

Ref: FOI 121

13 September 2019

Dear Requestor

Request made under the Freedom of Information Act 2000

On 28 August 2019 you sent a request, made under the Freedom of Information Act, relating to prostate cancer. I now provide this information as an attachment.

I trust that this is the information you require and that your request has been fully discharged.

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Please note that, under the Re-use of Public Sector Information Regulations, if you wish to publish or otherwise use this information besides for your own means, you will need to seek our permission to do so.

If you are unhappy with this response, you are entitled to request an internal review of our decision, handled where possible by a member of staff not directly involved in the initial decision. If you wish to request such a review, please write direct to the Data Protection Officer, NHS Dorset, Ground Floor, West Wing, Vespasian House, Barrack Road, Dorchester DT1 1TG. We aim to deal with requests for internal review within three weeks of receipt, although where the issues involved are very complicated this period may be extended up to a total of six weeks.

If you have queries about this response, please do not hesitate to contact me quoting the above reference number.

Yours sincerely

Signature Removed

Paddy Baker
Data Protection Officer
NHS Dorset Clinical Commissioning Group

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Q1:

Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices?

Response:

Yes - Prostate cancer surveillance is within "GP contract Plus" enhanced service all Dorset practices participate in

Q1A)

If Yes - Does this service involve payments for the administration of the following LHRHA's, please indicate which?

- i. Zoladex (Goserelin)
- ii. Prostag (Leuprorelin)
- iii. Lutrate (Leuprorelin)
- iv. Decapeptyl (Triptorelin)

Response:

No

Q1B:

If Yes - What is the frequency of payment? Where possible please provide breakdown by drug name.

Q1C:

If Yes - What is the payment amount? Where possible please provide breakdown by drug name.

Response:

Drug name	Q1B: Frequency of payment	Q1C: Payment amount
Zoladex (Goserelin)	N/A	N/A
Prostag (Leuprorelin)	N/A	N/A
Lutrate (Leuprorelin)	N/A	N/A
Decapeptyl (Triptorelin)	N/A	N/A

Q2:

If you do have a service, does the service include payment for other activities, specifically:

Response:

PSA	Yes – follow up only
Symptom questionnaires	No
Patient review follow ups	Yes
Other - (please specify)	N/A

Q2A:

What is the payment amount for these activities? Please where possible provide a breakdown by activity name.

Response:

No specific payment value, but contained within a block payment based on weighted practice list size for multiple specialised services.