

**Tel: 0300 123 0999**  
**[www.secamb.nhs.uk](http://www.secamb.nhs.uk)**

Dear,

Please note that Ambulance sector is pre-hospital care, so this request is not applicable to us, as it is for secondary care.

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

Please specify the system name and supplier	

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

	<i>Please tick one option</i>

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		

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 type="checkbox"/>

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

<i>Please specify the system name and supplier</i>

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. 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 8<sup>th</sup> April 2021.

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

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

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

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 type="checkbox"/>
Atopic dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>
Plaque psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Severe asthma	<input type="checkbox"/>	<input type="checkbox"/>
Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Primary progressive multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Relapsing remitting multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please indicate yes or no for each diagnosis description</i>		
Diagnosis description	Yes	No
Wet age-related macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Dry age-related macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic macular oedema	<input type="checkbox"/>	<input type="checkbox"/>
Medical oncology	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>
Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
NSCLC	<input type="checkbox"/>	<input type="checkbox"/>
SCLC	<input type="checkbox"/>	<input type="checkbox"/>
Melanoma	<input type="checkbox"/>	<input type="checkbox"/>
Ovarian cancer	<input type="checkbox"/>	<input type="checkbox"/>
Prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>
Renal carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>
Non Hodgkin Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Hodgkin's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Acute Myeloid Leukaemia	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Lymphocytic Leukaemia	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Myeloma	<input type="checkbox"/>	<input type="checkbox"/>

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

[FOI@secamb.nhs.uk](mailto:FOI@secamb.nhs.uk)

Yours sincerely

Freedom of Information Coordinator  
South East Coast Ambulance Service NHS Foundation Trust