CSL
BRINGING DATA TO LIFE

Secret Datasets to Discover

What NHS Datasets Might Hold the Answers?

Introduction

There are lots and lots of datasets that are published by the NHS and its associated bodies. We've called them secret datasets mainly due to how they are published.

None of these datasets have an account manager. You won't get a call or email from the NHS asking you if you would like to use them. This means that they are typically underutilised within the industry.

They also evolve over time in line with NHS initiatives, so just because you looked for something last week and didn't find it doesn't mean it won't be there next week (or even right now)!

While we're sure that most Pharma BI teams have heard of the GP prescribing data, QOF, HES. etc. we thought it useful to run through a few of the lesser well know datasets available.

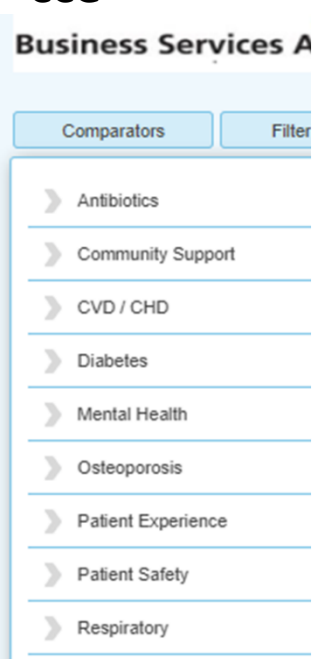# Secret Datasets – Medicine Optimisation Dashboard

What is it?

The source for this Dataset is the NHS Business Services Authority (NHS BSA). The NHS BSA is an arm's length body of the Department of Health and Social Care (DHSC) and is responsible for providing platforms and delivering services which support the priorities of the NHS, Government, and local health economies. In so doing they manage around £35 billion of NHS spend annually.

The Medicine Optimisation Dashboard covers multiple dashboards that look at CCGs, Hospital Trusts and Medication Safety.

The CCG dashboard covers 9 areas, each with many metrics. Trust level three areas and Med Safety five.
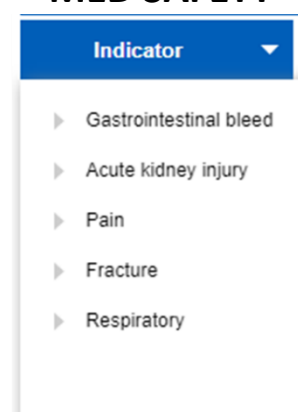
CCG	TRUST	MED SAFETY

Updates vary in frequency, with some elements no longer updated. However, the Medicine Optimisation Dashboard provides a wide suite of dashboards with a wealth of information.

How to interpret the data

Examples below show:

GGC – MUR

One of the most relevant datasets in this dashboard suite is the MUR dashboard. MURs were an initiative to try and get community pharmacists more involved to take pressure of GP's.
They were aimed at Polypharmacy patients.

