NHS Kernow - Disclosure Log
Freedom of Information Requests
September 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.

Children’s health

FOI 70020 Children’s tender

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>11/09/2018</th>
<th>FOI ref:</th>
<th>70020</th>
</tr>
</thead>
</table>

**Requested information:**

1. How many children (up to 18 years) in the 2017/2018 financial year did you
   provide services to where the primary support need was due to a child
   exhibiting problematic or harmful sexual behaviour (HSB)?
2. How many referrals were for children who were:
   a. 9 years and younger
   b. 10 – 12 years
   c. 13-15
   d. 16+
3. Of those children referred for problematic or harmful sexual behaviour, how
   many were:
   a. Boys
   b. Girls
   c. Not stated
4. Do you have any trained specialists providing child HSB services?
   a. Social Care specialists
   b. NHS
   c. Commissioned private healthcare provider
   d. YOT
   e. Commissioned voluntary sector
   f. Other
   g. None
   If you wish to state what ‘other’ provision you have or what non-specialist
   provision the child receives, please give details.
5. What is your local child specific HSB service offer?
   a. Specialist risk assessment service,
   b. Court reports
   c. Therapeutic intervention service
   d. Family support
e. Offender resettlement  
f. Other (please specify)  

6. What guidance frames your current HSB practice?  
   a. NICE guidelines on ‘harmful sexual behaviour among children and young people’  
   b. NSPCC HSB Framework  
   c. Locally developed safeguarding guidance  
   d. Other guidance  
   e. No specialist guidance  

Response:  

Attachment(s):  
None  

Date response sent:  
19/09/2018  

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**FOI 70180 Education and health care plans**  

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>19/09/2018</th>
<th>FOI ref:</th>
<th>70180</th>
</tr>
</thead>
</table>

Requested information:  

1. Is the SEND Designated Clinical Officer or Designated Medical Officer a single full time post within your local authority area? YES/NO  
2. If no please specify how much time is provided for (e.g. 0.5 fte)  
3. The number of Children and Young People aged 0-18 within your local authority area (i.e. covering all CCGs in the local authority).  
4. The number of Children and Young People agreed 0-18 within your local authority area who have an Education Health and Care Plan.  
5. The number of these plans which have resourcing from the NHS written into them as provision in section G of the EHCP.  
6. The number of Children and Young People in a 12 month period assessed for Continuing Care under the Children’s Eligibility framework (i.e. this should exclude any young people assessed under adult arrangements during transition)  
7. The number of Children and Young People in a 12 month period who were deemed eligible and began to receive Continuing Care under the children’s Eligibility framework.  

I request that for the above two questions you provide data for one of the following 12 month periods, whoever is the easiest to provide:  
- Calendar year 2017  
- Financial Year 2017/18  
- Academic Year 2017/18  

The same 12 month period should be used in both responses.
Both questions relate to numbers of children within your local authority area.

Response:

1. The Designated Medical Officer is not a full time post in the local authority area.
2. This post is for three days a week.
3. Data from the Office of National Statistics shows there are 108,028 0-17 year olds in Cornwall and the Isles of Scilly.
6. In the financial year 2017/18 32 children and young people were assessed continuing Care under the Children’s Eligibility framework.
7. Of these 28 were deemed eligible.

Attachment(s):

None

Date response sent:

04/10/2018

Continuing healthcare

FOI 69910 Continuing healthcare and directors

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<tr>
<th>Date request received:</th>
<th>04/09/2018</th>
<th>FOI ref:</th>
<th>69910</th>
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</table>

Requested information:

1. What is the name and contact details of your Head of Commissioning for the CCG?
2. What is the name and contact details of the individual who manages both your Older and Younger Persons Team?
3. What is the name and contact details of the individual who manages your Physical Disabilities Team?
4. How many packages of 24 hour Homecare has the CCG commissioned from 04/08/2018?
5. How many packages of 24 hour Live-in Care has the CCG commissioned from 04/08/2018?
6. What is the average cost currently being commissioned per Live-in Care package?

Response:

1. NHS Kernow asked for clarification on this question as to what area of commissioning this relates to. No response has been received.
2. NHS Kernow does not release the names of employees below director level. The director with responsibility for Older and Younger Persons Team is John
Groom, john.groom@nhs.net.

3. NHS Kernow does not release the names of employees below director level. The director with responsibility for Physical Disabilities is John Groom, john.groom@nhs.net.

4. As the number of 24 hour Homecare packages commissioned since 04/08/2018 is less than five, NHS Kernow exempts the release of this information under section 40 of the Freedom of Information Act 2000 – Personal Information, as it could identify individuals involved.

5. NHS Kernow has not commissioned any 24 hour Live-in Care packages since 04/08/2018.

6. The current average cost of a Live-in Care package is £2082 per week.

Attachment(s):
None

Date response sent:
19/09/2018

FOI 70280 Continuing healthcare assessments

Date request received: 27/09/2018

Requested information:
1. How many Continuing Heath Care assessments have been made in Cornwall over three years for home care,
2. How many have been successful?
3. Most importantly what is the average length of time that the recipients have received CHC awards for care in their own home?

