



**Kernow**

Clinical Commissioning Group

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

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All appendices for this disclosure log are available upon request by emailing [KCCG.FOI@nhs.net](mailto:KCCG.FOI@nhs.net) with the appropriate FOI reference below.

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## Contracts

### FOI 67800 GP schemes

<b>Date request received:</b>	11/06/2018	<b>FOI ref:</b>	67800
<b>Requested information:</b>			
<p>Since 1 April 2016, requirements in the standard hospital contract have been in force to reduce cases of hospitals inappropriately shifting work they're responsible for onto practices.</p> <p>GP practices have been told to report all incidences where a hospital is flouting these rules to their CCG.</p> <p>Under the Freedom of Information Act 2000, I'm requesting the following information for all the CCGs you're responsible for, for the time period of 1 April 2017 to 31 March 2018:</p> <ol style="list-style-type: none"><li>1. How many reports of hospitals breaching the new rules on workload dump have you received from practices? Please can these figures be broken down for each hospital the complaint was made against.</li><li>2. What action or sanctions has the CCG enforced so far?</li><li>3. Please can you share any documents the CCG has produced setting out its policy for managing inappropriate workload dump by hospitals</li></ol>			
<b>Response:</b>			
<ol style="list-style-type: none"><li>1. NHS Kernow has received the following reports for the period 1 April 2017 – 31 March 2018;<ol style="list-style-type: none"><li>a. Royal Cornwall Hospital – 111</li><li>b. North Devon – 1</li><li>c. Derriford – 1</li><li>d. Cornwall Partnership Foundation Trust – 1</li><li>e. No name of provider provided – 212</li></ol></li><li>2. NHS Kernow has set up a clinically lead working group to work with acute providers, starting with Royal Cornwall Hospitals Trust, to identify the areas where breaches are most common, and agree the remedial actions required to improve the interface. NHS Kernow has taken a conscious decision to not use contract sanctions as the first approach to performance managing, instead, being influenced by clinical leads in Practices to have this work clinically lead. Resulting from this work is a technical and operational solution to address discharge communications and reinforce of discharge medications. The areas for focusing on all relate to those that have the potential to impact on patient safety.</li><li>3. Please see attached letter that NHS Kernow sent to all GP practices in July 2017.</li></ol>			
<b>Attachment(s):</b>			



Primary Care  
Interface letter 20 07

**Date response sent:**

18/06/2018

**FOI 67670 Contract information**

<b>Date request received:</b>	01/06/2018	<b>FOI ref:</b>	67670
<b>Requested information:</b>			
<p>For the financial years 2013-14, 2014-15, 2015-16, 2016-17, and 2017-18, please send the following information:</p> <ol style="list-style-type: none"> <li>1. Number of procurements run by – or on behalf of - the CCG that received a challenge from a bidder? (Either before, during, or after the Alcatel/standstill period)?</li> <li>2. In relation to Question 1, please send a brief overview of what the procurement was for and the value of the contract procured?</li> <li>3. Number of subsequent challenges that resulted in legal action being taken against the CCG (or the organisation running the procurement on behalf of the CCG)?</li> <li>4. Number of occasions where a challenge launched and/or legal action taken against the CCG resulted in the CCG paying money to the challenger (including payments made in settlement or as a result of a legal case)?</li> <li>5. Estimated total spent by the CCG on the payments referred to in Question 4? (Please note you do not have to break this total down per procurement if it risks divulging confidential information).</li> <li>6. Number of single tender actions awarded by – or on behalf of – the CCG to one or more providers?</li> </ol>			
<b>Response:</b>			
<p>Please note NHS Kernow can only provide the information for 2 years, we did not capture that information specifically until the introduction of the Public Contract Regulations 2015 regulations that required us to record this data from 18th April 2016 onwards.</p> <p>Contract information for 2017/18 is available on our website; <a href="http://policies.kernowccg.nhs.uk/DocumentsLibrary/KernowCCG/OurFinances/StrategicReportsAndPlans/ContractList.pdf">http://policies.kernowccg.nhs.uk/DocumentsLibrary/KernowCCG/OurFinances/StrategicReportsAndPlans/ContractList.pdf</a>.</p> <ol style="list-style-type: none"> <li>1. The number of procurements run by on behalf of NHS Kernow that received a challenge from a bidder are as follows;             <ol style="list-style-type: none"> <li>a. 2016/17 – 2</li> <li>b. 2017/18 – 1</li> </ol> </li> <li>2. For 2016/17 the two procurements described above were for enteral feeds for the South West region, Cornwall and Isles of Scilly with a contract value of £1,174,000 and for a home oxygen service for the South West region, Cornwall and Isles of Scilly with a contract value of £6,775,776. For 2017/18 the contract was for IUCS (Integrated Urgent Care Service) 111 with a</li> </ol>			

