**FOI Ref: 6619**

**Category(ies): Trust - Reports/Minutes/Correspondence Clinical - Drugs Trust - Financial**

**Subject: Usage of Medicines in Secondary Care Apr 2022 - August 2022**

**Date Received: 21/09/2022**

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| **Your request:** | **Our response:** |
| I would be grateful if you could send me two datasets and provide answers to the questions in section 3 for your Trust, to inform this analysis:  |
| **(1) Drug Patient Level Contract Monitoring (DrPLCM) report**Data fields from the DrPLCM report, as specified in table 1 (below). Please do not send patient IDs or cost data, as I appreciate this would compromise data privacy and commercial sensitivity.  |  |
| Please include the following data fields in each of these data extracts. The data fields specified below reflect the specification given in the NHS data dictionary for the respective dataset. **(1) Table 1 - Drug Patient Level Contract Monitoring (DrPLCM) report**Please select all DrPLCM records between **Apr 2022 and Aug 2022**for all hospitals in your NHS Trust.

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| Name of “Data Element” from NHS Data Model and Dictionary for DrPLCM  |
| FINANCIAL MONTH  |
| FINANCIAL YEAR  |
| ORGANISATION IDENTIFIER (CODE OF PROVIDER)  |
| ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)  |
| ORGANISATION SITE IDENTIFIER (OF TREATMENT)  |
| ACTIVITY TREATMENT FUNCTION CODE  |
| CLINICAL INTERVENTION DATE (DRUG DISPENSED)  |
| THERAPEUTIC INDICATION CODE (SNOMED CT, OR ICD-10, OR TEXT DESCRIPTION)  |
| HIGH-COST TARIFF EXCLUDED DRUG CODE (SNOMED CT DM+D)  |
| DM+D TAXONOMY CODE (HIGH-COST TARIFF EXCLUDED DRUG)  |
| DRUG NAME (HIGH-COST TARIFF EXCLUDED DRUG)  |
| ROUTE OF ADMINISTRATION (SNOMED CT DM+D)  |
| DRUG STRENGTH (HIGH-COST TARIFF EXCLUDED DRUG)  |
| DRUG VOLUME (HIGH-COST TARIFF EXCLUDED DRUG)  |
| DRUG PACK SIZE (HIGH-COST TARIFF EXCLUDED DRUG)  |
| DRUG QUANTITY OR WEIGHT PROPORTION (HIGH-COST TARIFF EXCLUDED DRUG)  |
| UNIT OF MEASUREMENT (SNOMED CT DM+D)  |
| DISPENSING ROUTE (HIGH-COST TARIFF EXCLUDED DRUG)  |
| COMMISSIONED SERVICE CATEGORY CODE  |
| PROVIDER REFERENCE NUMBER  |
| SPECIALISED SERVICE CODE  |
| NATIONAL CANCER DRUGS FORM CODE  |
| CONTRACT MONITORING ADDITIONAL DETAIL (FIRST)  |
| CONTRACT MONITORING ADDITIONAL DESCRIPTION (FIRST)  |

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| **(2) SACT Cancer report**An extract from the chemotherapy ePMA system showing patients treated by drug and diagnosis, as specified in table 2 (below). Please also address the questions in section 3 which aims to give me top level information on the number of patients treated for different types of breast cancer. Please email your response by reply with the data in .csv format for the two datasets and input your responses for section 3 in the respective boxes. Feel welcome to contact me if you have any questions about this request.  |  |
| **(2) Table 2 - SACT Cancer report**Please select data records from the chemotherapy ePMA system between **Apr 2022 and Aug 2022**, for all solid tumour or haematological malignancies (ICD-10 primary diagnosis codes = C\* or D\*).

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| Data Field from NHS Data Model and Dictionary for SACT  |
| ORGANISATION IDENTIFIER (CODE OF PROVIDER)  |
| ORGANISATION IDENTIFIER (OF SACT THERAPY ADMINISTRATION)  |
| PRIMARY DIAGNOSIS (tumour type)  |
| PRIMARY DIAGNOSIS CODE (SNOMED CT OR ICD-10 3 or 4 digit)  |
| MORPHOLOGY ICD-O  |
| DIAGNOSIS CODE (SNOMED CT)  |
| ADJUNCTIVE THERAPY TYPE  |
| SACT DRUG NAME  |
| SACT DRUG (SNOMED CT DM+D)  |
| SACT ACTUAL DOSE  |
| SACT UNIT OF MEASUREMENT  |
| SACT THERAPY ADMINISTRATION DATE  |
| SACT DRUG TREATMENT INTENT  |
| CLINICAL TRIAL INDICATOR  |
| TNM STAGE  |
| DRUG REGIMEN DESCRIPTION  |
| NUMBER OF PLANNED CYCLES  |
| NUMBER OF PATIENT RECORDS  |