Response:
1. NHS Kernow does not hold this information; type of care product is only recorded against packages of care and not assessments.
2. For the three year period 01/10/2015 – 30/09/2018 1754 have been successful – please note this does not include fast track or funded nursing care.
3. The average length of a home care package is 110 days, of the 1754 packages above, the 250 packages that are currently open have not been used in this calculation.

Attachment(s):
None

Date response sent:
18/10/2018

FOI 69920 Continuing healthcare assessors

Date request received: 03/09/2018

Requested information:
We would be much obliged if you would forward us the details of the professional bodies of which your assessors are members and the bodies to which your senior
Response:
All of NHS Kernow’s nurse assessors are registered with the Nursing and Midwifery Council, more information is available on their website; https://www.nmc.org.uk/. The director with responsibility for Continuing Healthcare is John Groom; he is not a member of any professional bodies.
Helen Childs is NHS Kernow’s Chief Operating Officer and John Groom’s line manager, she is a nurse registered with the Nursing and Midwifery Council.
NHS Kernow’s Chair – Dr Iain Chorlton is a GP and is therefore registered with the General Medical Council https://www.gmc-uk.org/ and the Royal College of General Practitioners http://www.rcgp.org.uk/.

Date request received: 21/09/2018
FOI ref: 70210

Requested information:
I am writing to you under the Freedom of Information Act 2000 to request information on your organisations Continuing Healthcare spend and number of patients for the financial years 16/17 and 17/18. I am additionally requesting information on Personal Health Budgets. Please provide this information by completing the attached spreadsheet.

Response:
Please see attached.

Date response sent: None

FOI 70040 IT systems

Date request received: 11/09/2018
FOI ref: 70040

Requested information:
1. IT system(s) in use for Continuing Healthcare (CHC)
2. Start date of contract/licence (of all if more than one in use)
3. End date of contract/licence (of all if more than one in use)
4. Start of use (may be different to start of contract if the system has been in use for several years)

Response:
1. NHS Kernow uses Broadcare as the continuing healthcare IT system.
2. The contract/licence start date for this was 1st April 2018.
3. The contract/licence end date is 31st March 2019.

**Attachment(s):**
None

**Date response sent:**
19/09/2018

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**FOI 70270 Personal health budgets**

**Date request received:** 27/09/2018  **FOI ref:** 70270

**Requested information:**
1. How much did the CCG spend on PHBs in the last 3 months?
2. How much did the CCG spend on managing PHBs in the last 3 months?
3. Does the CCG use any third party provider to process PHB payments? If so who are they and please specify the name of the organisation?

**Response:**
1. NHS Kernow’s figures below are rounded to the nearest thousand:

<table>
<thead>
<tr>
<th></th>
<th>July 2018</th>
<th>August 2018</th>
<th>September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly spend</td>
<td>£369,000</td>
<td>£404,000</td>
<td>£390,000</td>
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<tr>
<td>The above spend</td>
<td>(£16,000)</td>
<td>(£9,000)</td>
<td>(£5,000)</td>
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<tr>
<td>is net of reclaims:</td>
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<tr>
<td>Adjusted for</td>
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<td>£395,000</td>
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<tr>
<td>reclaims:</td>
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</tr>
</tbody>
</table>

2. NHS Kernow is unable to answer this question as members of staff work on a variety of tasks and we are therefore not able to accurately calculate costs directly attributable to the management of PHBs.
3. NHS Kernow generates and processes all of the PHB payments to the individuals’ nominated bank accounts.

**Attachment(s):**
None

**Date response sent:**
17/10/2018

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**Contracts**

**FOI 70090 AQP**

**Date request received:** 12/09/2018  **FOI ref:** 70090

**Requested information:**
1. Please state whether Kernow CCG has a non-AQP contract with the Royal Cornwall Hospital NHS Trust to fit adult hearing aids, how long the contract has been in existence and at what point it is subject to review?

2. Please state whether the CCG and Trust have any agreement – written or other, or part of the contract or no – that allows the Trust to see AQP-eligible patients as non-AQP patients or through the non-AQP pathways, for example legacy patients, levels of comorbidity.

3. Given one reason the CCG has declined Scrivens request to open a service is ensuring value for money and best use of NHS resources, please:
   a. Provide the service specification for the Royal Cornwall Hospital NHS Trust non-AQP adult hearing service
   b. Please provide the inclusion and exclusion criteria the audiology department uses to code people as AQP and non-AQP, and which you therefore base payments on
   c. State the tariffs paid to the Trust for the non-AQP adult hearing service

4. Please explain what action NHS Improvement or the CCG has taken in response to being informed the Trust codes 41% of its adult hearing aid patient as “non-AQP”?

5. Given the CCG’s claimed analysis of need, please provide evidence that supports the Trust coding 41% of adult hearing aids as “non-AQP” i.e. if patients do not have age-related hearing loss what do they have that requires them to have hearing aids?