These are no longer happening, but chances are community pharmacies will take a bigger role in a post-Covid world so it likely their next initiative will also be published when it happens.
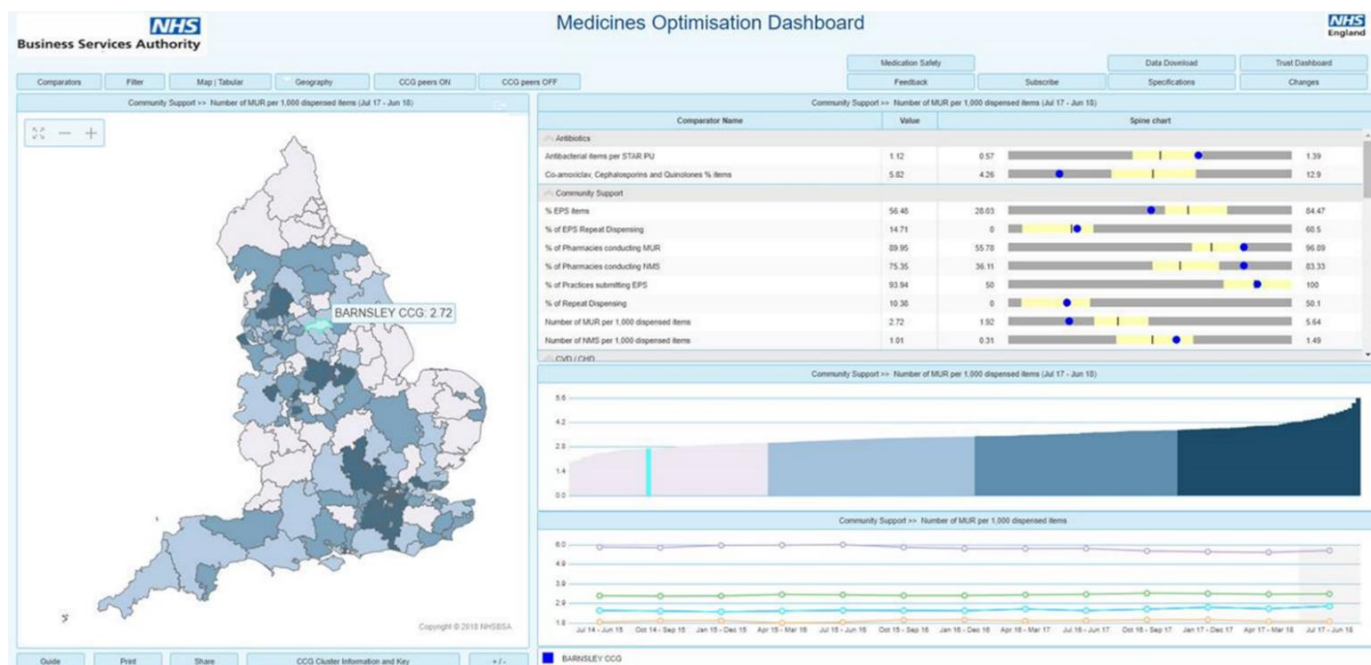
Trust – Etanercept biosimilar uptake

Biosimilars are also a big initiative in the NHS. The logic being that adopting biosimilars could save money. This data/dashboard provides insight for 5 products, and with every biosimilar launch the % uptake increased, suggesting the NHS is getting better at adoption