<p>contract value of £48,408,755 for a five year contract.</p> <ol style="list-style-type: none"> <li>3. For both 2016/17 and 2017/18 there were no subsequent challenges that resulted in legal action being taken.</li> <li>4. For both 2016/17 and 2017/18 there were no occasions where a challenge was launched or legal action was taken against NHS Kernow that resulted in money being paid to a challenger.</li> <li>5. Not applicable.</li> <li>6. The number of single tender actions awarded by or on behalf of NHS Kernow are as follows; <ol style="list-style-type: none"> <li>a. 2016/17 – 0</li> <li>b. 2017/18 – 2</li> </ol> </li> </ol>
<b>Attachment(s):</b>
None
<b>Date response sent:</b>
25/06/2018

## Individual funding requests

### FOI 67790 Individual funding requests

<b>Date request received:</b>	18/06/2018	<b>FOI ref:</b>	67790																				
<b>Requested information:</b>																							
<ol style="list-style-type: none"> <li>1. I'd like to know whether or not the CCG has an Individual Funding Requests panel (or equivalent) in place.</li> <li>2. I'd like to request, for each of the years 2013, 2014, 2015, 2016, and 2017, the number of referrals for specialist services that have been made to the CCG; broken down by specialist service; and also broken down by number successful (or agreed), number unsuccessful (or declined), and number deferred, according to the decisions of the panel.</li> <li>3. I'd like to request, for each of the years 2013, 2014, 2015, 2016, and 2017, the total number of referrals for specialist services that have been made to the CCG broken down by number successful (or agreed), number unsuccessful (or declined), and number deferred ONLY.</li> </ol>																							
<b>Response:</b>																							
<ol style="list-style-type: none"> <li>1. NHS Kernow does have an Individual Funding Request panel.</li> <li>2. NHS Kernow has previously released the information for financial year 2014/15 – 2017/18 and this information is available on our website; <a href="https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/ManagingInformation/FOIRequests/201718/NHSKernowFOIsMarch2018.pdf">https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/ManagingInformation/FOIRequests/201718/NHSKernowFOIsMarch2018.pdf</a>.</li> </ol> <p>The data for 2013/14 is as follows;</p> <table border="1"> <thead> <tr> <th>Intervention</th> <th>Total</th> <th>Approved</th> <th>Declined</th> </tr> </thead> <tbody> <tr> <td>Abdominoplasty</td> <td>17</td> <td>Less than 5</td> <td>16</td> </tr> <tr> <td>Adult stem cell trials</td> <td>1</td> <td>Less than 5</td> <td>Less than 5</td> </tr> <tr> <td>Assisted conception</td> <td>17</td> <td>11</td> <td>6</td> </tr> <tr> <td>Atgam® (lymphocyte immune</td> <td>Less than 5</td> <td>Less than 5</td> <td>Less than 5</td> </tr> </tbody> </table>				Intervention	Total	Approved	Declined	Abdominoplasty	17	Less than 5	16	Adult stem cell trials	1	Less than 5	Less than 5	Assisted conception	17	11	6	Atgam® (lymphocyte immune	Less than 5	Less than 5	Less than 5
Intervention	Total	Approved	Declined																				
Abdominoplasty	17	Less than 5	16																				
Adult stem cell trials	1	Less than 5	Less than 5																				
Assisted conception	17	11	6																				
Atgam® (lymphocyte immune	Less than 5	Less than 5	Less than 5																				

globulin, anti-thymocyte globulin [equine] sterile solution)			
Bariatric surgery	Less than 5	Less than 5	Less than 5
Blepharoplasty	Less than 5	Less than 5	Less than 5
Botox for hyperhidrosis	1 Less than 5	Less than 5	Less than 5
Breast asymmetry correction	10	Less than 5	*
Breast augmentation	7	*	*
Breast implant exchange	Less than 5	Less than 5	Less than 5
Breast reduction	17	0	17
Chondrolaryngoplasty	Less than 5	Less than 5	Less than 5
Collagen cross linking	Less than 5	Less than 5	Less than 5
Continuous glucose monitoring	Less than 5	Less than 5	Less than 5
Cryopreservation	Less than 5	Less than 5	Less than 5
Dry suit	Less than 5	Less than 5	Less than 5
Ear surgery	Less than 5	Less than 5	Less than 5
Eating disorder referral	Less than 5	Less than 5	Less than 5
Everolimus	Less than 5	Less than 5	Less than 5
Frequency modulation system	Less than 5	Less than 5	Less than 5
Functional electrical stimulator maintenance	Less than 5	Less than 5	Less than 5
Gynaecomastia surgery	8	Less than 5	*
Homeopathic referral	Less than 5	Less than 5	Less than 5
Infliximab	Less than 5	Less than 5	Less than 5
Labiaplasty	13	0	13
Laser treatment (cosmetic)	8	Less than 5	*
Laser treatment for metastases	Less than 5	Less than 5	Less than 5
LINX© reflux management system	Less than 5	Less than 5	Less than 5
Lucentis	Less than 5	Less than 5	Less than 5
Lycra body suit	Less than 5	Less than 5	Less than 5
Mastectomy	Less than 5	Less than 5	Less than 5
Mastopexy	Less than 5	Less than 5	Less than 5
Nipple inversion surgery	Less than 5	Less than 5	Less than 5
Occipital nerve injection	Less than 5	Less than 5	Less than 5
Orthodontic treatment	Less than 5	Less than 5	Less than 5
Oscillation vest	Less than 5	Less than 5	Less than 5
Ostenil	Less than 5	Less than 5	Less than 5
Ozurdex	Less than 5	Less than 5	Less than 5
Penile prosthesis	Less than 5	Less than 5	Less than 5
Pinnaplasty	7	0	7
Prosthesis	Less than 5	Less than 5	Less than 5
Rapid nebulizer system	Less than 5	Less than 5	Less than 5
Referral to optical specialist	Less than 5	Less than 5	Less than 5
Referral to specialist physio	Less than 5	Less than 5	Less than 5
Removal of benign skin lesions	31	Less than 5	*
Removal of excess skin	Less than 5	Less than 5	Less than 5
Removal of Meibomian cysts	Less than 5	Less than 5	Less than 5
Replacement ear	Less than 5	Less than 5	Less than 5
Reversal of sterilisation	Less than 5	Less than 5	Less than 5
Rhinoplasty	5	0	5
Scar revision	6	Less than 5	Less than 5
Silicone ankle foot orthosis	Less than 5	Less than 5	Less than 5
Softband hearing aid	Less than 5	Less than 5	Less than 5