6. Please provide the CCG’s analysis of GP referral patterns and any other analysis the CCG used to inform its decision to refuse Scrivens request for mobilisation at Stennack Surgery?

7. The CCG suggests its experience shows that there is not unmet need but that opening new locations increases demand. Please provide the CCGs analysis of local need and explain what the CCG means – i.e. if the CCG means there is supplier induced demand or unnecessary interventions please provide evidence for this. We understand that this should be in an anonymised format.

8. Please also provide any NHS Trust activity growth and waiting times for the relevant period which the CCG has used in its analysis.

Response:

1. NHS Kernow commissions non-AQP audiology services from Royal Cornwall Hospital. This service is included as part of their NHS standard contract and incorporated within the ENT service line. The contract was established prior to the start of NHS Kernow on 1st April 2013. In line with the Cornwall and Isles of Scilly Sustainability and Transformation Plan, NHS Kernow is working with our providers to review current services over a planned timeline.

2. The service specification for AQP audiology dictates that only people aged 55 years and older with routine age related hearing loss can be seen on an AQP audiology pathway. Royal Cornwall Hospital Trust, University Hospital Plymouth and Northern Devon Healthcare Trust are also commissioned to provide non-AQP audiology for individuals who do not meet the AQP criteria. This includes people under the age of 55 years, people who need hearing assessments as part of an Ear, Nose and Throat pathway and those with contraindications outlined in the British Academy of Audiology Guidance for primary care: Direct referral of adults with hearing difficulty to audiology 2016.

3. a. Anything not defined when the AQP service specification is contained
within the non AQP pathway. At this time, there is no specifically defined non AQP pathway service specification as this sits within the Ear Nose and Throat service line.

b. NHS Kernow does not hold this information, for more information please contact the providers; Royal Cornwall Hospitals Trust, rch-tr.FOI@nhs.net.

c. Royal Cornwall Hospital are not paid on a tariff basis as there is a shared financial framework in place with this provider and thus ensuring services are managed within a fixed financial envelope as part of integrated system working.

4. NHS Kernow is continually working with all providers to ensure patients are coded as per NHS guidelines. NHS Kernow would raise challenges to these providers if appropriate. NHSI confirmed that any work with NHS Kernow in relation to coding would be carried out on an informal basis. NHSI supplied us with a list of coding areas which should evoke challenge if identified.

5. NHS Kernow does not hold this information, for more information please contact the providers; Royal Cornwall Hospitals Trust, rch-tr.FOI@nhs.net.

6. Responded to outside of FOI – due to commercially sensitive information belonging to the requestor.

7. Responded to outside of FOI - due to commercially sensitive information belonging to the requestor.

8. Current levels of activity, previous levels of activity and current waiting list times for audiology providers can be found on the NHS England website [https://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/](https://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/).

### Attachment(s):

None

### Date response sent:

10/10/2018

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**FOI 69900 Grants schemes**

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>04/09/2018</th>
<th>FOI ref:</th>
<th>69900</th>
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</table>

**Requested information:**

1. Does the CCG operate a Grant Scheme?
2. If yes, what is the total value of grants awarded and to how many organisations?
3. What is the grant application process - can I have a copy of the form used?
4. What duration are Grants awarded for? if various lengths then typical length please
5. Do you award services to charities and voluntary organisations through formal competitive & compliant processes
6. If yes, how many NHS Standard contracts do you currently have with CVO’s and what is their total value?

**Response:**

1. NHS Kernow does not operate a grant scheme.
2. Not applicable.
3. Not applicable.
4. Not applicable.
5. NHS Kernow awards services to charities and voluntary organisations through formal competitive and complaint processes.
6. NHS Kernow currently has 17 NHS Standard contracts with CVOs, with a total value of £2,599,858.71.

**Attachment(s):**
None

**Date response sent:**
24/09/2018

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**Finance and budgets**

**FOI 70000 Finances**

<table>
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<tr>
<th>Date request received:</th>
<th>10/09/2018</th>
<th>FOI ref:</th>
<th>70000</th>
</tr>
</thead>
</table>

**Requested information:**
Information on all transactions over £25,000 from March 2014 until March 2017 and March 2018 until August 2018 for NHS Kernow CCG. Please provide:
- the date of transaction
- the value of transaction
- the recipient
- category of the transaction
(As a minimum)

**Response:**

Please see attachments for older information no longer on our website.

