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| **FREEDOM OF INFORMATION REQUESTS JANUARY 2020** |

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| **FOI NO: 1453/2020** | **Date Received: 02.01.2020** |
| **Request :**  One of the key objectives of the NHS Continuing Healthcare process is to establish whether a person’s care is the legal responsibility of the NHS or the local authority to fund.  In establishing eligibility for NHS Continuing Healthcare, a CCG must apply the Primary Health Needs Test, (Coughlan Case Law).  **1.**   **How does NHS Barnsley CCG establish whether a person's needs are within/outside local authority legal limits; i.e. merely incidental or ancillary to the provision of the accommodation which a local authority is under a duty to provide and of a nature which it can be expected that an authority whose primary responsibility is to provide social services, can be expected to provide?**  **2.**   **Is there one standard/benchmark applied to all CHC assessments, to establish eligibility for NHS Continuing Healthcare? If so, please provide details and copies of relevant documents, OR**  **3.**   **Is each case considered individually, on a case-by-case basis, according to each individual's particular needs? If so, please provide details and copies of relevant documents.** | |
| **Response :**  Each patient is looked at on an individual basis using the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (copy attached).  Page 17 of this document gives more information on what is classed as health need and social care need.    The Checklist is the NHS Continuing Healthcare screening tool used to identify individuals who my need an assessment of eligibility for NHS Continuing Healthcare – more information on the Checklist tool can be found on page 29.    If an individual is identified as meeting the criteria for a full assessment, then a multidisciplinary team made up of Health and Social Care professionals, must assess whether the individual has a primary health need using the Decision Support Tool (copy attached).    More information regarding this process can be found on page 38 onwards of the National Framework for NHS Continuing Healthcare. | |

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| **FOI NO:FOI 1454** | **Date Received: 06.01.20** |
| **Request :**  For each of the last three calendar years, could you tell us how many IFRs have been processed for the following treatments:   1. Total hip replacements  2. Total knee replacements 3. Hernia repair  4. Cataract surgery   For each of the last three calendar years, could you tell us how many IFRs have been approved for the following treatments:  1. Total hip replacements  2. Total knee replacements 3. Hernia repair  4. Cataract surgery | |
| **Response :** | |

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| **FOI NO: 1455/2020** | **Date Received: 07.01.20** |
| **Request :**  Who are the providers for:   * Business intelligence software that allows your care organisation to visualise key performance criteria such as managing costs and practice quality * Data viewing system between GP practices in your CCG * Data viewing system between GP practices in your CCG and those in other CCGs * Data viewing system between GP practices in your CCG and trusts   ·       What are the start and ending dates for the contracts for the above systems?  ·       What are the annual costs for maintenance, licensing and other costs for these systems? | |
| **Response :**         Who are the providers for:  o   Business intelligence software that allows your care organisation to visualise key performance criteria such as managing costs and practice quality – Kier Business Services Limited  o   Data viewing system between GP practices in your CCG  o   Data viewing system between GP practices in your CCG and those in other CCGs   * Data viewing system between GP practices in your CCG and trusts   We have contracted Healthcare Gateway Limited to implement the Medical Interoperability Gateway (MIG) which allows local providers of acute, mental health, community, GP out of hours and GP extended hours services to view GP patient records  ·       What are the start and ending dates for the contracts for the above systems? Please see link below  ·       What are the annual costs for maintenance, licensing and other costs for these systems?  Please see link below to our contract register, which provides contract start/end dates and annual costs:  <https://www.barnsleyccg.nhs.uk/copy-of-about-us/contracts.htm> | |

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| **FOI NO: 1456/2020** | **Date Received: 08.01.20** |
| **Request :** | |
| **Response :**  ‘Barnsley CCG contract with Barnsley Hospital NHS foundation Trust for Audiology Services as part of their General Acute Services, this is reimbursed on a block basis.  No other contracts have been awarded i.e community audiology service or hospital based service non-referrable\* sensorineural hearing loss.’ | |

