



Kernow

Clinical Commissioning Group

**NHS Kernow - Disclosure Log
Freedom of Information Requests
August 2019**

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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 76390 Continuing healthcare applications

Date request received:	20/08/2019- clarification received 30/08/2019	FOI ref:	76390
Requested information:			
<p>Please could you provide me with the following information regarding NHS continuing health care (CHC) payments in the five years up to the end of the 2018-2019 financial year:</p> <ol style="list-style-type: none"> 1. The amount of funding the CCG has paid out as a result of retrospective CHC claims, broken down by year 2. The number of people who have had their CHC funding withdrawn, broken down by year – clarification provided - A reassessment after a change in need was identified during review 3. The number of people who have undergone reassessments for their CHC funding, broken down by year 			

Response:

Information is provided for each financial year ended 31 March.

1.	2014/2015	£139,605.99
	2015/2016	£218,947.67
	2016/2017	£28,283.87
	2017/2018	£19,323.13
	2018/2019	£35,229.46
2.	2014/2015	9
	2015/2016	38
	2016/2017	25
	2017/2018	34
	2018/2019	20
3.	2014/2015	262
	2015/2016	328
	2016/2017	331
	2017/2018	364
	2018/2019	279

Attachment(s):

none

Date response sent:

24/09/2019

FOI 76190 Continuing healthcare information

Date request received:	09/08/2019	FOI ref:	76190
Requested information:			
<p>Our request relates to claims pursued for NHS funded continuing healthcare under the scheme announced by the Department of Health in 2012. Therefore, registered with the Clinical Commissioning Groups (CCGs) before September 2012 (for claims involving periods of care from 1 April 2004 to 31 March 2011) and 31 March 2013 (for claims involving periods of care from 1 April 2011 to 31 March 2012).</p> <p>Our request therefore relates to claims involving previously un-assessed periods of care ("PUPoC") and claims were any assessments completed at the time were deemed flawed under the October 2012 guidance, NHS Continuing Healthcare: Dealing with requests for assessments for un-assessed periods of care.</p> <p>In respect of the claims, please provide us with the following information:</p> <ol style="list-style-type: none"> 1. How many PUPoC cases have been completed by or on behalf of the CCG 2. How many PUPoC cases are still open. 3. How many of the cases referred to in 1 above have been successful, (i.e 			

<p>redress paid)</p> <ol style="list-style-type: none"> 4. How many PUPoC cases are waiting for redress (eligibility awarded and redress to be made) 5. Please provide the total amount paid in redress to claimants. Please provide this amount annually. 6. In relation to 4 above, please provide the total amount paid in interest to claimants. Please provide this information annually. 7. If applicable, please confirm the total amount paid by the CCG to commission third parties (CSU and/or private companies) to undertake retrospective PUPoC claims.
Response:
<ol style="list-style-type: none"> 1. 574 2. None 3. 101 4. 2 5. See attached spreadsheet 6. See attached spreadsheet 7. None, process completed in house
Attachment(s):
Yes - NHS Kernow FOI 76190 - PUPC Redress Figures
Date response sent:
04/09/2019

FOI 76180 Continuing healthcare applications

Date request received:	08/08/2019	FOI ref:	76180
Requested information:			
<p>Request for information under the Freedom of Information Act and in relation to assessments undertaken for NHS Continuing Healthcare.</p> <ol style="list-style-type: none"> 1. Between 1 January 2017 to 31 July 2019: <ol style="list-style-type: none"> a) How many NHS continuing healthcare assessments (Decision Support Tools or fast track assessments) were undertaken; b) How many of the above assessments recommended eligibility for NHS continuing healthcare; and c) How many of the above eligible recommendations were overturned or granted by the CCG. <p>Please provide this data in annual figures or quarters.</p>			
Response:			
Year to 31	a. Fastrack Referrals	b. Fastracks Eligible	a. DST Assessments
			b. DST Eligible decision

March				
2017	1551	1542	562	152
2018	1522	1513	691	169
2019	942	942	412	78
c. None				
Attachment(s):				
none				
Date response sent:				
04/09/2019				

Contracts

FOI 76250 Termination of services

Date request received:	13/08/2019	FOI ref:	76250
Requested information:			
<p>1. Over the past three financial years (2016/17 to 2018/19 inclusive), in instances where your CCG has awarded contracts to private providers (i.e. non-NHS, independent sector providers, excluding charities and social enterprise) to provide NHS services, how many have been ended by the private providers before the end of the contracted period? Please provide the following details where possible:</p> <ol style="list-style-type: none"> The name of the provider The length and value of the contract, and the nature of the service being provided The reason for the premature termination The amount of time left to run on the contract at the point at which it was terminated How continuity of service was guaranteed following the termination If any termination payment was paid, and how much that payment was (i.e. was any money paid to compensate for the premature cancellation of the contract) <p>2. Over the same period, has the CCG prematurely terminated any contracts with private providers to provide NHS services before the end of the contracted period? As before, please provide details where possible.</p> <p>3. How many contracts in total has the CCG awarded to private providers over the same period?</p>			
Response:			
1. one			

