



Kernow

Clinical Commissioning Group

**NHS Kernow - Disclosure Log
Freedom of Information Requests
April 2018**

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All appendices for this disclosure log are available upon request by emailing KCCG.FOI@nhs.net with the appropriate FOI reference below.

Continuing healthcare

FOI 66930 Continuing healthcare applications

Date request received:	27/04/2018	FOI ref:	66930
Requested information:			
<ol style="list-style-type: none"> 1. How many new NHS Continuing healthcare packages did you put in place between January 2017 and January 2018? 2. How many continued care packages did you terminate during this period - can you give the most common reasons for this? 3. How many NHS Continuing healthcare packages did you put in place during January 2012 and January 2013? 4. How many of these were terminated? 5. Can you give the most common reasons for this? 6. Do you employ continuing healthcare assessors to assess whether those with NHS Continuing healthcare packages still warrant such help? 7. Did you employ continuing healthcare assessors to assess whether those with NHS Continuing healthcare packages still warranted such help in 2012? 			
Response:			
<ol style="list-style-type: none"> 1. Between January 2017 and January 2018 NHS Kernow put 2327 packages of care in place. 2. During this same period NHS Kernow terminated 2470 packages of care, the most common reason for this being patient deceased. 3. Due to system and reporting changes NHS Kernow only holds this data for November 2014 onwards. 4. Due to system and reporting changes NHS Kernow only holds this data for November 2014 onwards. 5. Due to system and reporting changes NHS Kernow only holds this data for November 2014 onwards. 6. NHS Kernow does employ continuing healthcare assessors to assess whether those with NHS continuing healthcare package still warrant such 			

<p>help.</p> <p>7. NHS Kernow did employ the continuing healthcare assessors as described above in Q6 in 2012 but indirectly, commissioned from an external provider.</p>
Attachment(s):
None
Date response sent:
23/05/2018

FOI 66860 Continuing healthcare applications

Date request received:	23/04/2018	FOI ref:	66860
Requested information:			
<ol style="list-style-type: none"> 1. The number of people deemed ineligible for continuing healthcare for each financial year since 2011/12 and the reasons these applications were turned down. 2. The number of Continuing Healthcare (CHC) appeals since 2011/12, broken down by financial year. 3. The number of successful CHC appeals for each financial year since 2011/12 and the reason these appeals were successful. 			
Response:			
<p>NHS Kernow was formed on 1 April 2013 and cannot provide information relating to the former primary care trust (2012-2013). Please contact the Department of Health's legacy team to request this information: reviews&informaitonteam@dh.gsi.gov.uk.</p> <ol style="list-style-type: none"> 1. The following numbers were deemed ineligible for NHS continuing healthcare by NHS Kernow, the reason for these applications being turned down was there was no evidence of primary health need, as per the national framework Decision Support Tool assessment (Please also note that due to changes in systems and reporting NHS Kernow is only able to provide data for 2015/2016 onwards); <ol style="list-style-type: none"> a. 2015/2016 – 537 b. 2016/2017 – 970 c. 2017/2018 – 535 2. NHS Kernow received the following numbers of continuing healthcare appeals; <ol style="list-style-type: none"> a. 2011/2012 – 0 b. 2012/2013 – 0 c. 2013/2014 – 11 d. 2014/2015 – 26 e. 2015/2016 – 16 f. 2016/2017 – 8 g. 2017/2018 – 23 3. Of those appeals the following were successful; <ol style="list-style-type: none"> a. 2013/2014 – 1 b. 2014/2015 – 12 c. 2015/2016 – 2 			

d. 2016/2017 – 1 e. 2017/2018 – 3, 10 are still being processed
Attachment(s):
None
Date response sent:
18/05/2018

FOI 66840 Personal health budgets

Date request received:	23/04/2018	FOI ref:	66840
Requested information:			
<ol style="list-style-type: none"> 1. The number of adults currently receiving NHS Continuing Healthcare. 2. The number of adults currently receiving NHS Continuing Healthcare who are currently in receipt of a Personal Health Budget. 3. The number of adults not currently receiving NHS Continuing Healthcare who are currently in receipt of a Personal Health Budget. 4. The number of adults currently receiving NHS Continuing Healthcare who have requested Personal Health Budgets and are awaiting a decision on their request. 5. The number of adults not currently receiving NHS Continuing Healthcare who have requested Personal Health Budgets and are awaiting a decision on their request. 6. The total number of adults who received Personal Health Budgets during 2015/16 7. The total value of Personal Health Budgets awarded to adults during 2015/16 for that financial year 8. The total number of adults who received Personal Health Budgets during 2016/17 9. The total value of Personal Health Budgets awarded to adults during 2016/17 for that financial year 10. The total number of adults who received Personal Health Budgets during 2017/18 11. The total value of Personal Health Budgets awarded to adults during 2017/18 for that financial year <p>To clarify - questions 1, 2 and 4 specifically concern adults receiving NHS Continuing Healthcare; questions 3 and 5 concern adults not receiving NHS Continuing Healthcare; questions 6-11 concern all adults receiving Continuing Healthcare during the year specified in each question.</p>			
Response:			
<ol style="list-style-type: none"> 1. In NHS Kernow there are currently 1942 adults receiving continuing healthcare 2. Of those receiving continuing healthcare 43 are currently in receipt of a personal health budget 3. There are currently nine adults who are in receipt of a personal health budget who are not receiving continuing healthcare 4. There are currently no adults who receive continuing healthcare that have 			

