other lawful basis where NHS England is a controller of the other data
- Analysis will be made for data quality purposes, including undertaking comparison and consistency analysis of the same or similar information obtained through other information systems established by NHS England under any other direction under section 254 or request made under section 255 of the 2012 Health and Social Care Act, and taking such steps as NHS England considers appropriate to maintain data quality, accuracy and consistency of information it has obtained under these Directions and across all information systems.

## 7.6. Publication

NHS England will publish information in line with its duty under section 260(1) of the 2012 Health and Social Care Act unless it falls within section 260(2) of the 2012 Act.

## 7.7. The National Data Opt Out

The National Data Opt-Out was brought into use on 28 May 2018 and enables patients to remove consent for their personalised (identifiable) NHS data to be used for research or planning purposes. However, as NHS England is issuing each secondary care provider with a Data Provision Notice (which is a legal obligation which the providers must comply with - under s259 of the Health and Social Care Act 2012) the National Data Opt-Out does not apply to this ePMA data at the stage of it being collected by NHS England.

If NHS England provides access to confidential patient information for purposes other than the individual care of a patient, National Data Opt-Outs will be respected and applied in line with National Data Opt-Out policy before access is provided.

## 8. Requirements and conformance criteria

This Information Standard applies to secondary care providers and defines the actions they need to take to ensure compliance by 13 January 2025. It is the responsibility of providers to develop the extract reports themselves, or to use local contracts to instruct how their 'main' ePMA system suppliers comply with the Standard. The following table identifies the requirements and whether they are MUST (mandatory) or SHOULD (there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course). [RFC-2119](#) (Request For Comments) provides additional information about these categorisations.

For each requirement there is a corresponding conformance criterion which defines the measures used to assess success.

Ref	Requirement	Conformance criteria	Refer to which document
ePMA1	Providers MUST ensure this Requirements Specification is reviewed to establish whether they have a 'main' ePMA system(s) which is in scope to provide data for medicines prescribed and administered to patients. We recommend this review takes place soon after Information Standards Notice publication to allow maximum time to plan for any actions required for compliance by 13 January 2025.	Providers have reviewed this Requirements Specification and established whether they have a 'main' ePMA system(s) which is in scope.	<b>DAPB4005 ISN Requirements Specification</b> gives an example of how to identify 'main' ePMA system(s).
ePMA2	Providers MUST ensure their 'main' ePMA system(s) will be able to provide data according to the 'Secondary Care ePMA Data Collection Extraction Contents v1.0' and 'Secondary Care ePMA Data Collection Requirements v1.0' documents, by 13 January 2025.	Providers have built their own extract reports or received confirmation from their 'main' ePMA supplier that by 13 January 2025 their system(s) will be able to provide data according to NHS England specifications.	<b>Secondary Care ePMA Data Collection Extraction Contents -</b> Outlines the specification of data feeds to NHS England. <b>Secondary Care ePMA Data Collection Requirements -</b> Defines how the data is to be sent to NHS England (including MESH details).

Ref	Requirement	Conformance criteria	Refer to which document
ePMA3	<p>Providers SHOULD check if any modification is needed to their contracts with ePMA system suppliers to ensure they will enable you to meet the Information Standards Notice's requirements.</p> <p>(Does not apply if providers decide to produce the extract reports themselves).</p>	<p>Provider's contracts with ePMA suppliers include an obligation to meet Standards requirements.</p>	<p><b>Existing contracts with 'main' ePMA system supplier(s).</b></p>
ePMA4	<p>Providers MUST ensure they or their ePMA system supplier(s) will be able to produce the extract reports of the data according to the specified field lists for prescriptions and administrations, enabling data to be provided to NHS England from 13 January 2025.</p>	<p>Providers have built their own extract reports or have assurance from their 'main' ePMA supplier(s) that they have or are developing an extract report mechanism to provide weekly reporting and backdated historic data.</p>	<p><b>DAPB4005 ISN Requirements Specification – <a href="#">Section 9</a></b> provides the field list for prescribing and medicine administration activity.</p>

