



Kernow

Clinical Commissioning Group

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

Contents

Continuing health	3
FOI 75240 Continuing healthcare information	3
Finance and budgets.....	4
FOI 75270 Contracts	4
FOI 75310 Equipment.....	4
FOI 75390 IT costs	5
Mental health and learning disabilities.....	6
FOI 74990 Access to treatment	6
FOI 75250 CAMHS.....	8
FOI 75330 Autism services.....	9
Miscellaneous	11
FOI 75010 NHS 111	11
Organisation.....	12
FOI 75200 Primary care networks	12
FOI 75290 IT	13
FOI 75380 Primary care networks	15
FOI 74940 Primary care networks	16
FOI 74970 Business Intelligence	16
Prescribing and pharmacies.....	18
FOI 75100 Blood glucose formulary	18
Urgent care	18
FOI 75190 Access to treatment	18

Information provided under the Freedom of Information Act may be reused in accordance with the Open Government License (OGL). Full details of which can be found on line <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>.

You may: copy, publish, distribute and transmit the Information; adapt the Information; exploit the Information commercially and non-commercially for example, by combining it with other Information, or by including it in your own product or application. However NHS Kernow must be acknowledged as the source of the information and provide a link to the OGL.

This licence does not grant you any right to use the information in a way that suggests any official status or that the Information Provider and/or Licensor endorse you or your use of the Information.

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

Continuing health

FOI 75240 Continuing healthcare information

Date request received:	19/6/2019	FOI ref:	75240
Requested information:			
<p>I am writing to request the following information about Fast Track Continuing Healthcare for the financial year 2018/19 in respect of the NHS Kernow CCG, under the Freedom of Information Act:</p> <p>Question 1 What was the average time period in your CCG in days/hours from the point at which a Fast Track CHC application is made to the care package being provided for the financial year 2018/19?</p> <p>Question 2 What was the average time period in days/hours from the point at which a Fast Track CHC application is <i>approved</i> to the care package being provided for the financial year 2018/19?</p> <p>Question 3 During the financial year 2018/19, how many applications for fast track CHC did the CCG receive?</p> <p>Question 4 During the financial year 2018/19, how many applications for fast track CHC were funded?</p>			
Response:			
<p>Question 1 KCCG does not collect this information.</p> <p>Question 2 KCCG does not collect this information.</p> <p>Question 3 1531</p> <p>Question 4 1525</p>			
Attachment(s):			
none			
Date response sent:			
02/07/2019			

Finance and budgets

FOI 75270 Contracts

Date request received:	21/06/2019	FOI ref:	75270
Requested information:			
<ul style="list-style-type: none">• Can you provide details of your current clinical benchmarking supplier (If any) examples such as HED, Doctor Foster or CHKS?• Can you provide details of the current renewal/end date of this contract?• Who is the main point of contact for this contract and their title and contact details?• Which board member has responsibility for benchmarking?• Do you have BI solutions such as QlikView or ClikSense?			
Response:			
<ul style="list-style-type: none">• HED• April 2020• NHS Kernow does not release the names of employees below director level. The director with responsibility for procurement and contracting is Clare Bryan, Chief Finance Officer• Finance Director• Power BI			
Attachment(s):			
none			
Date response sent:			
25/06/2019			

FOI 75310 Equipment

Date request received:	24/06/2019	FOI ref:	75310
Requested information:			
<p>Please can you send me the following contract information via email with regards to the organisation's telephone system maintenance contract (VOIP or PBX, other) for hardware and Software maintenance and support:</p> <p>Contract Type: Maintenance, Managed, Shared (If so please state orgs) Existing Supplier: If there is more than one supplier please split each contract up individually. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider Hardware Brand: The primary hardware brand of the organisation's telephone system. Number of telephone users:</p>			

Contract Duration: please include any extension periods.
 Contract Expiry Date: Please provide me with the day/month/year.
 Contract Review Date: Please provide me with the day/month/year.
 Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.
 Telephone System Type: PBX, VOIP, Lync etc
 Contract Description: Please provide me with a brief description of the overall service provided under this contract.
 Go to Market: How where these services procured, please provide me with either the tender notice or the framework reference number. Please specify if procured through other routes.
 Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.
 If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider?
 If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible.