<p>requested a personal health budget and are awaiting a decision</p> <p>5. There are currently no adults who have requested a personal health budget that are awaiting a decision</p> <p>6. 19 adults received personal health budgets in 2015/16</p> <p>7. The total value of personal health budgets awarded to adults during 2015/16 was £703,620</p> <p>8. 57 adults received personal health budgets in 2016/17</p> <p>9. The total value of personal health budgets awarded to adults during 2016/17 was £1,911,010</p> <p>10. 72 adults received personal health budgets in 2017/18</p> <p>11. The total value of personal health budgets awarded to adults during 2017/18 was £3,802,510</p>
Attachment(s):
None
Date response sent:
16/05/2018

Contracts

FOI 66850 Contract information

Date request received:	24/04/2018	FOI ref:	66850
Requested information:			
<p>In the annual accounts <i>for each CCG that you deal with</i>, the amount spent on the 'Purchase of healthcare from non-NHS bodies' is provided.</p> <ol style="list-style-type: none"> 1. Please can you confirm that 'Purchase of healthcare from non-NHS bodies' includes any healthcare purchased from ISTCs (independent sector treatment centres), private providers (e.g. Bupa, Virgin Care), social enterprises, GP provider companies, as well as other company structures? 2. Please can you provide a breakdown of the contracts, including the sum of money spent on each contract, that make up the 'Purchase of healthcare from non-NHS bodies' category in the annual accounts for each CCG that you deal with for the financial year 2017-18? In the breakdown, please provide the organisation name and type of service provided for each contract. 			
Response:			
<p>NHS Kernow publishes this information on our website; http://policies.kernowccg.nhs.uk/DocumentsLibrary/KernowCCG/OurFinances/StrategicReportsAndPlans/ContractList.pdf</p>			
Attachment(s):			
None			
Date response sent:			
27/04/2018			

FOI 66700 Logistics contracts

Date request received:	18/04/2018	FOI ref:	66700
Requested information:			
<ol style="list-style-type: none"> 1. Who is your current and previous pathology logistics contractor (spanning the last three years or existing contract - whichever is longer)? 2. What is the current contract(s) end date(s) and are there any provision for extensions? 3. Who is the named lead undertaking the NHS Improvements 'Operational Improvement' Activity to move to cluster operations for pathology networks? Please provide their name and salutation, their email address and mobile telephone number please. 4. Who or which body would the procurement of your future contract be made by? 5. Please provide the name, address, email and telephone number of the person responsible for the commissioning of services and the same for the person responsible for reviewing contract performance. 6. Please provide the current Service Specification's in place across the contract (s). 7. How is your current contract operated (in lots or as a whole)? What are the different budgets for these? 8. What is your forecast spend in the following years if known: 2018/19, 2019/20, 2021/22 9. Please provide KPI and Penalties measure in place across this contract and the most recent performance review of the same. 10. Please provide the current service specification in place? 			
Response:			
<p>NHS Kernow's director with responsibility for the commissioning of this area is Helen Childs helen.childs3@nhs.net. However, pathology logistics contracts are with the provider, Royal Cornwall Hospitals Trust therefore NHS Kernow does not hold this information, for more information please contact rch-tr.FOI@nhs.net.</p>			
Attachment(s):			
None			
Date response sent:			
20/04/2018			

EIR 66510 Environmental information

Date request received:	12/04/2018	FOI ref:	66510
Requested information:			
<ol style="list-style-type: none"> 1. The name, job title and contact email of the individual who manages the contracts for your gas, electricity, and water. 2. The name, job title and contact email of the individual who manages the budgets for your gas, electricity, and water contracts. 3. The value of your typical annual gas, electricity, and water expenditure. 4. The number of electricity, gas, and water meters in your estate. 5. The number of properties in your building portfolio. 			
Response:			

NHS Kernow does not hold the information you have requested. For more information please contact NHS Property Services, information@property.nhs.uk.

Attachment(s):

None

Date response sent:

12/04/2018

FOI 66290 GP systems

Date request received:	01/04/2018	FOI ref:	66290
Requested information:			
Amount spent (£) by NHS Kernow CCG on GPSoC (GP Systems of Choice) Lot 2			
<ol style="list-style-type: none"> 1. By software provider (if possible) 2. Per year 3. Over the past 3 (calendar or NHS financial) years 			
Response:			
The GP System of Choice is centrally managed by NHS Digital, therefore NHS Kernow does not hold the information requested. For more information please contact NHS Digital, enquiries@nhsdigital.nhs.uk .			
Attachment(s):			
None			
Date response sent:			
23/04/2018			

Individual funding requests

FOI 66480 Orthopaedic services

Date request received:	10/04/2018	FOI ref:	66480
Requested information:			
<ol style="list-style-type: none"> 1. Please state the total number of Individual Funding Requests (IFRs) for knee surgery that the CCG received in each of the following years: <ol style="list-style-type: none"> a. 2017-18 b. 2016-17 c. 2015-16 2. Please state the number of Individual Funding Requests (IFRs) for knee surgery that the CCG approved for funding in each of the three years listed in Q1. 3. Please state the total number of Individual Funding Requests (IFRs) for hip surgery that the CCG received in each of the three years listed in Q1. 4. Please state the number of Individual Funding Requests (IFRs) for hip surgery that the CCG approved for funding in each of the three years listed in Q1. 5. Please provide a current list of all services and treatments the CCG commissions which require an Individual Funding Request (IFR) to be made. 			

