



Kernow

Clinical Commissioning Group

**NHS Kernow - Disclosure Log
Freedom of Information Requests
January 2020**

Contents

Care homes.....	4
FOI 78820 Spend	4
Children’s health	5
FOI 79310 Cancer	5
Continuing healthcare	7
FOI 79000 Continuing healthcare information	7
FOI 79220 Primary health needs	9
Contracts.....	10
FOI 78890 Gainshare	10
Finance & budgets	11
FOI 78880 Personal health budgets	11
FOI 79140 Recruitment	12
Individual funding requests.....	12
FOI 78730 Treatment requests.....	12
Long term conditions	13
FOI 78980 Blood Glucose Formulary	13
Mental health & learning disabilities	15
FOI 79390 Improving access to psychological therapies.....	15
Miscellaneous	16
FOI 78690 Long term plan.....	16
FOI 78770 GP IT	17
FOI 78790 Audiology	18
FOI 78800 Ophthalmology services.....	20
FOI 78990 Data sharing	22
FOI 79090 GP spend.....	23
FOI 79150 GP extended hours	23
FOI 79250 GP spend.....	24
FOI 79350 Agency spend	25
Organisation.....	26
FOI 78970 IT	26
Patient safety & experience.....	27
FOI 79050 Non-emergency patient transport	27
FOI 79130 Non-emergency patient transport	28
Prescribing & pharmacies	28
FOI 79080 Blood Glucose Formulary	28
FOI 79120 Prescribing recommendations	29

Referral management.....	30
FOI 78780 Data	30
FOI 79300 Organisation structure.....	31
Women's health.....	32
FOI 79410 Breast cancer.....	32

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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.

Care homes

FOI 78820 Spend

Date request received:	10/01/2020	FOI ref:	78820
Requested information:			
<p>1. <u>If your CCG pays a monetary amount to care homes on a weekly per resident basis</u></p> <ul style="list-style-type: none"> a) What is the current amount paid per resident in residential homes.....? b) What is the current amount paid per resident in nursing homes.....? c) How many continence aids is this amount deemed to cover per day/week d) What is the process to secure further funding for residents who have a higher demand for continence aids above the allowance provision.....? e) What is the evidence to substantiate that the amount paid for continence products to residents is sufficient.....? <p>2. <u>If your CCG pays a monetary amount to care homes on a weekly per resident basis...</u></p> <ul style="list-style-type: none"> a) Does it pay the same amount regardless of how the resident is funded ie Self-Funded, Local Authority Funded or CHC Funded - Yes / No b) or does the CCG assume that any FNC or CHC monies paid per resident includes provision of continence products - Yes / No <ul style="list-style-type: none"> i. and if so, please state the amount that is deemed to be included in the FNC or CHC rate paid to providers either directly or via a Local Authority?..... <p>3. <u>If your CCG provides free issue pads to care homes on a per resident basis,</u></p> <ul style="list-style-type: none"> a) What is the evidence that the number of continence pads provided per resident is sufficient for the person's needs? <ul style="list-style-type: none"> i. In residential homes ii. In nursing homes b) What is the minimal allocation per resident? c) What is the process or factors which will determine how a care home can seek a higher number of pads per resident? d) what is the process to secure further provision for residents who have a higher demand for continence aids above the allocated provision? <p>4. Please state the contact details of a person within the CCG with whom our member care homes can further discuss the ongoing continence needs of their residents (name, title, contact number, address and email).</p>			
Response:			
<p>1.</p> <ul style="list-style-type: none"> a. NHS Kernow does not hold this information. Residential Homes are covered by Community Nursing teams, who are provided by NHS Cornwall Partnership Foundation Trust (CFT). Further information may be available from CFT: cpn-tr.freedomofinformation@nhs.net b. NHS Kernow does not hold this information. 			

<ul style="list-style-type: none"> c. Current policy is 4 x continence products per 24 hours allowed per individual, anything above this will need authorisation by the team manager. The policy document is available from this link: https://www.cornwallft.nhs.uk/download.cfm?doc=docm93ijm4n3780&ver=29955 d. Referrer would be advised to liaise with Continence Nurse re a continence assessment and options of available products rather than based on daily allocation. e. NHS Kernow does not hold this data.
2. <ul style="list-style-type: none"> a. Yes b. No <ul style="list-style-type: none"> i. n/a
3. <ul style="list-style-type: none"> a. NHS Kernow does not hold this information as Residential and Nursing Home care staff would request a continence assessment based on the need of the individual. b. No minimum allocation dependent on individual need c. Referrer would be advised to liaise with Continence Nurse for a continence assessment and options of available products rather than based on daily allocation. d. Referrer would be advised to liaise with Continence Nurse for a continence assessment and options of available products rather than based on daily allocation.
4. Contact details for Continuing Healthcare team are available on NHS Kernow's website: https://kernowccg.nhs.uk/get-info/continuing-healthcare/contact-details/
Attachment(s):
None
Date response sent:
03/02/2020

Children's health

FOI 79310 Cancer

Date request received:	28/01/2020	FOI ref:	79310
Requested information:			
<p>I should like to request the following information relating to your Clinical Commissioning Group's referrals for childhood cancer treatment:</p> <p>We understand the NHS measures childhood treatment as for those persons between 0-14 and teenage and young adults treatment as aged between 15-24 however, if that is not available, please provide according to the nearest available year ranges. Furthermore, we understand the financial year to be April to March.</p>			

- 1:
- a. How many childhood cancer patients (aged between 0-14 at the time of referral) have been referred by the CCG for cancer treatment year on year for the past five financial years (running from April to March)?
 - b. How many teenage and young adult (TYA) (aged between 15-24 at time of referral) have been referred by the CCG for cancer treatment year on year for the past five financial years?
- 2:
- a. How many childhood cancer patients (aged between 0-14 at the time of referral) have been referred by the CCG outside of the CCG area for cancer treatment, year on year for the past five financial years (running from April to March)?
 - b. How many TYA patients (aged between 15-24 at time of referral) have been referred by the CCG outside of the CCG area for cancer treatment, year on year for the past five financial years?
- 3:
- a. How much has the CCG spent on childhood cancer treatment (aged between 0-14) for each of the past five financial years?
 - b. How much has the CCG spent on TYA (15-24) cancer treatment for each of the past five financial years?
- 4:
- a. What was the average wait time for a childhood cancer diagnosis (0-14) in your CCG year on year for the past five financial years?
 - b. What was the average wait time for a TYA cancer diagnosis (15-24) in your CCG year on year for the past five financial years?