Response:

Managed by Cornwall Information Technology Services
 Cornwall Information Technology Services
 £0
 CISCO
 Approx. 200
 N/A
 N/A
 N/A
 N/A
 VOIP
 Current contract is at an end as we are migrating to a new hosted system
 Direct award
 NHS Kernow does not release the names of employees below director level. The director with responsibility for telephony is Andrew Abbott
 N/A
 N/A

Attachment(s):

none

Date response sent:

12/07/2019

FOI 75390 IT costs

Date request received:	28/06/2019	FOI ref:	75390
Requested information:			

Please can you provide a breakdown of costs relating to the installation and ongoing costs relating to the installation of the patient wifi installed at GP Practices across Cornwall.

Response:

Installation and ongoing costs up to March 2019

Description	Invoice date	Value
Access Points	April 2018	£56,449
Spare kit	April 2018	£548
Service and installation	April 2018	£7,630
Service and installation	June 18	£1,222
Access points	July 2018	£34,158
Service and installation	July 2018	£2,075
PS costs	August 2018	£20,294
Service and installation	August 2018	£1,615
Service and installation	September 2018	£750
Service and installation	October 2018	£149
Service and installation	November 2018	£15,021
Move of line for GP	December 2018	£50
Service and installation	December 2018	£119
Service and installation	March 2019	£0
Service and installation	February 2019	£197
Total value		£140,277

Attachment(s):

none

Date response sent:

15/07/2019

Mental health and learning disabilities

FOI 74990 Access to treatment

Date request received:	05/06/2019	FOI ref:	74990
Requested information:			
<ol style="list-style-type: none"> 1. Please provide the number of women who were treated by the NHS for INPATIENT (TIER 4) and COMMUNITY (TIER 1, 2, 3) Eating Disorder services in your region in the last 3 years. Where possible, please provide separate sub-totals for those placed in-area and those placed out-of-area. 2. Please provide the number of men who were treated by the NHS for INPATIENT (TIER 4) and COMMUNITY (TIER 1, 2, 3) Eating Disorder services in your region in the last 3 years. Where possible, please provide 			

separate sub-totals for those placed in-area and those placed out-of-area.

3. Please provide the average waiting time in weeks (time from referral to treatment) for ADULT INPATIENT (TIER 4) and ADULT COMMUNITY (TIER 1, 2, 3) Eating Disorder services in your region in the last 3 years.
4. Please provide a copy of your threshold criteria for access to ADULT INPATIENT (TIER 4) and ADULT COMMUNITY (TIER 1, 2, 3) Eating Disorder services.
5. Please provide the percentage of referrals to ADULT INPATIENT (TIER 4) and ADULT COMMUNITY (TIER 1, 2, 3) Eating Disorder services have been refused in your region in the last 3 years.
6. Please provide the total number of NHS beds in your region that are usable for ADULT INPATIENT (TIER 4) Eating Disorder patients. This does not refer to current occupancy levels, but rather the total capacity of beds.
7. Please provide the total amount spent by your organisation on treating ADULT Eating Disorder patients? Of this spend please can you advise the proportion allocated to ADULT INPATIENT (TIER 4) Eating Disorder services? Of this spend please can you advise the proportion allocated to ADULT COMMUNITY (TIER 1, 2, 3) Eating Disorder services?
8. For the last 3 years of which you have full accounts, please can you name the organisations that you have commissioned to provide ADULT Eating Disorder services?

Response:

1. NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net who are the providers.
2. NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net who are the providers.
3. NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net who are the providers.
4. NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net who are the providers.
5. NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT), cpn-tr.freedomofinformation@nhs.net who are the providers.
6. NHS Kernow does not hold the information requested, for more information please contact Cornwall Partnership NHS Foundation Trust (CFT),

cpn-tr.freedomofinformation@nhs.net who are the providers.