<ul style="list-style-type: none"> a. Regional Hearing Specialists Limited b. This contract was awarded as an “Any Willing Provider” service for audiology (Hearing Aid assessment, supply and fitting for over 55 years of age) Commenced 1 April 2013 to 31 March 2016 with an option to extend until 31 March 2017 Annual spend variable but circa £85k per annum end March 2016. c. The Provider went out of business. d. 11 months of the extended period. e. New patients were sign posted to other Providers of this service, commissioned by the CCG, via their GPs. Existing patients were advised by the outgoing Provider to go back to their GP for a new referral. Hearing test prescription data, performed by Regional Hearing Specialists Limited, was made available from their Parent Company. f. None <p>2. None</p> <p>3. 2016/2017 inclusive 2016/2017 – 133 (not including NHS or Third sector) 2017/2018 – 270 (not including NHS or Third sector) 2018/2019 – No longer recorded in this way</p>
Attachment(s):
none
Date response sent:
03/09/2019

FOI 76140 Number of tests

Date request received:	08/08/2019	FOI ref:	76140
Requested information:			
<ol style="list-style-type: none"> 1. Has your CCG contracted out any stool antigen tests for helicobacter pylori testing as part of a block contract with a local hospital or hospitals <u>from January 1, 2018 till December 31, 2018?</u> 2. If the answer is ‘yes’, could you provide me the number of stool antigen tests performed under the block contract during this period. 3. If the CCG does not have a ‘block contract’ with a local hospital or hospitals or an external provider can you confirm this. 4. In either case please can you send me the total stool antigen tests for helicobacter pylori testing performed within the CCG <u>from January 1, 2018 till December 31, 2018</u> 			
Response:			

1. Yes, this is part of the block contract with Royal Cornwall Hospital NHS Trust (RCHT) and for the period 1 January 2018 to 31 December 2018 was part of the block contract with University Hospital Plymouth NHS Trust (UHP)
2. NHS Kernow does not hold the information requested. For more information please contact: RCHT rcht-tr.foi@nhs.net and UHP plh-tr.foi-requests@nhs.net
3. N/A
4. NHS Kernow does not hold the information requested. For more information please contact: RCHT rcht-tr.foi@nhs.net and UHP plh-tr.foi-requests@nhs.net

Attachment(s):

none

Date response sent:

16/08/2019

GP Spend

FOI 75980 Community health services

Date request received:	01/08/2019	FOI ref:	75980
Requested information:			
Subject: Procurement of GP Direct Access Pathology Services			
<ol style="list-style-type: none"> 1. Please list the pathology providers, including NHS organisations, which you used during financial year 2018/19 to provide GP direct access pathology services (list any provider with a spend in the year greater than £25,000) 2. Please provide the amount spent with each provider on GP direct access pathology during the year 2018/19. 3. Please state which of following methods for calculating payment best describes the contractual arrangement between the CCG and each provider <ol style="list-style-type: none"> a. Amount paid for direct access pathology not explicitly stated, ie included within larger overall contract b. Fixed payment amount for pathology agreed for the year c. Fixed payment amount agreed for the year, but adjusted if volumes are higher or lower than expected d. Payment calculated based on a cost per specialty, eg £X per blood science test, £Y per microbiology sample, £Z per histology case e. Payment calculated on a price per specific test, eg £X for Urea and Electrolytes, £Y for full blood count, £Z for MRSA test 			

4. Have the authority undertaken a procurement advertised via OJEU for GP direct access pathology during the past five years? If so, please provide link.

Response:

1. a. Royal Cornwall Hospital NHS Trust
b. University Hospital Plymouth Trust
c. Northern Devon Hospital Trust
2. a. £5,103,000
b. £1,187,000
c. £382,000
3. b. Fixed payment amount for pathology agreed for the year
4. none

Attachment(s):

None

Date response sent:

07/08/2019

Individual funding requests

FOI 76320 Limited clinical effectiveness

Date request received:	16/08/2019	FOI ref:	76320
Requested information:			
<p>Under the Freedom of Information Act, please can you provide me with the number of applications for prior approval made for Procedures of Limited Clinical Effectiveness, and the number refused, in each of the following financial years (2014/15, 2015/16, 2016/17, 2017/18, and 2018/19 (year from April to March), broken down by procedure.</p> <p>Please can you provide me with the number of individual funding requests made and refused in each of the following financial years (2014/15, 2015/16, 2016/17, 2017/18, and 2018/19 (year from April to March), broken down by procedure.</p>			
Response:			
<p>NHS Kernow does not have a prior approval process and does not use the term Procedures of Limited Clinical Benefit.</p> <p>The following procedures are those that sit outside the commissioning policies found at http://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Pol</p>			

[icies/CommissioningPolicies.pdf](https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf) and handled according to the IFR policy found at <https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/IndividualFundingForTreatmentPolicy.pdf>

Information relating to the number of individual funding requests for the years 2014/15 to 2017/18 were previously released in date year and the response published on our website: <https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/ManagingInformation/FOIRequests/201718/NHSKernowFOIsMarch2018.pdf>