These insights give Biosimilar manufacturers a good idea of best target accounts, but also brand manufacturers the intelligence as to where a price negotiation may be essential.
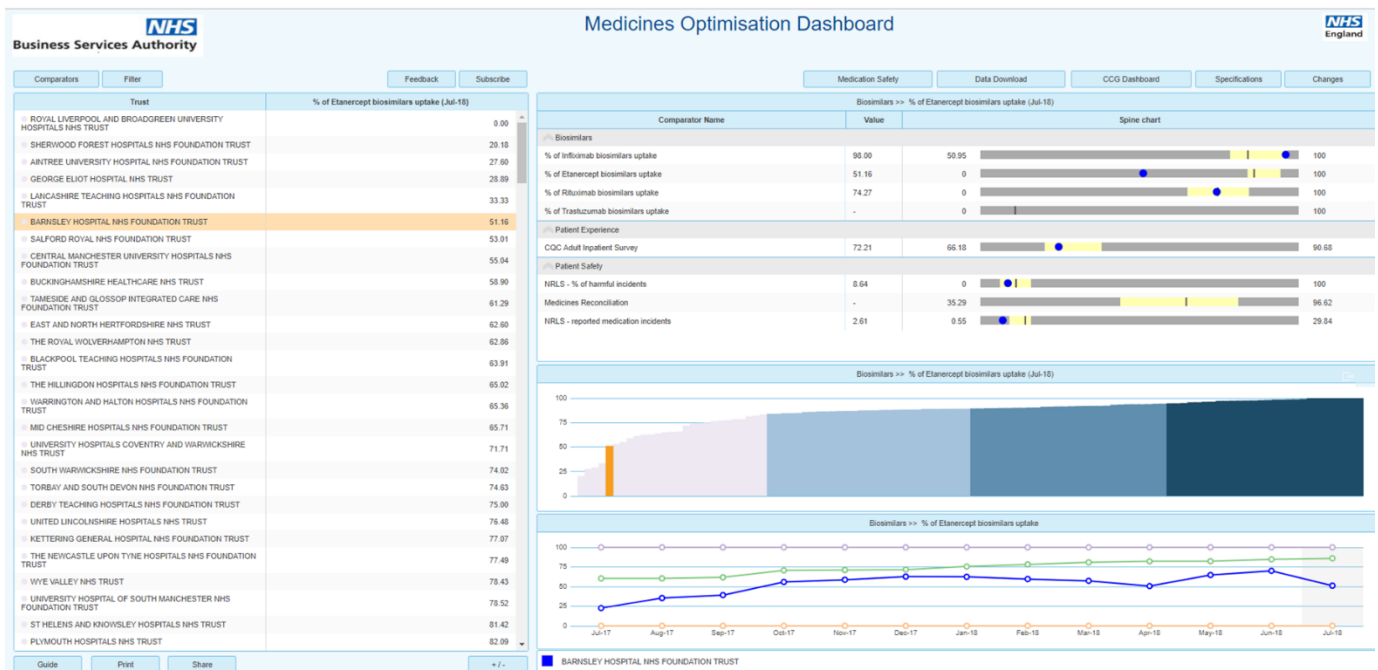
Thoughts on use of the Medicine Optimisation Scorecard

This allows Pharma to profile and identify early adopters of biosimilars by Trust, and which Trusts are more likely to follow NICE. It is also possible to use the data for segmentation purposes.

Other Catalyst Dashboards

Safety - LABA without an ICS

Safety seems to be a current NHS initiative. They are now publishing data relating to 40 metrics designed to highlight potential risk. In this example about we are looking at patient prescribed a LABA but not an ICS (Asthma).

Other product classes include:

NOAC, Pain, NSAIDs, Cardiovascular, Z drugs (sleep)

Having the ability to see the number of patients being co-prescribed medications at a CCG level is quite amazing. Simply something you can't buy from any other source at a robust sub national level.

Medication Safety Indicators

* Select a region to view/highlight: NORTH OF ENGLAND (Y54)

* Select a CCG to view/highlight: BANES SWINDON AND WILTSHIRE CCG   [Apply] [Reset ▼]

◢ Indicator Details

Indicator: Patients prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS) and therefore potentially at increased risk of admission to hospital in an emergency for an exacerbation of asthma.
Indicator Theme: Respiratory
Description: Number of patients currently prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS) per 10,000 patients prescribed an inhaled Long Acting Beta-agonist (LABA).
Numerator: No. of patients prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS).
Denominator: No. of patients prescribed an inhaled Long Acting Beta-agonist (LABA).
Value: No. of patients at increased risk per 10,000 patients at risk
Age Group: n/a All
Reporting Period: Quarterly figures
Rationale: Inhaled Long Acting Beta-agonist (LABA) prescribed without an inhaled corticosteroid (ICS) may increase the risk of exacerbation of asthma.

◢ National Data

Patients prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS) and therefore potentially at increased risk of admission to hospital in an emergency for an exacerbation of asthma. (2019/2020 Q3)

30,051
No. of patients at increased risk
No. of patients prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS).

53,735
No. of patients at risk
No. of patients prescribed an inhaled Long Acting Beta-agonist (LABA).

5,592
Patients at increased risk per 10,000 patients at risk
Number of patients currently prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS) per 10,000 patients prescribed an inhaled Long Acting Beta-agonist (LABA).
Refresh - Print - Export

Patients prescribed an inhaled Long Acting Beta-agonist (LABA) without an inhaled corticosteroid (ICS) and therefore potentially at increased risk of admission to hospital in an emergency for an exacerbation of asthma.