Please list any services or treatments that have been added to this list in the past 12 months.
Response:
<ol style="list-style-type: none"> 1. NHS Kernow has not received any Individual Funding Requests for knee surgery in the last three years 2. Not applicable 3. NHS Kernow has not received any Individual Funding Requests for hip surgery in the last three years 4. Not applicable 5. Treatments that are commissioned by NHS Kernow do not require an Individual Funding Request. Out treatment policies are available on our website; https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/treatment-policies/.
Attachment(s):
None
Date response sent:
13/04/2018

Mental health and learning disabilities

FOI 66600 Mental health services

Date request received:	13/04/2018	FOI ref:	66600
Requested information:			
<ol style="list-style-type: none"> 1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in supported living. 2. Please provide the number of supported living services the CCG currently contract with, for adults with LD, MH and ASD. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet. 3. Please provide a list of the names of those supported living services mentioned in Q2, with the name of the provider that provides the care in them. Where possible, please separate out for each category of LD, MH, and ASD. 4. Please provide the highest hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD. 5. Please provide the lowest hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD. 6. Please provide the average hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD. 7. Please provide the average weekly fee the CCG pays to providers of supported living services for adults with LD, MH and ASD. 8. Please provide the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet. 9. Of the total number of adults funded by the CCG in supported living services 			

for adults with LD, MH and ASD, (q.8) please provide the number that are male and the number that are female. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.

10. Of the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD, (q.8) please provide the number that were placed 'in area' and the number that were placed 'out of area'. By 'out of area', I mean people that are funded by the CCG, but placed outside the CCG boundaries.

Response:

1. NHS Kernow's director with responsibility for Continuing Healthcare and placements in supported living is Natalie Jones natalie.jones9@nhs.net.
2. The number of adult supporting living services NHS Kernow currently has contracts with are as follows; learning disabilities – 18, autistic spectrum disorder – 3, mental health – 18.
3. The supported living services used by NHS Kernow are as follows;
Learning disabilities – Acorn Park Lodge, Cornwall Care Respite Services Bungalow, Cornwall Council (Adult Social Care), Green Light PBS Ltd, Lowena, Mencap Support Service, Ordinary Living, Penwith Respite Care Ltd, Pioneering Independence Ltd, Regard, Spectrum, Station Villa, Stayathome Ltd, Steps Ahead Care & Support Limited, Woodside Farmhouse, Young Epilepsy.
Autistic spectrum disorder – Green Light PBS Ltd, Nabida Care Ltd, United Response
Mental health – Beyond Limits (Plymouth), Broadreach House, CJ House – Pivotal Homes Groups, Colebrook South West – Colebrook Supportive Housing, Colebrook South West Duncan House, Cornwall Care Ltd, Cornwall Partnership Foundation Trust, Fox House – The Regard Partnership Ltd, Kernow House, Kilkhampton Lodge, Maples Community Care Ltd, Maples Community Care Ltd, Maplyn Care Services, Nursefinders, Regard, Share Lives South West, SIL.2 Limited (Supported Independent Living), Trevarna, United Response
4. NHS Kernow does not record this information in this way.
5. NHS Kernow does not record this information in this way.
6. NHS Kernow does not record this information in this way.
7. The average weekly fee that NHS Kernow pays to providers of supported living services are as follows;
Learning disabilities – £2051.25
Autistic spectrum disorder - £1225.00
Mental health - £1511.06
8. The total number of adults funded by NHS Kernow in supported living services are as follows;
Learning disabilities – 8
Autistic spectrum disorder - less than five, NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable
Mental health - 18
9. The total number of male and female adults funded by NHS Kernow in supported living services are as follows;
Learning disabilities – male – less than five, NHS Kernow exempts the

<p>release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Learning disabilities – female – less than five, NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Autistic spectrum disorder – male – less than five, NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Autistic spectrum disorder – female – less than five, NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Mental health – male – 6</p> <p>Mental health – female – 12</p> <p>10. The total number of adults funded by NHS Kernow in supported living services placed ‘in area’ and ‘out of area’ are as follows;</p> <p>Learning disabilities – ‘in area’ – NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable.</p> <p>Learning disabilities – ‘out of area’ – less than five, NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Autistic spectrum disorder – ‘in area’ – NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Autistic spectrum disorder – ‘out of area’ – NHS Kernow exempts the release of this information in line with section 40 of the Freedom of Information Act as it could make individuals identifiable</p> <p>Mental health – ‘in area’ – 10</p> <p>Mental health – ‘out of area’ – 8</p>
Attachment(s):
None
Date response sent:
01/05/2018

FOI 66380 Mental health spend

Date request received:	05/04/2018	FOI ref:	66380
Requested information:			
<p>Please provide answers to the questions below including answer for the previous three financial years (2015-16, 2016-17, 2017-18) and any known information (for example, planned spending) for the year 2018-19. If you cannot provide information for the full three-year period, the most recent information you have would be appreciated.</p> <ol style="list-style-type: none"> 1. Do you employ a mental health lead? 2. Spending on mental health (total) <ol style="list-style-type: none"> a. What was the total amount (£) allocated to mental health trusts? b. What was the total amount of money spent (£) on mental health 			

services by your CCG?

3. Adult mental health: Acute hospital liaison
 - a. Do you commission A&E and Ward liaison teams to operate 24/7? Are such liaison teams universally included in contracts for the provision of acute hospital services?
4. Adult mental health: Crisis and acute care and suicide prevention
 - a. Do you commission a crisis resolution home treatment (CRHT) as an alternative to acute in-patient admission? Does this service operate 24/7?
 - b. Response times
5. Children's and young people's (CYP) mental health
 - a. Do you involve CYP and parents/carers in commissioning and service design for CYP?
 - b. Do you commission specialist treatment for CYP with eating disorders?
 - c. What is the proportion of CYP with eating disorders seen within 1 week (urgent) and 4 weeks (routine)?
6. Perinatal mental health
 - a. Do you commission specialist perinatal mental health services? If so, what was the total amount (£) and total amount spent on perinatal mental health services?
 - b. Do you have a strategy for providing perinatal mental health services?
7. Mental health of older persons
 - a. Do you commission tailored, community based, physical or other activity programmes for older persons?