7. The service is funded out of a block contract arrangement with the provider.

8. Cornwall Partnership NHS Foundation Trust (CFT)

Attachment(s):

none

Date response sent:

14/06/2019

FOI 75250 CAMHS

Date request received:	20/06/2019	FOI ref:	75250
Requested information:			
<ol style="list-style-type: none">1. In each year since 2010, what was the total expenditure for private sector Child and Adolescent Mental Health Services (CAMHS)?2. In each year since 2010, what was the total expenditure on mental health services as a whole?3. In each of the last 5 years, what was the total expenditure of private health care?4. Could the CCG outline its future plans to outsource care currently given by medical professionals and care providers to private healthcare businesses?			
Response:			
<ol style="list-style-type: none">1. NHS Kernow was formed on 1 April 2013 and cannot provide information relating to the former primary care trust. Please contact the Department of Health's legacy team to request this information: review&informationteam@dh.gsi.go.uk Since April 2013 there has been no spend for private sector CAMHS services.2. NHS Kernow was formed on 1 April 2013 and cannot provide information relating to the former primary care trust. Please contact the Department of Health's legacy team to request this information: review&informationteam@dh.gsi.go.uk We have used the definition from the national programme budgeting guidance in relation to the question. Our programme budgeting returns for the relevant years are set out below. <ul style="list-style-type: none">• 2014/15 £105,678,000• 2015/16 £98,253,000• 2016/17 £102,168,000• 2017/18 £100,787,000• 2018/19 £100,922,0003. This information is published in the CCG's annual accounts within the note on 'Operating Expenses' under the description of 'Purchase of Healthcare from non-NHS bodies'.			

The relevant figures reported under this heading for the last 5 years are as follows:

- 2014/15 £209.4m
- 2015/16 £240.9m
- 2016/17 £172.4m
- 2017/18 £170.3m
- 2018/19 £161.4m

4. At this time, there are no plans for any formal procurement. Any future procurement will be conducted according to competition regulations in force at the time.

Attachment(s):

none

Date response sent:

02/07/2019

FOI 75330 Autism services

Date request received:	25/06/2019	FOI ref:	75330
-------------------------------	------------	-----------------	-------

Requested information:

I am investigating autism diagnosis waiting times.

Please can you provide me with the following information:

1. In your area, how many people who were referred for a diagnostic assessment had the assessment started within 3 months of their referral in a) 2017-18 b) 2018-19? Please provide this information as a number and as a percentage.
2. What was the median wait from referral to the start of the diagnostic assessment in a) 2017-18 b) 2018-19?
3. What was the longest wait from referral to the start of diagnostic assessment in a) 2017-18 b) 2018-19?
4. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the median time from referral to final diagnosis?
5. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the longest time from referral to final diagnosis?
6. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the median time from the start of diagnostic assessment to final diagnosis?

7. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the longest time from the start of diagnostic assessment to final diagnosis?
8. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the median time from the completion of the diagnostic assessment to final diagnosis?
9. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the longest time from the completion of the diagnostic assessment to final diagnosis?
10. As of June 2019, what is the expected waiting time from referral to the start of the diagnostic assessment?
11. As of June 2019, what is the expected waiting time from referral to final diagnosis?
12. As of June 2019, what is the expected waiting time from the start of the diagnostic assessment to final diagnosis?
13. As of June 2019, what is the expected waiting time from completion of the diagnostic assessment to final diagnosis?

Response:

1. a. 236 (97%)
b. 294 (97%)
2. a. 28 days
b. 30 days
3. a. 140 days
b. 209 days
4. a. 44 weeks
b. 53 weeks
5. a. 98 weeks
b. 101 weeks
6. a. 39 weeks
b. 48 weeks
7. a. 63 weeks
b. 84 weeks
8. a. 0 days
b. 0 days

9. a. 0 days b. 0 days
10.a. n/a b. n/a
11.a. n/a b. n/a
12. From the start of assessment process to final diagnosis it is likely to be no more than 24 months. Once an individual is seen for their first face-to-face appointment, we would expect that they would receive their final diagnosis/assessment outcome either immediately or at most within 1 month, depending on how much further information needs to be collected.
13. As above final diagnosis/assessment outcome is feedback to the individual at the completion of the diagnostic assessment.
Attachment(s):
None
Date response sent:
17/07/2019