Select view: Chart ▼

Financial Year and Quarter
Refresh - Print - Export
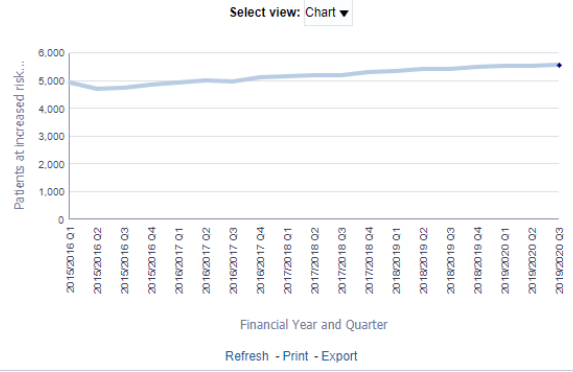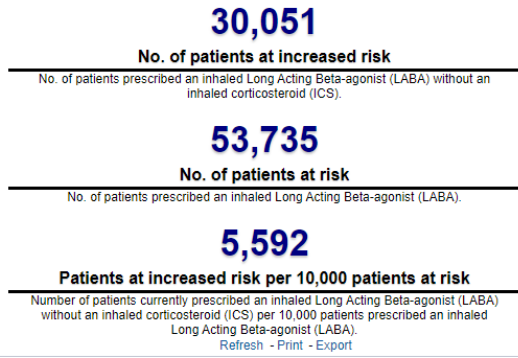
◢ Data by Region

Evidence based interventions

A current NHS initiative is to reduce a number of procedures where they don't feel there is strong enough evidence of a benefit. 17 procedures split into 2 categories.

Category 1 = Four that should not be routinely offered to patients unless there are exceptional circumstances

Category 2 = Thirteen interventions that should only be offered to patients when certain clinical criteria are met.

Evidence Based Interventions

Overview   National Summary   CCG   STP   Region   Providers   Datasets

* Select Year to End Month: 202007   * Select Provider: CROYDON HEALTH SERVICES NHS TRUST
* Select Evidence Based Intervention: Grand Total

Evidence Based Interventions for
CROYDON HEALTH SERVICES NHS TRUST during year to end 202007

Evidence Based Interventions	Baseline (2017/18)	Latest Activity	Indicative Goal	Change Required
A. Intervention for snoring (not OSA)	<5	<5	0	<5
B. Dilatation & curettage for heavy menstrual bleeding	<5	<5	0	<5
C. Knee arthroscopy with osteoarthritis	6	7	0	7
D. Injections for nonspecific low back pain without sciatica	7	8	0	8
Total: Category 1	17	17	0	17
E. Breast reduction	<5	<5	0	<5
F. Removal of benign skin lesions	230	244	215	29
G. Grommets	19	6	17	0
H. Tonsillectomy	108	86	106	0
I. Haemorrhoid surgery	42	51	24	27
J. Hysterectomy for heavy bleeding	88	66	86	0
L. Shoulder decompression	49	32	35	0
M. Carpal tunnel syndrome release	159	83	151	0
N. Dupuytren's contracture release	36	33	36	0
O. Ganglion excision	33	25	21	4
P. Trigger finger release	29	20	22	0
Q. Varicose vein surgery	137	97	113	0
Total: Category 2	930	745	827	0
Grand Total	947	762	827	0

Refresh - Print - Export

Latest Activity
762

Indicative Goal
827

Changed Required
0

Grand Total
trend over time for CROYDON HEALTH SERVICES NHS TRUST
Graph ▼
— Latest Activity   ···· Indicative Goal

Time Period (Year to End)

By being able to understand this at a Trust level you may be able to assist Trusts/CCG's/ICS's with financial planning and budget redistribution.