Response:

1. NHS Kernow employs a MH and LD Commissioning Lead.
2. For the last the financial years NHS Kernow's mental health spending was as follows;
 - a. Total allocated; 2015/16 - £60.873million, 2016/17 - £62.505million, 2017/18 – £62.940million (this includes the Perinatal Mental Health £402,949, it was formally varied in to the contract), 2018/19 - £67.100million
 - b. Total spent; 2015/16 - £136,108,000, 2016/17 - £137,128,000, 2017/18 – This information has yet to be finalised and is intended for future publication, we therefore exempt the release of this information under section 22 of the Freedom of Information Act, 2018/19 - This information has yet to be finalised and is intended for future publication, we therefore exempt the release of this information under section 22 of the Freedom of Information Act
3.
 - a. NHS Kernow commission a Psychiatric Liaison team based at RCHT, which operate with both A&E and Hospital Wards. The service is not contracted as part of the acute hospital contract, but as part of the Mental Health services contract. The current service has been subject to a transformation process and plans to deliver a 24/7 response in line with the national 'CORE24' standard from 1st May 2018, and fully compliant with the standard by 31st March 2019. This is significantly ahead of the nationally mandated target date.
4.
 - a. NHS Kernow commission a Home Treatment Team that operates 24/7.

	<p>This service is commissioned as part of the wider offer of community support and inpatient facilities.</p> <p>b. Response times are: Emergency – 24 hours / Urgent – 5 days / Routine – 28 days</p>
5.	<p>a. NHS Kernow commissions the Hear our Voice project from Young People Cornwall, which supports the CAMHs Young People’s Board to be involved in the redesign and commissioning of NHS services. This arrangement has been further enhanced from 1 April 2018 with additional funding for a full time participation worker to facilitate young people’s involvement more fully in the SW CYP IAPT Collaborative, with one young person from Cornwall being the co-chair, as well as helping NHS Kernow to deliver the nine priorities of young people participation.</p> <p>b. NHS Kernow commissions a specialist service for children and young people with eating disorders. NHS Kernow is currently reviewing with service delivery colleagues, an 18 month pilot into integrated working across Primary, Community and Secondary care resources in support of those with Anorexia Nervosa. NHS Kernow is working with service providers to re-model the service delivery drawing from national training and operational learning from the pilot phase.</p> <p>c. NHS Kernow does not hold this information, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT) cpn-tr.freedomofinformation@nhs.net</p>
6.	<p>a. NHS Kernow currently commits £402,949 per annum towards the Specialist Perinatal Service. There is an element of funding for the service that also sits within the secondary care mental health block contract with Cornwall Partnership NHS Foundation Trust (CFT). Please contact CFT for more information; cpn-tr.freedomofinformation@nhs.net</p>
7.	<p>a. NHS Kernow does not discriminate by age and therefore commission services which are responsive to people across the age range. We do commission specialist beds for those individuals with a diagnosis of Dementia.</p>
Attachment(s):	
None	
Date response sent:	
27/04/2018	

Organisation

FOI 66610 HR policies

Date request received:	13/04/2018	FOI ref:	66610
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Requested information:

1. Please provide the following information for the people responsible for the following HR functions;
 - a. Overall HR
 - b. HR/Workforce planning
2. For the following financial years, please provide the following information;
 - a. What is the organisations total gross pay costs;
 - i. 2015/16
 - ii. 2016/17
 - b. What is the organisations total pay costs on your permanent workforce;
 - i. 2015/16
 - ii. 2016/17
 - c. How much did the organisation spend on contingent (non-permanent) or temporary workers;
 - i. 2015/16
 - ii. 2016/17
3. For the following financial years, please provide the following information, providing the figures as the number of employees & full time equivalents (FTE);
 - a. How many permanent workers did the organisation employ;
 - i. 2015/16
 - ii. 2016/17
 - b. How many full time equivalent (FTE) did the organisation employ;
 - i. 2015/16
 - ii. 2016/17
 - c. On average, how many contingent (non-permanent) or temporary workers has the organisation engaged with;
 - i. 2015/16
 - ii. 2016/17
 - d. How many full time equivalent (FTE) temporary workers did the organisation engage with;
 - i. 2015/16
 - ii. 2016/17
4. Please list the software the organisation uses for the following HR functions;
 - a. HR
 - b. Payroll
 - c. Recruitment
 - d. Workforce analytics
 - e. Other employee/HR related systems for tracking or planning
5. Please state which Enterprise Resource Planning (ERP) software the organisation utilises e.g. Oracle, SAP, PeopleSoft, Owrkday
6. Does the organisation have an HR data warehouse?