Ref	Requirement	Conformance criteria	Refer to which document
ePMA5	<p>Providers SHOULD either ensure NHS Number is removed before data considered sensitive* or restricted** is transferred to NHS England.</p> <p>Medicines considered sensitive or restricted according to:</p> <p>*HIV and Sexually Transmitted Infections (STIs) Guidance.</p> <p>**The Human Fertilisation and Embryology Act 1990 (as amended by the Human Fertilisation and Embryology Act 2008).</p>	<p>Providers or their ePMA system suppliers should remove NHS Numbers from the reports for restricted and sensitive medicines before the data is transferred to NHS England.</p>	<p>The <b>Data Provision Notice</b> for this collection.</p>
ePMA6	<p>Providers MUST ensure the specified data is transferred to NHS England on an ongoing weekly basis starting from the compliance date 13 January 2025, with each week's transfer containing data for the preceding 7 days.</p>	<p>The specified data is being transferred to NHS England on a weekly basis.</p>	<p><b>DAPB4005 ISN Requirements Specification</b> – details the weekly collection in <a href="#">Section 4.3</a>.</p>
ePMA7	<p>Providers SHOULD develop their own process, or work with their 'main' ePMA system supplier(s) to ensure there is a process available to re-send the transfer if it is not received by NHS England as expected.</p>	<p>Providers have developed their own process or have assurance from their 'main' ePMA system supplier(s) that a re-send facility is available.</p>	<p><b>Secondary Care ePMA Data Collection Requirements</b> – Section 3.4, ref 4.4.</p>

Ref	Requirement	Conformance criteria	Refer to which document
ePMA8	Providers SHOULD develop their own process, or work with their 'main' ePMA system supplier(s) to put in place a process that automates the weekly data collection and transfer, to remove burden for provider personnel.	Providers have developed their own process or have assurance from their 'main' ePMA system supplier(s) that the data collection and transfer is automated.	<b>Secondary Care ePMA Data Collection Requirements –</b> Section 3.3, ref 3.1, 3.2
ePMA9	Providers MUST develop their own process, or work with their 'main' ePMA system supplier(s) to ensure historic data extracts can be produced for data from either 1 June 2018, or from the date the 'main' ePMA system was deployed if after 1 June 2018. So processing facilities are not overwhelmed NHS England expects this data will be provided in 3-monthly spans, but the period can be less than 3-months if that is easier for the provider and/or 'main' ePMA system supplier(s).	Providers have developed their own process or have confirmation from their 'main' ePMA system supplier(s) that historic data extracts can be provided.	<b>DAPB4005 ISN Requirements Specification</b> – details the historic collection in <a href="#">Section 4.3</a> . <b>Secondary Care ePMA Data Collection Requirements –</b> Section 3.4, ref 4.2, 4.3
ePMA10	Providers MUST ensure MESH (Message Exchange for Social Care and Health) is used to transfer the data to NHS England.	MESH is being used to transfer the data.	<b>Secondary Care ePMA Data Collection Requirements -</b> includes MESH configuration and access details.

Ref	Requirement	Conformance criteria	Refer to which document
ePMA11	Providers SHOULD ensure any changes made to their 'main' ePMA system supplier(s) software to conform with this Standard are compliant with the safety standards <a href="#">DCB0129</a> Clinical Risk Management: its Application in the Manufacture of Health IT Systems, and <a href="#">DCB0160</a> Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems.	Providers have confirmation from their 'main' ePMA system supplier(s) their product conforms with these safety standards.	<b>DCB0129</b> and <b>DCB0160</b> which define safety standards.
ePMA12	Providers SHOULD ensure patients are informed that NHS England is collecting this information. As a minimum this SHOULD be by an addition to the web page you use to inform patients who their personal information is shared with.	Providers have added suitable information to their website.	<b>Secondary Care ePMA Privacy Notice guidance for providers</b> – this includes text about this collection which can be used on provider's web pages (it will be available before the collection starts on 13 January 2025).

Table 1: Provider requirements

## 9. Data set

Tables 2 and 3 show the field list of data items that will be collected for prescribing and administration activity. Full detail is contained in the 'Secondary Care ePMA Data Collection Requirements' supporting document ([Section 2](#)).

