

The requestor is asking:

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

	<i>Please tick one option</i>
a. Yes <i>(go to Q2)</i>	<input type="checkbox"/>
b. No <i>(go to Q4)</i>	<input checked="" type="checkbox"/>

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

<i>Please specify the system name and supplier</i>
System C EPMA module live only for discharge prescribing EPMA live in intensive care areas with Philip ICCA Non-intensive care areas use paper drug charts

3. Which of the following statements best describes the status the data integration of (i) the system that manages clinical patient notes and records and (ii) the pharmacy dispensing system at your Trust?

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

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

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

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

	Month	Year
Estimated date of full implementation	Unknown	2023

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

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

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

<i>Please specify the system name and supplier</i>
CareFlow Medicines Management (formally WellSky JAC)

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

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

9. In principle are the prescribing systems capable of producing an anonymised report of the number of patients treated **by specific drug treatment** and **by diagnosis** a single report?

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

10. In the case of drugs with multiple indications, e.g., a drug indicated for rheumatoid arthritis and haematology, does the system record sufficient detail to report on how much is used for each indication?

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

11. In the case of drugs that are used to treat more than one type of cancer, can the system produce a single report that shows the quantity of drug used for each tumour type?

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

12. In the case of drugs that are used to treat more than one type of cancer, can the system produce a single report that shows the quantity of drug used for each tumour type by cancer stage?

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

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

<i>Please indicate yes or no per item</i>		
	Yes	No
a. Date (month year)	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnosis or indication	<input type="checkbox"/>	<input type="checkbox"/>
c. Drug name (&/or SNOMED ID)	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug formulation	<input type="checkbox"/>	<input type="checkbox"/>
e. Drug strength	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug unit of measure (e.g., milligrams, micrograms, vials)	<input type="checkbox"/>	<input type="checkbox"/>
g. Quantity dispensed (in UOM)	<input type="checkbox"/>	<input type="checkbox"/>
h. Quantity prescribed (in UOM)	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please indicate yes or no per item</i>		
	Yes	No
i. Number of patients treated	<input type="checkbox"/>	<input type="checkbox"/>

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

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

15. What is the name of this report?

<i>Please specify</i>

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

<i>Please specify</i>

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

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

	<i>Please tick one option</i>

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

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

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

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

<i>Please indicate yes or no for each diagnosis description</i>		
Diagnosis description	Yes	No
Lung cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NSCLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SCLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Melanoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ovarian cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prostate cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renal carcinoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Haematology	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non Hodgkin Lymphoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hodgkin's Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acute Myeloid Leukaemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic Lymphocytic Leukaemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple Myeloma	<input type="checkbox"/>	<input checked="" type="checkbox"/>