Specialist podiatrist	Less than 5	Less than 5	Less than 5
Specialist wheelchair	Less than 5	Less than 5	Less than 5
Standing frame	Less than 5	Less than 5	Less than 5
Stem cell implant	Less than 5	Less than 5	Less than 5
Surgery for aplasia cutis	Less than 5	Less than 5	Less than 5
Tonsillectomy	Less than 5	Less than 5	Less than 5
Transcranial magnetic stimulator	Less than 5	Less than 5	Less than 5
Trigeminal nerve stimulation	Less than 5	Less than 5	Less than 5
Ultrasound	Less than 5	Less than 5	Less than 5
Ustekinumab	Less than 5	Less than 5	Less than 5
Varicose vein surgery	12	Less than 5	*
Mental Health	42	33	9
Trigeminal nerve stimulation	Less than 5	Less than 5	Less than 5
Ultrasound	Less than 5	Less than 5	Less than 5
Ustekinumab	Less than 5	Less than 5	Less than 5
Varicose vein surgery	12	Less than 5	*
Mental Health	42	33	9

\*Number is more than five but would make number less than five identifiable

3. NHS Kernow has previously released the information for financial year 2014/15 – 2017/18 and this information is available on our website;

<https://doclibrary->

[kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/ManagingInformation/FOIRequests/201718/NHSKernowFOIsMarch2018.pdf](https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/ManagingInformation/FOIRequests/201718/NHSKernowFOIsMarch2018.pdf).

The data for 2013/14 is as follows;

<b>Intervention</b>	<b>Total</b>	<b>Approved</b>	<b>Declined</b>
Abdominoplasty	17	Less than 5	16
Adult stem cell trials	1	Less than 5	Less than 5
Assisted conception	17	11	6
Atgam® (lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution)	Less than 5	Less than 5	Less than 5
Bariatric surgery	Less than 5	Less than 5	Less than 5
Blepharoplasty	Less than 5	Less than 5	Less than 5
Botox for hyperhidrosis	1 Less than 5	Less than 5	Less than 5
Breast asymmetry correction	10	Less than 5	*
Breast augmentation	7	*	*
Breast implant exchange	Less than 5	Less than 5	Less than 5
Breast reduction	17	0	17
Chondrolaryngoplasty	Less than 5	Less than 5	Less than 5
Collagen cross linking	Less than 5	Less than 5	Less than 5
Continuous glucose monitoring	Less than 5	Less than 5	Less than 5
Cryopreservation	Less than 5	Less than 5	Less than 5
Dry suit	Less than 5	Less than 5	Less than 5
Ear surgery	Less than 5	Less than 5	Less than 5
Eating disorder referral	Less than 5	Less than 5	Less than 5
Everolimus	Less than 5	Less than 5	Less than 5
Frequency modulation system	Less than 5	Less than 5	Less than 5
Functional electrical stimulator maintenance	Less than 5	Less than 5	Less than 5
Gynaecomastia surgery	8	Less than 5	*
Homeopathic referral	Less than 5	Less than 5	Less than 5