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| **FOI NO: 1457/2020** | **Date Received: 08/01/20** |
| **Request :**   1. **How much did you spend on all medications for the following conditions in the last financial year (2018/19)?**  * Depression * Treatment Resistant Depression * Anxiety * Post-Traumatic Stress Disorder * Obsessive Compulsive Disorder  1. **What was the total number of patients receiving medication funded by your CCG in 2018/19 for each of the following conditions?**  * Depression * Treatment Resistant Depression * Anxiety * Post-Traumatic Stress Disorder * Obsessive Compulsive Disorder  1. **Which three drugs from this list did you spend the most on in the last financial year (2018/19)? For those three drugs please specify the total amount spent.**  * Ariprazole * Buspirone * Clomipramine * Escitalopram * Fluoxetine * Mirtazapine * Quetiapine * Sertraline * Venlafaxine | |
| **Response :**   1. **How much did you spend on all medications for the following conditions in the last financial year (2018/19)?**  * Depression * Treatment Resistant Depression * Anxiety * Post-Traumatic Stress Disorder * Obsessive Compulsive Disorder   **Q1 Response :** The medications used to treat these conditions are also licensed for and used to treat many other mental health conditions. The CCG does not hold information linking patient diagnosis with treatment and cost and does not currently hold this information.  The CCG uses NHS Digital systems to obtain prescribing information.  This prescription data is available on NHSBSA for guest users.  <https://www.nhsbsa.nhs.uk/prescription-data/catalyst-public-insight-portal>  alternatively it is available on Open Prescribing.  <https://openprescribing.net/>  The data can be accessed via NHS Digital via  FOI <https://digital.nhs.uk/data-and-information>   1. **What was the total number of patients receiving medication funded by your CCG in 2018/19 for each of the following conditions?**  * Depression * Treatment Resistant Depression * Anxiety * Post-Traumatic Stress Disorder * Obsessive Compulsive Disorder   **Q2 Response :** As for Q1( above)   1. **Which three drugs from this list did you spend the most on in the last financial year (2018/19)? For those three drugs please specify the total amount spent.**  * Ariprazole * Buspirone * Clomipramine * Escitalopram * Fluoxetine * Mirtazapine * Quetiapine * Sertraline * Venlafaxine   **Q3 Response :** The CCG does not currently hold this information and would have to interrogate NHS Digital systems to obtain the information which us publicly available:-  The CCG uses NHS Digital systems to obtain prescribing information.  This prescription data is available on NHSBSA for guest users.  <https://www.nhsbsa.nhs.uk/prescription-data/catalyst-public-insight-portal>  alternatively it is available on Open Prescribing.  <https://openprescribing.net/>  The data can be accessed via NHS Digital via  FOI <https://digital.nhs.uk/data-and-information> | |

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| **FOI NO: 1458/2020** | **Date Received: 10.1.20** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1459/2020** | **Date Received: 13.01.20** |
| **Request :**  1. Since 1 November 2018, how many Individual Funding Requests have you received regarding unlicensed Cannabis-Based Products for Medicinal Use (CBPMs)?  a. If possible, please provide the therapeutic indication for the IFRs received e.g. chronic pain  2. Of the total number of Individual Funding Requests, how many Individual Funding Requests for unlicensed CBPMs has the CCG declined? Please provide any details as to the reason/s behind declining the requests.  3. Of the total number of Individual Funding Requests, how many Individual Funding Requests for unlicensed CBPMs has the CCG accepted? Please provide any details of the Individual Funding Requests accepted where possible, including the cost of reimbursement.  a. If possible, please provide the therapeutic indication for the IFRs received e.g. chronic pain  4. From which budget is the CCG funding the Individual Funding Requests that have been approved, and for how long has the funding been agreed? | |
| **Response :**  The IFR Panel has not received any requests to fund cannabis based products for medicinal use for Barnsley CCG patients. | |

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| **FOI NO: 1460/2020** | **Date Received: 13.01.20** |
| **Request :**  In relation to the current financial year (19/20) could you please provide me with information relating to the first 20 occasions in which you sanctioned the use of a patient’s Personal Health Budget (PHB) to be spent on something that was NOT for the provision of care, medicine, or transport to a place where care or medicine was provided.  1) For each of these 20 occasions please state (i) what the money was spent on and (ii) how much money was spent on it and (iii) the outcome the patient was working towards as a result of this spend. | |
| **Response :**  NHS Barnsley CCG have not sanctioned the use of a PHB for any items which would not be deemed for the provision of care, medicine or transport in 2019/20. | |

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| **FOI NO: 1461/2020** | **Date Received: 13.01.20** |
| **Request :**  1. What is the CCG’s target waiting time for adults who are urgently referred to eating disorder services to start treatment?  2. What is the CCG’s target waiting time for adults who are routinely (i.e. non-urgently) referred to eating disorder services to start treatment?  3. How many adults were urgently referred to eating disorder services overseen by the CCG in 2018/19?  4. How many adults were routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG in 2018/19?  5. What was the average waiting time to start treatment for adults urgently referred to eating disorder services overseen by the CCG in 2018/19?  6. What was the average waiting time to start treatment for adults routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG in 2018/19?  7. How many adults urgently referred to eating disorder services overseen by the CCG are currently waiting to start treatment?  8. How many adults routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG are currently waiting to start treatment? | |
| **Response :**  We do not currently commission an Adult Eating Disorder service and these patients would therefore be referred into the Barnsley Community Mental Health Team, for which there are no waits.  Aligned with the recommendations of the NHS Long Term Plan we have started to discuss with our mental health service provider the potential of developing an Adult Eating Disorder pathway in readiness to invest the NSH England funding earmarked for this purpose in 2022/23. For any specific data this request would need to be redirected to SWYPFT as we do not extrapolate those with Eating Disorders from the data provided:  <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 1462/2020** | **Date Received: 14 January 2020** |
| **Request :**  I am making this request under the FOI act, as such, could you please fill in the below table to represent the CCGs total expenditure in 18/19 and CCGs 19/20 budget for the categorised care types:   |  |  |  | | --- | --- | --- | |  | 18/19 Expenditure | 19/20 Budget | | Community Services |  |  | | Continuing Care (Children & Young People) |  |  | | Continuing Healthcare (CHC) incl. Funded Nursing Care (FNC) (Adults) |  |  | | Learning Disability |  |  | | Mental Health |  |  | | |
| **Response :**   |  |  |  | | --- | --- | --- | |  | 18/19 Expenditure | 19/20 Budget | | Community Services | £46.084m | £47.773m | | Continuing Care (Children & Young People) | £1.142m | £1.250m | | Continuing Healthcare (CHC) incl. Funded Nursing Care (FNC) (Adults) | £14.643m | £15.870m | | Learning Disability (including out of area) | £3.612m | £4.106m | | Mental Health | £30.690m | £33.376m | |  |  |  |   PLEASE NOTE that CHC does not include section 117. | |