**Attachment(s):**

Expenditure over Threshold September 2014.xlsx
Expenditure over Threshold Mar 14.xlsx
Expenditure Over Threshold September 2015.xlsx
Expenditure Over Threshold May 14.xlsx
Expenditure Over Threshold October 14.xlsx
Expenditure over Threshold April 15.xlsx
Expenditure over Threshold December 14.xlsx
Expenditure over Threshold November 14.xlsx
Expenditure Over Threshold June 2015.xlsx
Expenditure over Threshold July 2015.xlsx
Expenditure over Threshold August 2015.xlsx
Expenditure over Threshold April 15.xlsx
Expenditure over Threshold May 14.xlsx
Expenditure over Threshold Mar 15.xlsx
FOI 69890 IT systems

<table>
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<th>Date request received:</th>
<th>04/09/2018</th>
<th>FOI ref:</th>
<th>69890</th>
</tr>
</thead>
</table>

**Requested information:**
Under the terms of Freedom of Information Act I would like to request information regarding the organisation’s spend on systems and it’s sub-systems for FY 2015-16, FY 2016-17, FY 2017-18 and projected spend for FY 2018-19.

Herewith I have attached a form (excel spreadsheet) which will allow you easy entry of responses.

**Response:**
As a commissioning organisation NHS Kernow does not use the systems listed in the request. For more information please contact the providers; Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net.

The only relevant NHS Kernow has for this FOI is for Optimise RX – prescribing software, the costs for which are listed below.

<table>
<thead>
<tr>
<th></th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
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</thead>
<tbody>
<tr>
<td>Optimise RX</td>
<td>£78,076</td>
<td>£247,442</td>
<td>£219,926</td>
<td>£219,926</td>
</tr>
</tbody>
</table>

(Contract not yet finalised - assumed at the same rate as 17/18)

Finance software is provided free of charge by Shared Business Services [https://www.sbs.nhs.uk/contact-us](https://www.sbs.nhs.uk/contact-us) and NHS England [england.contactus@nhs.net](mailto:england.contactus@nhs.net), please contact them for more information.

**Attachment(s):**
None

**Date response sent:**
19/09/2018

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**Mental health and learning disabilities**

**FOI 69930 ADHD services**
Date request received: 05/09/2018  FOI ref: 69930

Requested information:

1. What is the precise number of (a) children and young people (normally aged 18 and under) and (b) adults (normally over 18) you commissioned ADHD services for in the year 2017-18?
2. Was there a maximum cap on the number of (a) children and young people and (b) adults that you commissioned services for in the year 2017-18?
3. What's your CCG's total amount of budget spent annually on commissioned ADHD services for (a) those under 18, and (b) those over 18
4. When specifying and commissioning ADHD services, what assumption do you make about the expected number of new patients (a) under 18, and (b) over 18, that will receive a diagnosis in a given year?
5. When specifying and commissioning ADHD services, what expectations do you set for the number of patients who will be reviewed per annum within the services, for both (a) those under 18, and (b) those over 18
6. How many patients (i) under 18 and (ii) over 18 in your area have a formal diagnosis of ADHD?
7. What is the average waiting time, in months, for those over 18 presenting with symptoms of ADHD (a) from referral to assessment and (b) from referral to diagnosis?

Response:
NHS Kernow does not commission an ADHD service for children, young people or adults. ADHD assessments are part of a block contract for CAMHS services and NHS Kernow does not hold information at this level of detail. For more information please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net who are the providers.

Attachment(s):
None

Date response sent: 25/09/2018

---

FOI 70340 Learning disabilities

Date request received: 30/09/2018  FOI ref: 70340

Requested information:

As the NHS learning disability services / Transforming Care Partnership (TCP) within your area will be aware, this data is already collected in two current datasets – the Assuring Transformation (AT) returns and the Mental Health Statistics Data Sets – LD (MHSDS) for NHS Digital, so hopefully will be very straightforward to supply. The cumulative information is currently published by NHS Digital on an England wide scale but is required regionally for the purposes of this study, hence the need for a freedom of information request.

Please note that the information required is specifically for those patients with learning disabilities requiring admission on the basis of an increase in their distressed behaviours and / or a decline in their mental health who require initial
assessment and treatment; please do not include those admitted to acute medical wards for the purposes of treating a physical illness or condition.

Can you please provide, from February 2015 – your most recent month end data collection, on a month by month basis:

1. No. of patients with learning disabilities at beginning of month in a private provider hospital bed.
2. No. of patients with learning disabilities at beginning of month in an NHS hospital bed.
3. No. of patients with learning disabilities admitted during month to a private provider hospital bed.
4. No. of patients with learning disabilities admitted during month to an NHS hospital bed.
5. No. of patients with learning disabilities discharged during month from a private provider bed.
6. No. of patients with learning disabilities discharged during month from an NHS hospital bed.
7. Length of stay for each patient with learning disabilities per monthly reporting period in a private provider hospital bed.
8. Length of stay for each patient with learning disabilities per monthly reporting period in an NHS hospital bed.
9. No. of patients with learning disabilities in a private provider hospital bed at end of monthly reporting period.
10. No. of patients with learning disabilities in an NHS hospital bed at end of monthly reporting period.
11. Total length of stay per patient with learning disabilities (cumulative).
12. No. of first admissions / readmissions / transfers to other hospitals of people with learning disabilities per monthly reporting period.
13. Distance from home per patient with learning disabilities per monthly reporting period.
14. No. of patients with learning disabilities accommodated out of county per monthly reporting period. i) in private provider hospital beds & ii) in NHS beds.
15. No. of patients with learning disabilities accommodated in county per monthly reporting period. i) in private provider hospital beds & ii) in NHS beds.
16. No. of patients with learning disabilities per ward type (Learning Disability specific or mainstream Mental Health ward) per monthly reporting period.
17. Average cost of bed per month per patient with a learning disability in private hospital bed.
18. Average cost of bed per month per patient with a learning disability in an NHS hospital bed.