2018/19 details

Intervention	Total applications	Declined
Abdominoplasty	Less than 5	Less than 5
Apronectomy	Less than 5	Less than 5
Assisted conception	9	*
Bariatric surgery	Less than 5	Less than 5
Blepharoplasty	Less than 5	Less than 5
Body contouring	Less than 5	Less than 5
Botox	Less than 5	Less than 5
Breast asymmetry correction	Less than 5	Less than 5
Breast augmentation	5	5
Breast implant replacement	Less than 5	Less than 5
Breast reduction	7	7
Cosmetic ear surgery	Less than 5	Less than 5
Cosmetic nose surgery	Less than 5	Less than 5
Ear lobe repair	Less than 5	Less than 5
Gastric band management	Less than 5	Less than 5
Gluten free food	Less than 5	Less than 5
Gynaecomastia	Less than 5	Less than 5
Haemorrhoid surgery	Less than 5	Less than 5
In ear hearing aids	Less than 5	Less than 5
Labiaplasty	Less than 5	Less than 5
Laser hair removal	Less than 5	Less than 5
Laser therapy	Less than 5	Less than 5
Liposuction	Less than 5	Less than 5
Mammoplasty	Less than 5	Less than 5
Mastectomy	Less than 5	Less than 5
Mastopexy	Less than 5	Less than 5
MRI upright scanner	Less than 5	Less than 5
Nipple surgery/asymmetry	Less than 5	Less than 5
Oestrogel implant	Less than 5	Less than 5
Pinnaplasty	Less than 5	Less than 5
Release of palmar fascia	Less than 5	Less than 5
Removal of skin lesion	31	*
Removal of supernumerary nipple	Less than 5	Less than 5
Removal of xanthelasma	Less than 5	Less than 5
Scar revision	Less than 5	Less than 5
Shiatsu	Less than 5	Less than 5
Stammer therapy	Less than 5	Less than 5

Tongue tie surgery	Less than 5	Less than 5
Testicular prosthesis	Less than 5	Less than 5
Tonsillectomy	Less than 5	Less than 5
Varicose vein procedures	Less than 5	Less than 5
<p>Please note in line with Section 40 of the Freedom of Information Act 2002 NHS Kernow cannot disclose figures where the number is less than five to prevent the possible identification of individuals. This also applies to answers marked * where the number declined was greater than five, but when subtracted from the total made the approved number less than five.</p>		
Attachment(s):		
None		
Date response sent:		
28/08/2019		

FOI 76230 Exceptional cases

Date request received:	13/08/2019	FOI ref:	76230																		
Requested information:																					
<p>I would like to make an FOI request for information on the number of times doctors attempted to get patients treatment through the exceptional cases system in each of the last 5 years? (Exceptional cases as defined by this BBC article: https://www.bbc.co.uk/news/health-40485724) Please could I also have the information for the number of times these were accepted?</p>																					
Response:																					
<table border="1"> <thead> <tr> <th>Year</th> <th>Number of applications made</th> <th>Number of cases funded</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>268</td> <td>61</td> </tr> <tr> <td>2015/16</td> <td>278</td> <td>52</td> </tr> <tr> <td>2016/17</td> <td>233</td> <td>60</td> </tr> <tr> <td>2017/18</td> <td>199</td> <td>21</td> </tr> <tr> <td>2018/19</td> <td>174</td> <td>31</td> </tr> </tbody> </table>				Year	Number of applications made	Number of cases funded	2014/15	268	61	2015/16	278	52	2016/17	233	60	2017/18	199	21	2018/19	174	31
Year	Number of applications made	Number of cases funded																			
2014/15	268	61																			
2015/16	278	52																			
2016/17	233	60																			
2017/18	199	21																			
2018/19	174	31																			
Attachment(s):																					
none																					
Date response sent:																					
28/08/2019																					

Long term conditions

FOI 76210 Blood glucose formulary

Date request received:	09/08/2019	FOI ref:	76210
Requested information:			
<p>I am analysing the prescribing patterns of insulin glargine biosimilars in primary care in England. Part of this study involves estimating the uptake of insulin glargine biosimilars (i.e. Abasaglar and Semglee) and the savings associated with this.</p> <p>From our analyses, we have noticed that GPs belonging to NHS Kernow CCG are amongst the practices with the highest biosimilar adoption rates in England: these were approximately 40% in December 2017 and 51% in December 2018.</p> <p>For this reason, we would like to understand whether NHS Kernow CCG have put in place any policies to incentivise the adoption of biosimilars, in general, as well as insulin glargine biosimilars in particular. Is there any information you may be able to share?</p>			
Response:			
<p>NHS Kernow has not incentivised an increase in the use of biosimilars in general in Cornwall, nor more specifically has it incentivised the uptake of the use of biosimilar glargine insulin. We have supported the review of all people with diabetes who are prescribed analogue insulin and a switch to a biosimilar where this is considered appropriate for, and acceptable to, the individual.</p>			
Attachment(s):			
None			
Date response sent:			
15/08/2019			

FOI 75990 Blood glucose formulary

Date request received:	01/08/2019	FOI ref:	75990
Requested information:			
<p>Under the Freedom of Information Act 2000, I am requesting information you may hold as below.</p> <ol style="list-style-type: none">1. Please confirm if diabetes and the 8 care processes associated with the treatment of diabetes are included in your CCG commissioning plan2. Is diabetes and the 8 care processes associated part of your CCG improvement and CCG assurance process?3. Please provide-or sign post (if the plan is available online) me to the relevant improvement plan			