Infliximab	Less than 5	Less than 5	Less than 5
Labiaplasty	13	0	13
Laser treatment (cosmetic)	8	Less than 5	*
Laser treatment for metastases	Less than 5	Less than 5	Less than 5
LINX© reflux management system	Less than 5	Less than 5	Less than 5
Lucentis	Less than 5	Less than 5	Less than 5
Lycra body suit	Less than 5	Less than 5	Less than 5
Mastectomy	Less than 5	Less than 5	Less than 5
Mastopexy	Less than 5	Less than 5	Less than 5
Nipple inversion surgery	Less than 5	Less than 5	Less than 5
Occipital nerve injection	Less than 5	Less than 5	Less than 5
Orthodontic treatment	Less than 5	Less than 5	Less than 5
Oscillation vest	Less than 5	Less than 5	Less than 5
Ostenil	Less than 5	Less than 5	Less than 5
Ozurdex	Less than 5	Less than 5	Less than 5
Penile prosthesis	Less than 5	Less than 5	Less than 5
Pinnaplasty	7	0	7
Prosthesis	Less than 5	Less than 5	Less than 5
Rapid nebulizer system	Less than 5	Less than 5	Less than 5
Referral to optical specialist	Less than 5	Less than 5	Less than 5
Referral to specialist physio	Less than 5	Less than 5	Less than 5
Removal of benign skin lesions	31	Less than 5	*
Removal of excess skin	Less than 5	Less than 5	Less than 5
Removal of Meibomian cysts	Less than 5	Less than 5	Less than 5
Replacement ear	Less than 5	Less than 5	Less than 5
Reversal of sterilisation	Less than 5	Less than 5	Less than 5
Rhinoplasty	5	0	5
Scar revision	6	Less than 5	Less than 5
Silicone ankle foot orthosis	Less than 5	Less than 5	Less than 5
Softband hearing aid	Less than 5	Less than 5	Less than 5
Specialist podiatrist	Less than 5	Less than 5	Less than 5
Specialist wheelchair	Less than 5	Less than 5	Less than 5
Standing frame	Less than 5	Less than 5	Less than 5
Stem cell implant	Less than 5	Less than 5	Less than 5
Surgery for aplasia cutis	Less than 5	Less than 5	Less than 5
Tonsillectomy	Less than 5	Less than 5	Less than 5
Transcranial magnetic stimulator	Less than 5	Less than 5	Less than 5
Trigeminal nerve stimulation	Less than 5	Less than 5	Less than 5
Ultrasound	Less than 5	Less than 5	Less than 5
Ustekinumab	Less than 5	Less than 5	Less than 5
Varicose vein surgery	12	Less than 5	*
Mental Health	42	33	9
Trigeminal nerve stimulation	Less than 5	Less than 5	Less than 5
Ultrasound	Less than 5	Less than 5	Less than 5
Ustekinumab	Less than 5	Less than 5	Less than 5
Varicose vein surgery	12	Less than 5	*
Mental Health	42	33	9

\*Number is more than five but would make number less than five identifiable

**Attachment(s):**

None

**Date response sent:**

09/07/2018



## FOI 67860 Individual funding requests

<b>Date request received:</b>	14/06/2018	<b>FOI ref:</b>	67860
<b>Requested information:</b>			
<p>In 2017, the British Medical Journal published an article concerning individual funding requests in which the author was critical of CCG IFR decision making.[1]</p> <p>It is likely that the dataset used in this analysis included prior approvals. This is because some CCGs classify this group of funding requests under a generic label of 'individual funding requests'. However, prior approvals and IFRs should not be conflated as they serve different purposes and as such are fundamentally different in nature.</p> <p>We are seeking data to conduct an analysis using the correct dataset. Once this has been completed the results will be reported back to CCGs. We would therefore hope to get a 100% return to provide a complete picture across England.</p> <p>We are seeking information only on individual funding requests or exceptional funding requests which form part of the CCGs priority setting processes. These are applications for patients to be considered for funding for a treatment or service which is not normally commissioned. These applications usually have a dedicated IFR application form and are subject to the CCGs individual funding request policy. Prior approval applications should not be included as they form part of compliance monitoring processes.</p> <p>Some CCGs have a conversion form for patients who do not meet the prior approval criteria and are therefore 'converted' into an IFR request – for which there may be a separate IFR application form. The converted requests should be included if they are then processed under the IFR policy.</p> <ol style="list-style-type: none"> <li>1. Name of CCG</li> <li>2. Name of CCG from which the data set was taken if the data set was taken from a CCG that is no longer in existence</li> <li>3. Region</li> <li>4. Population size from which the data set is taken. Note: Please give the historical population served if the data set is from a CCG which is no longer in existence</li> <li>5. Please confirm that prior approvals have been removed from the data set</li> </ol> <p>For the 12-month period from April 2016 to March 2017 please provide the following information;</p> <ol style="list-style-type: none"> <li>6. How many IFR applications were received in this period?</li> <li>7. How many of these applications proceeded to a Screening Panel / Team? Note: Some CCGs may screen out IFR applications for administrative reasons (wrong CCG, normally commissioned case, other reasons).</li> <li>8. Of the cases that were put before the Screening Panel / Team in how many cases was the screening decision made the first time the case was presented to the Screening Panel / Team?</li> </ol>			

Note: With this question we are trying to determine in how many cases of those applications are sent back for more information from the applicant.

