

Ref: FOIA Reference 2020/21-197

**Royal Stoke University Hospital** 

Data, Security and Protection Newcastle Road Stoke-on-Trent Staffordshire ST4 6QG

Date: 19<sup>th</sup> October 2020

Email foi@uhnm.nhs.uk

Dear

I am writing in response to your email dated 24<sup>th</sup> August 2020 9recieved into our office 25<sup>th</sup> August 2020) requesting information under the Freedom of Information Act (2000) regarding bacterial and fungal infections

On 1<sup>st</sup> September 2020 we contacted you via email as we required the following clarification|: Q1, do you mean number of spells or patients?

On 25<sup>th</sup> September 2020 you resubmitted this identical request (previous reference 245-2021) without the clarification that we asked for on the 1<sup>st</sup> September.

On 28<sup>th</sup> September 2020 we contacted you via email stating that under section 12 of the FOI Act we were aggregating these requests on bacterial and fungal infections

On 2<sup>nd</sup> October 2020 you sent in another request regarding lung cancer.

On 6<sup>th</sup>October 2020 we contacted you via email informing you that we would be aggregating this request (former reference 268-2021) with the previous two and that the reference for all 3 requests would be 197-2021, we also reminded you that 197-2021 was currently awaiting clarification from yourself, and that we would close all 3 request within 2 months if no clarification was received by you.

Your new reference number is 167-2021 for both identical requests

The section 12 exemption states:

The authority can combine related requests received within a period of 60 consecutive days from:

- The same person or
- People who appear to be acting in concert or in pursuance of a campaign.

We also asked again for the clarification we required in order to continue with this request:

As of 16th October you have failed to answer our request for clarification, therefore we are unable to answer requests # 1 and 2.

I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in Request #3, partial question 3 is not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt







under section 12 of the FOI Act: *cost of compliance is excessive*. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all health records and then extracting relevant information would take longer than the 18 hours allowed for.

In addition to the section 12 exemption the Trust is also applying section 14 (1) exemption: *oppressive burden on the authority* 

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that if your request is shortened to just the questions that we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this below.

As of 1<sup>st</sup> November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

### Requests #1 and 2

Q1 I am researching the treatment of bacterial and fungal infections in the UK secondary care sector. Could you please answer the following three questions

How many patients has your Trust treated (for any indication) in the last 12 months with the following drugs:

- Piperacillin/tazobactam
- Ceftazidime/avibactam (Zavicefta)
- Ceftolozane/tazobactam (Zerbaxa)
- Meropenem/ vaborbactam (Vaborem)
- Cefiderocol (Fetcroja)
- Carbapenems (such as: Meropenem, Imipenem/cilastatin, Ertapenem)
- Ainoglycosides (such as: Gentamicin, Amikacin, Tobramycin)
- Cephalosporins (such as: Cefotaxime, Ceftazidime, Ceftriaxone)
- Quinolones (such as: Ciprofloxacin, Levofloxacin, Ofloxacin)
- Polymixins (such as: Colistin)
- Amphotericin B/amphotericin liposomal (AmBisome)
- Isavuconazole (Cresemba)
- Posaconazole (Noxafil)
- A1 As of 16<sup>th</sup> October you have failed to answer our request for clarification, therefore we are unable to answer this question.

#### Q2 How many patients has your Trust treated in the last 12 months for:

- Complicated Intra Abdominal Infections (cIAI)
- Complicated Urinary tract infections (cUTI)
- Hospital Acquired Pneumonia (HAP) and/or Ventilator Associated Pneumonia (VAP)
- Mucormycosis
- A2 As answer 1







- Q3 For patients treated with Ceftazidime/avibactam (Zavicefta) in the last 12 months, can you please provide the number of patients suffering from:
  - Complicated Intra Abdominal Infections (cIAI)
  - Complicated Urinary Tract infections (cUTI)
  - Hospital Acquired Pneumonia (HAP) and/or Ventilator Associated
  - Gram-Negative bacterial infections
- A3 As answer 1.