Response:

*As the number is less than five or would identify a number less than five, NHS Kernow exempts the release of this information under section 40 of the Freedom of Information Act 2000 – Personal Information, as it could identify individuals involved.

1. Please see below table with numbers of patients with learning disabilities admitted to private and NHS providers on a monthly basis;

<table>
<thead>
<tr>
<th>Month</th>
<th>Private</th>
<th>NHS</th>
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<tbody>
<tr>
<td>Feb-15</td>
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<tr>
<td>Month</td>
<td>Year</td>
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<tr>
<td>Mar-15</td>
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<tr>
<td>Dec-16</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Jan-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Feb-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Mar-17</td>
<td>*</td>
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</tr>
<tr>
<td>Apr-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>May-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Jun-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Jul-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Aug-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Sep-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Oct-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Nov-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Dec-17</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Jan-18</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Feb-18</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Mar-18</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Apr-18</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>May-18</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Jun-18</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Jul-18</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Aug-18</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Sep-18</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
2. *The numbers of patients with learning disabilities in NHS hospital beds are all less than five.
3. Please see above answer to Q1 – as the data set is incomplete this is the best response we can provide.
4. Please see above answer to Q1.
5. There are no patients with learning disabilities with an actual date of discharge from private providers.
6. *The numbers of patients discharged was less than five.
7. From February 2015 the average length of stay for patients with learning disabilities in a private hospital bed is 473 days.
8. From February 2015 the average length of stay for patients with learning disabilities in an NHS hospital bed is 298 days.
9. Please see above answer to Q1 – as the data set is incomplete this is the best response we can provide.
10. Please see above answer to Q1.
11. Please see below table with cumulative length of stay for patients with learning disabilities, this data has been aggregated to prevent identifying individuals involved;

<table>
<thead>
<tr>
<th>Days admitted</th>
<th>Count of Date of Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>97-1096</td>
<td>7</td>
</tr>
<tr>
<td>1097-2096</td>
<td>7</td>
</tr>
<tr>
<td>2097-3096</td>
<td>*</td>
</tr>
<tr>
<td>3097-4096</td>
<td>*</td>
</tr>
<tr>
<td>9097-10096</td>
<td>*</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

12. Please see answer to Q1 for first admissions, this is the best fit we can provide for a response to this question.
*The number of patients who were readmitted was less than five.
Due to data incompleteness NHS Kernow is unable to provide the number of transfers.
13. For the purpose of this answer we have used NHS Kernow's base in St Austell as ‘home’ to protect patients’ identity and because it is not known for all patients where they are originally from. This data has been aggregated to prevent identifying individuals involved;

<table>
<thead>
<tr>
<th>Distance</th>
<th>Count of Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-200 miles</td>
<td>8</td>
</tr>
<tr>
<td>201-400 miles</td>
<td>9</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

14. At present we have 17 patients with learning disabilities admitted out of county.
15. NHS Kernow does not have any learning disability beds in county.
16. Please see below table for count of ward type;

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Count of Q17bWardType</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>
17. The average cost of bed per week for a patient with learning disabilities in a private hospital bed is £2750 per week.
18. The average cost of bed per week for a patient with learning disabilities in an NHS hospital bed is £2823.

Organisation

FOI 69990 Human resources

Date request received: 10/09/2018  FOI ref: 69990

Requested information:
1. For new starters or staff who have had a significant change of role and need a new DBS check, do you (the employer) pay for the DBS check
2. If you answered 'no' do you reimburse staff for this payment
3. Do you, as an employer have a policy on DBS charges for staff?
4. If you answered yes, was the policy consulted on with staff side
5. Do you ask staff to use the update service
6. If you answered 'yes' do you reimburse staff for this payment

Response:
1. NHS Kernow pays for all DBS checks.
2. Not applicable.
3. NHS Kernow has a DBS policy, but it does not contain details of charges, nor does our expenses policy.
4. The policy was consulted with staff.
5. NHS Kernow does ask staff to use the update service.
6. NHS Kernow does reimburse staff for this payment.