9. How many of IFRs made in this period were put before an IFR Panel for consideration?
10. Of the cases that were put before the IFR Panel in how many cases was the decision made the first time the case was put before the Panel?

Note: With this question we are trying to determine in how many cases the IFR Panel sought further clarification before making their decision.

11. What were the outcomes of the IFR Panel?
12. If possible please provide further details of the cases:

	Number Funded	Number Not funded	Number Other
Medicines			
Surgical procedure			
Medical device			
Other			

13. What was the funding committed as a result of applications whose funding was agreed?  
 Limited duration of funding = Surgery or a course of treatment such as medicine over a limited period (or example 6 months or 24 months) should be counted as limited duration funding and the total cost included, even if those costs are were to be incurred in one or more subsequent financial years.  
 Revenue funding = indefinite use of a medicine. For these IFRs please provide only the cost of providing one full year of treatment.

**Response:**

1. NHS Kernow
2. NHS Kernow
3. Cornwall and Isles of Scilly
4. The population as of 01/04/2017 was 569,229.
5. Prior approvals have been removed from the dataset.

The information below is for the period 01/04/2016 – 31/03/2017

6. NHS Kernow received 169 Individual Funding Requests.
7. All 169 applications proceeded to a screening panel/team.
8. A decision was made the first time the case was presented to screening panel/team in 130 cases.
9. 71 IFRs were put before the IFR panel for consideration.
10. 68 cases were decided the first time they were but before the IFR panel.
11. Of these cases 20 were funded and 51 were not funded.
12. A breakdown for this is as follows, please note where the figure is less than five we cannot release the information under section 40 of the Freedom of Information Act as it could identify individuals involved;

	Number Funded	Number Not funded	Number Other
Medicines	Less than five	Less than five	
Surgical procedure	12	48	
Medical device	6	Less than five	

Other	0	0	
13. NHS Kernow does not hold data relating to limited duration funding or revenue funding.			
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			
04/07/2018			

## Information governance

### FOI 68040 FOI requests

<b>Date request received:</b>	27/06/2018	<b>FOI ref:</b>	68040
<b>Requested information:</b>			
Please may I request the following information for your CCG/each CCG you process FOI requests for.			
Q1 – Please provide the number of FOI requests received by your CCG on a monthly basis for 2016/17, 2017/18 and 2018/19 to date.			
Q2 – Has your generic FOI email address been changed since the beginning of 2016/17 (such as a change to an NHS.net address)? If so, when was this change introduced?			
Q3 – If the answer to question 2 is yes, was an auto forward rule applied to your previous FOI email address when a new email address was introduced?			
Q4 – If the answer to question 3 is yes, has the old FOI email address been closed and/or auto forward rule ended and if so, when did this happen?			
<b>Response:</b>			
1. The number of FOIs received by NHS Kernow are as follows;			
	2016/17	2017/18	2018 to date
April	31	19	25
May	23	27	23
June	27	22	17
July	24	22	
August	30	24	
September	17	17	
October	22	15	
November	20	28	
December	27	23	
January	33	20	

February	30	18	
March	34	20	
2. NHS Kernow's generic FOI email address has not changed since the beginning of 2016/17. 3. Not applicable. 4. Not applicable.			
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			
09/07/2018			

## Long term conditions

### FOI 67810 Community equipment

<b>Date request received:</b>	12/06/2018	<b>FOI ref:</b>	67810
<b>Requested information:</b>			
<p>Under the Freedom of Information Act (2000), would you please provide information to us, for the following two periods:</p> <ol style="list-style-type: none"> <li>1st April 2015 to 31st March 2016.</li> <li>1st April 2016 to 31st March 2017. <ul style="list-style-type: none"> <li>The value* of community disability equipment** provided by your organisation*** to disabled and terminally ill children in your area.</li> <li>The numbers of individual pieces of equipment supplied to disabled and terminally ill children in your area.</li> </ul> </li> </ol> <p>* Value to include both recycled equipment provided to specific children through services such as Community Equipment Stores and equipment purchased new for specific children.</p> <p>**The term community equipment includes such items as wheelchairs, buggies, specialist beds, standing frames, hoists and specialist seating. We do not include structural adaptations, consumables such as nasal gastric tubing and incontinence supplies, IT equipment or surgical aids.</p> <p>***We require information from each organisation separately; if you are unable to achieve this or would like to provide joint spending figures (with another local statutory body) please state so clearly in your response.</p>			
<b>Response:</b>			
<p>Please note NHS Kernow does not hold information on the health status of children in relation to prescribed equipment, and is therefore only able to provide the numbers of equipment provided;</p> <ol style="list-style-type: none"> <li>For the financial year 2015/16 the value of community disability equipment provided by NHS Kernow was £398,952.79 for a total of 849 items.</li> <li>For the financial year 2016/17 the value of community disability equipment provided by NHS Kernow was £429,457.69 for a total of 842 items.</li> </ol>			
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			