Response:

Questions 1 and 2 - NHS Kernow does not hold this information. This may be available from the providers:

- Royal Cornwall Hospitals NHS Trust (RCHT): rcht-tr.foi@nhs.net
- University Hospitals Plymouth NHS Trust (UHP): plh-tr.foi-requests@nhs.net
- North Devon Healthcare NHS Trust:
<https://www.northdevonhealth.nhs.uk/about/foi/>

Question 3 - NHS Kernow does not hold the information about spend on childhood cancers as this is included as part of a block contract arrangement.

Question 4 – NHS Kernow does not hold the information about the average wait times for childhood cancer diagnosis. This information may be available from NHS England: england.contactus@nhs.net or NHS Digital: enquiries@nhsdigital.nhs.uk

Attachment(s):

None

Date response sent:

19/02/2020

Continuing healthcare

FOI 79000 Continuing healthcare information

Date request received:	16/01/2020	FOI ref:	79000
Requested information:			
<p>CQUIN and Fee uplift FOI Questions: Please answer these FOI questions in context of Nursing Care Home providers in which the CCG places Continuing Healthcare Funded (CHC) residents:</p>			
2018/19			
<ol style="list-style-type: none">1. What percentage annual fee uplift was offered to care home providers for inflation on existing CHC packages of care funded by your CCG for the period 2018/19?2. What was the CCGs approach to CQUIN in 2018/19 and what was the average CQUIN payment awarded to care homes in 2018/19 for residents in receipt of CHC funding?3. Of the total CQUIN amount paid in 2018/19, what percentage out of a potential 100% was actually paid to care home providers for this period?			
2019/20			
<ol style="list-style-type: none">4. What percentage annual fee uplift was offered to care home providers for inflation on existing CHC packages of care funded by your CCG for the period 2019/20? Please provide a copy of correspondence to providers explaining this.5. What was the CCGs approach to CQUIN in 2019/20 and what was the average CQUIN payment awarded to care homes in 2019/20 for residents in receipt of CHC funding for the periods to date (by month or by quarter)? Please provide a copy of correspondence to providers explaining this.6. The 2019/20 Operational Planning and Contracting guidance published in December 2018 and updated January 2019 specifically clause 3.2 (available on the following link) https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf stated that 50% of the 2.5% CQUIN (1.25%) should be added to CHC base fees. Please confirm if your CCG added this 1.25% to its base fee in addition to annual inflation and provide a copy of relevant correspondence to providers which outlined this to be the case or state how the CCG otherwise conformed with this guidance.7. Of the total remaining CQUIN amount (1.25%) to be paid in 2019/20, what percentage so far (by month or by quarter) out of a potential 100% which could have been paid (by month or by quarter) has been paid to care home providers for this period?8. Re the above question, please confirm if this was paid under the small			

contract exemption provision or whether providers were required to fulfil any quality criteria in order to achieve this funding. If criteria were required to be met, please state the criteria or quality metrics necessary and provide a copy of correspondence sent to providers outlining this.

2020/21

9. What percentage annual fee uplift will be offered to care home providers for inflation on existing CHC packages of care funded by your CCG for the period 2020/21. If this has not been finalised, please confirm the approach to calculating this or whether NHS National Tariff guidance will form its basis of any fee uplift award (latest consultation link: https://improvement.nhs.uk/documents/6257/2021_NTPS_statutory_consultation_notice.pdf)
10. For 2020/21 the above consultation guidance under clause 235 states that the 1.25% which was added to base fee should continue. Please confirm if this is to be the case by your CCG for the period 2020/21 and how the CCG will manage or is expecting to manage any CQUIN scheme for the remaining 1.25% for the period 2020/21 or whether this will also be added to the base fee under the small contract value provision in the national framework.

Response:

1. No pre planned uplift was offered to any care home provider for 2018/19
2. No Care Homes were paid CQUIN in 2018/19
3. 0%
4. 2.6% for care homes with nursing and 2% for care homes without nursing on the signing of an NHS contract. Copy of correspondence issued is attached.
5. No Care Homes were paid CQUIN in 2019/20
6. Not applicable.
7. Not applicable
8. Not applicable
9. & 10. Existing packages of care - 3% uplift will be offered to Providers in return for signing up to a new contract for 2020/2023 that will include annual financial reviews detailed within.
For new packages, via a formal on-boarding process, Providers are completing their own rate card that is based on payment of foundation living wage to all staff and covering all costs to run their home to a "good" CQC standard. No reliance on NHS National Tariff guidance is required regarding fee uplifts as this has gone through a light touch regime procurement process based on a 3 year plus 1 year plus 1 year approach jointly with our countywide Council to harmonize our working relationship with the Care Home sector.

Attachment(s):

Yes

Date response sent:

03/02/2020

FOI 79220 Primary health needs

Date request received:	27/01/2020	FOI ref:	79220
Requested information:			
<p>The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, states,</p> <p>“21. (7) In deciding whether a person has a primary health need in accordance with paragraph (5)(b), a relevant body must consider whether the nursing or other health services required by that person are—</p> <p>(a) where that person is, or is to be, accommodated in relevant premises, more than incidental or ancillary to the provision of accommodation which a social services authority is, or would be but for a person’s means, under a duty to provide; or</p> <p>(b) of a nature beyond which a social services authority whose primary responsibility is to provide social services could be expected to provide,</p> <p>and, if it decides that the nursing or other health services required do, when considered in their totality, fall within sub-paragraph (a) or (b), it must decide that that person has a primary health need.”</p> <p>With reference to the above:</p> <ol style="list-style-type: none"> 1. Against what criteria, (benchmark/scale/yardstick), are the nature, intensity, complexity and unpredictability of a person’s needs measured/assessed/weighed? 2. Please provide a copy of the document used to measure/assess/weigh a person’s needs. <p>Please note, I am not referring to the Checklist, the DST, Fast Track, The National Framework, Needs Portrayals/Assessments, policies, (or the Primary Health Need test, since that is your reference), so please do not respond, referencing, or directing/pointing me to these documents, because there are no criteria, (benchmark/scale/yardstick) in them, against which the nature, intensity, complexity and unpredictability of a person’s needs can be measured/assessed/weighed.</p> <p>If there are no criteria, (benchmark/scale/yardstick), against which the nature, intensity, complexity and unpredictability of a person’s needs are measured/assessed/weighed, please say so.</p>			
Response:			
<ol style="list-style-type: none"> 1. There is no benchmark/scale/yardstick. These characteristics are the primary health need test and this is explained in the National Framework Paragraphs 54- 66. A person has a primary health need, when having taken account of all of their needs via the completion of a DST, the main aspects or the majority of the care they require is focused on addressing and/or preventing health needs. The DST is not an assessment in itself, but a way in which to bring evidence together and to allow practitioners using their skill, knowledge and professional judgement, to apply the primary health needs test. 			