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| **FOI NO: 1463/2020** | **Date Received: 15 January 2020** |
| **Request :**  • Do you have a Digital Lead for the organisation? If so, could you provide a name and contact details?  • Are you currently using a video application to deliver virtual consultations throughout the organisation?  • If so, what application service provider are you using?  • Do you have a Digital strategy in place to implement virtual consultations throughout your organisation in line with the NHS long term plan?  • If so, do you have timescales in place to implement virtual consultations and when are you looking to achieve this by? | |
| **Response :**   * Do you have a Digital Lead for the organisation? If so, could you provide a name and contact details? Jeremy Budd – [jeremybudd@nhs.net](mailto:jeremybudd@nhs.net) * Are you currently using a video application to deliver virtual consultations throughout the organisation? As a commissioner of healthcare we do not deliver healthcare consultations directly and therefore do not use a video application to deliver virtual consultations.  To support the delivery of NHS Long Term Plan ambitions for Primary Care on-line consultation and video consultation we have procured Doctor Link for use by all GP practices in Barnsley. * If so, what application service provider are you using? Doctor Link * Do you have a Digital strategy in place to implement virtual consultations throughout your organisation in line with the NHS long term plan? In line with the answer to Q2, we will not implement virtual consultations within the organisation however we will support GP practices to meet the requirements of the long term plan.   If so, do you have timescales in place to implement virtual consultations and when are you looking to achieve this by? On-line consultation via Doctor Link or other solution is anticipated to be in place in all GP practices by April 2020. | |

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| **FOI NO: 1464/2020** | **Date Received: 15 January 2020** |
| **Request :**  . Does NHS Barnsley CCG have any local commissioned services/Locally enhanced services in primary care for GLP1 RA? Yes/No  • If yes, please could you provide and attach a copy of the service specification for this service(s)?    If the service specification is already in the public domain, then please provide a direct web link to this document.    • If yes to having a service in place, is this service commissioned “per patient initiated”? Yes/No  o If yes, what cost band does this fit into? Please answer using provided banding below.  <£50/ £50-£75 / £75-£100 / £100-£125 / £125-£150 / £150-£175 / £175-£200 / >£200  2. Does NHS Barnsley CCG have any current (2019/20) primary care pharmaceutical rebate schemes in place for GLP1 RA? Yes/No  • If yes- please provide details of this/these scheme(s) as per the table below:    Name of primary care pharmaceutical rebate scheme(s) for GLP1 RA. Name of Drug(s) covered Companies involved in the scheme          If details already exist within public domain, then please provide a direct web link to this/these document(s).    3. Does NHS Barnsley CCG have any current primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA? – Yes/No  a. If yes- please provide details of this/these scheme(s) as per the table below:  If details already exist within public domain, then please provide a direct web link to this/these document(s)  b. If yes, does the incentive scheme require or link to any GLP1 RA audits? Yes/No (Please capture in the table below).    Name of primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA Name of Drug(s) covered Requires GLP1 RA Audits Y/N | |
| **Response :**  I am writing to you today to formally request the following information about services relating to glucagon-like peptide-1 receptor agonists (GLP-1 RA) (<https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/tablets-and-medication/incretin-mimetics>, also see BNF Chapter 6).  1.       Does NHS Barnsley CCG have any local commissioned services/Locally enhanced services in primary care for GLP1 RA? Yes/No           If yes, please could you provide and attach a copy of the service specification for this service(s)?  Yes  Barnsley has an integrated Diabetes Service which oversee the initiation of the majority  of GLP1’s . Primary care clinicians who believe this is within their scope of clinical practice can also initiate however would not be currently funded to do so. GLP1 ‘s management is funded under a Barnsley shared care specialist drugs service ( see below) and GLP’s would attract a low cost for ongoing management:-    **Drugs with a LOW level of required monitoring**   |  | | --- | | Drugs with a low level of required monitoring will attract a payment of £5.04 per patient per annum to acknowledge that the Service provider has agreed to take over the responsibility for prescribing a more specialised drug. |   If the service specification is already in the public domain, then please provide a direct web link to this document. N/A             If yes to having a service in place, is this service commissioned “per patient initiated”? Yes/No  o   If yes, what cost band does this fit into?  Please answer using provided banding below.  <£50/ £50-£75 / £75-£100 / £100-£125 / £125-£150 / £150-£175 / £175-£200 / >£200  There is not a separate fee for initiating GLP1’s but a payment for management of patients post initiation but £5.04p per patient per annum management fee.  2.       Does NHS Barnsley CCG have any current (2019/20) primary care pharmaceutical rebate schemes in place for GLP1 RA? Yes/No           If yes- please provide details of this/these scheme(s) as per the table below: No     |  |  |  | | --- | --- | --- | | Name of primary care pharmaceutical rebate scheme(s) for GLP1 RA. | Name of Drug(s) covered | Companies involved in the scheme | |  |  |  | |  |  |  | |  |  |  |     If details already exist within public domain, then please provide a direct web link to this/these document(s).    3.       Does NHS Barnsley CCG have any current primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA? – Yes/No  a.       If yes- please provide details of this/these scheme(s) as per the table below:  If details already exist within public domain, then please provide a direct web link to this/these document(s)  b.       If yes, does the incentive scheme require or link to any GLP1 RA audits? Yes/No (Please capture in the table below).     |  |  |  | | --- | --- | --- | | Name of primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA | Name of Drug(s) covered | Requires GLP1 RA Audits Y/N | |  |  |  | |  |  |  | |  |  |  | | |