09/07/2018

## Mental health and learning disabilities

### FOI 68060 CAMHS waiting times

<b>Date request received:</b>	27/06/2018	<b>FOI ref:</b>	68060
<b>Requested information:</b>			
<ol style="list-style-type: none"><li>1. How many children and young people does your CCG currently have waiting for assessment following referral to tier 3 CAMHS services?</li><li>2. How many of these have waited for less than four weeks/between 4 and 18 weeks/18 weeks to a year/longer than a year (please break down numbers waiting according to these categories)? Please state how long the person waiting the longest has waited.</li><li>3. How many children and young people have currently been assessed as needing CAMHS tier 3 treatment but have not yet started it?</li><li>4. How many of these have waited less than 4 weeks/between 4 and 18 weeks/18 weeks to a year/more than a year in total (ie since referral, not since assessment; please break down numbers waiting according to the categories listed). Please state how long the person waiting the longest has waited.</li><li>5. Over the last year, how many referrals for CAMHS tier 3 have you had? What proportion of these are then assessed as needing tier 3 treatment?</li></ol>			
<b>Response:</b>			
NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust; <a href="mailto:cpn-tr.freedomofinformation@nhs.net">cpn-tr.freedomofinformation@nhs.net</a> .			
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			
11/07/2018			

### FOI 67910 Mental health out of county placements

<b>Date request received:</b>	18/06/2018	<b>FOI ref:</b>	67910
<b>Requested information:</b>			
<p>I would be most grateful if under the Freedom of Information Act, you could provide me with the summary information requested in the table below.</p> <p>The request relates to the total number of patients, bed days and their associated cost who were placed in out of area (private) beds for the financial year 2017/2018. This should relate to either provider of CCG funded activity and exclude specialist placements commissioned by NHS England. I would be grateful if the data could be broken down into CAMHS, adult and older adult split between general needs and</p>			

PICU for each.

Where you do not provide a service please leave blank

I have set out a table below to support the analysis.

	CAMHs		Adult (18-65)		Older Adult (Over 65)		Total	
	PICU	General Acute	PICU	General Acute	PICU	General Acute	PICU	General Acute
Total number patients admitted to out of area beds (private)								
Total number of occupied beds (private) 2017/2018								
Total cost of out of area (private) beds 2017/18								

The data relates to those patients placed in a private out of area bed where the provider had limited or no capacity. The analysis should exclude specialist placements commissioned by NHS England.

**Response:**

NHS Kernow does not hold information relating CAMHs, please contact NHE England for NHS England for more information, [england.contactus@nhs.net](mailto:england.contactus@nhs.net).

Please note NHS Kernow only started to collect this information in January 2018, prior to this, this information was not recorded.

NHS Kernow is only able to provide to total cost of out of area (private) beds in 2017/18 for adults (18+); we are not able to split by PICU/General Acute. The total cost was £1.490m.

**Attachment(s):**

None

**Date response sent:**

10/07/2018

## Patient safety and experience

### FOI 67910 Home oxygen services

<b>Date request received:</b>	18/06/2018	<b>FOI ref:</b>	67910
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#### Requested information:

I would be most grateful if under the Freedom of Information Act, you could provide me with the summary information requested in the table below.

The request relates to the total number of patients, bed days and their associated cost who were placed in out of area (private) beds for the financial year 2017/2018. This should relate to either provider of CCG funded activity and exclude specialist placements commissioned by NHS England. I would be grateful if the data could be broken down into CAMHs, adult and older adult split between general needs and PICU for each.

Where you do not provide a service please leave blank

I have set out a table below to support the analysis.

	CAMHs		Adult (18-65)		Older Adult (Over 65)		Total	
	PICU	General Acute	PICU	General Acute	PICU	General Acute	PICU	General Acute
Total number patients admitted to out of area beds (private)								
Total number of occupied beds (private) 2017/2018								
Total cost of out of area (private) beds 2017/18								

The data relates to those patients placed in a private out of area bed where the provider had limited or no capacity. The analysis should exclude specialist placements commissioned by NHS England.

**Response:**

NHS Kernow does not hold information relating CAMHs, please contact NHE England for NHS England for more information, [england.contactus@nhs.net](mailto:england.contactus@nhs.net).

Please note NHS Kernow only started to collect this information in January 2018, prior to this, this information was not recorded.

NHS Kernow is only able to provide to total cost of out of area (private) beds in 2017/18 for adults (18+); we are not able to split by PICU/General Acute. The total cost was £1.490m.