Response:
<ol style="list-style-type: none"> 1. Yes, diabetes is one of NHS Kernow's key clinical areas. We use the National Diabetes Audit to monitor the eight care processes, however, in line with the Five Year Forward View and long term plan we are focusing on meeting the NICE three treatment targets. We have a Diabetes Oversight group (a multi-disciplinary, multi-organisational group focusing on Diabetes) which has seven workstreams which are listed within attachment 1. Diabetes will remain a priority within our long term strategy. 2. Yes, the eight care processes are monitored as per above. Our focus is on the NICE three treatment targets as this is about management and outcomes in line with the national plan whereas the eight care processes is about detection. 3. https://www.kernowccg.nhs.uk/your-health/long-term-conditions/diabetes/
Attachment(s):
1. NHS Kernow - Diabetes priority workstreams
Date response sent:
14/08/2019

Mental health and learning disabilities

FOI 76600 Bariatric services

Date request received:	30/08/2019	FOI ref:	76600
Requested information:			
<ol style="list-style-type: none"> 1. The total number of Continuing Health Care (CHC) packages delivered in the individuals own homes (not care homes or residential facilities), that were managed in the financial year 18/19 (excluding any individual packages under £1,000 per week). 2. The total <u>value</u> of CHC spend in the financial year 18/19 and for this to be broken down to show spend with third-party providers (Non-NHS bodies) 3. Total number and value of emergency funded care (outside of CHC funded) packages. Clarification provided - Fast tracked CHC packages 4. Who is the main point of contact at the CCG responsible for commissioning Continuing Health Care packages in the following areas: <ul style="list-style-type: none"> ▪ Mental Health ▪ Paediatrics 			

<ul style="list-style-type: none"> ▪ Adult
Response:
<ol style="list-style-type: none"> 1. 247 2. £40,220,428 – All providers are third-party 3. Following clarification - 2018/19 is 1740 with a spend of £3,707,889 4. The director with responsibility for Continuing Health Care is John Groom, Director of Integrated Care (Community)
Attachment(s):
none
Date response sent:
24/09/2019

Miscellaneous

FOI 76310 Services no longer funded

Date request received:	15/08/2019	FOI ref:	76310
Requested information:			
<p>I would like to make an FOI request for a list of procedures/treatments that were funded by the NHS in your CCG in 2014, however no longer receive NHS funding today.</p>			
Response:			
<p>There are no procedures/treatments that were funded by NHS Kernow in 2014, that no longer receive NHS funding today. The current commissioning policies can be found at: https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/treatment-policies/</p>			
Attachment(s):			
none			
Date response sent:			
03/09/2019			

FOI 76080 Palliative care

Date request received:	07/08/2019	FOI ref:	76080
Requested information:			

1. Please state the name of your CCG or Health Board?
2. How many patients currently under the care of your CCG/ Health Board are being kept alive with clinically assisted nutrition and hydration (CANH) who are in a persistent vegetative state or minimally conscious state?
3.
 - a. How many patients from Q2 have been kept alive for 1 year or more?
 - b. How many patients from Q2 have been kept alive for 3 years or more?
 - c. How many patients from Q2 have been kept alive for 5 years or more?
4.
 - a. How much money did your CCG/Health Board spend on the patients from Q2 in the years;
 - 2015 - 2016
 - 2016 - 2017
 - 2017 – 2018
 - b. How much money does your CCG/Health Board spend per patient (from Q2) on average?
5. How many next of kin of patients from Q2 have asked for the CANH to be stopped and their loved ones be moved into palliative care?
6.
 - a. In how many patients cases, have you been in a legal battle, whether mediation or court, because next of kin wanted to stop CANH in the last 5 years?
 - b. What has been the financial cost of these legal battles/mediations?

Response:

NHS Kernow is a clinical commissioning group responsible for the planning and commissioning of health care services. NHS Kernow does not hold the information requested.

Attachment(s):

None

Date response sent:

23/08/2019

Organisation

FOI 76530 Organisation structure

Date request received:	28/08/2019	FOI ref:	76530
Requested information:			
<p>I am writing to you under the Freedom of Information Act 2000 to request the following information, for the financial years:</p> <ul style="list-style-type: none"> A. 2017/18 B. 2018/19 			

1. Did your organisation use an external consultant for any of the following functions:
 - Human Resources
 - Legal Services
 - Leadership and organisational development
 - Board reviews
 - Mediation
 - Regulatory body inspection support
2. What were the names of the consultants used?
3. What was the expenditure with each consultant?

Response:

Spend on consultancy is disclosed in Note 4: Operating expenses in NHS Kernow CCG published accounts: - <https://www.kernowccg.nhs.uk/about-us/annual-report/>
The figures were:

- A. 2017/18 £6k
- B. 2018/19 zero

1. Human Resources only
2. The information cannot be disclosed as it could identify the individuals involved and this would constitute a breach of the Data Protection Act 2018. Therefore, this information is exempt from disclosure under section 40(2) of the Freedom of Information Act 2000 on the grounds that it is personal information.
3. 2017/18 £6k
2018/19 zero

Attachment(s):

None

Date response sent:

19/09/2019

FOI 76470 Transformation

Date request received:	27/08/2019	FOI ref:	76470
Requested information:			
In August 2018 the Shaping Our Future transformation board agreed to set up a "System Performance and Improvement/Assurance Group." Please tell me			
1. How often has this group met?			

2. Please tell me who are the individual members?
3. Please provide copies of the group's agendas and minutes over the past 12 months, together with any background reports.
4. Please provide copies of any reports generated by this group, particularly the "system-wide risk register."
5. Please provide copies of any notes made of the group's "workshops."