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| **FOI NO: 1465/2020** | **Date Received: 16 January 2020** |
| **Request :**  • Can they provide information on how they share records between clinical systems for direct care purposes? Not limited to but for example How does the trust view information on patients from GP, Social Care when dealing patients in a direct care situation.  • We are interested in understanding, what your organisation/s uses to share patient information between health and social care clinical systems and settings. Which suppliers are in use in your organisation/s to fulfil this purpose? (If any) examples such as Graphnet, Intersystems, MIG, Direct Integration from/between systems such as Emis, TPP, Cerner?  • Can you provide details of the current renewal/end date of this/these contract/s?  • Who is the main point of contact for this/these contract/s and what is their title and contact details?  • Which board member is responsible for patient record integration/sharing between health and social care clinical systems and settings for your organisation? | |
| **Response :**  Can they provide information on how they share records between clinical systems for direct care purposes? Not limited to but for example How does the trust view information on patients from GP, Social Care when dealing patients in a direct care situation. As a commissioning organisation Barnsley CCG does not directly hold or share patient records for direct care purposes. We have however supported local care providers to share records for direct care in the following ways:   * + - We have contracted Healthcare Gateway Limited to implement the Medical Interoperability Gateway (MIG) which allows local providers of acute, mental health, community, GP out of hours and GP extended hours services to view GP patient records     - We are currently supporting local GPs and other providers to enable new functionality within EMIS and TPP which allows users of those systems a bilateral view of records held by other users of those systems in Barnsley. * We are interested in understanding, what your organisation/s uses to share patient information between health and social care clinical systems and settings. Which suppliers are in use in your organisation/s to fulfil this purpose? (If any) examples such as Graphnet, Intersystems, MIG, Direct Integration from/between systems such as Emis, TPP, Cerner? See above. * Can you provide details of the current renewal/end date of this/these contract/s? Details of all our contracts are available on our contracts register <https://www.barnsleyccg.nhs.uk/copy-of-about-us/contracts.htm> * Who is the main point of contact for this/these contract/s and what is their title and contact details? Head of Governance & Assurance * Which board member is responsible for patient record integration/sharing between health and social care clinical systems and settings for your organisation? Director of Commissioning (Jeremy Budd). | |

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| **FOI NO: 1466** | **Date Received: 16 January 2020** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1467** | **Date Received: 16 January 2020** |
| **Request :**  The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, states,    “21. (7) In deciding whether a person has a primary health need in accordance with paragraph (5)(b), a relevant body must consider whether the nursing or other health services required by that person are—    (a) where that person is, or is to be, accommodated in relevant premises, more than incidental or ancillary to the provision of accommodation which a social services authority is, or would be but for a person’s means, under a duty to provide; or  (b) of a nature beyond which a social services authority whose primary responsibility is to provide social services could be expected to provide,  and, if it decides that the nursing or other health services required do, when considered in their totality, fall within sub-paragraph (a) or (b), it must decide that that person has a primary health need.”  With reference to the above:    1. Against what criteria, (benchmark/scale/yardstick), are the nature, intensity, complexity and unpredictability of a person’s needs measured/assessed/weighed?     1. Please provide a copy of the document used to measure/assess/weigh a person’s needs. | |
| **Response :**   1. Against what criteria, (benchmark/scale/yardstick), are the nature, intensity, complexity and unpredictability of a person’s needs measured/assessed/weighed? In order to determine whether an individual has a primary health need, a detailed assessment and decision making process must be followed which is set out in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care.  This assessment is recorded on a Decision Support Tool which has been developed to support practitioners in the application for the framework.  This tool brings together information from the assessment of needs. The Decision Support Tool is intended to support the process of determining eligibility, and ensure consistent and comprehensive consideration of an individual’s needs.  The evidence set out in the tool should be used by the Multi-Disciplinary Team to help make a recommendation based on the four key characteristics of nature, intensity, complexity and unpredictability of need, as explained in paragraphs 147-152 of the National Framework and Practice Guidance note 3. 2. Please provide a copy of the document used to measure/assess/weigh a person’s needs.  Please find attached copies of both the National Framework and the Decision Support Tool. | |