Miscellaneous

FOI 75010 NHS 111

Date request received:	05/06/2019	FOI ref:	75010
Requested information:			
<p>1. Would the CCG please provide:</p> <ul style="list-style-type: none"> • The date at which your CCG let the current NHS 111 contract, the length of the current contract and the date they expect to re-procure. • Your plans to change how NHS 111 operates in your area? • The name and contact details of your lead service development contact. <p>2. Would the CCG please outline the plans to procure an Integrated Urgent Care (IUC) service in your area to include:</p> <ul style="list-style-type: none"> • Whether it will include NHS 111 <ul style="list-style-type: none"> ○ If not, at what level will that be procured? • Will the IUC procurement include: <ul style="list-style-type: none"> ○ An integral Clinical Assessment Service? ○ Urgent Treatment Centres? ○ A GP OOH / same day home visiting service? • The name and contact details of your IUC service development lead in the CCG. • The name and contact details of your service development lead in your STP. 			
Response:			

<p>1.</p> <ul style="list-style-type: none"> • Standard NHS Contract, 30th November 2017 for 5 years • No plans to change, the service is compliant with the revised service specification for IUCS • Standard NHS Contract, 30th November 2017 for 5 years <p>2. Is in place. The provider is Royal Cornwall NHS Trust (RCHT)</p> <ul style="list-style-type: none"> ○ As per the national spec for IUCS • <ul style="list-style-type: none"> ○ Yes as per the national spec for IUCS ○ Yes as per the national spec for IUCS ○ Yes as per the national spec for IUCS ○ NHS Kernow does not release the names of employees below director level. The director with responsibility for IUC is Andrew Abbott ○ NHS Kernow does not release the names of employees below director level. There isn't a single Director responsible for service development across the STP.
Attachment(s):
none
Date response sent:
12/06/2019

Organisation

FOI 75200 Primary care networks

Date request received:	20/06/2019	FOI ref:	75250
Requested information:			
<ol style="list-style-type: none"> 1. In each year since 2010, what was the total expenditure for private sector Child and Adolescent Mental Health Services (CAMHS)? 2. In each year since 2010, what was the total expenditure on mental health services as a whole? 3. In each of the last 5 years, what was the total expenditure of private health care? 4. Could the CCG outline its future plans to outsource care currently given by medical professionals and care providers to private healthcare businesses? 			
Response:			
<ol style="list-style-type: none"> 1. NHS Kernow was formed on 1 April 2013 and cannot provide information relating to the former primary care trust. Please contact the Department of Health's legacy team to request this information: review&informationteam@dh.gsi.go.uk Since April 2013 there has been no spend for private sector CAMHS services. 			

2. NHS Kernow was formed on 1 April 2013 and cannot provide information relating to the former primary care trust. Please contact the Department of Health's legacy team to request this information:

review&informationteam@dh.gsi.go.uk

We have used the definition from the national programme budgeting guidance in relation to the question. Our programme budgeting returns for the relevant years are set out below.

- 2014/15 £105,678,000
- 2015/16 £98,253,000
- 2016/17 £102,168,000
- 2017/18 £100,787,000
- 2018/19 £100,922,000

3. This information is published in the CCG's annual accounts within the note on 'Operating Expenses' under the description of 'Purchase of Healthcare from non-NHS bodies'.

The relevant figures reported under this heading for the last 5 years are as follows:

- 2014/15 £209.4m
- 2015/16 £240.9m
- 2016/17 £172.4m
- 2017/18 £170.3m
- 2018/19 £161.4m

4. At this time, there are no plans for any formal procurement. Any future procurement will be conducted according to competition regulations in force at the time.

Attachment(s):

none

Date response sent:

02/07/2019

FOI 75290 IT

Date request received:	21/06/2019	FOI ref:	75290
-------------------------------	------------	-----------------	-------

Requested information:

Please you please answer the following:

1. Does your organization presently use and/or endorse a RPA/ IA (*description of this detailed above*) to automate manual, rule-based processes?

If the answer is **NO** –

1.1 Is RPA/IA something that the organisation would consider (within the next 2 years) as a way of supporting reduced human resource capacity, drive efficiency & to improve repeatable business outcomes?