#### REQUEST #3

Q1 I am researching the incidence and treatment of Lung and Urothelial cancer. Could you please answer the following three questions for patients treated by your Trust?

In the past 3 months, how many Urothelial cancer patients were treated with the following?

- Atezolizumab
- Carboplatin with Gemcitabine
- Carboplatin with Paclitaxel
- Carboplatin single or in any other combination
- Cisplatin with Gemcitabine
- Cisplatin single or in any other combination
- Nivolumab
- MVAC with G-CSF
- Pembrolizumab
- Any other regimen including Paclitaxel
- Any other chemo regimen
- Other active systemic anti-cancer therapy [please state]
- Palliative care only
- A1 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information*. However as the Trust is committed to openness and transparency we can band the numbers as being <5.

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed. Please see below:

- Atezolizumab = <5
- Carboplatin with Gemcitabine = <5
- Carboplatin with Paclitaxel 0
- Carboplatin single or in any other combination 0
- Cisplatin with Gemcitabine = <5
- Cisplatin single or in any other combination 0
- Nivolumab 0
- MVAC with G-CSF -
- Pembrolizumab 9







- Any other regimen including Paclitaxel 0
- Any other chemo regimen 0
- Other active systemic anti-cancer therapy [please state] 0
- Palliative care only data not held for patients on Best Supportive Care, as not on active SACT (Systemic Anti-Cancer Therapy)

### Q2 In the past 3 months, how many non-small cell lung cancer (NSCLC) patients were treated with?

- Afatinib
- Alectinib
- Atezolizumab + Bevacizumab + Carboplatin + Paclitaxel
- Atezolizumab monotherapy
- Bevacizumab
- Brigatinib
- Ceritinib
- Crizotinib
- Dacomitinib
- Docetaxel monotherapy
- Durvalumab
- Erlotinib
- Gefitinib
- Gemcitabine
- Necitumumab
- Nintedanib with Docetaxel
- Nivolumab
- Osimertinib
- Paclitaxel
- Pembrolizumab chemo in combination
- Pembrolizumab monotherapy
- Pemetrexed
- Pemetrexed with Carboplatin
- Pemetrexed with Cisplatin
- Ramucirumab
- Vinorelbine and cisplatin/carboplatin
- A2 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. Personal information. However as the Trust is committed to openness and transparency we can band the numbers as being <5.

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed. Please see below:

- Afatinib = 5
- Alectinib = <5
- Atezolizumab + Bevacizumab + Carboplatin + Paclitaxel = <5</li>
- Atezolizumab monotherapy = 5







- Bevacizumab 0
- Brigatinib = <5
- Ceritinib = 0
- Crizotinib = <5
- Dacomitinib =<5
- Docetaxel monotherapy = <5
- Durvalumab 5
- Erlotinib = 0
- Gefitinib = 0
- Gemcitabine = 0
- Necitumumab = 0
- Nintedanib with Docetaxel = 7
- Nivolumab = <5
- Osimertinib = 6
- Paclitaxel =<5
- Pembrolizumab chemo in combination 26
- Pembrolizumab monotherapy 23
- Pemetrexed =<5
- Pemetrexed with Carboplatin = 8
- Pemetrexed with Cisplatin = 0
- Ramucirumab 0

## Q3 Could you please provide the total number of patients with any treatment in the last three months for?

- Total non-small cell lung cancer (NSCLC)
- Squamous non-small cell lung cancer (Sq NSCLC)
- Non-squamous non-small cell lung cancer (Non-Sq NSCLC)
- A3 Please see below;
  - Total non-small cell lung cancer (NSCLC) = 110
  - Squamous non-small cell lung cancer (Sq NSCLC) = section 12 and 14 exemptions as detailed above
  - Non-squamous non-small cell lung cancer (Non-Sq NSCLC) = Section 12 and 14 exemptions as detailed above

\*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <u>http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx</u>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via <u>www.ico.org.uk</u>.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,

in Chiert

Jean Lehnert Data, Security & Protection Manager



