Ref No: DGS 014  
24 April 2018

Dear

Freedom of Information Request

Further to your request for information dated 5 April 2018 the information requested is below

1. What is the name of your CCG/Trust/Health board?

NHS Dartford Gravesham and Swanley Clinical Commissioning Group

2. How many of the people in your community are diagnosed with diabetes? (Please indicate numerical value):
   - Type 1 Diabetes:
   - Type 2 Diabetes:

   If unknown differentiation, please indicate total amount:

   This is publically available information via the Public Health Observatory

3. What role does your CCG/Trust/Health board play in the reimbursement process for digital solutions?

   In relation to the enquirer’s use of the word reimbursement, the CCG would not ‘reimburse’ costs as any expenditure would need to be agreed beforehand and go through the appropriate financial governance of the organisation. Approval of expenditure is not retrospective. The CCG Board oversees financial governance.

   3.1 If you are not the direct decision maker of reimbursement, can your CCG/Trust/Health board still pay for medical products to give access to patients?
Yes (for example within a tariff payment)

4. Who affects the decision-making process of reimbursement decisions for digital health solutions in the UK? Please specify what power they hold in the process. (If more than one, please rank them by influence, 1 being the most influential).

See response to question 3. Agreeing expenditure beforehand is affected by:
- Needs of the population (1/2)
- NICE (1/2)
- NHSE i.e. national tariff definitions (3)
- Kent and Medway Health Policy Support Unit recommendations (4)
- Individual Funding Request outcomes (5)

4.1. How would you describe the interest of the stakeholders you identified above? (e.g. cost reduction, care improvement,...)?

Clinical and Cost effectiveness

5. What criteria are most important for your CCG/Trust/Health board when commissioning digital solutions (e.g. cost, newness, effectiveness,...)? Please rank the criteria, 1 being the most important.

Clinical and Cost effectiveness (1)

6. Are you interested in partnerships with pharmaceutical companies? If yes, please what you are seeking from such partnerships.

Potentially, it depends on individual circumstances/issues

7. How does your CCG/Trust/Health board evaluate whether to commission a product for diabetes care?

See answer to question 4

8. Does your CCG/Trust/Health board have a policy on the use of health apps? If yes, please specify the health policy(ies):
If no, please provide if and when this will be established:

There are neither policies nor plans to make a specific policy singling out smartphone apps from any other type of technology. However apps should follow/comply with Medical Device Directive (MDD) and eHealth Safety Standards SCCI 0129 and SCCI 0160 if they are to be commissioned.

9. Does your CCG/Trust/Health board currently have a budget to use for health apps?

If no, please provide if and when this will be established:
There is not a budget specific for smartphone apps, nor are there any plans to separate IT budgets in such a way.

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If you are not content with the outcome of your complaint or review, you may apply to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Clinical Commissioning Group. The Information Commissioner can be contacted at:

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