Guidance document

Summary Statistics Dashboard

Publication date – 14 June 2016
Summary Statistics (volume and cost)

General medical practitioners prescribe most of the prescriptions dispensed in the community, whilst dentists, nurses, pharmacists and other Allied Health Professionals prescribe proportionally fewer. In addition to this, some prescriptions written in hospitals may be dispensed within the community. Prescriptions dispensed in the community are processed by Practitioner Services. Information from these prescriptions is used to calculate a variety of statistics. The two main statistics are volume, which is the count of all the prescriptions reimbursed, and cost. The cost discussed in this dashboard is the gross ingredient cost (GIC) which is the reimbursement cost for the drugs dispensed, at list price. This volume and costing information is presented monthly from January 2005. GIC differs from the total costs to the Scottish Government, which are detailed and published in our annual Remuneration publication and which take account of a number of other factors.

NHS Board

Information on the NHS Board that the prescriptions were prescribed within are presented. The information provided on NHS Boards is based on the boundaries that became effective in April 2014. Due to boundary changes, the figures for some NHS Boards in the Dashboard will not be directly comparable to previous publications, in particular this will affect NHS Greater Glasgow and Clyde and NHS Lanarkshire (see Appendix).

Continuity of Data

In June 2016 the data feeding the dashboards were updated to match the data presented in the monthly prescribing activity Open Data files. Prior to the June 2016 release, volume and cost were assigned to the health board they were dispensed in, whereas after this release volume and cost are assigned to the health board they were prescribed in. Prescriptions dispensed in England were therefore included pre-June 2016, whereas they were excluded post-June 2016. Prescriptions prescribed in England are no longer included, to be in line with the Open Data files.

The definition of the main measures such as gross ingredient cost and number of items are unchanged over the period data has been available within PIS. Drug products are first licensed as proprietary medicines but generic versions often appear once the original patent expires. This can affect the price and uptake of these drugs. The Scottish Government sets the reimbursement price of generic drug products via the [Scottish Drug Tariff](#) which is updated and issued quarterly.
Revisions Statement

Data is sourced from monthly pharmacy payments data on an ongoing basis therefore once published there is no routine requirement to revise historical data.

Accuracy

The data is sourced from a payment system and routine monthly checks are carried out by Practitioner Services on a random sample of approximately 5% of prescription payments. These check all data captured for payment and the accuracy of the payment calculation and have a target accuracy of 98% which is routinely met. Data that is captured but is not mandatory for payment purposes can be of lower quality; principally this includes the prescriber code which links a prescription back to the individual prescriber (e.g. GP) and their organisation (e.g. practice or NHS Board). Routine monitoring of unallocated prescriptions is carried out and correct codes are applied before publication. This ensures that all unallocated prescriptions account for fewer than 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board.

Completeness

The Prescribing Information System holds information on 100% of NHS Scotland prescriptions dispensed within the community and claimed for payment by a pharmacy contractor (i.e. pharmacy, dispensing doctor or appliance supplier). It does not include data on prescriptions dispensed but not claimed (likely to be very small) or prescriptions prescribed but not submitted for dispensing by a patient. Some research has estimated these latter prescriptions to account for around 6% of all prescriptions issued to patients. It is not possible to determine from payment data how much of the medicine dispensed to patients is actually taken in accordance with dosage instructions.
Contact
Prescribing Team
Information Services Division
National Information and Intelligence Service
nss.isdrescribing@nhs.net

Further Information
Further information can be found on the ISD website
### Appendix

#### A1 – Prescribing Data File Field Descriptions

<table>
<thead>
<tr>
<th>Field Description</th>
<th>Field Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Year and month payment is claimed. Prescriptions may or may not be dispensed, claimed for payment or paid in the same month that the prescription was written.</td>
</tr>
<tr>
<td>Number Of Dispensed Items</td>
<td>Defined as the number of prescription items dispensed and for which the dispenser has been reimbursed. Number of dispensed items therefore actually refers to the number of paid items. A negligible number of items are dispensed but not reimbursed, so for accessibility the term “dispensed items” is used in the dashboard. An item is an individual product dispensed, e.g. 100 aspirin tablets of 300mg. There should be a maximum of three line items on a prescription; this should be up to three individual products defined by active ingredient, formulation type and strength for medicines, with appropriate parallel measures for appliances. A compounded product with a known formula will count as one item despite the number of ingredients.</td>
</tr>
<tr>
<td>Gross Ingredient Cost</td>
<td>Gross Ingredient Cost is the reimbursement cost for the paid quantity based upon the NHS basic price as listed in the Scottish drug tariff or manufacturer’s price list. The figures are in £s and pence. The Scottish Gross Ingredient Cost is equivalent to the UK Net Ingredient Cost.</td>
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