**Attachment(s):**

None

**Date response sent:**

10/07/2018

## Prescribing and pharmacies

### FOI 67930 Rebate schemes

<b>Date request received:</b>	19/06/2018	<b>FOI ref:</b>	67930
<b>Requested information:</b>			
<ol style="list-style-type: none"> <li>1. Does NHS Kernow CCG have an oral nutritional supplement rebate scheme in place?</li> <li>2. If so which company(s) is the provider of the rebates?</li> <li>3. What was the start date and what is the end date of the rebate scheme?</li> <li>4. What products are included in the scheme?</li> <li>5. What total payments have been received since the start of the rebate scheme?</li> </ol>			
<b>Response:</b>			
<ol style="list-style-type: none"> <li>1. NHS Kernow does not have an oral nutritional supplement rebate scheme in place.</li> <li>2. Not applicable.</li> <li>3. Not applicable.</li> <li>4. Not applicable.</li> <li>5. Not applicable.</li> </ol>			
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			
29/06/2018			

### FOI 67980 Rebate schemes



<b>Date request received:</b>	21/06/2018	<b>FOI ref:</b>	67980
<b>Requested information:</b>			
I would like to request the list of pharmaceutical products/medicines/drugs that NHS Kernow CCG currently holds rebate agreements for. Can you also provide the corresponding rebate start dates please (the date rebate was first signed/started with CCG and not the annual renewal date)?			
<b>Response:</b>			
NHS Kernow's currently holds rebate agreements for the following pharmaceutical products/medicines/drugs;			
Drug(s) covered		Rebate scheme start date	
Seretide		01/09/2016	
Gluco RX testing medley		01/04/2018	
Spiolto		01/09/2016	
Lantus		01/01/2018	
Biquelle XL		01/04/2018	
Insuman		01/04/2018	
Apidra		01/04/2018	
Fencino		01/04/2016	
Edoxaban		01/04/2018	
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			
29/06/2018			

## FOI 67920 Biosimilar

<b>Date request received:</b>	19/06/2018	<b>FOI ref:</b>	67920
<b>Requested information:</b>			
<ol style="list-style-type: none"> <li>1. Has an approach to Biosimilar uptake been discussed and agreed with: <ol style="list-style-type: none"> <li>a. The CCG governing body (Y/N)</li> <li>b. Area Prescribing Committee (Y/N)</li> <li>c. Relevant local provider organisation (Y/N)</li> <li>d. Relevant Sustainability and Transformation Partnerships (Y/N)</li> </ol> </li> <li>2. Do you have a mechanism in place for identifying the date of patent expiry for originator biological medicines, and the possible launch date of individual biosimilar products? (Y/N)</li> <li>3. Have you identified the level of potential savings opportunity available to your health economy through the use of biosimilar medicines? (Y/N)</li> <li>4. Has your CCG accepted or is it currently accepting manufacturer provision of free of charge drug stock between licensing and NICE funding? (Y/N)</li> <li>5. If your CCG accepted or is it currently accepting FOC stock, please state "Yes" to any of following: <ol style="list-style-type: none"> <li>a. Brodalumab (Kyntheum)</li> <li>b. Guselkumab (Tremfya)</li> <li>c. Ixekizumab (Taltz)</li> </ol> </li> </ol>			

- d. Secukinumab (Cosentyx) in Psoriasis or Ankylosing Spondylitis or Psoriatic Arthritis
6. Has your Trust / CCG accepted or is it currently accepting the following list of drugs in:
    - a. Tofacitinib (Xeljanz)
    - b. Baricitinib (Olumiant)
    - c. Golimumab (Simponi) in Rheumatoid Arthritis or Ulcerative Colitis
    - d. Certolizumab (Cimzia)
    - e. Apremilast (Otezla)
    - f. Tocilizumab (Ro Actemra)
  7. If your Trust / CCG has not accepted manufacturer provision of free of charge drug stock, are there reasons for this?
  8. For how long is free of charge drug stock typically provided for each patient?
    - a. Frist dose
    - b. First month
    - c. First 3 months
    - d. Other
  9. Are there any agreements in place between you the CCG and a Provider (eg Hospital Trust) that would enable savings in drug costs to be made? (For example, Gainshare agreements where the benefits associated with more efficient us of medicines not reimbursed through national prices is shared between the Provider and the Clinical Commissioning Group party to the agreement. This includes agreements for the switch to biosimilar products) If "Yes", then please provide the following details

**Response:**

1. NHS Kernow's approach to Biosimilar uptake has been discussed / agreed with the Area Prescribing Committee and the relevant local provider organisation. It has not been agreed with the Governing Body or relevant sustainability and transformation partnerships.
2. NHS Kernow does have a mechanism in place for identifying the date of patent expiry for originator biological medicines, and the possible launch date of individual biosimilar products.
3. NHS Kernow has identified potential savings opportunities available to the health economy through the use of biosimilar medicines.
4. NHS Kernow has accepted manufacturer provision of free of charge drug stock between licensing and NICE funding.
5. NHS Kernow has not accepted or is not currently accepting FOC stock for Brodalumab (Kyntheum), Guselkumab (Tremfya), Ixekizumab (Taltz), or Secukinumab (Cosentyx) in Psoriasis or Ankylosing Spondylitis or Psoriatic Arthritis.
6. NHS Kernow has accepted the following; Tofacitinib (Xeljanz), Certolizumab (Cimzia), Apremilast (Otezla) and Apremilast (Otezla). It has not accepted the following; Baricitinib (Olumiant), Golimumab (Simponi) in Rheumatoid Arthritis or Ulcerative Colitis or Tocilizumab (Ro Actemra).
7. NHS Kernow has not been offered the manufacturer provision of free of charge drug stock.
8. How long the free of charge drug stock provided for each patient depends of the drug but it typically for the first three months.
9. There are no agreements in place between NHS Kernow and any providers that would enable savings in drug costs to be made.