Attachment(s):
None

Date response sent: 19/09/2018
1. Does the CCG provide a cost-estimate for the following areas of VTE management and care?
   a. VTE hospitalisation – yes/no
      i. If ‘yes’, please indicate how much between 1 April 2017 and 31 March 2018; if ‘no’ then please indicate how many hospitalisations have taken place between 1 April 2017 and 31 March 2018.
   b. VTE re-admissions – yes/no
      i. If ‘yes’, please indicate how much between 1 April 2017 and 31 March 2018; if ‘no’ then please indicate how many re-admissions have taken place between 1 April 2017 and 31 March 2018.
   c. Length of stay in hospital due to a VTE diagnosis – yes/no
      i. If ‘yes’, please indicate how much between 1 April 2017 and 31 March 2018; if ‘no’ then please indicate the average length of stay in hospital between 1 April 2017 and 31 March 2018.
   d. Does the CCG provide a cost of VTE management (i.e. assessing, diagnosing, treating and reducing the risk of VTE) – yes/no
      i. If ‘yes’, please indicate how much between 1 April 2017 and 31 March 2018; if ‘no’ then please indicate the amount of time spent of VTE management between 1 April 2017 and 31 March 2018.
   e. Does the CCG estimate the annual all-cause costs of the treatment of VTE complications (i.e. postthrombotic syndrome (PTS), and chronic thromboembolic pulmonary hypertension (CTEPH)? – yes/no
      i. If ‘yes’, please indicate how much between 1 April 2017 and 31 March 2018; if ‘no’ then please indicate the number of VTE complications that occurred between 1 April 2017 and 31 March 2018.
   f. Does the CCG estimate the annual all-cause cost of the treatment of VTE comorbidities? – yes/no
      i. If ‘yes’, please indicate how much between 1 April 2017 and 31 March 2018; if ‘no’ then please indicate the number of VTE comorbidities that occurred between 1 April 2017 and 31 March 2018.

2. Between 1 April 2017 and 31 March 2018, please estimate how much your CCG spent on VTE.
   a. Cost of DVT
   b. Cost of PE
   c. Total spend

3. Between 1 April 2017 and 31 March 2018, please estimate how much your CCG spent on VTE in the following health settings.
4. Between 1 April 2017 and 31 March 2018, please estimate how much your CCG spent on VTE in the following health settings.

<table>
<thead>
<tr>
<th>Setting</th>
<th>DVT</th>
<th>PE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total spend</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Between 1 April 2017 and 31 March 2018, has your CCG imposed any financial sanctions on providers for failure to comply with the national obligation to perform Root Cause Analysis of all confirmed cases of hospital-associated thrombosis (HAT)? – yes/no
   a. If 'yes'. Please specify which providers your CCG has imposed financial sanctions, Between 1 April 2017 and 31 March 2018:

<table>
<thead>
<tr>
<th>Name of provider</th>
<th>Financial sanction?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Between 1 April 2017 and 31 March 2018, has your CCG imposed sanctions (e.g. percentage reduction in tariff payments) on secondary care providers that fail to risk assess at least 95% of all adult inpatients? – yes/no
   a. If 'yes' please outline the estimated reduction in tariff payments on secondary care providers

7. Please outline, if any, the monetary amount the CCG has paid out in clinical negligence claims due to failures to undertake VTE prevention duties in the last three years; 2014/15, 2015/16, 2016/17

Response:

1. NHS Kernow provides cost-estimates for the following areas of VTE management and care;
   a. For VTE hospitalisation estimates please see Q4.
   b. NHS Kernow estimates the cost of VTE re-admissions to be £27,344 between 1 April 2017 and 31 March 2018.
   c. NHS Kernow estimates the cost of length of stay in hospital due to a VTE diagnosis to be £27,760 between 1 April 2017 and 31 March 2018.
   d. NHS Kernow does not estimate cost of VTE management.
      i. NHS Kernow does not hold this information, for more information please contact our main providers; Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net and also Northern Devon Healthcare NHS Trust https://www.northdevonhealth.nhs.uk/about/foi/form/ and University Hospitals Plymouth NHS Trust plh-tr.foi-requests@nhs.net.
   e. NHS Kernow does not estimate annual all-cause costs of treatment of
VTE complications.
  i. NHS Kernow does not hold this information, for more information please contact our main providers; Royal Cornwall Hospitals Trust rch-tr.FOI@nhs.net and also Northern Devon Healthcare NHS Trust https://www.northdevonhealth.nhs.uk/about/foi/form/ and University Hospitals Plymouth NHS Trust plh-tr.foi-requests@nhs.net.

f. NHS Kernow does not estimate annual all-cause costs of treatment of VTE comorbidities.
  i. Please see below table detailing the number of VTE comorbidities between 1 April 2017 and 31 March 2018. *Numbers less than five have been redacted under section 40 of the Freedom of Information Act 2000, to prevent the identity of individuals involved. Please also note patients may be included multiple times if they had more than one comorbidity during their spell.