1.2 If the organisation is **not** considering RPM – is there a reason why this is not being considered?

- Perceived expense
- Concerns about how existing administrative staff would accept this
- This is the first time we have heard about RPA/ IA
- Other reason (please feel free to comment

1.3 If the answer is **YES** – RPA/IA **is currently being used** in the organisation - could you please detail –

1.3.1 The system type/name/supplier

1.3.2 What it is used for (or has been used for) and by what department, examples below –

- Out Patients clinics
- Data Migration
- Waiting Lists
- Referral to Treatment times, (RTT)
- Other (please comment) -

1.3.3 How did the existing human workforce react to tasks being replaced by automation?

- Good, they welcomed the changes
- Bad, they felt threatened
- Indifferent
- Not sure – no feedback
- Other – please comment

1.3.4 When did your RPA/ IA system come into use and when does the contract expires?

1.3.5 How much does this new technology costs the organisation and how many robots do you use &/or processes run?

1.3.6 Has there been any analysis of the system, (&/or case studies) to demonstrate any benefits so far- either operationally, financially, managerially or in any other capacity?

2. Who is the main person(s)/ decision maker (s)or team – who would probably be responsible (or is responsible) for the decision to use RPA/IA in your organisation - Name/title/ contact details

Response:

1. Not at this time

1.1. Always open to consider any service/software/application.

1.2. Perceived expense and potential for sensitive patient and financial details to be Inappropriately/inaccurately handled.

2. NHS Kernow does not release the names of employees below director level. The director with responsibility for IT is Andrew Abbott

Attachment(s):

None

Date response sent:

02/07/2019

FOI 75380 Primary care networks**Date request received:**

27/06/2019

FOI ref:

75380

Requested information:

I am writing to you today to request information relating to Primary Care Networks (PCN), as set out and defined by NHS England -

<https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/>.

1. Please can you provide details of the PCNs that your constituent GP members (ie those that make up NHS Kernow CCG) are part of, specifically the following details:
 - a. PCN Name(s)
 - b. The PCN maturity matrix Index for the PCN(s)
 - c. Name of the Network Chair and email contact for this individual for each PCN.
 - d. Name of the Accountable Clinical Director (if different) and email contact for this individual for each PCN
 - e. The List size of each PCN.
 - f. The Address and contact details of the Single Practice or Provider that will be the point through which funding will be received on behalf of each PCN – Where this is an NHS organisation please provide practice code/ODS code.
 - g. Please provide details of the GP practice membership of the PCN(s).
 - i. Please provide an overall number of practices that make up membership of each PCN.
 - ii. Please provide practice codes of the GP practice membership for each PCN. Where there are multiple practices per PCN please list using a comma as a delimiter between entries.
 - h. If known, what services are contracted by the CCG to be provided by the PCN? Please breakdown by each PCN.

Response:

1.
 - a. See attachment
 - b. PCNs have not yet completed the maturity index, therefore for the purposes of the request, this information is not held by NHS Kernow.
 - c. All networks have a clinical director rather than a chair, therefore for the purposes of the request, this information is not held by NHS Kernow
 - d. See attachment
 - e. See attachment
 - f. See attachment
 - g. i. See attachment
 - ii. See attachment

h. NHS Kernow is not commissioning any additional services beyond the Primary Care Network Contract DES document at this point in time.
Attachment(s):
Yes
Date response sent:
24/07/2019

FOI 74940 Primary care networks

Date request received:	04/06/2019	FOI ref:	74940
Requested information:			
<p>On the 31st of May 2019, you confirmed the Primary Care Network (PCN) registrations that were initially submitted on the 15th of May 2019.</p> <p>Please could you list all of the PCNs you have received registrations from, including:</p> <ol style="list-style-type: none"> 1. Name of the PCN 2. The geographical area covered by the network 3. The nominated payee for the network 4. The network Clinical Director 5. The address and contact details for the Clinical Director 			
Response:			
<p>Further to your request regarding Primary Care Network (PCN), NHS Kernow can confirm in line with section 1 of the act that the information is held by the organisation. Under section 22 of the act 'Information intended for future publication' NHS Kernow exempt the release of the requested information. The information will be published on NHS Kernow's website in due course.</p>			
Attachment(s):			
none			
Date response sent:			
13/06/2019			

FOI 74970 Business Intelligence

Date request received:	05/06/2019	FOI ref:	74970
Requested information:			
1. Do you have an in-house business intelligence/insight team or function?			