I am keen to understand how the establishment of this group 12 months ago has made progress towards its initially-stated ambition of moving towards a system of "self-regulation" particularly the Assurance Framework.

Response:

In August 2018 the Shaping Our Future transformation board agreed to set up a "System Performance and Improvement/Assurance Group."

Please tell me

6. How often has this group met?

The group has met once a month since April 2019.

7. Please tell me who are the individual members?

Membership is detailed on the attendance and apologies sheet at the end of each System Oversight Meeting (SOM) letter. Please note that whilst NHS Kernow usually withholds names under section 40 of the act on this occasion individuals were asked if they were happy to have their names released.

8. Please provide copies of the group's agendas and minutes over the past 12 months, together with any background reports.

These are attached for your information, redacted in accordance with the following exemptions:

Section 40: where consent was not obtained names have been redacted in line with this exemption.

Section 36 – Prejudice to the effective conduct of public affairs.

To release this information would be likely to:

- inhibit the free and frank exchange of advice/views for the purposes of deliberation, sometimes described as the chilling effect.

The accountable person for NHS Kernow has reached a decision of reasonableness regarding these redactions and believes that to release the information redacted may have the effect of chilling the open and honest discussion between partner organisations. The public interest test which followed supported this decision.

9. Please provide copies of any reports generated by this group, particularly the "system-wide risk register."

The group does not receive a system-wide risk register as risks are incorporated into the individual papers received by the meeting, as appropriate. No reports, over and above those attached in relation to item (3), have been produced by the SOM. However, risk registers are published by numerous NHS Bodies in their board papers.

10. Please provide copies of any notes made of the group's "workshops."

Attached is a scoping paper used to suggest the need for two workshops. Only one workshop was held and it resulted in the production of a set of system strategic objectives. A copy of the agreed objectives is also attached.

I am keen to understand how the establishment of this group 12 months ago has made progress towards its initially-stated ambition of moving towards a system of "self-regulation" particularly the Assurance Framework.

The assurance framework in use by the system is the document presented to the Transformation Board – see page 28 onwards on the attached weblink:

<https://doclibrary-shapingourfuture.cornwall.nhs.uk/DocumentsLibrary/ShapingOurFuture/TransformationBoardMeetings/Minutes/1920/201908/Item4app2SystemOperationalPlan201920.pdf>

In accordance with discussions at the last Transformation Board (TB's) meeting, the content of this document is currently being reviewed and updated and will be published as part of the TB's papers in due course.

Attachment(s):

Date response sent:

24/09/2019

FOI 76440 Primary care networks

Date request received:	22/08/2019	FOI ref:	76440
Requested information:			
I am requesting the following information:			
Q1 The name of each PCN within the CCG			
Q2 The name of each member GP practice within each PCN			
Q3 The practice code of each member practice			
Q4 The size of each member practice			

Response:

Information about Primary Care Networks in Cornwall and Isles of Scilly are available on our website: <https://www.kernowccg.nhs.uk/get-info/primary-care-networks/>

Attachment(s):

None

Date response sent:

09/09/2019

FOI 76430 Primary care networks

Date request received:	21/08/2019	FOI ref:	76430
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Requested information:

We requested information in June and only received/could find partial information. Please may I request information for the below queries:

- What is the nominated payee within each primary care network.
- Who is the key person/Clinical Director within each primary care network.

Response:

A full response was sent to the questions raised from your previous request. Copy of NHS Kernow FOI 75200 response attached.

Information about Primary Care Networks in Cornwall and Isles of Scilly is available on our website: <https://www.kernowccg.nhs.uk/get-info/primary-care-networks/>

Attachment(s):

Yes

1. copy of previous FOI response (FOI 75200)

Date response sent:

09/09/2019

FOI 76300 Primary care networks

Date request received:	15/08/2019	FOI ref:	76300
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Requested information:

I'm conducting some research into the PCNs and I was wondering if I could get some information regarding the PCNs in your CCG:

- Their names
- Their clinical directors
- How many patients they care for

Any information you could provide would be of great help.

Response:

See attached spreadsheet

Attachment(s):

Yes - NHS Kernow Primary Care Network List

Date response sent:

03/09/2019

FOI 76170 Primary care networks**Date request received:**

08/08/2019

FOI ref:

76170

Requested information:

Please provide summary information of all Primary Care Networks (PCNs) formed or forming within the geographic footprint of NHS Kernow CCG.

All the information I am requesting was provided to your CCG by all new Primary Care Networks in a standardised form in May 2019, in the PCNs' initial *Network Agreements* returns, as required by the *Network Contract DES Directions*.

Specifically, please provide:

1. Summary details of all new PCNs':
 - Member general practices (names and NHS Organisation Data Service codes);
 - Non-general practice members / other named stakeholders (names and NHS Organisation Data Service codes where relevant);
 - Clinical Director (name and contact details);
 - Maps of all PCN's geographic area.

Information on all of the above were provided by all PCNs in *Schedule 1* of their *Network Agreement* returns.

2. In addition, please provide details of all primary care General Practices falling within your CCG footprint that have not entered into a PCN Network Agreement.