2. The DST document that CCG's must use to assess someone for NHS continuing healthcare. However the determination of a primary health need is a decision made by the relevant health and social care professionals using assessments completed by social care, GP, therapists, care home care plans and/or any other assessments that are appropriate to the care needs of the individual. The information gathered is collated to assist completing the Decision Support Tool. The multi- disciplinary team will use this information in considering the quality and quantity of care required by the individual.

NHS Kernow's Continuing Healthcare Policy is available on our website:

<http://doclibrary->

kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/OurOrganisation/Policies/ContinuingHealthcareChoicePolicy.pdf

Further information including eligibility is available on our Continuing Healthcare pages on our website: <https://www.kernowccg.nhs.uk/get-info/continuing-healthcare/>

Attachment(s):

None

Date response sent:

18/02/2020

Contracts

FOI 78890 Gainshare

Date request received:	14/01/2020	FOI ref:	78890
Requested information:			
<ol style="list-style-type: none"> 1. Are there any gainshare agreements in place between the NHS Kernow CCG and local providers (e.g. hospital Trusts)? <ol style="list-style-type: none"> a. If yes, please provide the following information for e <ol style="list-style-type: none"> I. Provider with whom an agreement exists II. Therapy area III. Name of specific drugs involved b. If yes, how are savings shared between the NHS Kernow CCG and the provider? c. If yes, when is the next scheduled review of the gainshare agreement? 2. Are there any other agreements between the NHS Kernow CCG and a local provider, other than those included above, specifically for ophthalmology services? 			
Response:			

1. No
2. NHS Kernow has a block contract with Royal Cornwall Hospitals Trust (RCHT) to provide ophthalmology services. Within prescribing/ophthalmology the only agreement is around the treatment of rubeosis iridis and neovascular glaucoma – as below.

Last edited [27/06/2019 14:55:08]

Bevacizumab Intravitreal Injection

The routine commissioning of bevacizumab intravitreal injection is accepted in Cornwall & IoS for the management of rubeosis iridis and neovascular glaucoma only in the following circumstances.

The decision to offer bevacizumab intravitreal injection is at the discretion of the treating clinician. The patient must be made fully aware that bevacizumab intravitreal injection is an unlicensed product and give informed consent to its use.

- As an adjunct to pan-retinal laser photocoagulation where laser alone has not been effective, or
- As an adjunct to pan-retinal laser photocoagulation if significant neovascularisation of the iridocorneal angle is already present, or
- In the presence of media opacities which prevent the use of pan-retinal laser photocoagulation

Approved via Cornwall Area Prescribing Committee May 2019

Attachment(s):

None

Date response sent:

06/02/2020

Finance & budgets

FOI 78880 Personal health budgets

Date request received:	13/01/2020	FOI ref:	78880
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Requested information:

In relation to the current financial year (19/20) could you please provide me with information relating to the first 20 occasions in which you sanctioned the use of a patient's Personal Health Budget (PHB) to be spent on something that was NOT for the provision of care, medicine, or transport to a place where care or medicine was provided.

1. For each of these 20 occasions please state
 - (i) what the money was spent on and
 - (ii) how much money was spent on it and
 - (iii) the outcome the patient was working towards as a result of this spend.

Note: What I am after is any capital expenditure which is not immediately apparent as of a medical purpose. So a specialist bed would be medical and I would not want to know about it, but a large screen television for a patient with vision problems would be something that I am interested in, as somebody not familiar with the case would not be able to tell that the set had been bought because of the patient's vision

problems. The request covers PHBs for both adults and children.

Response:

NHS Kernow have not deployed capital expenditure which is not immediately apparent for anything other than a medical purpose within spend on Personal Health Budgets.

Attachment(s):

None

Date response sent:

03/02/2020

FOI 79140 Recruitment

Date request received:	22/01/2020	FOI ref:	79140
Requested information:			
The Government have promised that they will recruit lots of additional Doctors and Nurses across the UK. Please confirm how many will be recruited in the Cornwall and Isles of Scilly CCG area and the time frames for that recruitment?			
Response:			
At this time NHS Kernow does not hold this information, with work currently ongoing with all local providers as part of developing our long term plan. Further information may be available from the system workforce lead at Royal Cornwall Hospitals NHS Trust (RCHT): rch-tr.foi@nhs.net			
Attachment(s):			
None			
Date response sent:			
12/02/2020			

Individual funding requests

FOI 78730 Treatment requests

Date request received:	04/01/2020	FOI ref:	78730
Requested information:			
For each of the last three calendar years, could you tell us how many IFRs have been processed for the following treatments:			
1. Total hip replacements			
2. Total knee replacements			
3. Hernia repair			

4. Cataract surgery

For each of the last three calendar years, could you tell us how many IFRs have been approved for the following treatments:

1. Total hip replacements
2. Total knee replacements
3. Hernia repair
4. Cataract surgery

Response:

The answer is zero for all questions as NHS Kernow routinely commissions all procedures listed. Further information about IFR and our commissioning policy are available on NHS Kernow's website.