Item	Field name (prescribing activity)	Status
1	Organisation site identifier (system location)	Mandatory

Item	Field name (prescribing activity)	Status
2	Data set created timestamp	Mandatory
3	Primary data collection system in use	Mandatory
4	Reporting period start date	Mandatory
5	Reporting period end date	Mandatory
6	NHS Number	Required if available
7	NHS Number status indicator code	Required if available
8	Organisation site identifier (of treatment)	Required if available
9	Medication administration setting type (prescribed)	Required if available
10	Other medication administration setting description	Required if available
11	Prescribed medication status description	Required if available
12	Prescribed item identifier	Mandatory
13	Prescribed medication authorised timestamp	Required if available
14	Prescribed medication general practitioner managed post discharge Boolean	Required if available
15	Prescribed medication record last updated timestamp	Mandatory
16	Prescribed medication name	Mandatory
17	Prescribed medication (dm+d)	Required if available
18	Prescribed medication dose form description	Required if available
19	Prescribed medication dose form (SNOMED CT)	Required if available
20	Prescribed medication active ingredient substance description	Required if available
21	Prescribed medication active ingredient substance strength description	Required if available
22	Prescribed medication therapeutic indication description	Required if available
23	Therapeutic indication code (SNOMED CT)	Required if available

Item	Field name (prescribing activity)	Status
24	Prescribed medication dosage instruction sequence number	Required if available
25	Prescribed medication dosage instruction description	Required if available
26	Body site of administration prescribed description	Required if available
27	Body site of administration prescribed (SNOMED CT)	Required if available
28	Route of administration prescribed description	Required if available
29	Route of administration prescribed (SNOMED CT)	Required if available
30	Method of administration prescribed description	Required if available
31	Method of administration prescribed (SNOMED CT)	Required if available
32	Prescribed medication dose quantity value	Required if available
33	Prescribed medication dose quantity value unit of measurement description	Required if available
34	Prescribed medication dose range low quantity value	Required if available
35	Prescribed medication dose range low quantity value unit of measurement description	Required if available
36	Prescribed medication dose range high quantity value	Required if available
37	Prescribed medication dose range high quantity value unit of measurement description	Required if available
38	Prescribed medication dose repeat frequency value	Required if available
39	Prescribed medication dose repeat period	Required if available
40	Prescribed medication dose repeat period unit of measurement (FHIR R4)	Required if available
41	Prescribed medication dose day of week (FHIR R4)	Required if available
42	Prescribed medication dose time of day	Required if available
43	Prescribed medication dose associated event (FHIR R4)	Required if available
44	Prescribed medication dose to be administered timestamp	Required if available

Item	Field name (prescribing activity)	Status
45	Prescribed medication dose administered as needed Boolean	Required if available
46	Prescribed medication validity period start timestamp	Required if available
47	Prescribed medication validity period end timestamp	Required if available
48	Prescribed medication additional dosage instruction description	Required if available
49	Prescribed medication additional dosage instruction (SNOMED CT)	Required if available

Table 2: Prescribing activity fields

Data items that will be collected for medicine administration activity.

Item	Field name (medicine administration activity)	Status
1	Organisation site identifier (system location)	Mandatory
2	Data set created timestamp	Mandatory
3	Primary data collection system in use	Mandatory
4	Reporting period start date	Mandatory
5	Reporting period end date	Mandatory
6	NHS Number	Required if available
7	NHS Number status indicator code	Required if available
8	Organisation site identifier (of treatment)	Required if available
9	Medication administration setting type (actual)	Required if available
10	Other medication administration setting description	Required if available
11	Medication administration status description	Required if available
12	Medication administration identifier	Mandatory
13	Prescribed item identifier	Required if available
14	Prescribed medication dose to be administered timestamp	Mandatory
15	Coded procedure timestamp (medication administration)	Required if available

Item	Field name (medicine administration activity)	Status
16	Medication administration recorded timestamp	Required if available
17	Prescribed medication dose not administered Boolean	Required if available
18	Prescribed medication dose not administered reason description	Required if available
19	Medication administration record last updated timestamp	Mandatory
20	Medication administered name	Mandatory
21	Medication administered (dm+d)	Required if available
22	Medication administration dose form description	Required if available
23	Medication administration dose form (SNOMED CT)	Required if available
24	Medication administration dose actual description	Required if available
25	Body site of administration actual description	Required if available
26	Body site of administration actual (SNOMED CT)	Required if available
27	Route of administration actual description	Required if available
28	Route of administration actual (SNOMED CT)	Required if available
29	Method of administration actual description	Required if available
30	Method of administration actual (SNOMED CT)	Required if available
31	Medication administration dose quantity value	Required if available
32	Medication administration dose quantity value unit of measurement description	Required if available
33	Medication administered active ingredient substance description	Required if available
34	Medication administered active ingredient substance strength description	Required if available

Table 3: Administration activity fields

## 10. Timescales/plan

These are the key dates for this Information Standard.