Community Pharmacy

This provides stats on how many patients each pharmacy sees.

This has value in relation to Covid & Brexit in terms of managing supply & demand and ensuring stock levels across the UK. Going forward this could be a good mechanism for helping to understand Parallel Trade.

Secret Datasets – NHS Safety Thermometer

What is it?

The Safety Thermometer has been developed for the NHS by the NHS as a Point of Care survey instrument. It provides a 'temperature check' on harm that can be used, alongside other measures, to measure local and system progress in providing a harm free care environment for patients.

There are five areas of focus, covering: Classic, Medication, Mental Health, Maternity, Children & Young People.

The NHS Safety Thermometer Looks at risks and events that are happening and those which could perhaps have been avoided. It allows teams to measure harm and the proportion of patients that are 'harm free' during the working day.

How to interpret the data

A number of dashboards, charts, spreadsheets, and downloadable data can be extracted. Data is presented as a 264mg xls raw file, or through the online portal.

And from this we can extract insights such as hospital acquired pressure ulcers, VTE's etc.

<u>Web analytics</u>

Thoughts on use of the NHS Safety Thermometer

The NHS Safety Thermometer can be used as an alternative to Hospital Episodes Statics data. There are no restrictions on use, meaning it can be fed into commercial tools and strategies without running a compliance risk.

In addition, it allows an understanding of Trust performance in terms of how well they are performing in providing a harm free care environment for patients, so something to consider when you or your family are using the NHS.

Secret Datasets – NHS Innovation Scorecard

What is it?

The NHS Innovation Scorecard reports on the use of medicines and medical technologies in the NHS in England which have been positively appraised by NICE. Designed to measure the uptake of medicines, this information is published every three months on behalf of the Office for Life Sciences.

It appears to be used, in part, as a bit of positive PR with 71% of medicines cited as being used more. Of course, if you ask Pharma, they would say we are notoriously slow in the UK at adopting and using new medicines.
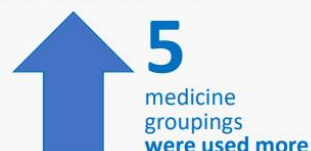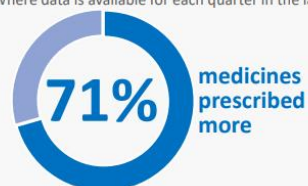
What is published?

The dashboard uses a mixture of datasets including GP Prescribing data, Hospital usage data, HES and QOF, bringing these together to show usage of the positively appraised medicines.

What does it look like?

