



WN-2016-00264 – Clinical Ophthalmology

1. A list of all providers that the CCG commissions for the provision of clinical ophthalmology services (where these are defined as including but not limited to NHS trust and FT services, independent sector provider services, AQP services, community ophthalmology services, enhanced optical/optometry/ophthalmology services, CATS/CAS/interface services, referral management/triage services and any other services related to problems of vision)

The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust

Norfolk and Norwich University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust

BMI - the Sandringham Hospital

West Suffolk NHS Foundation Trust

Hinchingbrooke Health Care NHS Trust

Norfolk Surgical & Diagnostic Centres

Anglia Community Eye Services

2. The current clinical ophthalmology contract(s) start and contract(s) end dates with each provider and the procurement method used to procure each contract

The contracts which Ophthalmology sit within larger clinical NHS contracts and run from April 2017 to March 2019 and were extended from the previous contract's.

3. The overall expenditure and associated activity levels of the clinical ophthalmology contract(s) in the financial year 2015-16, (a) in total and (b) broken down by contract

The total expenditure for Ophthalmology services for 2015-16 was £5,812,378. The CCG do not have any standalone ophthalmology contracts.

In respect to the Ophthalmology value and activity component for each provider the CCG confirms that it holds some of the information requested but are withholding it under section 43(2) of the FOIA. Section 43 of the Act provides an exemption for information, the disclosure of which would or would be likely to prejudice the commercial interests of any person (including the interests of a public authorities, such as CCGs).

The Information Commissioner's relevant guidance states that:

"...a commercial interest relates to a person's ability to participate competitively in a commercial activity, i.e. the purchase and sale of goods or services"

It is considered that the commercial interests of the providers would be likely to be prejudiced if we disclose the information requested, as by releasing the total contract value alongside the total activity it may be possible to work out the individual costings associated with the services. The rates differ from provider to provider and would relate to each of the provider's commercial strategies, disclosure of the withheld information may disadvantage them in competing for work against other providers.

As this is a qualified exemption we must consider whether the public interest in withholding the information outweighs the public interest in disclosing it.

Factors in favour of disclosure of the information are as follows:

- 1. Furthering the understanding of and participation in the public debate of issues of the day.*
- 2. Promoting accountability and transparency by public authorities for decisions taken by them and in the spending of public money.*
- 3. Allowing individuals and companies to understand decisions made by public authorities affecting their lives.*

Factors in favour of non-disclosure are as follows:

- 1. There is a strong public interest in ensuring that the commercial interests of the companies providing the services are not prejudiced. If such prejudice occurs it would enable competitors to undercut the organisations when bidding for contracts of a similar nature.*
- 2. Disclosure of the withheld information into the public domain could decrease the differentiation between suppliers, as processes, practices and commercial offerings may become homogenised, thus endangering true and fair competition. This would further hinder the ability of suppliers to act competitively within the market. Internal processes that allow such suppliers to create and maintain a competitive advantage would be lost as they become public knowledge, creating unfair competition and stifling innovation and creativity.*
- 3. The withheld information relates to legitimate economic interests. Disclosure would reduce the CCG's capacity to negotiate future contracts. The release of further individual costs could compromise the CCG's ability to secure good value in their future discussions with contractors by creating market expectations in key rates and allowances.*

The CCG considers that there is a public interest in disclosure of the withheld information as it promotes openness and transparency around surrounding public spending within the NHS. However, equally, the CCG does not consider that it would be in the public interest to damage their suppliers' commercial position by disclosure.

On balance the CCG considers that the public interest in favour of disclosure is outweighed by the public interest in favour of maintaining the exemption in this case. Section 43(2) FOIA was therefore correctly applied to withhold the requested information.

4. The quality requirements associated with each clinical ophthalmology contract (and any performance data held on them)

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Category
	RTT waiting times for non-urgent consultant-led treatment					
E.B.1	Percentage of admitted Service Users starting treatment within a maximum of 18 weeks from Referral	Operating standard of 90% at specialty level (as reported on Unify)	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £400 in respect of each excess breach above that threshold	Monthly	Services to which 18 Weeks applies
E.B.2	Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral	Operating standard of 95% at specialty level (as reported on Unify)	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £100 in respect of each excess breach above that threshold	Monthly	Services to which 18 Weeks applies
E.B.3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Operating standard of 92% at specialty level (as reported on Unify)	Review of monthly Service Quality Performance Report	Where the number of breaches at the end of the month exceeds the tolerance permitted by the threshold, £150 in respect of each excess breach above that threshold	Monthly	Services to which 18 Weeks applies
	Diagnostic test waiting times					
E.B.4	Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	Operating standard of >99%	Review of monthly Service Quality Performance	Where the number of breaches at the end of the month exceeds the tolerance permitted	Monthly	A CS CR