Response:

1. NHS Kernow does not release the names of employees below director level, the director with responsibility for all HR functions is Jackie Pendleton, Chief Officer.
2. The information relating to NHS Kernow's total gross pay costs, broken down by permanent and 'other' workforce is available in our annual reports for 2015/16 (pages 53/113/114) and 2016/17 (pages 69/87/88); <https://www.kernowccg.nhs.uk/about-us/annual-report/>. NHS Kernow does not

<p>collect data for 'non-permanent'/'temporary workers'.</p> <p>3. The information relating to NHS Kernow's employee numbers and full time equivalents is available in our annual reports for 2015/16 and 2016/17; https://www.kernowccg.nhs.uk/about-us/annual-report/. (See page numbers above.) NHS Kernow does not collect data for 'non-permanent'/'temporary workers'.</p> <p>4. NHS Kernow uses the following software;</p> <ul style="list-style-type: none"> a. HR – ESR (Electronic Staff Record) b. Payroll – ESR (Electronic Staff Record), Expenses – E-Expenses (Selenity) c. Recruitment – NHS Jobs d. HR/Workforce Analytics – ESR (Electronic Staff Record) e. Other employee/HR relating systems for tracking or planning – NA <p>5. NHS Kernow uses ESR, and Oracle based product, developed for the NHS</p> <p>6. NHS Kernow does not have an HR data warehouse</p>
Attachment(s):
None
Date response sent:
11/05/2018

FOI 66330 Bodmin Treatment Centre

Date request received:	03/04/2018	FOI ref:	66330
Requested information:			
Please supply me with a copy of the Outline Business Case for the future of the former Bodmin Treatment Centre. The existence of this document is described in the minutes of the Strategic Estates Group. The Outline Business Case was due to have been completed around the end of December 2017/January 2018.			
Response:			
There is not an Outline Business Case (OBC) in production focusing on the future of the Bodmin Independent Sector Treatment Centre. There is an OBC in production which relates to the Bodmin primary care estates provision, this is not a business case for bringing the Independent Sector Treatment Centre back into use. The Bodmin primary care estates OBC is currently under development and therefore NHS Kernow exempts this information under section 22 of the Freedom of Information Act – information intended for future publication.			
Attachment(s):			
None			
Date response sent:			
27/04/2018			

Patient safety and experience

FOI 66900 Eating disorder services

Date request received:	24/04/2018	FOI ref:	66900								
Requested information:											
<p>1. How many Eating Disorder (ED) patients have been sent to Scotland for treatment, having received treatment at mental health units under your control each year from 2012 through to 2017?</p> <p>a. Please also stipulate the number of people who were referred from CAMHS services</p> <p>b. Please also stipulate how many EDs who were referred took up their place for treatment in Scotland.</p> <p>Please divide figures by treatment unit and lay your answer out in a table. For example: (Insert Treatment Unit Name Here)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Number of EDs referred for treatment in Scotland</th> <th>Number of EDs referred for treatment in Scotland under CAMHS services</th> <th>Number of EDs placed in treatment in Scotland following referral from your board</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>2. Please outline in a similar table to the one above, how many ED patients have been transferred from your care to another authority's care (this includes abroad). For each case please stipulate where they have been transferred to.</p>				Year	Number of EDs referred for treatment in Scotland	Number of EDs referred for treatment in Scotland under CAMHS services	Number of EDs placed in treatment in Scotland following referral from your board				
Year	Number of EDs referred for treatment in Scotland	Number of EDs referred for treatment in Scotland under CAMHS services	Number of EDs placed in treatment in Scotland following referral from your board								
Response:											
<p>NHS Kernow was formed on 1 April 2013 and cannot provide information relating to the former primary care trust (2012 to 2013). Please contact the Department of Health's legacy team to request this information: reviews&informationteam@dh.gsi.gov.uk.</p> <p>NHS Kernow does not hold this information, for more information please contact Cornwall Partnership NHS Foundation Trust: cpn-tr.freedomofinformation@nhs.net.</p>											
Attachment(s):											
None											
Date response sent:											
27/04/2018											

FOI 66720 IT systems

Date request received:	18/04/2018	FOI ref:	66720
Requested information:			
<p>1. What is the name of your CCG/Trust/Health board?</p> <p>2. How many of the people in your community are diagnosed with diabetes? (Please indicate numerical value):</p> <p>a. Type 1 Diabetes:</p> <p>b. Type 2 Diabetes:</p>			

- c. If unknown differentiation, please indicate total amount:
3. What role does your CCG/Trust/Health board play in the reimbursement process for digital solutions?
 4. If you are not the direct decision maker of reimbursement, can your CCG/Trust/Health board still pay for medical products to give access to patients?
 5. Who affects the decision-making process of reimbursement decisions for digital health solutions in the UK? Please specify what power they hold in the process. (If more than one, please rank them by influence, 1 being the most influential).
 6. How would you describe the interest of the stakeholders you identified above? (e.g. cost reduction, care improvement,...)?
 7. What criteria are most important for your CCG/Trust/Health board when commissioning digital solutions (e.g. cost, newness, effectiveness,...)? Please rank the criteria, 1 being the most important.
 8. Are you interested in partnerships with pharmaceutical companies? If yes, please what you are seeking from such partnerships.
 9. How does your CCG/Trust/Health board evaluate whether to commission a product for diabetes care?
 10. Does your CCG/Trust/Health board have a policy on the use of health apps?
 - a. If yes, please specify the health policy(ies):
 - b. If no, please provide if and when this will be established:
 11. Does your CCG/Trust/Health board currently have a budget to use for health apps? If no, please provide if and when this will be established:

Response:

1. NHS Kernow
2. This information is publicly available online; <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/national-diabetes-audit-report-1-findings-and-recommendations-2016-17>
3. After seeking clarification under section 16 of the Freedom of Information act 2000 NHS Kernow is unsure of the exact nature of the request and cannot find any suitable information to answer this question.
4. After seeking clarification under section 16 of the Freedom of Information act 2000 NHS Kernow is unsure of the exact nature of the request and cannot find any suitable information to answer this question.
5. The Freedom of Information Act 2000 covers information held by public authorities, this question is asking for an opinion and is therefore not covered by Freedom of Information regulations and we cannot provide an answer.
6. The Freedom of Information Act 2000 covers information held by public authorities, this question is asking for an opinion and is therefore not covered by Freedom of Information regulations and we cannot provide an answer.
7. The Freedom of Information Act 2000 covers information held by public authorities, this question is asking for an opinion and is therefore not covered by Freedom of Information regulations and we cannot provide an answer.
8. The Freedom of Information Act 2000 covers information held by public authorities, this question is asking for an opinion and is therefore not covered by Freedom of Information regulations and we cannot provide an answer
9. From the prescribing point of view a formulary application would be made to our Cornwall Area Prescribing Committee Technical Working Group (CAPC TWG) normally presented by a consultant and may have specialist nurse or

<p>pharmacist input as well. All decisions from that group go to the main area prescribing committee (CAPC) for approval. There is then a Cornwall Commissioning Prescribing Committee who considers the commissioning implications. If there is a significant financial impact a paper would then go to finance committee or Q&P if there was a quality/ performance issue.</p> <p>10. NHS Kernow does not currently have a policy regarding the use of health apps for smart phone/tablet. This is something that will be developed in the future with no definitive timeline.</p> <p>11. As per Q10, NHS Kernow does not currently have a budget for the use of health apps.</p>
Attachment(s):
None
Date response sent:
16/05/2018

Prescribing & pharmacies

FOI 66790 Respiratory services

Date request received:	23/04/2018	FOI ref:	66790
Requested information:			
<ol style="list-style-type: none"> 1. What criteria does the CCG use to select which inhalers should be prescribed for Asthma and COPD? 2. How does the CCG compare the cost-effectiveness, efficacy, safety and patient usability of different inhalers when selecting which COPD and Asthma inhalers should be included on its local guidance? 3. Over the past three years, has the CCG introduced a planned programme of care which resulted in the medicines optimisation team, contractors or GP practices proactively reviewing patients and aligning their COPD and/or Asthma inhalers to alternative options? 4. Please list the alternative asthma and COPD inhalers that were introduced by the CCGs medicines optimisation team, contractors or GP practices during any planned programme of care that proactively reviewed the use of asthma and/or COPD inhalers over the past 3 years. 5. Over the past three years, has the CCG used a QIPP scheme to introduce a planned programme of care which resulted in the medicines optimisation team, contractors or GP practices proactively reviewing patients and aligning their COPD and/or Asthma inhalers to alternative options? 6. Please list the alternative asthma and COPD inhalers that were introduced by the CCGs medicines optimisation team, contractors or GP practices when using a QIPP scheme to introduce a planned programme of care that proactively reviewed the use of asthma and/ or COPD inhalers over the past 3 years? 			
Response:			
<ol style="list-style-type: none"> 1. NHS Kernow considers the following in order to select which inhalers should be prescribed for Asthma and COPD; cost effectiveness, NICE Asthma and 			

BTS SIGN guidance for Asthma, GINA and GOLD guidelines, any other relevant National guidance as detailed in this response, consideration of local consultant recommendations, awareness of what other nearby health communities are suggesting, review of the Summary of Product Characteristics of the different inhalers licensed for Asthma and COPD particularly the excipients used and potential safety issues with these excipients.

2. NHS Kernow's Medicines Optimisation Team review the Summary of Product Characteristics for all new inhalers licensed for Asthma and COPD. Evidence of the effectiveness of the inhalers i.e. from clinical trials is reviewed together with the excipients used in the inhalers and potential safety issues with these excipients are considered together with the NICE Asthma and BTS SIGN guidance for Asthma, GINA and GOLD guidelines. After reviewing the evidence a decision is made whether to submit an application to add the product on to the formulary. Decisions on whether to add a new inhaler are then discussed at Medicines Optimisation Programme Board and/or the Area Prescribing Committee.
3. NHS Kernow has introduced an Asthma Protocol to be used by GP practices reviewing patients in 2016. Training sessions on the NRAD report and on inhaler technique and COPD GOLD guidelines were provided to GP practices at GP lead meetings. Training sessions on inhaler technique were provided to Royal Cornwall Hospitals Trust.
4. NHS Kernow has proactively encouraged practices to consider switching to more cost effective inhalers using protocols approved via an appropriate NHS Kernow committee e.g. Symbicourt to DuoResp and Fostair Protocol 2016, Tiotropium to Seebri Protocol 2016 and Seretide to Sirdupla or Flutiform.
5. The Medicines Optimisation team encouraged practices to switch to more cost effective formulary choices for Asthma and COPS as part of the GP prescribing quality scheme in 2016 and 2017. Practices will be asked to review patients on a triple therapy for COPD which includes a high dose steroid inhaler in patients with good lung function as part of the GP incentive scheme for 2017. NHS Kernow has not used a QIPP scheme; this has been part of our on-going work.
6. The following alternative asthma and COPD inhalers were introduced by NHS Kernow Medicines Optimisation Team using a QIPP scheme to introduce a planned programme of care that proactively reviewed the use of asthma and COPD inhalers over the past three years; DuoResp Spiromax 320/6 and 160/4.5 Asthma and COPD, Fostair 100/6, 200/6 NEXThaler, Fostair 200/6 MDI, Flutiform 5/50 MDI, 5/125 MDI and 10/250 Asthma, Sirdupla 25/125 and Sirdupla 25/250 MDI Asthma, Seebri Breezhaler 50mcg COPD

Attachment(s):

None

Date response sent:

09/05/2018

FOI 66770 Oncology prescribing

Date request received:	02/05/2018	FOI ref:	66770
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Requested information:

1. Do you have local clinical pathways or standard operating procedures (SOPs) for the use of MabThera? If so are you able to share these? For instance, is one cycle of MabThera intravenous (IV) always used before initiating the patients on MabThera subcutaneous (SC) in oncology indications?
2. Number of patients treated* using MabThera subcutaneous versus MabThera intravenous in oncology indications between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:

Oncology		
Financial Year	Number of patients treated using MabThera Intravenous <i>(if possible, please provide number of patients excluding those who were switched to MabThera subcutaneous)</i>	Number of patients treated using MabThera Subcutaneous
FY 2016-17		
FY 2017-18		

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations...)*

3. Total number of patients treated* with MabThera (intravenous and subcutaneous) vs Rixathon vs Truxima in oncology and rheumatology indications between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:

Financial Year	Drug	Number of patients treated in Oncology	Number of patients treated in Rheumatology
FY 2016-17	MabThera		
	Truxima		
	Rixathon		
FY 2017-18	MabThera		
	Truxima		
	Rixathon		

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations...)*

4. Do you have local clinical pathways or standard operating procedures (SOPs) for the initiation of new patient treatment regimens? If so are you able to share these?
5. Specifically, are new patients directly prescribed biosimilar rituximab (i.e. Truxima or Rixathon) instead of MabThera?
6. Are existing patients being switched from MabThera intravenous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?
7. Are any existing patients being switched from MabThera subcutaneous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their

treatment pathway when patients are switched and how is this managed?

8. Number of patients treated* using rituximab biosimilars (Truxima and Rixathon) instead of MabThera (intravenous and subcutaneous) between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:

Financial Year	Drug	Oncology		Rheumatology	
		New patients treated directly with the biosimilar instead of MabThera	Existing patients switched from MabThera to the biosimilar	New patients treated directly with the biosimilar instead of MabThera	Existing patients switched from MabThera to the biosimilar
FY 2016-17	Truxima				
	Rixathon				
FY 2017-18	Truxima				
	Rixathon				

*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations...)

9. As an organisation, are you aware of any financial savings made by using biosimilar rituximab (i.e. Truxima or Rixathon) vs MabThera between 2017-2018, if only partial data is available please indicate the timeframe or geography the data refers to and the methods used to calculate the financial savings.

Year	Scheme (e.g. discounting, gainshare...)	Approximate saving (£)

10. Please provide information for the current contracts for Truxima, Rixathon, MabThera intravenous (IV) or subcutaneous (SC):

Drug	Contract value (£)*	Volume of contract (number of vials)	Is price tiered by volume? (Yes/No)	Length of contract		Renewal frequency	Services included	
				Date of contract initiation	Date of contract expiry		Yes/No	Which services (e.g. biosimilar education, patient support program...)

Rixathon								
Truxima								
MabThera IV								
MabThera SC								

**if the total contract value is not available, please provide the price range for each drug*

11. Related to question 10, if contracts are tiered by volume, could you please provide the thresholds for each tier and what is the price percentage difference between tiers?

Response:

1. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
2. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
3. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
4. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
5. NHS Kernow can only advise on the Rheumatology service it commissions where patients would be/have been switched to biosimilar rituximab, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
6. NHS Kernow can only advise on the Rheumatology service it commissions where patients would be/have been switched to biosimilar rituximab, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
7. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
8. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
9. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
10. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
11. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net

Attachment(s):

None

Date response sent:

03/05/2018

FOI 66780 Homeopathy

Date request received:	20/04/2018	FOI ref:	66780
Requested information:			
Copies of all documents, correspondence, meeting notes, telephone calls and emails			

between 1st June 2017 – 31st July 2017 in which Homeopathy has been discussed:
<ol style="list-style-type: none"> 1. Between the CCG and NHS England 2. Between the CCG and The Good Thinking Society (or their lawyer)
Response:
NHS Kernow has not had any discussion relating to Homeopathy with NHS England or with The Good Thinking Society (or their lawyer).
Attachment(s):
None
Date response sent:
23/04/2018

FOI 66620 Homeopathy

Date request received:	14/04/2018	FOI ref:	66620
Requested information:			
Copies of all documents, correspondence, meeting notes, telephone calls and emails between 1st April 2017 – 31st May 2017 in which Homeopathy has been discussed:			
<ol style="list-style-type: none"> 1. Between the CCG and NHS England 2. Between the CCG and The Good Thinking Society (or their lawyer) 			
Response:			
NHS Kernow has not had any discussion relating to Homeopathy with NHS England or with The Good Thinking Society (or their lawyer).			
Attachment(s):			
None			
Date response sent:			
23/04/2018			

FOI 66470 Homeopathy

Date request received:	10/04/2018	FOI ref:	66470
Requested information:			
Copies of all documents, correspondence, meeting notes, telephone calls and emails between 1st February 2017 – 31st March 2017 in which Homeopathy has been discussed:			
<ol style="list-style-type: none"> 1. Between the CCG and NHS England 2. Between the CCG and The Good Thinking Society (or their lawyer) 			
Response:			
NHS Kernow has not had any discussion relating to Homeopathy with NHS England or with The Good Thinking Society (or their lawyer).			
Attachment(s):			
None			
Date response sent:			
23/04/2018			