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| **(3) Breast Cancer information**I am interested to know the total number of patients with **breast cancer** treated with medicines between **Apr 2022 and Aug 2022**. When responding to the questions below please count all patients treated with chemotherapies, biological agents, hormonal therapies etc., but exclude patients treated with surgery only and/or radiotherapy only.  |
| 1. How many patients with breast cancer were treated in total?
 | These patients are treated by Weston Park Please redirect this question of the request to Sheffield Teaching Hospitals who can be contacted via email at sth.foi@nhs.net  |
| 1. How many patients with breast cancer were treated at the following stages?
* Early breast cancer (stages I or II)
* Locally advanced breast cancer (stage III)
* Metastatic breast cancer (stage IV)
 | These patients are treated by Weston Park Please redirect this question of the request to Sheffield Teaching Hospitals who can be contacted via email at sth.foi@nhs.net  |
| 1. How many patients with breast cancer were treated in the following categories of tumour characteristics and staging?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Early breast cancer
 | Neoadjuvant  | HR+ve (*ER+ve &/or PR+ve*)  |   |   |
| * Early breast cancer
 | Adjuvant  | HR+ve (*ER+ve &/or PR+ve*)  |   |   |
| * Early breast cancer
 | Neoadjuvant  | HR+ve, HER2+ve  |   |   |
| * Early breast cancer
 | Adjuvant  | HR+ve, HER2+ve  |   |   |
| * Early breast cancer
 | Neoadjuvant  | HR+ve, HER2-ve  |   |   |
| * Early breast cancer
 | Adjuvant  | HR+ve, HER2-ve  |   |   |
| * Early breast cancer
 | Neoadjuvant  | HR+ve, HER2-ve, node positive  |   |   |
| * Early breast cancer
 | Adjuvant  | HR+ve, HER2-ve, node positive  |   |   |
| * Early breast cancer
 | Neoadjuvant  | HER2+ve, node positive  |   |   |
| * Early breast cancer
 | Adjuvant  | HER2+ve, node positive  |   |   |
| * Early breast cancer
 | Neoadjuvant  | BRCA1/2 germline mutation positive  |   |   |
| * Early breast cancer
 | Adjuvant  | BRCA1/2 germline mutation positive  |   |   |
| * Early breast cancer
 | Neoadjuvant  | Triple negative  |   |   |
| * Early breast cancer
 | Adjuvant  | Triple negative  |   |   |
| * Early breast cancer
 | All  | PIK3CA mutation  |   |   |
| * Locally advanced
 | All  | HR+ve (*ER+ve &/or PR+ve*)  |   |   |
| * Locally advanced
 | All  | HER2+ve  |   |   |
| * Locally advanced
 | All  | HR+ve, HER2-ve  |   |   |
| * Locally advanced
 | All  | BRCA1/2 germline mutation positive  |   |   |
| * Locally advanced
 | All  | Triple negative, PD-L1 positive  |   |   |
| * Locally advanced
 | All  | Triple negative, PD-L1 negative  |   |   |
| * Locally advanced
 | All  | PIK3CA mutation  |   |   |
| * Metastatic
 | All  | HR+ve (*ER+ve &/or PR+ve*)  |   |   |
| * Metastatic
 | All  | HER2+ve  |   |   |
| * Metastatic
 | All  | HR+ve, HER2-ve  |   |   |
| * Metastatic
 | All  | BRCA1/2 germline mutation positive  |   |   |
| * Metastatic
 | All  | Triple negative, PD-L1 positive  |   |   |
| * Metastatic
 | All  | Triple negative, PD-L1 negative  |   |   |
| * Metastatic
 | All  | PIK3CA mutation  |   |   |

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| Definitions *HER2 = human epidermal growth factor 2 protein;**HR+ve = hormone receptor positive (oestrogen receptor positive, ER+ve, progesterone receptor positive, PR+ve, or both ER+ve and PR+ve);**Triple negative = HER2-ve and HR-ve (ER-ve and PR-ve)**BRCA = breast cancer gene;**PD-L1 = programmed death-1 ligand;**PIK3CA = Phosphatidylinositol-4,5-Bisphosphate 3-Kinase Catalytic Subunit Alpha* |

**Section 43 of the Freedom of Information Act 2000 (FOIA) – Commercial Interests**

The Trust can confirm that some of the information has been withheld under the following exemption of the FOIA - Section 43 (2) Commercial interests; this is also in line with your appendix that you provided at the time of your request.

Section 43(2) protects information which would or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).

In applying Section 43 we have balanced the public interest in withholding the information against the public interest in disclosing it. The use of this exemption was carefully considered. The factors in favour of disclosure of this information, including the general public interest and greater transparency and accountability, were carefully weighed against the need to allow businesses and commercial organisations the space to conduct their lawful business competitively and without fear of disclosure of sensitive commercial information.

We consider that this transparency also poses risks to the protection of commercially confidential information. Failure to protect such commercially sensitive information would limit the sources of procurement available.

The Trust has carried out a public interest test and has based our decision on:

• Disclosure would assist the promotion of openness and transparency in our decisions and in our spending of public money.

• The request relates to numerous unit prices of specific products provided to the Trust and disclosure would lead to the disclosure of the third party’s pricing for supplying such.

• It would therefore be likely to unfairly disadvantage their commercial interests when competing for future public sector and private sector contracts.

• We do not consider it to be in the public interest that companies entering into business arrangements with public authorities should be commercially prejudiced as a result.

• We also do not consider it to be in the public interest that our commercial interests are prejudiced when procuring future products from private sector organisations.

To release some of the information in the DrPLCM report for a large organisation such as the Trust would highly likely to be of value to the supplier’s competitors. In this case after such consideration we believe that the public interest in withholding the information outweighs the public interest in its release.