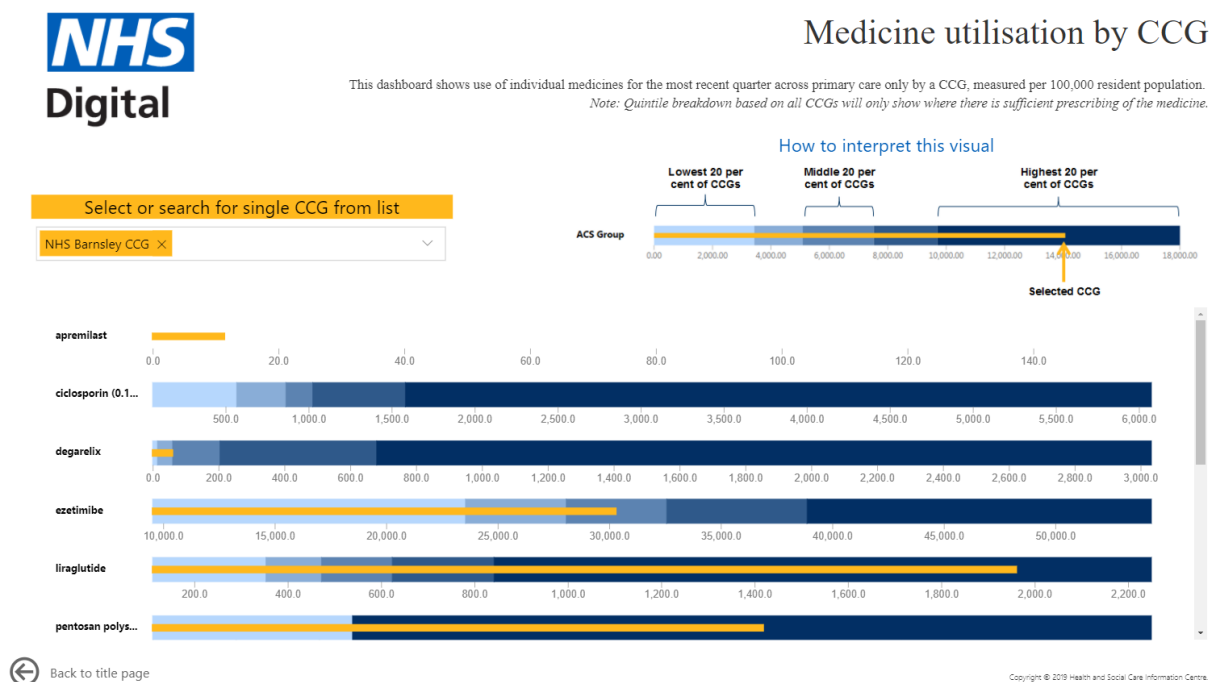As well as publishing a number of csv files containing the raw data, NHS Digital now also produce a suite of Power BI dashboards focusing on what they feel are the key metrics and dimensions

Thoughts on use of the NHS Innovation Scorecard

With the recent (ish) release of the Hospital usage data by the NHS the value of the NHS Innovation Scorecard to Pharma is probably less than it was historically. Whereas this report used to include free annual HPAI data, the Trusts level data being published monthly is now more useful.

Secret Datasets – Using ePact Data to Assess & Predict Launches

This data set is not so much secret, but a new possible use perhaps.

When launching a product, how do you know whether it is going well? Can you assess whether the practices you would expect to be buying by now are?

ePact data provides many years of back data, enabling you to spot patterns and align expectations.

Example of 4 launches of PC products
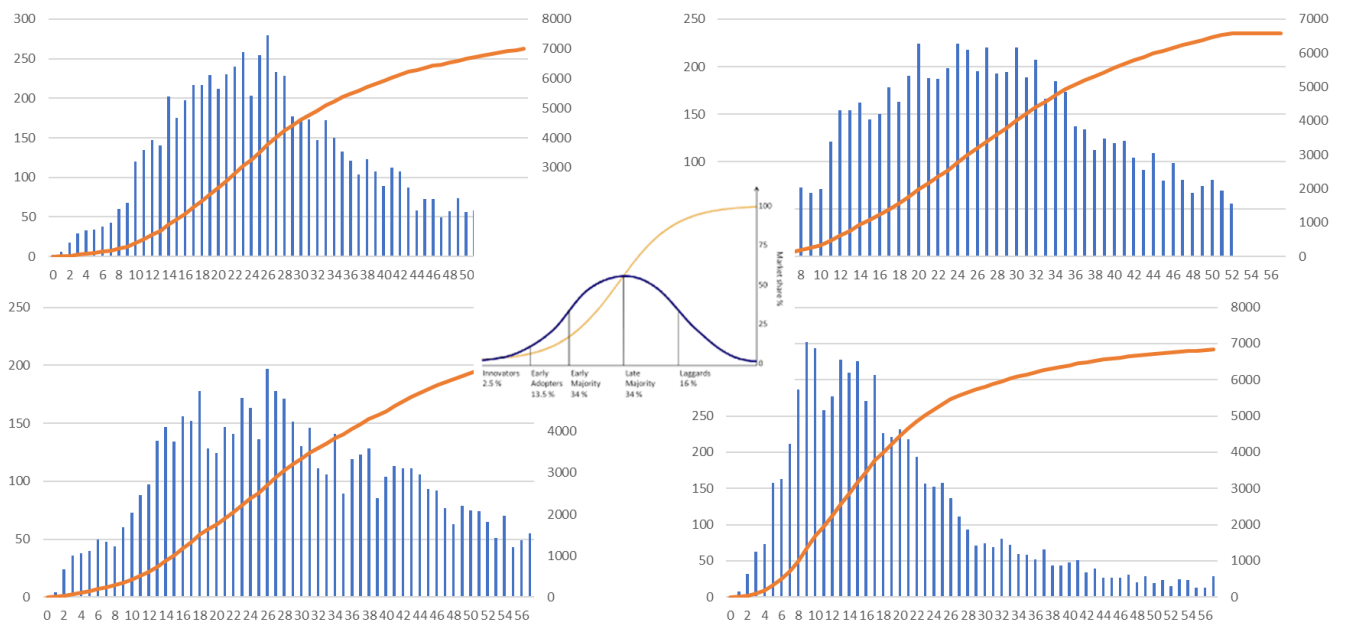
The above chart looks at 4 primary care launches and measures the number of practices starting to use the product by month. Whereas 3 of the products had relatively similar uptake curves, the 4th was able to achieve a greater breadth of prescribing much more quickly.