IFR link: <https://www.kernowccg.nhs.uk/get-info/individual-funding-requests/>

Commissioning policy link: <http://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf>

Attachment(s):

none

Date response sent:

13/01/2020

Long term conditions

FOI 78980 Blood Glucose Formulary

Date request received:	15/01/2020	FOI ref:	78980
Requested information:			
<p>I am writing to you today to formally request the following information about services relating to glucagon-like peptide-1 receptor agonists (GLP-1 RA) (https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/tablets-and-medication/incretin-mimetics, also see BNF Chapter 6).</p> <ol style="list-style-type: none">1. Does NHS Kernow CCG have any local commissioned services/Locally enhanced services in primary care for GLP1 RA? Yes/No<ul style="list-style-type: none">• If yes, please could you provide and attach a copy of the service specification for this service(s)? If the service specification is already in the public domain, then please provide a direct web link to this document.• If yes to having a service in place, is this service commissioned "per patient initiated"? Yes/No<ul style="list-style-type: none">○ If yes, what cost band does this fit into? Please answer using provided banding below.			

<£50/ £50-£75 / £75-£100 / £100-£125 / £125-£150 / £150-£175 / £175-£200 / >£200

2. Does NHS Kernow CCG have any current (2019/20) primary care pharmaceutical rebate schemes in place for GLP1 RA? Yes/No
- If yes- please provide details of this/these scheme(s) as per the table below:

Name of primary care pharmaceutical rebate scheme(s) for GLP1 RA.	Name of Drug(s) covered	Companies involved in the scheme

If details already exist within public domain, then please provide a direct web link to this/these document(s).

3. Does NHS Kernow CCG have any current primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA? – Yes/No
- a. If yes- please provide details of this/these scheme(s) as per the table below:
If details already exist within public domain, then please provide a direct web link to this/these document(s)
- b. If yes, does the incentive scheme require or link to any GLP1 RA audits? Yes/No (Please capture in the table below).

Name of primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA	Name of Drug(s) covered	Requires GLP1 RA Audits Y/N

Response:

1. No
2. No
3. No

NHS Kernow has recently agreed initiation can commence in primary care rather than specialist initiated.

The following statement was included in the Prescribing shots in January 2020:

GLP-1 Receptor Agonists

At the November meeting of the Cornwall Area Prescribing Committee (CAPC), it was agreed that GLP1 mimetics (liraglutide, dulaglutide and exenatide once weekly) are suitable for initiation and prescribing in primary care with the exception of a subset of patients on GLP1 and Insulin who will remain with the DSNs and for whom specialist opinion is recommended.

Note that Semaglutide will remain as specialist initiated until local experience of this

new GLP1 RA is accumulated

Attachment(s):

No

Date response sent:

04/02/2020

Mental health & learning disabilities

FOI 79390 Improving access to psychological therapies

Date request received:	30/01/2020	FOI ref:	79390
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Requested information:

Under the Freedom of Information Act 2000 I am seeking the following information from Kernow CCG:

1. Which organisation(s) currently deliver the CCGs IAPT Service?
2. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?
3. On what date does the CCGs current IAPT Service expire?
4. Is there an optional contract extension in place for this IAPT service? If so, for how long?
5. Does the CCG have current plans to go out to tender for a new IAPT service and if so, when?
6. What is the current annual value of the CCGs current IAPT Service?
7. Have any of the CCGs current IAPT providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?

8. Which organisation(s) currently deliver the CCGs community musculoskeletal (MSK) Service?
9. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?
10. On what date does the CCGs current community MSK Service expire?
11. Is there an optional contract extension in place for this community MSK service? If so, for how long?
12. Does the CCG have current plans to go out to tender for a new community MSK service and if so, when?
13. What is the current annual value of the CCGs current community MSK Service?
14. Have any of the CCGs current community MSK providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?

Response:

1. Outlook Southwest

2. Outlook South West use the IAPTus system
3. The current contract expires on the 31st March 2022
4. Yes 24months
5. No
6. £5.049m is the annual value this includes IAPT and IAPT LTC
7. None
8. See attached document
9. NHS Kernow does not have this information.
10. See attached document
11. See attached document
12. No
13. Community/Primary Care spend on MSK physiotherapy and MSK Interface providers shown in the attached table = £1,016,039 + £86,730 = £1,02,769
14. No

Attachment(s):

Yes

Date response sent:

20/02/2020

Miscellaneous

FOI 78690 Long term plan

Date request received:	03/01/2020 Refined on 14/01/2020	FOI ref:	78690
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Requested information:

Thank you for answering FOI 78240 (attached) about NHS Kernow's Strategic Estates Plan. Your answer did not detail the dates of the relevant papers, but my question concerned only the period June-November 2019. I assume that since you have already compiled your FOI 78240 answer, you will now easily be able to identify the relevant documents.

I therefore now wish to ask for the following selected documents, identified from your FOI 78240 list. Please send me all of the agendas, minutes, notes and background reports relevant to the subject headings which you have supplied.

This is a new FOI request, limited to only this relevant material:

1. PARLY HUB REQUEST: Correspondence to ministers re primary care estates in Falmouth and Penryn Cornwall – response
2. Press Office Briefing Note re delayed works at Falmouth Community Hospital Falmouth (Strategic Estates)
3. Case for use of vacant facility in Bodmin and fit with wider system elective facilities planning
4. Process to develop options for the use of Facility at Bodmin
5. Langarth – 3 Milestone development Truro
6. CloS system LTP Final Plan submission 15/11/19

7. 91021 narrative - technical draft v18 - full - estates_update vfinal
8. Strategic Estates Group 4th September
9. planned review meetings regarding current service reviews and engagement taking in place in Saltash, Penwith, Fowey.
10. Agenda and papers for Estates Group 2nd October
11. Community hospitals Edward Hain (Strategic Estates)
12. Community hospitals Fowey (Strategic Estates)
13. Community hospitals St Barnabas (Strategic Estates)
14. Strategic Estates Group 4th September
15. Additional paper for Strategic Estates Group 4th September
16. Agenda and papers 6th November, 09.45am, Trevithick, Sedgemoor (Strategic Estates)
17. Agenda and papers for Estates Group 2nd October (Strategic Estates)
18. Feedback on 2019 Estates Strategy Update
19. NHS Funding (Case Ref: ZA63056)

14/01/2020 - can I please refine this request by asking for only these documents, identified in your 78240 answer:

PARLY HUB REQUEST: Correspondence to ministers re primary care estates in Falmouth and Penryn Cornwall – response

2. Press Office Briefing Note re delayed works at Falmouth Community Hospital
3. Falmouth (Strategic Estates)

Response:

Thank you for refining your request, please see the attached papers.