Referral management

FOI 66690 Respiratory services

Date request received:	17/04/2018	FOI ref:	66690
Requested information:			
The annual figures for patients requiring respiratory treatment in the years 2015, 2016 and 2017 at the St. Dennis Clays Practice surgery, the Roche Clays Practice surgery, and the St. Stephens in Brannel surgery, in all cases respective figures and surgeries would be appreciated.			
Response:			
NHS Kernow is only able to provide the numbers of respiratory referrals for each practice for the given years, we are not able to determine how many required treatment. We are also unable to split the St Dennis Clays Practice and the Roche Clays practice, we are only able to give a total for both surgeries. For more information please contact Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net , who are the providers.			
St Stephens in Brannel Surgery; 2015 – 10 2016 – 10 2017 – 13			
The Clays Practice Surgery; 2015 – 23 2016 – 26 2017 – 28			
Attachment(s):			
None			
Date response sent:			
27/04/2018			

FOI 66660 Ophthalmology services

Date request received:	16/04/2018	FOI ref:	66660
Requested information:			
<ol style="list-style-type: none">1. Please tell me whether the CCG has updated its cataract referral guidelines - stating the criteria for referring patients for cataracts - in the last 12 months?2. Please attach a link to the latest cataract referral guidelines.3. Please tell me whether the guidelines apply to more than one CCG.			
Response:			
<ol style="list-style-type: none">1. NHS Kernow's cataract policy was updated in March 2018, formal notice has been sent to providers with all changes coming into effect from 4th May 20182. All of NHS Kernow's treatment policies are available on our website; https://www.kernowccg.nhs.uk/get-info/treatment-policies/			

3. These policies only apply to NHS Kernow
Attachment(s):
None
Date response sent:
27/04/2018

FOI 66680 Stroke services

Date request received:	16/04/2018	FOI ref:	66680
Requested information:			
<p>Could you provide me with copies of the following pathways:</p> <ol style="list-style-type: none"> 1. Stroke prevention pathway 2. Secondary prevention of myocardial infarction pathway Type 2 Diabetes Mellitus patient pathway <p>Also could you provide names and contact details for the document owners please?</p>			
Response:			
<ol style="list-style-type: none"> 1. The Stroke Pathway Improvement Group is led by the Executive Stroke Working Group and has workstreams across the following areas of the stroke pathway: prevention, response and recovery. The prevention pathway is currently under review and will be made public once completed, NHS Kernow therefore exempts the release of this information under section 22 of the Freedom of Information Act – information intended for future publication. 2. NHS Kernow does not have a single definitive pathway for the prevention of myocardial infarction for people with Type 2 Diabetes Mellitus, however there are a number of areas of work and routes that aim to reduce the risk of complications including heart attacks and strokes for people with diabetes, including the prevention of diabetes in the first instance. 			
Attachment(s):			
None			
Date response sent:			
01/05/2018			

FOI 66520 Hernia guidelines

Date request received:	11/04/2018	FOI ref:	66520
Requested information:			
<p>As you will be aware under the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 section 35, CCGs are required to publish on their websites reasons for any policy on whether particular healthcare interventions are made available.</p> <p>I'd like to request under the Freedom of Information Act a copy of any referral and treatment policies your CCG has for surgical repair of hernias.</p>			
Response:			

All of NHS Kernow's treatment policies are published on our website; https://www.kernowccg.nhs.uk/get-info/treatment-policies/#H
Attachment(s):
None
Date response sent:
12/04/2018

Women's health

FOI 66630 Assisted conception

Date request received:	15/04/2018	FOI ref:	66630
Requested information:			
<p>1. What your eligibility criteria are for breast cancer patients who are wanting to undergo fertility preservation (for example cryopreservation), provided there is adequate time and their oncology allows.</p> <p>More specifically;</p> <ul style="list-style-type: none"> • Is there an upper age limit (female/male)? • Is there a limit on whether the patient already has children? • Are there any restrictions, specifically smoking status or body mass index? • What fertility options are offered? For example, embryo cryopreservation and/or oocyte cryopreservation? • Is there a time limit for storage? • How many IVF cycles or embryo transfers are covered? <p>2. In addition, what information on breast cancer patients undergoing fertility preservation do you currently collate, for example, numbers referred each year, numbers undergoing treatment and successful pregnancies each year, and is this data available for us to access?</p>			
Response:			
<p>1. All of NHS Kernow's commissioning policies are available on our website; https://www.kernowccg.nhs.uk/get-info/treatment-policies/</p> <p>2. NHS Kernow does not hold this information, for more information please contact Royal Cornwall Hospitals Trust, rch-tr.FOI@nhs.net</p>			
Attachment(s):			
None			
Date response sent:			
20/04/2018			

FOI 66300 Assisted conception

Date request received:	02/04/2018	FOI ref:	66300
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Requested information:

1. The number of female cancer-related fertility preservation cycles funded in your CCG over the last 2 years from 1st January 2015 to 31st December 2017.
2. Could you please state your criteria which you use to make a decision on funding.
3. Does your CCG restrict funding for fertility preservation based on:
 - a. Age range
 - b. BMI
 - c. Previous children
4. Do you still require fertility centres to fill in an exceptional funding application form?
5. How long does it take for your CCG to process funding for fertility preservation?
6. What is the duration of storage that is funded by your CCG?

Response:

1. NHS Kernow does not hold this information, for more information please contact providers directly. Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net
2. This information is available on our website, see cryopreservation of gametes or embryos policy for details; <https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/treatment-policies/>
3. This information is available on our website, see cryopreservation of gametes or embryos policy for details <https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/treatment-policies/>
4. This information is available on our website; <https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/>
5. This information is available on our website; <https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/>
6. This information is available on our website, see cryopreservation of gametes or embryos policy for details <https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/treatment-policies/>

Attachment(s):

None

Date response sent:

03/04/2018