<b>May 2024 Directions</b>	<a href="#">Secondary Care ePMA Directions 2024</a> giving NHS England legal authority to collect the data approved.
<b>May 2024 Publication</b>	This Information Standards Notice was published on 22 May 2024. From May onwards NHS England will use its communication channels to inform secondary care providers and ePMA system suppliers about the Standard and publicise the implementation and conformance dates.
<b>May 2024 Implementation</b>	The start date for this Information Standard is 22 May 2024. From this date secondary care providers have around 9 months to assess the Standard, determine whether any changes are required, plan how to apply changes before 13 January 2025; which might be by producing extract reports themselves, or by checking if any modification is needed to contracts with their 'main' ePMA system suppliers and understanding their ePMA supplier(s) development plans to enable conformance. ePMA system suppliers may need to undertake activity to make their products compliant.
<b>May 2024</b>	NHS England has completed building the Data Processing Service platform to receive the data.  If providers or ePMA system suppliers want to send test data to NHS England to test the data transfer process and MESH (Message Exchange for Social care and Health) configuration for one of their providers, they can do so. (This is intended to be a test of one provider location per ePMA supplier, not a test of every provider in the supplier's customer base).  NHS England's Data Access Environment is built (which enables view/access of the data for use case owners). From a technical perspective we can accept incoming data from this date if any secondary care providers wish to start submitting before the conformance/compliance date of 13 January 2025.
<b>January 2025 Full conformance</b>	The conformance/compliance date for this Information Standard is 13 January 2025, after which all secondary care providers should be providing weekly data transfers from their 'main' ePMA system(s).  Providers which install new 'main' ePMA systems from 13 January 2025 onwards must comply with this Standard.

**Table 4: Key dates for this Standard**

## 11. Helpdesk/contacts

Any questions or enquiries regarding this document should be emailed to the Digital Medicine's Data project team: [medsdata@nhs.net](mailto:medsdata@nhs.net)

We recommend providers subscribe to the Information Standards Notices (Data Coordination Board) Bulletin to ensure you are informed about any changes to this Standard. You can subscribe to this (and other bulletins) on our [programme bulletins web page](#).

ePMA system suppliers and developers may wish to sign up for the [Technology Suppliers' Bulletin](#).

## Appendix A: Useful web links

Data Provision Notice	<a href="https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns/secondary-care-electronic-prescribing-and-medicines-administration-data">https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns/secondary-care-electronic-prescribing-and-medicines-administration-data</a>
DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems	<a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems</a>
DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems	<a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems</a>
Medicines Text Mining Tool	<a href="https://github.com/NHSDigital/medicines-text-mining-tool">https://github.com/NHSDigital/medicines-text-mining-tool</a>
Message Exchange for Social care and Health	<a href="https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh">https://digital.nhs.uk/services/message-exchange-for-social-care-and-health-mesh</a>
NHS England programme bulletins	<a href="https://crm.digital.nhs.uk/clickdimensions/?clickpage=/jxgkflfleeefnaqb6vdwq">https://crm.digital.nhs.uk/clickdimensions/?clickpage=/jxgkflfleeefnaqb6vdwq</a>
NHS England Standards and collections	<a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections</a>
NHS Long Term Plan	<a href="https://www.longtermplan.nhs.uk/">https://www.longtermplan.nhs.uk/</a>
Request for comments RFC-2119	<a href="https://www.ietf.org/rfc/rfc2119.txt">https://www.ietf.org/rfc/rfc2119.txt</a>
Secondary Care ePMA Directions 2024	<a href="https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/secondary-care-epma-directions">https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/secondary-care-epma-directions</a>
Section 250 of the Health and Social Care Act 2012	<a href="http://www.legislation.gov.uk/ukpga/2012/7/section/250">http://www.legislation.gov.uk/ukpga/2012/7/section/250</a>

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Standard's web page	Short URL <a href="http://digital.nhs.uk/isce/publication/dapb4005">http://digital.nhs.uk/isce/publication/dapb4005</a> Full URL <a href="https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb4005-secondary-care-electronic-prescribing-and-medicines-administration-epma-data-collection">https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb4005-secondary-care-electronic-prescribing-and-medicines-administration-epma-data-collection</a>
Technology Suppliers' Bulletin	<a href="https://content.govdelivery.com/landing_pages/22941/0caca0890f4cdcc520fc86b4393804ec">https://content.govdelivery.com/landing_pages/22941/0caca0890f4cdcc520fc86b4393804ec</a>

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