Attachment(s):

Yes

Date response sent:

29/01/2020

FOI 78770 GP IT

Date request received:	07/01/2020	FOI ref:	78770
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Requested information:

Please send me:

1. Who are the providers for:
 - a. Business intelligence software that allows your care organisation to visualise key performance criteria such as managing costs and practice quality
 - b. Data viewing system between GP practices in your CCG
 - c. Data viewing system between GP practices in your CCG and those in other CCGs
2. Data viewing system between GP practices in your CCG and trusts
 - a. What are the start and ending dates for the contracts for the above systems?
3. What are the annual costs for maintenance, licensing and other costs for these systems?

Response:

1.
 - a. Microsoft – using SQL and Power BI to process the data and SharePoint to present and share the information
 - b. Microtest GURU utilising the Healthcare Gateway Ltd Medical Interoperability Gateway (MIG)
GP Connect and SCR AI
GP Connect and SCR AI
 - c. Microtest GURU utilising the Healthcare Gateway Ltd Medical Interoperability Gateway (MIG)
GP Connect
SCR AI
2.
 - a. Microtest GURU – ends 31/03/2020
Healthcare Gateway Ltd Medical Interoperability Gateway (MIG) - ends 31/03/2020
GP Connect – National Digital Service provided by NHS Digital so no expiry
SCR AI – National Digital Service provided by NHS Digital so no expiry
3. Microtest - Product: GURU £35,791.99 (exc. VAT) Healthcare Gateway Ltd. – Product: MIG £31,764.75 (exc. VAT)
GP Connect and SCR AI – NHS Kernow does not hold this information.
Further information may be available from NHS Digital:
enquiries@nhsdigital.nhs.uk

Attachment(s):

none

Date response sent:

24/01/2020

FOI 78790 Audiology

Date request received:	08/01/2020	FOI ref:	78790
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Requested information:

Please advise the CCG(s) that the information below refers to:

Does the CCG commission any of the following audiology services and if so how [tick boxes to indicate response]:

Service	Model	Reimbursement	Demand management
Community Audiology Service for non-referrable*, sensorineural hearing loss:	Any Qualified Provider [list providers if more than one model applies]	Tariff	Specified activity plan or “cap” Y/N

[list providers]	Sole Provider	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
	Prime provider	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
Hospital based service for non-referrable*, sensorineural hearing loss: [list providers]	Any Qualified Provider	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]		
	Sole Provider	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
	Prime provider	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
Hospital based service for referable*, "complex" hearing loss: [list providers]	Specific contract for audiology service	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
	Part of contract for ENT services	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
	Part of contract for general acute services	Tariff	Specified activity plan or "cap" Y/N
	[list providers if more than one model applies]	Block Contract	
Other - please specify	Please specify	Please specify	

* According to current BAA or BSHAA guidance on referral of audiology patients to specialist services.

To enable us to answer your request correctly, please reference the dated guidelines and if possible provide the link, that you are referring to in: ‘ * According to current BAA or BSHAA guidance on referral of audiology patients to specialist services’

Clarification provided on 22/01/2020

Non-referable hearing loss is - hearing loss that does not need to be referred to specialist services (usually hospital based and part of an ENT service) and is suitable for treatment in the community. In most cases this is sensori-neural hearing loss and is age related

Referable hearing loss is - hearing loss that needs to be referred to specialist services (usually hospital based and part of an ENT service) and is not suitable for treatment in the community according to the criteria set out in the relevant guidance

Response:

Information relating to audiology services was previously released in January 2019 and the response published on our website: [https://www.kernowccg.nhs.uk/get-info/information-governance/freedom-of-information-\(foi\)-requests/foi-disclosure-log/](https://www.kernowccg.nhs.uk/get-info/information-governance/freedom-of-information-(foi)-requests/foi-disclosure-log/)

Additionally

- NHS Kernow does not commission any audiology services on prime or sole provider models
- NHS Kernow have forecasted activity plans for all our audiology services but these are not capped

Attachment(s):

none

Date response sent:

24/01/2020

FOI 78800 Ophthalmology services

Date request received:	08/01/2020	FOI ref:	78800
Requested information:			

Thank you for your response to my FOI request.

With regards to the answer provided to Question 4, are you able to please provide a breakdown of the number of procedures performed by HRG codes (in below table)?

HRG code	HRG name
BZ30A	Complex, Cataract or Lens Procedures, with CC Score 2+
BZ30B	Complex, Cataract or Lens Procedures, with CC Score 0-1
BZ31A	Very Major, Cataract or Lens Procedures, with CC Score 2+
BZ31B	Very Major, Cataract or Lens Procedures, with CC Score 0-1
BZ32A	Intermediate, Cataract or Lens Procedures, with CC Score 2+
BZ32B	Intermediate, Cataract or Lens Procedures, with CC Score 0-1
BZ33Z	Minor, Cataract or Lens Procedures
BZ34A	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+
BZ34B	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3
BZ34C	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1

Response:

HRG code	HRG name	PITC	PSC
BZ30A	Complex, Cataract or Lens Procedures, with CC Score 2+		
BZ30B	Complex, Cataract or Lens Procedures, with CC Score 0-1		
BZ31A	Very Major, Cataract or Lens Procedures, with CC Score 2+		
BZ31B	Very Major, Cataract or Lens Procedures, with CC Score 0-1	*	12
BZ32A	Intermediate, Cataract or Lens Procedures, with CC Score 2+	*	12
BZ32B	Intermediate, Cataract or Lens Procedures, with CC Score 0-1		
BZ33Z	Minor, Cataract or Lens Procedures		
BZ34A	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+	*	200
BZ34B	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3	84	643

BZ34C	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1	491	829
<p>*NHS Kernow holds the information but where the numbers are less 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.</p>			
Attachment(s):			
none			
Date response sent:			
24/01/2020			

