

Ref. No: FOI2501
Date: 10/04/2026
Subject: Usage of medicines in secondary care

REQUEST

Please add all responses to the below questions in the attached Excel document

1. SACT Cancer report

An extract from the chemotherapy ePMA system showing patients treated by drug and diagnosis, as specified in table 1 (below).

An extract of records from the chemotherapy ePMA system dated between 1st December 2025 and 31st March 2026, or to the latest date for which data is available, for all solid tumour and haematology malignancies (ICD-10 primary diagnosis codes C* and D*)

Organisation code (code of provider)
Organisation identifier (of SACT administration)
Consultant code (initiated systemic anti-cancer therapy)
Care professional main specialty code (start systemic anti-cancer therapy)
Primary diagnosis (ICD-10 3rd or 4th digit)
Morphology (ICD-O)
TNM stage
Adjunctive therapy type
Regimen treatment intent
Drug Regimen
Start date (systemic anti-cancer therapy drug regimen)
Clinical trial indicator
Drug name
Actual dose
Unit of measure
Route of administration
Cycle number
Number of planned cycles
SACT administration date
Regimen modification indicator
Curative treatment completed as planned
Non-curative treatment patient benefit indicator
Toxicity modification indicator

(2) Drug Patient Level Contract Monitoring (DrPLCM) report

Data fields from the DrPLCM report, as specified in table 2 (below). An extract of records from this report for all hospitals in the Trust dated between **1st January 2026 and 31st March 2026**

Field number	Data Element
1	FINANCIAL MONTH
2	FINANCIAL YEAR
4	ORGANISATION IDENTIFIER (CODE OF PROVIDER)
5	ORGANISATION SITE IDENTIFIER (OF TREATMENT)
8	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)
19	ACTIVITY TREATMENT FUNCTION CODE
20	HOSPITAL PROVIDER SPELL IDENTIFIER
21	OUT-PATIENT ATTENDANCE IDENTIFIER
22	CLINICAL INTERVENTION DATE (DRUG DISPENSED)
23	THERAPEUTIC INDICATION CODE (SNOMED CT)
26	DRUG NAME (HIGH COST TARIFF EXCLUDED DRUG)
27	ROUTE OF ADMINISTRATION (SNOMED CT DM+D)
28	DRUG STRENGTH (HIGH COST TARIFF EXCLUDED DRUG)
29	DRUG VOLUME (HIGH COST TARIFF EXCLUDED DRUG)
30	DRUG PACK SIZE (HIGH COST TARIFF EXCLUDED DRUG)
31	DRUG QUANTITY OR WEIGHT PROPORTION (HIGH COST TARIFF EXCLUDED DRUG)
32	UNIT OF MEASUREMENT (SNOMED CT DM+D)
33	DISPENSING ROUTE (HIGH COST TARIFF EXCLUDED DRUG)
34	PROVIDER REFERENCE NUMBER
35	COMMISSIONED SERVICE CATEGORY CODE
36	SERVICE CODE
37	NATIONAL CANCER DRUGS FUND FORM CODE
43	LOCAL CONTRACT CODE
44	LOCAL CONTRACT CODE DESCRIPTION
45	LOCAL CONTRACT MONITORING CODE
46	LOCAL CONTRACT MONITORING DESCRIPTION
47	CONTRACT MONITORING ADDITIONAL DETAIL
48	CONTRACT MONITORING ADDITIONAL DESCRIPTION
52	VALUE ADDED TAX CHARGED INDICATOR (CONTRACT MONITORING)

RESPONSE

1. SACT Cancer report

An extract from the chemotherapy ePMA system showing patients treated by drug and diagnosis, as specified in table 1 (below).

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is available, for all solid tumour and haematology malignancies (ICD-10 primary diagnosis codes C* and D*)

See attached information

(2) Drug Patient Level Contract Monitoring (DrPLCM) report

Data fields from the DrPLCM report, as specified in table 2 (below). An extract of records from this report for all hospitals in the Trust dated between **1st January 2026 and 31st March 2026**

Following a thorough assessment, we regret to inform you that Mersey and West Lancashire Teaching Hospitals NHS Trust is unable to comply with your request, as doing so would exceed the cost limit set out under Section 12 of the Freedom of Information Act 2000.

Section 12 states that a public authority is not obliged to comply with a request for information if it estimates that the cost of doing so would exceed the appropriate limit, which is currently set at £450 for NHS organisations. This equates to 18 hours of staff time, calculated at a standard rate of £25 per hour, as defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004.

The Trust has estimated that locating, retrieving, and extracting the relevant information would significantly exceed the 18-hour threshold, even with reasonable efforts to narrow the scope. We are therefore applying Section 12 of the Act and will not be proceeding with the request in its current form.

However, we would be happy to assist you in refining your request to bring it within the cost limit. For example, narrowing the timeframe, specifying particular departments, or focusing on a specific aspect of the information may help reduce the burden of compliance. Please let us know if you would like support in revising your request.