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Category
			Report	by the threshold, £200 in respect of each excess breach above that threshold		D S
	A&E waits					
E.B.5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Operating standard of 95%	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £120 in respect of each excess breach above that threshold. To the extent that the number of breaches exceeds 15% of A&E attendances in the relevant month, no further consequence will be applied in respect of the month	Monthly	A+E U
	Cancer waits - 2 week wait					
E.B.6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Operating standard of 93%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold	Quarterly	A CR R

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Category
E.B.7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Operating standard of 93%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold	Quarterly	A CR R
	Cancer waits – 31 days					
E.B.8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Operating standard of 96%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold	Quarterly	A CR R
E.B.9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	Operating standard of 94%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold	Quarterly	A CR R
E.B.10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	Operating standard of 98%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold	Quarterly	A CR R

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Category
E.B.11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	Operating standard of 94%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold	Quarterly	A CR R
	Cancer waits – 62 days					
E.B.12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Operating standard of 85%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold	Quarterly	A CR R
E.B.13	Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	Operating standard of 90%	Review of monthly Service Quality Performance Report	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each excess breach above that threshold	Quarterly	A CR R
E.B.14	Percentage of Service Users waiting no more than 62 days for first definitive treatment following a consultant's decision	Operating standard of 90%	Review of monthly Service Quality Performance	Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect	Quarterly	A CR

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Category
	<i>to upgrade the priority of the Service User (all cancers)</i>		<i>Report</i>	<i>of each excess breach above that threshold</i>		<i>R</i>
	Category A ambulance calls					
<i>E.B. 15.i</i>	<i>Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes</i>	<i>Operating standard of 75%</i>	<i>Performance measured monthly with annual reconciliation</i>	<i>Monthly withholding of 2% of Actual Monthly Value with an end of year reconciliation with 2% of the Actual Annual Value retained if annual performance is not met, or the withheld sums returned (with no interest) if annual performance is met</i>	<i>Monthly withholding, annual reconciliation</i>	<i>AM</i>
<i>E.B. 15.ii</i>	<i>Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes</i>	<i>Operating standard of 75%</i>	<i>Performance measured monthly with annual reconciliation</i>	<i>Monthly withholding of 2% of Actual Monthly Value with an end of year reconciliation with 2% of the Actual Annual Value retained if annual performance is not met, or the withheld sums returned (with no interest) if annual performance is met</i>	<i>Monthly withholding, annual reconciliation</i>	<i>AM</i>
<i>E.B. 16</i>	<i>Percentage of Category A calls resulting in an ambulance</i>	<i>Operating standard of</i>	<i>Performance measured monthly</i>	<i>Monthly withholding of 2% of Actual Monthly Value with an</i>	<i>Monthly withholding,</i>	<i>AM</i>

Ref	Operational Standards	Threshold (2015/16)	Method of Measurement (2015/16)	Consequence of breach	Timing of application of consequence	Applicable Service Category
	<i>arriving at the scene within 19 minutes</i>	95%	<i>with annual reconciliation</i>	<i>end of year reconciliation with 2% of the Actual Annual Value retained if annual performance is not met, or the withheld sums returned (with no interest) if annual performance is met</i>	<i>annual reconciliation</i>	
	Mixed sex accommodation breaches					
<i>E.B.S.1</i>	<i>Sleeping Accommodation Breach</i>	<i>>0</i>	<i>Verification of the monthly data provided pursuant to Schedule 6B in accordance with the Professional Letter</i>	<i>£250 per day per Service User affected</i>	<i>Monthly</i>	<i>A CR MH</i>
	Cancelled operations					
<i>E.B.S.2</i>	<i>All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice</i>	<i>Number of Service Users who are not offered another binding date within 28 days >0</i>	<i>Review of monthly Service Quality Performance Report</i>	<i>Non-payment of costs associated with cancellation and non-payment or reimbursement (as applicable) of re-scheduled episode of care</i>	<i>Monthly</i>	<i>A CR S</i>

<i>Ref</i>	<i>Operational Standards</i>	<i>Threshold (2015/16)</i>	<i>Method of Measurement (2015/16)</i>	<i>Consequence of breach</i>	<i>Timing of application of consequence</i>	<i>Applicable Service Category</i>
	<i>Mental health</i>					
<i>E.B.S.3</i>	<i>Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care</i>	<i>Operating standard of 95%</i>	<i>Review of monthly Service Quality Performance Reports</i>	<i>Where the number of breaches in the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold</i>	<i>Quarterly</i>	<i>MH MHSS</i>

5. **A count of outpatient first attendances, follow-up attendances and outpatient procedures for Treatment Function codes 130 and 216 in each financial year 2013-14, 2014-15 and 2015-16, broken down by HRG code, and further broken down by service provider**

Please see the attached file. Please note, where figures are below 5 a range has been provided to minimise the risk of patient identification.

6. **A count of admitted patient care episodes for Treatment Function codes 130 and 216 in each financial year 2013-14, 2014-15 and 2015-16, broken down by HRG code, and further broken down by service provider**

Please see the attached file. Please note, where figures are below 5 a range has been provided to minimise the risk of patient identification.