FOI 78990 Data sharing

Date request received:	16/01/2020	FOI ref:	78990
Requested information:			
<p>I am writing to you under the freedom of information act 2000 (The Act) to request the following information from your procurement and contracting department:</p> <ol style="list-style-type: none"> 1. Can they provide information on how they share records between clinical systems for direct care purposes? Not limited to but for example How does the trust view information on patients from GP, Social Care when dealing patients in a direct care situation. 2. We are interested in understanding, what your organisation/s uses to share patient information between health and social care clinical systems and settings. Which suppliers are in use in your organisation/s to fulfil this purpose? (If any) examples such as Graphnet, Intersystems, MIG, Direct Integration from/between systems such as Emis, TPP, Cerner? 3. Can you provide details of the current renewal/end date of this/these contract/s? 4. Who is the main point of contact for this/these contract/s and what is their title and contact details? 5. Which board member is responsible for patient record integration/sharing between health and social care clinical systems and settings for your organisation? 			
Response:			
<p>NHS Kernow is a clinical commissioning group responsible for the planning and commissioning of health care services. Your request asks for information regarding data sharing between clinical systems for direct care purposes, for which NHS Kernow does not hold the information. More information may be available from Royal Cornwall Hospitals NHS Trust (RCHT): rch-tr.foi@nhs.net and/or Cornwall Partnership NHS Foundation Trust (CFT): cpn-tr.freedomofinformation@nhs.net</p>			

Attachment(s):
None
Date response sent:
04/02/2020

FOI 79090 GP spend

Date request received:	20/01/2020	FOI ref:	79090
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Requested information:

Please could you provide the following under the Freedom of Information Act:

1. A list of NHS England national funding schemes (separate from funding covered by the GMS/PMS/APMS contract and any enhanced services) that are available at each of your CCGs, for GP practices to access in 2019/20
2. Please indicate how much funding is still available (as yet unallocated) for GP practices to access under each scheme for 2019/20 (please provide the latest figure available and specify the date at which this is correct).

Response:

The only funding source available to individual practices not included in the list supplied (i.e. the GMS/PMS/APMS contract and any enhanced services) is GP Resilience Funding. This national funding stream from the GP Forward View is a total of £84k for NHS Kernow and £64k of this has been spent to date (5/2/2020).

Attachment(s):

None

Date response sent:

06/02/2020

FOI 79150 GP extended hours

Date request received:	24/01/2020	FOI ref:	79150
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Requested information:

I would like to know general practice extended hours over Christmas Day, Boxing Day and New Year's Day 2019-20. Please note – this is about GP extended hours and is not about out-of-hour services.

05/02/2020 - I would like to clarify that this request related to GP extended access – not out of hours services or GP extended hours.

I have attached an Excel sheet template - please can you fill it in with the following data for your CCG hub for each day:

1. How many patients attended your general practice extended hours (not out of hours services) on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020?
2. How many general practice premises were open on Christmas Day 2019,

<p>Boxing Day 2019 and New Year's Day 2020?</p> <p>3. How much money did it cost to open these premises on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020?</p> <p>4. How many GPs were on shift for each of these days?</p>
<p>Response:</p> <p>NHS Kernow's response relates to the "Improved Access to GP Services" contracts which include provision on bank holidays. It does NOT include information related to the provision of "Extended Hours" which form part of the Primary Care Network DES currently commissioned by NHS England and NHS Improvement, and which does not include the requirement to deliver services on a bank holiday.</p> <p>1. Christmas Day – 8 Boxing Day – 13 New Year's Day – At the time of issue this information was not yet available, due to be reported during February 2020.</p> <p>2. NHS Kernow does not hold this information. 3. NHS Kernow does not hold this information. 4. NHS Kernow does not hold this information.</p>
<p>Attachment(s):</p> <p>Yes</p>
<p>Date response sent:</p> <p>11/02/2020</p>

FOI 79250 GP spend

<p>Date request received:</p> <p>28/01/2020</p>	<p>FOI ref:</p> <p>79250</p>
<p>Requested information:</p> <p>Q1 GP practices that have closed and had their patient lists dispersed in 2019; A. The name of each practice; B. The list size of each practice; C. The date of closure.</p> <p>Q2 Practice branches that have closed as a result of practices merging A. The name of each practice branch; B. The list size of each practice branch that has closed as a result of practices merging; C. The date of closure.</p> <p>Q3 Practice branches that have closed NOT as a result of practices merging; A. The name of each practice branch; B. The list size of each practice branch that has closed NOT as a result of practices merging; C. The date of closure.</p>	
<p>Response:</p> <p>I have been informed that this information is not held by NHS Kernow, and should be</p>	

redirected to NHS England who remain the commissioners for primary care in Cornwall and the Isles of Scilly until 1st April 2020.
 Email requests should be sent to england.contactus@nhs.net. Please write "Freedom of Information" in the subject line.

Attachment(s):

None

Date response sent:

29/01/2020

FOI 79350 Agency spend

Date request received:	30/01/2020 Clarification 08/02/2020	FOI ref:	79350
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Requested information:

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please could I request the following information for financial year 2018/2019 and 2019/2020 current figures:

1. Spend in £ value by staff group of permanent spend on recruitment of permanent via agencies
 Staff groups:
 - Management / Operations
 - Nursing
 - Allied Health Professionals
2. Who are the responsible hiring managers for permanent recruitment of the above staffing groups?
3. Which agencies do you currently use and what fee's do they charge per placement?
4. Number of current open vacancies across the above staffing groups

Clarification received - spend on permanent staff recruited via an agency.

Response:

1.

	2018/2019	2019/2020
Management/Operations	none	£2710
Nursing	none	none
Allied Health Professionals	None	none

2. NHS Kernow does not release the names of staff below director level. The director's responsible for recruitment are:-
 - Helen Childs, Chief Operating Officer
 - Natalie Jones, Chief Nursing Officer

<p>3. NHS Kernow uses agencies which are on the NHS England approved suppliers list. This is available on NHS Employers website: https://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment/recruitment-agency-list</p> <p>There is no set amount as fees are negotiated individually on assignment.</p> <p>4. NHS Kernow has one vacancy which falls within the Nursing and Quality Directorate.</p>
Attachment(s):
none
Date response sent:
14/02/2020