<table>
<thead>
<tr>
<th>Charlson Comorbidity Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction</td>
<td>8</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>*</td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
<td>5</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>0</td>
</tr>
<tr>
<td>Dementia</td>
<td>0</td>
</tr>
<tr>
<td>Chronic pulmonary disease</td>
<td>*</td>
</tr>
<tr>
<td>Rheumatic disease</td>
<td>0</td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes without chronic complication</td>
<td>28</td>
</tr>
<tr>
<td>Diabetes with chronic complication</td>
<td>*</td>
</tr>
<tr>
<td>Hemiplegia or paraplegia</td>
<td>0</td>
</tr>
<tr>
<td>Renal disease</td>
<td>*</td>
</tr>
<tr>
<td>Any malignancy, including lymphoma and leukaemia, except malignant neoplasm of skin</td>
<td>13</td>
</tr>
<tr>
<td>Moderate or severe liver disease</td>
<td>*</td>
</tr>
<tr>
<td>Metastatic solid tumour</td>
<td>0</td>
</tr>
<tr>
<td>AIDS/HIV</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Please note NHS Kernow is only able to provide costs for hospital care. For more information relating to hospital care please contact Royal Cornwall Hospitals Trust, rch-tr.FOI@nhs.net, for more information relating to community care please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net and for more information relating to primary care please contact NHS England, england.contactus@nhs.net.

3. Between 1 April 2017 and 31 March 2018, NHS Kernow has spent the following:

<table>
<thead>
<tr>
<th></th>
<th>DVT</th>
<th>PE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>NHS England</td>
<td>Please see Q4</td>
</tr>
<tr>
<td>Secondary care</td>
<td>Please see Q4</td>
<td>Please see Q4</td>
</tr>
</tbody>
</table>
4. Between 1 April 2017 and 31 March 2018, NHS Kernow has spent the following, please note we are unable to provide detailed break downs for block contracts;

<table>
<thead>
<tr>
<th></th>
<th>DVT</th>
<th>PE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community care</td>
<td>Part of block contract</td>
<td>Part of block contract</td>
</tr>
<tr>
<td>Hospital care</td>
<td>£252,000</td>
<td>£1,966,000</td>
</tr>
</tbody>
</table>

5. Between 1 April 2017 and 31 March 2018 NHS Kernow has not imposed any financial sanctions on providers for failure to comply with the national obligation to perform Root Cause Analysis if all confirmed cases of hospital-associated thrombosis.

6. Between 1 April 2017 and 31 March 2018 NHS Kernow has not imposed any sanctions on secondary care providers that fail to risk assess at least 95% of all adult inpatients.

7. NHS Kernow has not paid out in clinical negligence claims due to failures to undertake VTE prevention duties in the last three years; 2014/15, 2015/16 and 2016/17.

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**Prescribing & pharmacies**

**FOI 70050 Blood glucose formulary**

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>11/09/2018</th>
<th>FOI ref:</th>
<th>70050</th>
</tr>
</thead>
</table>

**Requested information:**

1. Please state whether your CCG currently offers Freestyle Libre on NHS prescription to patients with type 1 diabetes. (please state "yes" or "no")
2. If the answer to Q1 was "yes", please state:
   a. When your CCG begun offering Freestyle Libre on NHS prescription
   b. Any specific criteria that patients have to meet in order to be eligible to receive Freestyle Libre
3. Please state the total number of NHS patients who have obtained Freestyle Libre on prescription in your CCG since Freestyle Libre was listed in the NHS drug tariff on 1st of November 2017. (please state "zero" if applicable)
4. Please state your CCG’s total spend on prescribing Freestyle Libre to date. (please state "zero" if applicable)
5. Please state when your CCG next intends to review its commissioning policy on Freestyle Libre.

**Response:**

1. NHS Kernow currently offers Freestyle Libre on NHS prescription to patients with type 1 diabetes.
2. Information about eligibility criteria and when it is available is on our website; https://www.kernowccg.nhs.uk/news/2018/06/freestyle-libre-available-to-eligible-patients/.

3. NHS Kernow does not hold this information, prescribing data is listed by items/quantities/costs and not patient numbers.

4. To date NHS Kernow has spent £5,486.50 on Freestyle Libre.

5. NHS Kernow will review its commissioning policy in June 2021.

Attachment(s):
None

Date response sent:
19/09/2018

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FOI 70190 Prescribing recommendations

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>19/09/2018</th>
<th>FOI ref:</th>
<th>70190</th>
</tr>
</thead>
</table>

**Requested information:**

1. Have you implemented NHS England’s guidance on minor, self-limiting or other otherwise short-term conditions for which over-the-counter items should not routinely be prescribed?

2. The guidance recommends that vulnerable patients are exempt from the restrictions. Under the list of general exception scenarios, the guidelines include “individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.”

   If the guidance has been implemented, have you taken steps to ensure vulnerable patients are exempt from the restrictions?

3. Do you currently commission a community pharmacy minor ailments scheme?

   If so, what is the annual funding level for the scheme?

4. Have you commissioned a community pharmacy minor ailments scheme in any of the last three years?

**Response:**

1. NHS Kernow has implemented NHS England’s guidance on minor, self-limiting or otherwise short-term conditions for which over-the-counter items should not routinely be prescribed.