Response:

1. See attached spreadsheet
2. NHS Kernow CCG has six practices not yet in a PCN. They are:
 - Mevagissey
 - Port Isaac
 - Wadebridge & Camel Estuary
 - Bottreaux
 - Camelford (Nash)
 - Camelford (Garrod)

Attachment(s):
Yes – NHS Kernow Primary Care Network List
Date response sent:
02/09/2019

Patient safety and experience

FOI 76350 Deep vein thrombosis (DVT)

Date request received:	19/08/2019	FOI ref:	76350
Requested information:			
<p>Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following ICD-10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9.</p>			
QUESTION ONE – VTE RISK ASSESSMENT AND DIAGNOSIS			
<p>a) Are in-patients who are considered to be at risk of VTE in your CCG routinely checked for <u>both</u> proximal and distal DVT? (<i>Tick one box</i>)</p>			
Yes	<input type="checkbox"/>		
No	<input type="checkbox"/>		
<p>b) For in-patients diagnosed with VTE in your CCG between 1 April 2018 and 31 March 2019, what was the average time from first clinical suspicion of VTE to diagnosis?</p>			
<p>c) For in-patients diagnosed with VTE in your CCG between 1 April 2018 and 31 March 2019, what was the average time from diagnosis to first treatment?</p>			
QUESTION TWO – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS			
<p>According to Service Condition 22 of the NHS Standard Contract 2017/19, the provider must:</p>			
<p>“Perform Root Cause Analysis of all confirmed cases of pulmonary embolism and</p>			

deep vein thrombosis acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months)..."

The provider must report the results of those Root Cause Analyses to the co-ordinating commissioner on a monthly basis.

- a) How many cases of hospital-associated thrombosis (HAT) were recorded in your CCG in each of the following quarters?

Quarter	Total recorded number of HAT
2018 Q2 (Apr –Jun)	
2018 Q3 (Jul – Sep)	
2018 Q4 (Oct – Dec)	
2019 Q1 (Jan – Mar)	

- b) How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?

Quarter	Number of Root Cause Analyses performed
2018 Q2 (Apr – Jun)	
2018 Q3 (Jul – Sep)	
2018 Q4 (Oct – Dec)	
2019 Q1 (Jan – Mar)	

- c) According to the Root Cause Analyses of confirmed HAT in your CCG between 1 April 2018 and 31 March 2019, in how many cases:

Did patients have distal DVT?	
Did patients have proximal DVT?	
Were patients receiving thromboprophylaxis prior to the episode of HAT?	
Did HAT occur in surgical patients?	
Did HAT occur in general medicine patients?	
Did HAT occur in cancer patients?	

QUESTION THREE – ADMISSION TO HOSPITAL FOR VTE

- a) How many patients were admitted to your CCG for VTE which occurred outside of a secondary care setting between 1 April 2018 and 31 March 2019?

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b) Of these patients, how many:

Had a previous inpatient stay in your CCG up to 90 days prior to their admission?	
Were care home residents?	
Were female?	
Were male?	

c) Of the patients admitted to your CCG for VTE occurring between 1 April 2018 and 31 March 2019 who had a previous inpatient stay in your CCG up to 90 days prior to their admission, how many had their VTE risk status recorded in their discharge summary?

d) Please describe how your CCG displays a patient's VTE risk status in its discharge summaries.

QUESTION FOUR – PHARMACOLOGICAL VTE PROPHYLAXIS

a) How many VTE patients who were eligible received pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?

b) How many of VTE patients who were eligible received pharmacological VTE prophylaxis within 14 hours of admission between 1 April 2018 and 31 March 2019?

QUESTION FIVE – VTE AND CANCER

a) How many patients has your CCG treated for cancer (of all types) in each of the past three years?

2016	
2017	
2018	

b) Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {VTE is defined by the following ICD 10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9} in each of the past three years?

2016	
2017	
2018	

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

	2016	2017	2018
Were receiving chemotherapy?			
Had metastatic disease?			
Had localised disease?			
Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

d) In how many patient deaths within your CCG was cancer (of any type) listed as the **primary** cause of death in each of the past three years:

2016	
2017	
2018	

e) Of the patients who died within your CCG, in how many was VTE **as well as** cancer listed as a cause of death in each of the past three years:

2016	
2017	
2018	

f) Of the patients who died in your CCG who had both VTE **and** cancer listed as a cause of death, how many:

	2016	2017	2018
Were receiving chemotherapy?			

Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

g) Are ambulatory cancer patients who are receiving chemotherapy in your CCG routinely risk assessed for their risk of developing CAT/VTE?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

h) Are ambulatory cancer patients who are receiving chemotherapy AND deemed at high risk of developing CAT/VTE offered pharmacological thromboprophylaxis with? Please tick/cross all those appropriate.

Low-molecular-weight heparin (LMWH)	
Direct Oral AntiCoagulants (DOAC)	
Aspirin	
Warfarin	
Other	
None	

QUESTION SIX – PATIENT INFORMATION

The NICE Quality Standard on VTE Prevention stipulates that patients/carers should be offered verbal and written information on VTE prevention as part of the admission as well as the discharge processes.

a) What steps does your CCG take to ensure patients are adequately informed about VTE prevention? *(Tick each box that applies)*

Distribution of own patient information leaflet	<input type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation	<input type="checkbox"/>
If yes, please specify which organisation(s):	
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify)	<input type="checkbox"/>

b) If your CCG provides written information on VTE prevention, does it provide information in languages other than English? *(Tick each box that applies)*

Yes	<input type="checkbox"/>
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If yes, please specify which languages:	
No	<input type="checkbox"/>

QUESTION SEVEN – COST OF VTE IN YOUR AREA

a) Does your CCG have an estimate of the cost of VTE to the NHS locally (including cost of treatment, hospital bed days and litigation costs) for 2018/19? (Please tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If 'Yes', please specify the estimated cost:

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b) Please indicate the cost-estimate for the following areas of VTE management and care, as well as the corresponding number of VTE hospitalisations/ re-admissions/ treatments that occurred between 1 April 2018 and 31 March 2016.