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| **FOI NO: 1468** | **Date Received: 16 January 2020** |
| **Request :**  1.For the number of patient transport journeys paid out to Private/Independent Patient Transport providers in the last year i.e  - secure patient transport for mental health  -non emergency patient transport  2. May you also provide the cost breakdown ;  -the total cost  - lowest cost per mile  -highest cost per mile  - lowest cost for the call out fee  -the highest cost of call out fee  3. The list of your current providers | |
| **Response :**  For the number of patient transport journeys paid out to Private/Independent Patient Transport providers  in the last year i.e  - secure patient transport for mental health – Barnsley Clinical Commissioning Group does not hold this information  -non emergency patient transport  2. May you also provide the  cost breakdown ;  -the total cost please see link below for the contract register and list of providers  - lowest cost per mile N/A  -highest cost per mile N/A  - lowest cost  for the call out fee N/A  -the highest cost of call out fee N/A  3. The list of your current providers  The list of current providers for non-emergency transport can be found on our contract register:  <https://www.barnsleyccg.nhs.uk/CCG%20Downloads/Contracts/2020/BCCG%20Contract%20Register%202019-20%20Q3.xlsx> | |

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| **FOI NO: 1469** | **Date Received: 20 January 2020** |
| **Request :**  1. Do you have a continuous glucose monitoring (CGM) system policy in place?  If so please provide.  2. Which continuous glucose monitoring (CGM) systems are currently approved for use?  3. What is your system/process to administer the funding approval and use of continuous glucose monitoring (CGM) systems? | |
| **Response :**  Do you have a continuous glucose monitoring (CGM) system policy in place? If so please provide.  We have a Barnsley policy for the initiation and management of Freestyle Libre. Please find attached  All other CGM systems ( linked with insulin pumps) are initiated and managed by Barnsley Diabetes integrated service specialist nurses  2. Which continuous glucose monitoring (CGM) systems are currently approved for use?  Any CGM systems initiated by specialist nurses in line with NICE guidance (and local guidance in respect of Freestyle Libre ) are funded  3. What is your system/process to administer the funding approval and use of continuous glucose monitoring (CGM) systems?  Specialist nurses from the Diabetes integrated service initiate CGM systems in line with NICE guidance and local policy in respect of Freestyle Libre. | |

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| **FOI NO: 1470** | **Date Received: 20 January 2020** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1471** | **Date Received: 20 January 2020** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1472** | **Date Received: 20 January 2020** |
| **Request :**  We are writing to see if your service locally planning on -   * ​​any MSK engagement in coming months * have you got any planning on MSK related provision with new model of NHS service such PCN's ( primary care networks) * if you have already an MSK provision in place is there chance to provide end of contract with such service ? * is there any scope for to provide MSK service and  accept new providers * have you got any dates for the next engagement meeting? | |
| **Response :**  Further to your FOI request we can confirm that all opportunities to provide services for Barnsley CCG will be advertised on NHS Sourcing here: [www.nhssourcing.co.uk](http://www.nhssourcing.co.uk)  We recommend registering your details on the website to receive alerts about new opportunities. | |

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| **FOI NO: 1473** | **Date Received: 24 January 2020** |
| **Request :**   * How many patients attended your general practice extended hours (not out of hours services) on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020? * How many general practice premises were open on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020? * How much money did it cost to open these premises on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020? * How many GPs were on shift for each of these days? | |
| **Response :**  **No GP practices were offering Extended Hours on the Bank Holiday Days: Christmas Day, Boxing Day or New Years’ Day**    I have attached an Excel sheet template - please can you fill it in with the following data for your CCG hub for each day:   * How many patients attended your general practice extended hours (not out of hours services) on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020? None * How many general practice premises were open on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020? None * How much money did it cost to open these premises on Christmas Day 2019, Boxing Day 2019 and New Year's Day 2020? No cost * How many GPs were on shift for each of these days? None | |