Organisation

FOI 78970 IT

Date request received:	15/01/2020	FOI ref:	78970
Requested information:			
<ol style="list-style-type: none"> 1. Do you have a Digital Lead for the organisation? If so, could you provide a name and contact details? 2. Are you currently using a video application to deliver virtual consultations throughout the organisation? 3. If so, what application service provider are you using? 4. Do you have a Digital strategy in place to implement virtual consultations throughout your organisation in line with the NHS long term plan? 5. If so, do you have timescales in place to implement virtual consultations and when are you looking to achieve this by? 			
Response:			
<ol style="list-style-type: none"> 1. NHS Kernow does not release the names of employees below director level. The director with responsibility for Information Technology/digital strategy is Andrew Abbott director of Integrated Care (Primary Care) 2. No 3. N/a 4. Digital strategy is currently being developed but there is intent to implement a single virtual consultation solution across all NHS care providers in Cornwall & Isle of Scilly as part of the NHS long term plan. 5. To be defined. 			
Attachment(s):			
No			
Date response sent:			
03/02/2020			

Patient safety & experience

FOI 79050 Non-emergency patient transport

Date request received:	17/01/2020	FOI ref:	79050
Requested information:			
<ol style="list-style-type: none">1. For the number of patient transport journeys paid out to Private/Independent Patient Transport providers in the last year i.e<ol style="list-style-type: none">a. secure patient transport for mental health patientsb. non-emergency patient transport2. May you also provide the cost breakdown ;<ol style="list-style-type: none">a. the total costb. lowest cost per milec. highest cost per miled. lowest cost for the call out feee. the highest cost of call out fee3. The list of your current providers4. How to get onto the providers list			
Response:			
<ol style="list-style-type: none">1. <ol style="list-style-type: none">a. secure patient transport for mental health patients 484b. non-emergency patient transport 38,6172.<ol style="list-style-type: none">a. The total cost £4,347,567b. Lowest cost per mile: We only hold cost per mile for two providers, TAP (42p) and E-zec (£4.13)c. Highest cost per mile 42p TAP, £4.99 E-zecd. Lowest cost for the call out fee: We do not get charged a call out feee. The highest cost of call out fee We do not get charged a call out fee3. The contracted provider is E-zec. Arrangement of all non-contract providers is undertaken by Royal Cornwall Hospitals Trust and as such they hold the full approved provider list.4. The main provision of NEPTS is through a contracted and procured provider – E-zec. For other specialist provision such as High Dependency Vehicles or specialist Mental Health journeys the approved provider list is held by Royal Cornwall Hospitals Trust and the function is delegated to them.			
Attachment(s):			
none			
Date response sent:			
30/01/2020			

FOI 79130 Non-emergency patient transport

Date request received:	22/01/2020	FOI ref:	79130																				
Requested information:																							
I am seeking disclosure of information relating to non-emergency patient transport services. I would be grateful if you could provide the following information;																							
<ol style="list-style-type: none">1. Name of current primary provider2. Annual spend for the three years ending April 2017, 2018 & 20193. Length of current contract4. The date that the current contract expires (to include any extension options)																							
Response:																							
<ol style="list-style-type: none">1. E-zec Medical Services Ltd2.																							
<table border="1"><thead><tr><th>Provider</th><th>2016/17 £000</th><th>2017/18 £000</th><th>2018/19 £000</th></tr></thead><tbody><tr><td>NSL/Ezec</td><td>2644</td><td>3283</td><td>3297</td></tr><tr><td>Other PTS</td><td>203</td><td>699</td><td>690</td></tr><tr><td>SWAST</td><td>25</td><td>25</td><td>26</td></tr><tr><td>Total</td><td>2872</td><td>4007</td><td>4013</td></tr></tbody></table>				Provider	2016/17 £000	2017/18 £000	2018/19 £000	NSL/Ezec	2644	3283	3297	Other PTS	203	699	690	SWAST	25	25	26	Total	2872	4007	4013
Provider	2016/17 £000	2017/18 £000	2018/19 £000																				
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Other PTS	203	699	690																				
SWAST	25	25	26																				
Total	2872	4007	4013																				
<ol style="list-style-type: none">3. 7 plus 2 (years)4. 31.3.2021																							
Attachment(s):																							
None																							
Date response sent:																							
04/02/2020																							

Prescribing & pharmacies

FOI 79080 Blood Glucose Formulary

Date request received:	20/01/2020	FOI ref:	79080
Requested information:			
<ol style="list-style-type: none">1. Do you have a continuous glucose monitoring system policy if so please provide?2. What is your system to administer the approval and use of continuous glucose monitoring?3. Which systems are currently approved for use?			
Response:			

<p>1. Yes. NHS Kernow commissioning policy is available on our website: http://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf</p> <p>2. NHS Kernow has a criteria based access commissioning policy in place for continuous glucose monitoring; CCG approval of each case is not necessitated. Our providers are expected to adhere to our policy for each case. NHS Kernow will undertake an audit to ensure that the criteria based policy has been complied with. Further information may be available from the providers:-</p> <ul style="list-style-type: none"> • Royal Cornwall Hospitals NHS Trust (RCHT): rcht-tr.foi@nhs.net • University Hospitals Plymouth NHS Trust (UHPT): plh-tr.foi-requests@nhs.net • North Devon Healthcare Trust (NDDH): https://www.northdevonhealth.nhs.uk/about/foi/form/ <p>3. NHS Kernow does not hold this information as our commissioning policy does not stipulate which CGM systems are approved for use. Further information may be available from the providers:-</p> <ul style="list-style-type: none"> • Royal Cornwall Hospitals NHS Trust (RCHT): rcht-tr.foi@nhs.net • University Hospitals Plymouth NHS Trust (UHPT): plh-tr.foi-requests@nhs.net • North Devon Healthcare Trust (NDDH): https://www.northdevonhealth.nhs.uk/about/foi/form/
Attachment(s):
None
Date response sent:
24/01/2020

FOI 79120 Prescribing recommendations

Date request received:	21/01/2020	FOI ref:	79120
Requested information:			
<p>Which three drugs from this list did you spend the most on in the last financial year (2018/19)? For those three drugs please specify the total amount spent.</p> <ul style="list-style-type: none"> • Ariprazole • Buspirone • Clomipramine • Escitalopram • Fluoxetine • Mirtazapine • Quetiapine • Sertraline • Venlafaxine 			
Response:			
The information requested is in the public domain and can be found here:			

<https://openprescribing.net/analyse/#org=CCG&orgIds=11N&numIds=0402010AD&denom=nothing&selectedTab=summary>

Please note that the database can be interrogated for each drug.

