

Freedom of Information Request: Our Reference CTHB_371_19

You asked:

Question for your pharmacy and/or procurement team regarding the number of medicines and/or nursing services provided to NHS patients by an Independent Homecare Provider

1. In your organisation, which named individuals have the overall responsibility for any homecare provision for your patients?

- Suzanne Scott-Thomas, Clinical Director and Head of Medicines Management, Pharmacy

2. Do you currently have in post an operational lead for homecare services in your organisation – If so, what is their name/role?

- Lisa Mahoney, Logistics Manager.

3. What are your organisations minimum requirements for accepting a homecare provider?

We only use companies named on the All Wales Mid and Low Tech Framework Agreement.

4. If you have an outsourced outpatient pharmacy, are they able to provide nurse services / training for patients on how to self-inject for medicines administered by sub-cutaneous injection as part of their contract?

Not Applicable.

5. Can you please advise of total numbers of NHS patients who; Received a homecare delivery service of drug and/or nurse service at dates Jan 2018 / Jan 2019 / October 2019 – please provide these numbers by;

a. Drug name

b. Therapy / clinical area

c. By drug the name of the homecare provider who provided/provides this service

d. If possible please identify if these services are NHS funded or pharmaceutical / manufacturer funded services.

Please see below our response to 5a and 5b. Our system does not record historical data in this format so we can only provide current data.

Speciality	Rheumatology	Gastroenterology	Dermatology	Medical	HIV
Drug					
Benepali	126				
Cimzia	27				
Enbrel	23				
Forseto	34				
Humira	178	44			

Amgevita	16	31			
Imraldi	26				
Orencia	28				
Cosentyx	43				
Roactemra	43				
Simponi	50				
Stelara	10	22			
Dupixent			21		
Xeljanz	9	**			
Aimovig				**	
Ofev				12	
Esbriet				**	
HIV					38

Where the figures are less than 5, this has been denoted by **. The exact figures have been withheld due to the low numbers involved.

Where numbers are low we have considered that there is the potential for the individuals to be identified from the information provided, when considered with other information that may also be in the public domain. Also, responses under the Freedom of Information Act are made available to the public at large.

The data is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

In relation to questions 5c & 5d, I can confirm that Cwm Taf Morgannwg University Health Board holds the requested information. However, I would like to advise you that the information you requested is being withheld under the Freedom of Information Act 2000. The exemption which the Health Board has applied to this information is: Section 43 (Commercial Interests) of the Freedom of Information Act.

The Health Board considers the information to be of a commercially sensitive nature and that the release of this information would or would be likely to prejudice the commercial interests of any parties concerned. The exemption is subject to the public interest test which means that even if it is engaged account must be taken of the public interest in releasing the information.

This section of the Act sets out an exemption from the right to know if:

- the information requested is a trade secret, or
- release of the information is likely to prejudice the commercial interests of any person. (A person may be an individual, a company, the public authority itself or any other legal entity).

The expanding homecare services market is a highly competitive with Pharma funded homecare services e.g. where one or more homecare providers are commissioned by a manufacturer of a drug (Pharma Company) and also NHS funded homecare schemes.

The risks are high should a manufacturer and product supplier cease trading with a homecare provider and this would directly impact on the treatment and care of patients. It is therefore likely that as a result of this, the choice of homecare provider could become limited and the NHS would be required to source alternative homecare arrangements.

The University Health Board accepts that there is a public interest in ensuring openness and transparency. However, a large percentage of the homecare market is with the pharmaceutical companies who in turn commission homecare providers. Therefore, the Health Board believes that disclosure of this information could lead to an unfair advantage to the suppliers competitors (this data along with the patient numbers associated with this particular homecare provider), along with impacting the treatment and care of our patients.

Therefore the Health Board considers that the public interest in withholding the information is greater than the interests in disclosing it and thereby giving unfair commercial advantage to competitors of the supplier to which this information concerns. The Health Board believes that disclosure of information in a manner which fails to protect the interests and relationships arising in a commercial context could have the effect of discouraging companies from dealing with the Health Board because of fears that the disclosure of information could damage them commercially. In turn this could then jeopardise the Health Board's ability to compete fairly and pursue its function to bring forward development in the area and obtain value for money. It was therefore decided that it was not in the public's interest to disclose this information.