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| **FOI NO: 1474** | **Date Received: 27 January 2020** |
| **Request :**  Can I please request the following information as part of FOI request: if you provide information for more than one CCG; please provide information for each CCG.  1) What is the population that the CCG serves  2) What was the total spend on ophthalmology (excluding high cost drugs) in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019  3) Can you please break down the spend (in ophthalmology) based on payments to each provider ( in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)  4) What is the total FCE; new appointment; follow up appointment. For each of the providers (the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)  5) Please state the specific services commissioned for ophthalmology which are “not standard tariff”…. (for example: referral refinement; MECS; PEARS; glaucoma refinement; etc.)  6) Please provide a breakdown of the “Non standard tariff” services by (special commissioned services) ( for the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)  a. Activity in each year (total)  b. Total spend in each year for each activity  c. Tariff for each activity (for example £10 tariff for referral management; £20 for glaucoma repeat iop etc.) | |
| **Response :**   1. What is the population that the CCG serves   <https://www.ons.gov.uk/peoplepopulationandcommunity>   1. What was the total spend on ophthalmology (excluding high cost drugs) in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019   2014-2015: £ 6,865,679  2015-2016: £ 6,937,566  2017-2018: £ 6,139,355  2018-2019: £ 6,697,480   1. Can you please break down the spend (in ophthalmology) based on payments to each **provider** ( in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)   The CCG cannot provide this information on the grounds of commercial confidentiality   1. What is the total FCE; new appointment; follow up appointment. For each of the **providers (**the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)   The CCG cannot provide this level of granularity on the grounds of commercial confidentiality however, the total for all providers is as follows:   |  |  |  |  | | --- | --- | --- | --- | | **Year** | **FCE** | **New appointment** | **Follow up appointment** | | 2014-2015 | 5,760 | 11,206 | 35,087 | | 2015-2016 | 5,539 | 10,607 | 35,159 | | 2017-2018 | 3,278 | 10,355 | 38,765 | | 2018-2019 | 3,650 | 10,134 | 41,561 | |  |  |  |  |  1. Please state the specific services commissioned for ophthalmology which are “not standard tariff”…. (for example: referral refinement; MECS; PEARS; glaucoma refinement; etc.)   The CCG commissions an Optometry First service which is made up of a MEC Service and a Pre and Post-Operative Cataracts Service   1. Please provide a breakdown of the “Non standard tariff” services by (special commissioned services) ( for the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)    1. Activity in each year (total)    2. Total **spend** in each year for each activity    3. **Tariff** for each activity (for example £10 tariff for referral management; £20 for glaucoma repeat iop etc.)   Please see attached spreadsheet, information relating to tariff has not been included as this is commercially sensitive information | |

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| **FOI NO: 1475** | **Date Received: 28 January 2020** |
| **Request :**  Q1 GP practices that have closed and had their patient lists dispersed in 2019;  A. The name of each practice;  B. The list size of each practice;  C. The date of closure.  Q2 Practice branches that have closed as a result of practices merging  A. The name of each practice branch;  B. The list size of each practice branch that has closed as a result of practices merging;  C. The date of closure.  Q3 Practice branches that have closed NOT as a result of practices merging;  A. The name of each practice branch;  B. The list size of each practice branch that has closed NOT as a result of practices merging;  C. The date of closure. | |
| **Response :**  **Q1** GP practices that have closed and had their patient lists dispersed in 2019; - **None**   1. The name of each practice; 2. The list size of each practice; 3. The date of closure.   **Q2** Practice **branches** that have closed as a result of practices merging - **None**   1. The name of each practice branch; 2. The list size of each practice branch that has closed as a result of practices merging; 3. The date of closure.   **Q3** Practice **branches** that have closed **NOT** as a result of practices merging; - **None**   1. The name of each practice branch; 2. The list size of each practice branch that has closed NOT as a result of practices merging; 3. The date of closure. | |

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| **FOI NO: 1476** | **Date Received: 28 January 2020** |
| **Request :**  Does your CCG use a private referral management service?  If so, which company provides it?  How long has your CCG used this company?  How much are they paid?  Is payment based on how many patients are turned down for a referral to hospital?  If yes, what is the amount paid per refusal?  Does the referral service focus only on specific patients with certain conditions/those being referred for particular procedures or do they look at all hospital referrals?  If certain conditions, what are those conditions?  How many patients were considered by those referral management companies in the last year (or whatever period of time you keep figures for)?  How many were then referred on to hospital (or how many were not)?  What is the reason for using the private referral management service?  If money, how much money has this saved the NHS? | |
| **Response :**  Does your CCG use a private referral management service? Barnsley CCG do not have a private referral management service in place  If so, which company provides it?  How long has your CCG used this company?  How much are they paid?  Is payment based on how many patients are turned down for a referral to hospital?  If yes, what is the amount paid per refusal?  Does the referral service focus only on specific patients with certain conditions/those being referred for particular procedures or do they look at all hospital referrals?  If certain conditions, what are those conditions?  How many patients were considered by those referral management companies in the last year (or whatever period of time you keep figures for)?  How many were then referred on to hospital (or how many were not)?  What is the reason for using the private referral management service?  If money, how much money has this saved the NHS? | |

