

5th May 2026

Eastbourne District General Hospital
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Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

I would be grateful if you could provide responses to the questions set out below, which relate to your Trust's homecare medicines service.

Section 1 — Service Scale and Volume

- 1. How many patients are currently receiving homecare medicines through your Trust?**

4,241.

- 2. How many homecare prescriptions does your Trust issue per year (or per month if annual figures are unavailable)?**

8,650.

Section 2 — Current Systems and Processes

- 3. Is homecare prescribing at your Trust currently:**

- (a) Fully electronic
- (b) Fully paper-based ✓
- (c) A combination of electronic and paper-based

- 4. Does the Trust currently use a dedicated homecare medicines management or tracking system? If so, please provide the name of the system and the supplier.**

Yes.

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS

hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [*NHS England — London » Synnovis Ransomware Cyber-Attack*](#)
- [*NHS England confirm patient data stolen in cyber attack - BBC News*](#)
- [*Merseyside: Three more hospitals hit by cyber attack - BBC News*](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term “public interest” does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act

2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](#)

Your request asks for specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [*law enforcement*] of the FOIA and the name of our tracking system and supplier requested is being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a *qualified* exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [Organisations must do more to combat the growing threat of cyber attacks | ICO](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

“Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September

2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating.”

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is ‘of interest’ to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust’s transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust’s IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust’s systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we

must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

It is important to note that the Trust and its commissioning partners are required to follow very specific rules when procuring equipment or services. Information about procurement and tendering can be found on our website – [Governing documents, incorporating: Standing Orders, Standing Financial Instructions, Scheme of Delegation](#).

To contact the Procurement Service, please email - esht.procurement@nhs.net.

Section 3 — Financial Information

5. **What was the Trust's total annual expenditure on homecare medicines in the most recent completed financial year? Please provide the year to which this figure relates.**

£12,106,192 (Financial Year 2025/26).

Section 4 — Specialties and Medicines

6. **What are the top three clinical specialties by volume of homecare prescribing at your Trust?**

Rheumatology, Gastroenterology, Dermatology.

7. **Please provide a table listing all medicines currently prescribed via homecare at your Trust, including the following columns:**

- (a) **Generic name**
- (b) **Brand name**
- (c) **Clinical specialty**
- (d) **Homecare provider(s) used for each medicine**

Please see the attached document - 'FOI 26-259 Homecare Medicines'.

Section 5 — Key Contacts

9. **Please provide the name and NHS email address of the lead homecare pharmacist (or equivalent role) at your Trust.**

Janki Patel
Lead Homecare Pharmacist

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with section 44 of the Freedom of Information Act (Prohibition on disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited communications which may place an

unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website <http://www.esht.nhs.uk>.

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

- 10. For each of the top three specialties identified in Question 7, please provide the name and NHS email address of the lead consultant responsible for homecare prescribing within that specialty.**

Rheumatology	Dr S Panthakalam
Gastroenterology	Dr A Jeevaghan
Dermatology	Dr N Alwash