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations		
VTE re-admissions		
VTE treatments (medical and mechanical thromboprophylaxis)		
VTE litigation/negligence costs		

Response:

- **Questions one, two c, three to seven**

NHS Kernow is a clinical commissioning group responsible for the planning and commissioning of health care services. NHS Kernow does not hold the information for more information please contact, (RCHT) Royal Cornwall NHS Trust: rch-tr.foi@nhs.net

- **Question two**

quarter	(a) total recorded number of hat	(b) Number of Root Cause Analyses performed
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2018 q2 (Apr – Jun)	less than 5	zero
2018 q3 (Jul – Sep)	less than 5	less than 5
2018 q4 (Oct – Dec)	less than 5	less than 5
2019 q1 (Jan – Mar)	less than 5	less than 5

NHS Kernow holds the information for questions 2a and b. Where the number is very low (fewer than 5) the information cannot be disclosed as it could potentially identify the individuals involved, especially if combined with other data, this would constitute a breach of the Data Protection Act 2018. Therefore, this information is exempt from disclosure under section 40(2) of the Freedom of Information Act 2000 on the grounds that it is personal information.

Attachment(s):

None

Date response sent:

12/09/2019

FOI 76240 Prescribing recommendations

Date request received:	13/08/2019	FOI ref:	76240
Requested information:			
<p>Please could we request answers to the following based upon the December 2018 MHRA report on emollient flammability:</p> <ol style="list-style-type: none"> 1. Has this information provided by the MHRA been implemented across your CCG to advise healthcare professionals? 2. How has this been implemented? Please also provide details of any future intentions. 3. Has this information provided by the MHRA been implemented across your CCG to advise the public on how to use emollient skin products safely? 4. How has this been implemented? Please also provide details of any future intentions. 			
Response:			
<ol style="list-style-type: none"> 1. Yes. 2. Prior to the December 2018 MHRA report, NHS Kernow Medicines Optimisation team communicated this safety concern on four occasions via a weekly newsletter sent to the prescribing lead and practice manager of each GP practice in Cornwall and Isles of Scilly, beginning first in March 2014 and on three subsequent occasions (March 2014, 25 April 2016 and 5 September 2018). 			

In January 2019 a reminder was sent to all GP practices following the updated Drug Safety Update.

3. Yes.

4. In 2014 NHS Kernow included information for the public, carers and healthcare professionals on its formulary website:
<https://www.eclipsesolutions.org/Cornwall/info.aspx?chapterid=16>.
NHS Kernow Medicines Optimisation team also prepared a similar communication which was sent to community pharmacies reminding them of the safety advice.

Attachment(s):

None.

Date response sent:

03/09/2019

Prescribing and pharmacies

FOI 76550 Enhanced service contracts

Date request received:	28/08/2019	FOI ref:	76550			
Requested information:						
<p>I am writing to you today to request the following information regarding enhanced service contracts as held by NHS Kernow CCG.</p> <ol style="list-style-type: none">1. Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices?<ol style="list-style-type: none">a. If Yes - Does this service involve payments for the administration of the following LHRHA's, please indicate which?<ol style="list-style-type: none">i. Zoladex (Goserelin)ii. Prostag (Leuprorelin)iii. Lutrate (Leuprorelin)iv. Decapeptyl (Triptorelin)b. If Yes - What is the frequency of payment? Where possible please provide breakdown by drug name.c. If Yes - What is the payment amount? Where possible please provide breakdown by drug name. <p>For the above (a-c) please use the table below to capture.</p> <table border="1"><thead><tr><th>Drug name</th><th>Frequency of payment</th><th>Payment amount</th></tr></thead></table>				Drug name	Frequency of payment	Payment amount
Drug name	Frequency of payment	Payment amount				

Zoladex (Goserelin)		
Prostap (Leuprorelin)		
Lutrate (Leuprorelin)		
Decapeptyl (Triptorelin)		

2. If you do have a service, does the service include payment for other activities, specifically:

- PSA – Y/N
- symptom questionnaires – Y/N
- patient review follow ups – Y/N
- Other - (please specify)

a. What is the payment amount for these activities? Please where possible provide a breakdown by activity name

Response:

1. No
2. n/a

Attachment(s):
None

Date response sent:
03/09/2019

Referral management

FOI 76460 Procedures of limited clinical effectiveness

Date request received:	23/08/2019	FOI ref:	76460
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Requested information:

I'm looking into POLCE policies, the referral management system, for all CCGs in England and would like a few questions to be answered under the Freedom of Information Act.

For your information, POLCE refers to Procedures of Limited Clinical Effectiveness, but is previously known as 'low priority treatments'. Please treat POLCE in this request as referring to 'Procedures of Limited Clinical Effectiveness' and what was previously called 'low priority treatments'.