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| **FOI NO: 1477** | **Date Received: 28 January 2020** |
| **Request :**  1. Which organisation(s) currently deliver the CCGs IAPT Service?  2. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?  3. On what date does the CCGs current IAPT Service expire?  4. Is there an optional contract extension in place for this IAPT service? If so, for how long?  5. Does the CCG have current plans to go out to tender for a new IAPT service and if so, when?  6. What is the current annual value of the CCGs current IAPT Service?  7. Have any of the CCGs current IAPT providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?    8. Which organisation(s) currently deliver the CCGs community musculoskeletal (MSK) Service?  9. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?  10. On what date does the CCGs current community MSK Service expire?  11. Is there an optional contract extension in place for this community MSK service? If so, for how long?  12. Does the CCG have current plans to go out to tender for a new community MSK service and if so, when?  13. What is the current annual value of the CCGs current community MSK Service?  14. Have any of the CCGs current community MSK providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months? | |
| **Response :**  11. Which organisation(s) currently deliver the CCGs IAPT Service? South West Yorkshire Partnership Foundation Trust  2. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery? Patient Case Management Information System  3. On what date does the CCGs current IAPT Service expire? 31 March 2020  4. Is there an optional contract extension in place for this IAPT service? If so, for how long? Yes, 2 years extension  5. Does the CCG have current plans to go out to tender for a new IAPT service and if so, when? all opportunities to provide services for Barnsley CCG will be advertised on NHS Sourcing here: www.nhssourcing.co.uk  6. What is the current annual value of the CCGs current IAPT Service? £2,429,985  7. Have any of the CCGs current IAPT providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months? No  8. Which organisation(s) currently deliver the CCGs community musculoskeletal (MSK) Service? South West Yorkshire Partnership Foundation Trust  9. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery? SystmOne  10. On what date does the CCGs current community MSK Service expire? 31 March 2020  11. Is there an optional contract extension in place for this community MSK service? If so, for how long? Yes, 1 year extension  12. Does the CCG have current plans to go out to tender for a new community MSK service and if so, when? all opportunities to provide services for Barnsley CCG will be advertised on NHS Sourcing here: www.nhssourcing.co.uk  13. What is the current annual value of the CCGs current community MSK Service? £1,558,996  14. Have any of the CCGs current community MSK providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months? No | |

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| **FOI NO: 1478** | **Date Received: 28 January 2020** |
| **Request :**  I should like to request the following information relating to your Clinical Commissioning Group’s referrals for childhood cancer treatment:  We understand the NHS measures childhood treatment as for those persons between 0-14 and teenage and young adults treatment as aged between 15-24 however, if that is not available, please provide according to the nearest available year ranges. Furthermore, we understand the financial year to be April to March.  1:  a) How many childhood cancer patients (aged between 0-14 at the time of referral) have been referred by the CCG for cancer treatment year on year for the past five financial years (running from April to March)?  b) How many teenage and young adult (TYA) (aged between 15-24 at time of referral) have been referred by the CCG for cancer treatment year on year for the past five financial years?    2:  a) How many childhood cancer patients (aged between 0-14 at the time of referral) have been referred by the CCG outside of the CCG area for cancer treatment, year on year for the past five financial years (running from April to March)?  b) How many TYA patients (aged between 15-24 at time of referral) have been referred by the CCG outside of the CCG area for cancer treatment, year on year for the past five financial years?    3:  a) How much has the CCG spent on childhood cancer treatment (aged between 0-14) for each of the past five financial years?  b) How much has the CCG spent on TYA (15-24) cancer treatment for each of the past five financial years?    4:  a) What was the average wait time for a childhood cancer diagnosis (0-14) in your CCG year on year for the past five financial years?  b) What was the average wait time for a TYA cancer diagnosis (15-24) in your CCG year on year for the past five financial years? | |
| **Response :**  **1:**  a) How many childhood cancer patients (aged between 0-14 at the time of referral) have been referred by the CCG for cancer treatment year on year for the past five financial years (running from April to March)? **THE CCG DOES NOT HOLD THIS INFORMATION**  b) How many teenage and young adult (TYA) (aged between 15-24 at time of referral) have been referred by the CCG for cancer treatment year on year for the past five financial years? **THE CCG DOES NOT HOLD THIS INFORMATION**    **2:**  a) How many childhood cancer patients (aged between 0-14 at the time of referral) have been referred by the CCG outside of the CCG area for cancer treatment, year on year for the past five financial years (running from April to March)? **THE CCG DOES NOT HOLD THIS INFORMATION**  b) How many TYA patients (aged between 15-24 at time of referral) have been referred by the CCG outside of the CCG area for cancer treatment, year on year for the past five financial years? **THE CCG DOES NOT HOLD THIS INFORMATION**    **3:**   1. How much has the CCG spent on childhood cancer treatment (aged between 0-14) for each of the past five financial years? **SEE DETAILS BELOW**   **Selection criteria:**  Primary Diagnosis Code beginning with 'C'  Age less than 25 (Child 0-14, YTA 15-24)  Purchaser Code '02P' (Barnsley)   |  |  | | --- | --- | | **Row Labels** | **Child** | | 1415 | £1,170 | | 1516 |  | | 1617 | £1,689 | | 1718 | £386 | | 1819 | £7,912 | | 1920 | £2,370 | | **Grand Total** | **£13,527** |   b) How much has the CCG spent on TYA (15-24) cancer treatment for each of the past five financial years? **SEE DETAILS BELOW**    **Selection criteria:**  Primary Diagnosis Code beginning with 'C'  Age less than 25 (Child 0-14, YTA 15-24)  Purchaser Code '02P' (Barnsley)   |  |  | | --- | --- | | **Row Labels** | **YTA** | | 1415 | £9,716 | | 1516 | £0 | | 1617 | £3,686 | | 1718 | £23,680 | | 1819 | £17,626 | | 1920 | £782 | | **Grand Total** | **£55,490** |   **4:**  a) What was the average wait time for a childhood cancer diagnosis (0-14) in your CCG year on year for the past five financial years? **THE CCG DOES NOT HOLD THIS INFORMATION**  b) What was the average wait time for a TYA cancer diagnosis (15-24) in your CCG year on year for the past five financial years? **THE CCG DOES NOT HOLD THIS INFORMATION** | |