NHs Kernow therefore withholds the information under section 21 of the Freedom of Information act.

Attachment(s):

None

Date response sent:

05/02/2020

Referral management

FOI 78780 Data

Date request received:	08/01/2020	FOI ref:	78780
Requested information:			
FOI request about use of Referral Management Centres			
This Freedom of Information request relates to NHS Kernow CCG's utilisation of Referral Management Centres / Referral Assessment Centres (referred to below as RMCs).			
<ol style="list-style-type: none">1. Please provide the names and ODS organisation code of any RMCs used by NHS Kernow CCG since April 2015.2. For each RMC used by NHS Kernow CCG, please provide, for each financial year since April 2015:<ol style="list-style-type: none">a. the total volume of NHS Kernow CCG patients processed by each RMC;b. the name and ODS site code of all providers to which each RMC has referred patients together with the volume of referrals made to each of those providers;c. the total volume of referrals rejected by each RMC;d. the average time between initial referral made by the GP (or relevant referrer) and referral being processed by each RMC;e. for those referrals on the RTT pathway, the average time between initial referral made by the GP (or relevant referrer) and the start of the RTT pathway following processing by the RMC.3. As well as completed financial years, please also include information for as much as possible of the current financial year, stating the last date for which information is included.			
Response:			
<ol style="list-style-type: none">1. Referral Management Service, NHS Kernow 11N Devon Referral Support Services, NHS Devon 15NAK			

2. a.

	2015/16	2016/17	2017/18	2018/19	2019/20 to date
11N	120,945	126,640	123,433	128,764	87,663
15NAK	29,991	33,080	30,813	29,830	18,908

b. See attachment

c.

	2015/16	2016/17	2017/18	2018/19	2019/20 to date
11N	8,550	8,228	7,257	7,928	4,860
15NAK	1,660	1,594	1,599	1,396	886

d. 15NAK: On average a referral is processed within 5 working days dependent upon the patient telephoning into the RMC upon receiving their letter. Two week wait referrals are processed within 24 hours.

11N

Financial Year	Average working days
2015 - 16	3.17
2016 - 17	4.48
2017 - 18	2.6
2018 - 19	4.51
2019 - 20 to date	3.93

e.11N: Zero. The GP referral date is the date of the start of the RTT pathway.

15NAK: Any delay is due to the patients decision not to ring the RMC and book an appointment. All patients are sent a letter within 1 day of receipt of the referral from the GP and booked as soon as they ring the RMC. On average a referral is processed within 5 working days dependent upon the patient telephoning into the RMC upon receiving their letter. Two week wait referrals are processed within 24 hours.

3. Included in data above.

Attachment(s):

Yes

Date response sent:

29/01/2020

FOI 79300 Organisation structure

Date request received:	28/01/2020	FOI ref:	79300
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Requested information:

I have an inquiry about the use of what are often called referral management

services. For clarity, I am asking about private firms which assess hospital referrals made by GPs and decide which patients should receive a hospital appointment or treatment and which should not. If your CCG calls this service by a different name, I would still like to know:

1. Does your CCG use a private referral management service?
2. If so, which company provides it?
3. How long has your CCG used this company?
4. How much are they paid?
5. Is payment based on how many patients are turned down for a referral to hospital?
6. If yes, what is the amount paid per refusal?
7. Does the referral service focus only on specific patients with certain conditions/those being referred for particular procedures or do they look at all hospital referrals?
8. If certain conditions, what are those conditions?
9. How many patients were considered by those referral management companies in the last year (or whatever period of time you keep figures for)?
10. How many were then referred on to hospital (or how many were not)?
11. What is the reason for using the private referral management service?
12. If money, how much money has this saved the NHS?

Response:

NHS Kernow uses two referral management services. Neither of which are private referral management services.

Attachment(s):

None

Date response sent:

07/02/2020

Women's health

FOI 79410 Breast cancer

Date request received:	30/01/2020	FOI ref:	79410
Requested information:			
Information is requested for the following:			
<ol style="list-style-type: none"> 1. Does your CCG / Trust have a policy regarding reconstruction after breast cancer? Yes / No <ol style="list-style-type: none"> a. Within that policy (if applicable) do you offer patients flat symmetrisation surgery? Yes / No 2. If a patient is planned to have a single mastectomy and the patient requests a double mastectomy immediately, without reconstruction (removing the healthy breast at the same time as the breast with cancer) would your CCG / Trust agree to this request if the patient did not have a gene 			

mutation? Yes / No

3. Does your CCG / Trust allow a contralateral prophylactic mastectomy (CPM) in a delayed setting for a patient that has had a single mastectomy, if they request it? Yes / No

If the answer is 'no', what reasons would be the cause for the negative response?
Please tick all answers that are applicable.

- a. No funding;
- b. NICE guidelines;
- c. Not CCG / Trust policy;
- d. Another reason (please state the reason)

4. If your CCG / Trust agrees to a CPM and leaving the patient flat chested, do you require the patient to have a psychological assessment? Yes / No

If the answer is 'Yes' please can you give further details (please tick any that apply):

- a. All Breast Cancer Units must organise psychological assessments to be completed;
- b. Psychological assessments are at the discretion of the Multi-Disciplinary Teams;
- c. Psychological assessments are at the discretion of the individual breast cancer Consultant.

Response:

- 1. Yes
 - a. Yes. Symmetrizing surgery is considered if the patient has needed a therapeutic mammoplasty in order to conserve a breast with breast cancer. These patients often need surgery to create symmetry and avoid them needing to wear an external prosthesis.
- 2. Yes. We try and avoid bilateral surgery at the same time except for certain circumstances. High risk Family history patients undergo risk reducing mastectomy or minus reconstruction in the absence of cancer. There is a robust protocol for these patients which follows national guidelines.
- 3. Yes. There are some situations where we may perform a contralateral mastectomy with or without reconstruction in the absence of a significant family history. This is unusual and only occurs after MDT review and after psychology review and approval. On occasion we perform a contralateral breast reduction in patients who have had a simple mastectomy for cancer without reconstruction. This allows the patient to wear a smaller prosthesis.
- 4. Yes.
 - b. Psychological assessments are at the discretion of the Multi-Disciplinary Teams

Attachment(s):

None

Date response sent:

14/02/2020