If the CCG **does** follow a POLCE policy, please could you provide answers to each following question covering the following time periods:

The first covering the time period **1st January 2015 – 31st December 2015;**
The second covering the time period **1st January 2016 – 31st December 2016;**

The third covering the time period **1st January 2017 – 31st December 2017**;
 and the fourth covering the time period **1st January 2018 – 31st December 2018**;
 and the fifth covering the time period **1st January 2019 – 1st August 2019**.

1. For each time period, how many applications were approved and referred?
2. For each time period, how many applications were rejected?

Response:

NHS Kernow Clinical Commissioning Group has a Referral Management Service (RMS) which manages referrals for 50 GP practices. In addition, NHS Kernow commissions Devon Referral Support Services (DRSS) to manage referrals for the remaining 9 practices in the county. They triage referrals against the commissioning policies published by NHS Kernow. The outcome of this triage was:

Time period	Accepted	Returned
01/01/15 – 31/12/15	1384	744
01/01/16 – 31/12/16	1421	889
01/01/17 – 31/12/17	1574	652
01/01/18 – 31/12/18	1472	548
01/01/19 – 01/08/19	525	282

Please note, that this will not be a full picture as not all policies are able to be enforced by the referral management centres as some procedures will only be determined after an initial consultation with the relevant specialist.

Attachment(s):

None

Date response sent:

16/09/2019

FOI 76410 Glaucoma

Date request received:	21/08/2019	FOI ref:	76410
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Requested information:

1. Do you have contracts in place for the diagnosis, and monitoring of glaucoma?
2. Can you please confirm the providers who are currently accredited to deliver this service?
3. Can you please confirm whether the CCG paid any 'non-contracted' providers for the delivery of the service?
4. Can you please confirm the service pathway and requirements for the current

diagnosis and monitoring of Glaucoma pathways?

5. Can you please confirm the tariffs that the CCG currently pays for each part of the Glaucoma Diagnosis and Monitoring Pathway?
6. Can the CCG please confirm the number of episodes that they paid for under each part of the Glaucoma Diagnosis and Monitoring Pathway during the following periods?
 - April 2017-March 2018
 - April 2018 - March 2019
 - April 2019 - July 2019
7. Can the CCG please provide a copy of the service specification for each part of the Glaucoma Diagnosis and Monitoring Pathway?
8. Can the CCG please confirm when the current contracts for Glaucoma Diagnosis and Monitoring Pathways both started, and are due to expire?
9. Can you please confirm if the current contract has an option to further extend? If so, for how long?
10. Can the CCG please confirm their intentions on what happens with the Glaucoma Diagnosis and Monitoring when they expire?

Response:

1. Yes
2. Royal Cornwall NHS Hospital Trust (RCHT), University Hospitals Plymouth NHS Trust (UHPT) , Royal Devon and Exeter NHS Foundation Trust (RDE), Northern Devon Healthcare NHS Trust (NDHT)
3. Yes, if patients were treated out of the area.
4. No current service specifications in place to cover these services
5. National tariff
6. NHS Kernow does not hold the information requested. This may be available from the providers.
7. No current service specifications in place to cover these services
8. Annual renewal with acute trusts
9. Annual renewal with acute trusts
10. Annual renewal with acute trusts

Attachment(s):

None

Date response sent:

12/09/2019

FOI 76290 Referral triage service

Date request received:	14/08/2019	FOI ref:	76290
Requested information:			
1. Do you operate a referral triage service, referral triage centre, referral management service or referral management centre?			
2. If so, who is the named contact for this service?			

Response:
<ol style="list-style-type: none"> 1. Yes, NHS Kernow utilises 2 referral management centres covering Cornwall and the Isles of Scilly. 2. This information is contained on our website: https://www.kernowccg.nhs.uk/get-info/referral-management-service/
Attachment(s):
None
Date response sent:
16/08/2019

Women's health

FOI 76590 IVF treatment

Date request received:	29/08/2019	FOI ref:	76590
Requested information:			
<p>I am looking for information about the funding provided by the Kernow CCG for IVF treatment. As such, I would like to know the answer to the following questions:</p> <ol style="list-style-type: none"> 1. Does the CCG fund IVF treatment? 2. If no, when did the CCG stop offering funding for IVF treatment? 3. What are the current criteria set out by the CCG that women under the age of 40 must meet in order to successfully qualify for NHS-funded IVF treatment? 4. How many full cycles of IVF will the CCG fund if a woman under the age of 40 meets all of these criteria? 5. What are the current criteria set out by the CCG that women aged 40 to 42 must meet in order to successfully qualify for NHS-funded IVF treatment? 6. How many full cycles of IVF will the CCG fund if a woman aged 40 to 42 meets all of these criteria? 7. Does the CCG fund IVF treatment for women over the age of 42? If so, what are the current criteria set out by the CCG that women must meet in order to successfully qualify for NHS-funded IVF treatment? 8. How many full cycles of IVF will the CCG fund if a woman over the age of 42 meets all of these criteria? 			
Response:			
<ol style="list-style-type: none"> 1. Yes. 2. n/a <p>Questions 3 to 8. NHS Kernow commissioning policies are available on our website; https://www.kernowccg.nhs.uk/get-info/treatment-policies/</p>			

Attachment(s):
None
Date response sent:
16/09/2019