The real value in analytics like this comes with bringing together various product launches to look for consistent behaviours at a practice level, which can be seen below.

<u>To what extent are individual practices consistent in their adoption?</u>
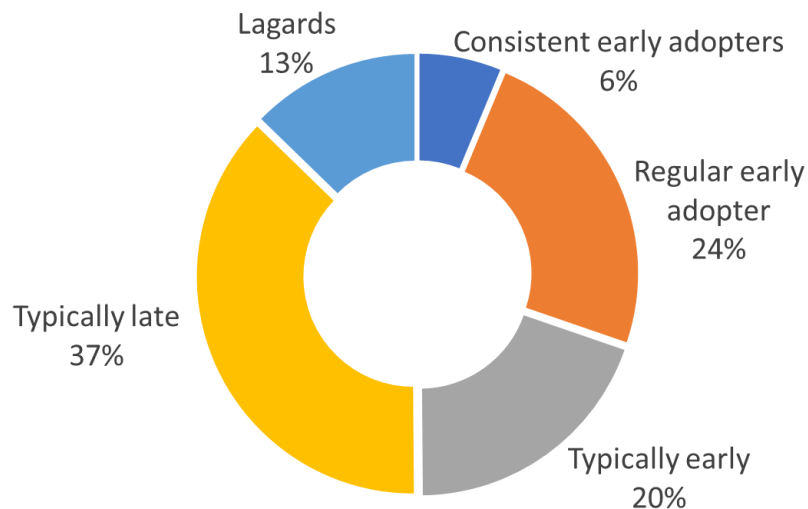
We are interested to use this kind of approach to profile how PCN's will behave. All the data is out there, it is just a case of joining it together and bringing it to life.

Thoughts on using ePact to assess and predict launches

The term 'advanced analytics' is very much in fashion at the moment, and with ePact data we now have a longitudinal dataset with 10+ years of history for England, so predicting primary care launches is now much easier than it would have been in the past. This can also apply to hospital-initiated products that patients get repeat scripts for in the community, which provides a more relevant angle of use.

Conclusion

The availability of data and insight from the NHS is now greater than it has ever been before. New dashboards are popping up right, left and centre, with no marketing. We have barely touched the surface in this article, giving but a little peak into some of the data available.

Keeping up to date on what data are available is a time-consuming task. CSL constantly monitors the web to identify datasets that may be valuable to our clients. Chances are there are 1 or 2 specific datasets that relate to your areas of interest.

These datasets can provide incredible insights, often above those of datasets that could be costing ten of thousands of pounds to purchase. This trend of increasing volume and value of NHS data is one we can only see continuing.