Section 44 applied to the contact details, please refer to question 9.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Generic name	Brand name	Clinical Speciality	Homecare Provider
Abatacept	Orencia	Rheumatology	Healthnet
Abatacept	Orencia	Rheumatology	Lloyds
Acalabrutinib	Calquence	Haematology	Alcura
Alirocumab	Praluent	Cardiology	Healthnet
Alirocumab	Praluent	Cardiology	Sciensus
Adalimumab	Amgevita	Rheumatology	Sciensus
Adalimumab	Humira	Dermatology Rheumatology Gastroenterology	Healthnet
Adalimumab	Humira	Dermatology Rheumatology Gastroenterology	Sciensus
Adalimumab	Hyrimoz	Dermatology Rheumatology Gastroenterology	Healthnet
Adalimumab	Imraldi	Dermatology Rheumatology Gastroenterology	Healthnet
Adalimumab	Imraldi	Dermatology Rheumatology Gastroenterology	Sciensus
Adalimumab	Yuflyma	Dermatology Rheumatology Gastroenterology	Celtrion/Personal Homecare Pharmacy
Adalimumab	Yuflyma	Dermatology Rheumatology Gastroenterology	Healthnet
Apremilast	Generic	Dermatology Rheumatology	Sciensus
Baricitinib	Olumaint	Rheumatology	Sciensus
Baricitinib	Olumaint	Rheumatology	LLoyds
Bimekizumab	Bimzelx	Dermatology Rheumatology	Healthnet
Bosutinib	Bosulif	Haematology	Alcura
Brodalumab	KYNTHEUM®	Dermatology	Healthnet
Certolizumab pegol	Cimzia	Dermatology Rheumatology	Sciensus
Certolizumab pegol	Cimzia SELECT	Dermatology Rheumatology	Pharmaxo
Dasatinib	generic	Haematology	Alcura
Deuravacitinib	Sotyku	Dermatology	Healthnet
Dimethyl Fumarate	generic	Neurology	Sciensus
Diroximel	Vumerity	Neurology	Lloyds
Dupilumab	Dupixent	Dermatology	Healthnet
Erenumab	Aimovig	Neurology	Healthnet
Erenumab	Aimovig	Neurology	Lloyds
Etanercept	Benepali	Dermatology Rheumatology	Sciensus
Etanercept	Enbrel	Dermatology Rheumatology	Sciensus
Etanercept	Erelzi	Dermatology Rheumatology	Sciensus
Evolocumab	Repatha	Cardiology	Healthnet
Fremanezumab	Ajovy	Neurology	Alcura
Factor VIII fraction	Advate	Haematology	Lloyds
Filgotinib	Jyseleca	Rheumatology Gastroenterology	Healthnet
Galcanezumab	Emgality	Neurology	Healthnet
Galcanezumab	Emgality	Neurology	Lloyds
Glatiramer	Copaxone	Neurology	LLoyds
Glatiramer	Copaxone	Neurology	Pharmaxo
Golimumab	Gobivaz	Rheumatology Gastroenterology	Sciensus
Golimumab	Simponi	Rheumatology Gastroenterology	Sciensus
Guselkumab	Tremfya	Dermatology Rheumatology Gastroenterology	LLoyds
Ibrutinib	Imbruvica	Haematology	Alcura
Imatinib	Gilvec	Haematology	Alcura
Interferon - Beta-1a	Avonex	Neurology	LLoyds
Interferon - Beta-1a	Avonex	Neurology	Sciensus
Interferon - Beta-1a	Betaferon	Neurology	Lloyds
Interferon - Beta-1a	Betaferon	Neurology	Sciensus
Interferon - Beta-1a	Rebif	Neurology	Sciensus
Interferon - Beta-1a	Rebif	Neurology	Lloyds
Peginterferon - Beta 1a	Plegridy	Neurology	Sciensus
Infliximab	Remsima	Gastroenterology	Healthnet
Ixekizumab	Taltz	Dermatology Rheumatology	Sciensus
Lanreotide	Ipsen	Endocrinology	Sciensus
Methotrexate	Metoject	Rheumatology	Sciensus
Methotrexate	Metoject	Rheumatology	Alcura
Mirikizumab	OmvoH	Gastroenterology	Sciensus
Nemolizumab	Nemluvio	Dermatology	Celtrion/Personal Homecare Pharmacy
Omalizumab	Omlyclo	Dermatology	Healthnet
Ozanimod	Zeposia	Gastroenterology	Lloyds
Palbociclib	Ibrance	Oncology	Alcura
Risankizumab	Skyrizi	Dermatology Gastroenterology	Healthnet
Ritlecitinib	Litfulo	Dermatology	Alcura
Romozosumab	Evenity	Rhematology	Pharmaxo
Sarilumab	Kevzara	Rhematology	Healthnet
Secukinumab	Cosentyx	Dermatology Rheumatology	Lloyds
Secukinumab	Cosentyx	Dermatology Rheumatology	Sciensus
Somatropin	Genotropin	Endocrinology	Sciensus
Somatropin	Norditropin	Endocrinology	Sciensus
Somatropin	Omnitrope	Endocrinology	Sciensus

Generic name	Brand name	Clinical Speciality	Homecare Provider
Teriflunomide	Generic	Neurology	Healthnet
Teriperatide	Sondelbay	Rhematology	Healthnet
Teriperatide	Sun Pharma (Ranbaxy)	Rhematology	Healthnet
Tocilizumab	RoActemra	Rhematology	Lloyds
Tocilizumab	Tynne	Rhematology	Calea
Tofacitinib	Xeljanz	Rheumatology Gastroenterology	Sciensus
Tralokinumab	Adtralza	Dermatology	Healthnet
Upadacitinib	Rinvoq	Dermatology Rheumatology Gastroenterology	Healthnet
Ustekinumab	Pyzchiva	Dermatology Rheumatology Gastroenterology	Healthnet
Ustekinumab	Stelara	Dermatology Rheumatology Gastroenterology	Healthnet
Ustekinumab	Wezenla	Dermatology Rheumatology Gastroenterology	Healthnet
Vedolizumab	Entyvio	Gastroenterology	Sciensus
Zanubrutinib	Brukinsa	Haematology	Alcura