2. NHS Kernow has taken steps to ensure vulnerable patients are exempt from the restrictions.

3. NHS Kernow commissions a community pharmacy minor ailments scheme; the annual funding for this scheme is £270,000.

4. The community pharmacy has been commissioned since 2005.

Attachment(s):
None

Date response sent:
25/09/2018
FOI 70110 Rebate schemes

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>13/09/2018</th>
<th>FOI ref:</th>
<th>70110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please could you provide us with the following information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A list of all manufacturers and medicines (brand name and generic name) which have a rebate, discount, patient access, risk-sharing or other pricing agreement in place with NHS Kernow CCG.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Kernow’s currently holds rebate, discount, patient access, risk-sharing or other pricing agreements for the following pharmaceutical products/medicines/drugs;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug(s) covered</td>
<td>Manufacturer</td>
<td>Generic name</td>
<td>Scheme start date</td>
</tr>
<tr>
<td>Seretide</td>
<td>Glaxo Smith Kline</td>
<td>Fluticasone and Salmeterole</td>
<td>01/09/2016</td>
</tr>
<tr>
<td>Gluco RX testing medley</td>
<td>Gluco RX</td>
<td>No generic</td>
<td>01/04/2018</td>
</tr>
<tr>
<td>Spiolto</td>
<td>Boehringer Ingelheim</td>
<td>Tiotropium</td>
<td>01/09/2016</td>
</tr>
<tr>
<td>Lantus</td>
<td>Sanofi</td>
<td>insulin glargine</td>
<td>01/04/2018</td>
</tr>
<tr>
<td>Biquelle XL</td>
<td>Aspire</td>
<td>Quetiapine</td>
<td>01/04/2017</td>
</tr>
<tr>
<td>Insuman</td>
<td>Sanofi</td>
<td>Insulin</td>
<td>01/04/2018</td>
</tr>
<tr>
<td>Apidra</td>
<td>Sanofi</td>
<td>Insulin</td>
<td>01/04/2018</td>
</tr>
<tr>
<td>Fencino</td>
<td>Ethypharm</td>
<td>Matrifén</td>
<td>01/04/2016</td>
</tr>
<tr>
<td>Edoxaban</td>
<td>Daiichi Sankyo</td>
<td>No generic</td>
<td>01/04/2018</td>
</tr>
<tr>
<td>Lispro</td>
<td>Sanofi</td>
<td>Insulin</td>
<td>01/07/2018</td>
</tr>
<tr>
<td>Pipexus</td>
<td>Ethypharm</td>
<td>Pamiprexole</td>
<td>01/07/2018</td>
</tr>
<tr>
<td>Attachment(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date response sent:</td>
<td>25/09/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Urgent care

FOI 70200 Helston Community Hospital

<table>
<thead>
<tr>
<th>Date request received:</th>
<th>19/09/2018</th>
<th>FOI ref:</th>
<th>70200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Can you please give me details regarding current and future doctor cover at Helston Community Hospital?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has doctor cover been arranged for all 24 beds? If not how many are covered?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23
3. What is the length of the contract regarding current doctor cover? Is it long term or temporary?
4. Can you inform me why the MIU at Helston was closed on 15th October 2018? How many times in the past two months have closures occurred and are they expected to continue?

Response:
1. Helston Community Hospital has doctor cover Monday to Friday provided by sessional GPs with one doctor working regularly three days per week.
2. There is medical cover to manage all 24 beds long term.
3. Recruitment is ongoing into permanent contracts for the medical ward cover at Helston and should be in place for November 2018.
4. There are no planned closures for Helston Community Hospital for 15th October 2018. Data received from August 2018 showed three closures. Every effort is always made to keep the unit open. Short term closures are usually due to two reasons; staff sickness and staff from this site being moved to support a busier site to remain open.

Attachment(s):
None

Date response sent:
28/09/2018

Women’s health

FOI 69980 Assisted conception

Date request received: 07/09/2018  FOI ref: 69980

Requested information:
1. How many cycles of IVF treatment do you offer eligible women?
2. Do you offer women aged between 40 and 42 one full cycles of IVF? Please respond yes or no.
3. a. What is the maximum age a woman can be to be eligible for IVF treatment?
    b. What is the minimum age a woman can be to be eligible for IVF treatment?
4. What was the minimum and maximum age a woman was eligible for IVF treatment in 2013?
5. a. Do you have any age restrictions for men for a couple to be eligible for IVF treatment with you? Please respond yes or no.
    b. If so, what is the oldest a man can be in order for a couple to be eligible for treatment?

Response:
NHS Kernow has previously answered these questions in July 2018, our answers are published on our website; https://www.kernowccg.nhs.uk/get-info/information-governance/freedom-of-information-(foi)-requests/foi-disclosure-log/. Our treatment
policies are also available on our website; [https://www.kernowccg.nhs.uk/get-info/treatment-policies/](https://www.kernowccg.nhs.uk/get-info/treatment-policies/).

**Attachment(s):**
None

**Date response sent:**
11/09/2018