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10th December 2024

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[REDACTED]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference: Treatment of inflammatory diseases Crohns Disease, ulcerative colitis, plaque psoriasis, psoriatic arthritis, ankylosing spondylitis and rheumatoid arthritis Apr-Jun 2024

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our apologies for the delay.

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| FOI Request / Question | Question Response | | | | | | | Is there an exemption? | Exemption | Exemption Details |
|--|--------------------------|------------------|-----------------|--------------------|---------------------|---|----------------------|------------------------|-----------|-------------------|
| 1. How many patients were treated with the following drugs for the following diseases from the start of Apr 2024 to the end of Jun 2024? | Drug Name | Plaque psoriasis | Crohn's Disease | Ulcerative colitis | Psoriatic arthritis | Ankylosing spondylitis (inc. axial spondylitis) | Rheumatoid arthritis | | | |
| | Adalimumab | 0 | 29 | 19 | 3 | 1 | 16 | | | |
| | Apremilast | 0 | | | 0 | | | | | |
| | Bimekizumab | 0 | | | 0 | 0 | | | | |
| | Brodalumab | 0 | | | | | | | | |
| | Certolizumab Pegol | 0 | | | 0 | 0 | 0 | | | |
| | Deucravacitinib | 0 | | | | | | | | |
| | Etanercept | 0 | | | 2 | 4 | 4 | | | |
| | Guselkumab | 0 | | | 0 | | | | | |
| | Infliximab (Remicade) | 0 | 3 | 0 | 0 | 1 | 0 | | | |
| | Infliximab (Biosimilars) | 0 | 111 | 68 | 0 | 3 | 4 | | | |
| | Ixekizumab | 0 | | | 0 | 0 | | | | |
| | Risankizumab | 0 | 2 | | 0 | | | | | |
| | Secukinumab | 0 | | | 0 | 0 | | | | |
| | Tildrakizumab | 0 | | | | | | | | |
| Ustekinumab | 0 | 10 | 4 | 1 | | | | | | |
| Upadacitinib | | 8 | 3 | 0 | 0 | 0 | | | | |

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Patient Experience Team
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Acting Chair Graham Ward
Acting Chief Executive David Selwyn

| | | | | | | |
|---|--|----|----|---|---|----|
| Vedolizumab | | 62 | 32 | | | |
| Filgotinib | | | 0 | | | 4 |
| Golimumab | | | 2 | 0 | 0 | 0 |
| Mirikizumab | | | 0 | | | |
| Ozanimod | | | 0 | | | |
| Etrasimod | | | 0 | | | |
| Tofacitinib | | | 0 | 1 | 0 | 0 |
| Baricitinib | | | | | | 1 |
| Rituximab | | | | | | 11 |
| Sarilumab | | | | | | 0 |
| Tocilizumab | | | | | | 6 |
| <p><i>Please note this table illustrates the number of pharmacy issues of described drug for a patient with the named diagnosis. Please note, a patient can have more than 1 issue within the time period specified. As such, this is not a list of unique patients, rather drug issues. Additionally, a patient can have more than 1 specified diagnosis for their spell.</i></p> <p><i>This information only relates to inpatient activity. Unfortunately, ICD10 coding is not consistently applied to outpatient activity and therefore it not a reliable way to extract a particular group of patients.</i></p> <p><i>Additionally, we have extracted records based on ICD10 coding in any position within the patient's record. This means that the diagnosis is not necessarily the primary reason for admission.</i></p> <p><i>We cannot say if the drug in question was used to treat a specific diagnosis; only a clinical review will confirm that. My extract only indicates that the drug was issued to the patient and the patient was</i></p> | | | | | | |

| | <p><i>discharged from an inpatient spell with the requisite diagnosis codes within the requested time period (June 24 to August 24).</i></p> <p>Question 2 – Please note narrative in question 1 also applies to question 2.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------|--------------------|---------------------|--|-----------|------------------|-----------------|--------------------|---------------------|-----------------------|---|----|---|---|------------------------|---|---|---|---|-----------------------|---|---|---|---|-----------------------|---|---|---|---|--|--|--|
| <p>2. How many patients were treated with Ustekinumab and its biosimilars from the start of Jun 2024 to the end of Aug 2024?</p> | <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Plaque psoriasis</th> <th>Crohn's Disease</th> <th>Ulcerative colitis</th> <th>Psoriatic arthritis</th> </tr> </thead> <tbody> <tr> <td>Ustekinumab (Stelara)</td> <td>0</td> <td>10</td> <td>4</td> <td>1</td> </tr> <tr> <td>Ustekinumab (Pyzchiva)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Ustekinumab (Uzpruvo)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Ustekinumab (Wezenla)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> | | | | | Drug Name | Plaque psoriasis | Crohn's Disease | Ulcerative colitis | Psoriatic arthritis | Ustekinumab (Stelara) | 0 | 10 | 4 | 1 | Ustekinumab (Pyzchiva) | 0 | 0 | 0 | 0 | Ustekinumab (Uzpruvo) | 0 | 0 | 0 | 0 | Ustekinumab (Wezenla) | 0 | 0 | 0 | 0 | | | |
| Drug Name | Plaque psoriasis | Crohn's Disease | Ulcerative colitis | Psoriatic arthritis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ustekinumab (Stelara) | 0 | 10 | 4 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ustekinumab (Pyzchiva) | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ustekinumab (Uzpruvo) | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ustekinumab (Wezenla) | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

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