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| **FOI NO: 1479** | **Date Received: 30 January 2020** |
| **Request :** | |
| **Response :**  **1 – Spend in £ value by staff group of permanent spend on recruitment of permanent via agencies**  The CCG has not recruited to a permanent post via agencies.  Staff groups:   * Management / Operations * Nursing * Allied Health Professionals   **2 – Who are the responsible hiring managers for permanent recruitment of the above staffing groups ?**  The relevant budget managers are responsible for hiring    **3 – Which agencies do you currently use and what fee’s do they charge per placement? NA**  **4 – Number of current open vacancies across the above staffing groups**  Staff groups:   * Management / Operations No current vacancies * Nursing No current vacancies * Allied Health Professionals  NA | |

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| **FOI NO: 1480** | **Date Received: 30 January 2020** |
| **Request :**  1. Total spend and total volume of patients receiving rehab services in FY19 (financial year ending March 2019) for:  a. Post-operative (or post-acute) rehab in care homes, step-down facilities, community hospitals etc.  b. Neurorehab in neurorehab facilities, care homes, community hospitals etc.  2. A list (and if possible, spend) of providers (care homes, step-down facilities, neurorehab hospitals and community hospitals) which have been commissioned to provide rehab services (excluding outpatient) in FY19 (financial year ending March 2019) for:  a. Post-operative (or post-acute rehab)  b. Neurorehab | |
| **Response :**   1. Total spend and total volume of patients receiving rehab services in FY19 (financial year ending March 2019) for:   **All contracts are on a block basis on occupied bed days and therefore the CCG is unable to annotate the volume of patients.**   * 1. Post-operative (or post-acute) rehab in care homes, step-down facilities, community hospitals etc.   **Total spend for 2018/19 = £11,018,410**   * 1. Neurorehab in neurorehab facilities, care homes, community hospitals etc.   **Total Spend for 2018/19 = £2,079,876**   1. A list (and if possible, spend) of providers (care homes, step-down facilities, neurorehab hospitals and community hospitals) which have been commissioned to provide rehab services (excluding outpatient) in FY19 (financial year ending March 2019) for:    1. Post-operative (or post-acute rehab) **South West Yorkshire Partnership NHS foundation Trust, Barnsley Hospital NHS Foundation Trust. Dearnelea Care home, Buckingham Care Home, Highstone Mews Care Home**    2. Neurorehab **– South West Yorkshire Partnership NHS Foundation Trust.** | |

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| **FOI NO: 1482** | **Date Received: 28 January 2020** |
| **Request :**  1. Standard Firewall (Network) - Firewall service protects your corporate Network from unauthorised access and other Internet security threats    2. Anti-virus Software Application - Anti-virus software is a program or set of programs that are designed to prevent, search for, detect, and remove software viruses, and other malicious software like worms, trojans, adware, and more.    3. Microsoft Enterprise Agreement - is a volume licensing package offered by Microsoft.    The information I require is around the procurement side and we do not require any specifics (serial numbers, models, location) that could bring threat/harm to the organisation.  For each of the different types of cyber security services can you please provide me with:    1. Who is the existing supplier for this contract?  2. What does the organisation annual spend for each of contract?  3. What is the description of the services provided for each contract? Please do not just state firewall.  4. Primary Brand (ONLY APPLIES TO CONTRACT 1&2)  5. What is the expiry date of each contract?  6. What is the start date of each contract?  7. What is the contract duration of contract?  8. The responsible contract officer for each of the contracts above? Full name, job title, contact number and direct email address.  9. Number of Licenses (ONLY APPLIES TO CONTRACT 3) | |
| **Response :** | |