2. If so, how many in-house business intelligence/insight staff do you have? Preferably shown via an organisation chart
3. What directorate does the business intelligence/insight function fall under within your organisation?
4. Do you use any third party providers for business intelligence services i.e. CSU? If so, which organisation and for what services?
5. If you do use a third party supplier, how many embedded staff do you have within your organisation?
6. Do you have a risk stratification/population health system? If so, what platform does this sit on i.e. Tableau, Qlikview and is this an in-house system or provided by a CSU/third party provider?
7. Do you have any specific BI software in place to support the work of the business intelligence function such as building dashboards i.e. PowerBI, Qlikview, Tableau? And are these part of an in-house provision provided by a CSU?
8. How much is your total contract value with any third party/CSU business intelligence/insight provision (if any)?

Response:

1. Yes
2. 10 within the finance directorate and one within primary care prescribing
3. Mainly finance but one in primary care
4. Only DSCRO pseudo data processing service
5. None
6. No
7. All in house – Power BI, SQL, visual studio, sharepoint
8. £52,000

Attachment(s):

none

Date response sent:

12/06/2019

Prescribing and pharmacies

FOI 75100 Blood glucose formulary

Date request received:	13/06/2019	FOI ref:	75100
Requested information:			
I am requesting the following information:			
<ul style="list-style-type: none">• The name(s) and direct contact email address(es) and direct telephone numbers of the person(s) in your Medicines Management team who is responsible for the blood glucose meters formulary within the CCG• The date of the next review of your formulary in respect of blood glucose meters• How do you intend to review your formulary (detail to include process, time lines)• Is your CCG is part of a local partnership arrangement for formulary review?• If so, please provide the contact name, email address and telephone number for the person with responsibility for blood glucose meters.			
Response:			
<ul style="list-style-type: none">• NHS Kernow does not release the names of employees below director level. The director with responsibility is Andrew Abbott, Director of Integrated Care (Primary Care). Email andrew.abbott1@nhs.net telephone 01726 627800.• 11 June 2021• Criteria not known at present• Joint formulary between primary care, secondary care and Cornwall NHS Partnership Foundation Trust• NHS Kernow does not release the names of employees below director level			
Attachment(s):			
none			
Date response sent:			
20/06/2019			

Urgent care

FOI 75190 Access to treatment

Date request received:	17/06/2019	FOI ref:	75190
Requested information:			
Please provide a list of the hospitals within the remit of Kernow NHS CCG which have a Specialist Stroke Unit (by which we mean a stroke unit with a 24 hours a day/7 days a week available team with access to a scanner and operator capable of triage for thrombotic / hemorrhagic stroke identification and location, presence of			

readily available infusion products and neurologist on call and follow up care).
 In respect of each Specialist Stroke Unit on the list that you provide, please include:

1. The address of the Stroke Unit;
2. Their emergency telephone number (or, where there is no such number available, a telephone number for the hospital switchboard on which the relevant Stroke Unit may be contacted); and
3. If the capability to use surgical techniques to remove some thromboses via catheter is available in the relevant Specialist Stroke Unit (or if only available in certain more specialised stroke units please identify the units where such techniques are available).

Response:

1. Royal Cornwall NHS Hospital Trust (RCHT) (Phoenix Ward) has a specialist stroke unit which is operational 24/7 and has access to scanner. RCHT has thrombolysis capability. RCHT has a thrombectomy policy, but thrombectomy is to be carried out in a specialist neuroscience centre, the one for the south west being at University Hospitals Plymouth (UHP). Patients who are in the north and east of the county will attend University Hospitals Plymouth (Burrator Unit) which has a specialist stroke unit which is operational 24/7 and has access to scanner, thrombolysis capability and thrombectomy capability in its capacity as the neuroscience centre for the south west.
 Addresses are:
 Royal Cornwall Hospital, Treliske, Truro, Cornwall, TR1 3LJ
 Plymouth Hospitals NHS Trust, Derriford Road, Crownhill, Plymouth, Devon, PL6 8DH
2. Phoenix Stroke Unit can be contacted on 01872 252120
 The Burrator Unit can be contacted on 01752 432670
3. UHP is the provider that undertakes thrombectomy procedures.

Attachment(s):

none

Date response sent:

25/06/2019