<b>Attachment(s):</b>
None
<b>Date response sent:</b>
29/06/2018

## FOI 67730 Community pharmacies

<b>Date request received:</b>	06/06/2018	<b>FOI ref:</b>	67730
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### Requested information:

1. What services does the CCG currently commission from community pharmacies in your area? (Please note, services may include minor ailments, smoking cessation, homeopathy, gluten-free prescriptions, vascular risk checks, Chlamydia screening, vaccinations etc.).
2. Has the CCG decommissioned any health services provided by community pharmacies in your area in the last year (April 2017 – April 2018)? If so, which ones?
3. Where a meeting was held to discuss stopping funding for any community pharmacy services, please could you give me the following details:
  - a. The date of the meeting
  - b. A full list of the services discussed
  - c. A full list of the attendees
  - d. A copy of the minutes of the meetings
4. Have there been any discussions around future plans to decommission health services currently provided by community pharmacies in the CCG's area? If so, which services?
5. Where such a discussion has been held, please could you give me the following details:
  - a. The date of the meeting
  - b. A full list of the services discussed
  - c. A full list of the attendees
  - d. A copy of the minutes of the meetings

### Response:

1. For community pharmacies NHS Kernow currently commissions a minor ailments service, an Emergency supply scheme and a palliative care drugs list service.
2. NHS Kernow has not decommissioned any health services provided by community pharmacies in our area in the last year (April 2017 – April 2018).
3. Not applicable.
4. NHS Kernow has not had any discussions around future plans to decommission health services currently provided by community pharmacies.
5. Not applicable.

<b>Attachment(s):</b>
None
<b>Date response sent:</b>
12/06/2018

## Public health

### FOI 67960 GP appointments

<b>Date request received:</b>	21/06/2018	<b>FOI ref:</b>	67960						
<b>Requested information:</b>									
1. Please could you provide the following information in excel format (also attached):									
	Weekday			Saturday			Sunday		
Year	Number of GP seven-day access available weekday hubs	Number of GP seven-day access utilised weekday appointments	Number of GP seven-day access utilised Saturday hubs	Number of GP seven-day access available Saturday appointments	Number of GP seven-day access utilised Saturday appointments	Number of GP seven-day access utilised Sunday hubs	Number of GP seven-day access available Sunday appointments	Number of GP seven-day access utilised Sunday appointments	
2017/18 H1 (April - Sept)									
2017/18 H2 (Oct - March)									
2018/19 H1 (April - Sept)									
Plan 2018/19 H2 (Oct - March)									
2. Please explain any changes to the service, including service provider or service specifications, since the start of the pilot program, including any reduction of hours or shift from GP face-to-face consultations to an alternative appointment type.									
3. In 2017/18 how much did the CCG spend marketing evening and weekend GP appointments?									
<b>Response:</b>									
1. There were only a couple of small Improving Access sites in 17/18 and these were not commissioned specifically by the number of appointments nor were they hubs operating 7 days a week, therefore we cannot complete the information as set out in the table. NHS Kernow's Improving access programme starts in earnest during this									

<p>current financial year. Our target (in line with the national target) is for 100% population coverage by 1st October 2018.</p> <p>2. NHS Kernow's approach has been to develop test and learn pilots with our local providers. With this approach there have inevitably been some changes and this will continue to be the case during 2018/19.</p> <p>3. NHS Kernow did not directly spend any money on marketing services, however, Test and Learn sites are all expected to advertise their Improving Access appointments to the relevant population covered.</p>
<b>Attachment(s):</b>
None
<b>Date response sent:</b>
29/06/2018

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## Women's health

### FOI 67950 Assisted conception

<b>Date request received:</b>	21/06/2018	<b>FOI ref:</b>	67950
<b>Requested information:</b>			
I would like to know how many patients were referred under NHS Kernow to Plymouth, Exeter, Bristol, Bath, Cardiff etc.? The latest data you have would be appreciated			
<b>Response:</b>			
<p>In 2017/18 NHS Kernow funded the following numbers of IVF treatments;</p> <p>Plymouth – 55  Exeter – 18  Other (e.g. Bath/Bristol/Cardiff) – Less than five</p> <p>Please note if the number is less than five this information is exempt under section 40 of the Freedom of Information Act as it could potentially identify individuals involved.</p>			
<b>Attachment(s):</b>			
None			
<b>Date response sent:</b>			
11/07/2018			

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