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| **FREEDOM OF INFORMATION REQUESTS DECEMBER 2016** |

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| **FOI NO: 661** | **Date Received: 1 December 2016** |
| **Request :**Your annual spend on Oral Nutritional Supplements as a proportion of your total annual drugs spend. |
| **Response :**The NHS Barnsley CCG do not hold the information which you have requested. To respond to you the NHS Barnsley CCG would have to interrogate data systems held by NHS Digital <http://digital.nhs.uk/>, which does publicise five years of data on its website and so I refer you to this organisation. |

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| **FOI NO: 662** | **Date Received: 5 December 2016** |
| **Request :**1)    What criteria do patients need to meet in order to be to be referred for bariatric surgery in your Clinical Commissioning Group (CCG) area?2)    Will these criteria change or stay the same going forwards into financial year 2017?3)    If they change what will the new criteria be?4)    Will your CCG’s 2017 bariatric surgery criteria be in line with the National Institute for Health Care Excellence (NICE’s) latest clinical and quality standard guidelines for bariatric surgery?5)    If any, what additional criteria will patients in your CCG’s area have to meet in order to be referred for bariatric surgery over and above those set out in the NICE quality standards?(For example; a 10% weight loss prior to referral).6)    Does your CCG fund tier 3 weight loss programmes within the area?7)    How many patients were referred by your CCG for bariatric surgery in the last financial year (year end 2015)?8)    How many have you referred to date in 2016?9)    Does your CCG keep records as to how many of the patients referred for bariatric have type 2 diabetes? If these are recorded can you please supply figures for year end 2015 and to date 2016? |
| **Response :**1) What criteria do patients need to meet in order to be to be referred for bariatric surgery in your Clinical Commissioning Group (CCG) area?  NHS England complex and specialised obesity surgery policy – see attached.2) Will these criteria change or stay the same going forwards into financial year 2017?  NHS England have previously commissioned this service and it was the intention that it became the commissioning responsibility of CCG’s from April 2016.  The transfer has still not occurred and NHS England have negotiated the 16/17 contracts on CCG’s behalf with the intention that transfer of commissioning responsibility is undertaken in year (some in 2017/18) – there will be no change in the criteria.3) If they change what will the new criteria be?  NHS England have recommended that CCG’s continue to adhere to ‘The NHS England complex and specialised obesity surgery policy’ and NICE guidance – there will therefore be no change in the criteria4) Will your CCG’s 2017 bariatric surgery criteria be in line with the National Institute for Health Care Excellence (NICE’s) latest clinical and quality standard guidelines for bariatric surgery?  See 3) though the 2013 Obesity Policy refers to the 2010 guidance 5) If any, what additional criteria will patients in your CCG’s area have to meet in order to be referred for bariatric surgery over and above those set out in the NICE quality standards?  No additional criteria is set(For example; a 10% weight loss prior to referral).6) Does your CCG fund tier 3 weight loss programmes within the area?  Barnsley CCG commissions a Tier 3 Weight Management Service, details of which can be found at <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> 7) How many patients were referred by your CCG for bariatric surgery in the last financial year (year end 2015)?  Barnsley CCG did not commission Tier 3 Weight Management Service 2015/16. This was commissioned by Barnsley Council therefore this information is not held by the CCG. 8) How many have you referred to date in 2016?  Barnsley CCG started commissioning Tier 3 Weight Management Service from 1 April  2016. Between 1 April 2016 and 30 September 2016 52 people were referred to the Tier 3 Weight Management Service with a referral reason being Bariatric Surgery. The conversion rate from tier 3 to bariatric surgery is not currently a reporting requirement, but will be included with effect January 2017. 9) Does your CCG keep records as to how many of the patients referred for bariatric have type 2 diabetes? If these are recorded can you please supply figures for year end 2015 and to date 2016?  Barnsley CCG does not collect this level of detail from the provider. The Provider may be able to provide this level of detail.  |

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| **FOI NO: 663** | **Date Received: 6 December 2016** |
| **Request :**Please could you inform me if your CCG currently sanctions the prescribing of Sacubitril valsartan by cardiologists in your local trust hospital. If you do not then on what grounds are you refusing give that NICE recommends the drug subject to clinicians judgment and their following the guidance from NICE TA388. The guidance specifically   states that Sacubitril valsartan is both clinically and cost effective.  |
| **Response :**

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| Sacubitril/valsartan 24mg/26mg, 49mg/51mg, 97mg/103mg tablets (Entresto®) | 2.5 | Treatment of symptomatic chronic heart failure with reduced ejection fraction | NICE TA 388 | APC Jan 16 & May 16 |

The NHS Barnsley Formulary currently includes Sacubitril/valsartan. It is categorised red on the Barnsley traffic Light list and is managed/prescribed by the hospital specialists. |

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| **FOI NO: 664** | **Date Received: 7 December 2016** |
| **Request :**  |
| **Response :**Barnsley CCG does not hold this information; we would ask that you re-direct your request to South West Yorkshire Partnership Foundation Trust using the link below:-<http://www.southwestyorkshire.nhs.uk/about-us/corporate-information/freedom-of-information/> |

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| **FOI NO: 665** | **Date Received: 7 December 2016** |
| **Request :**  |
| **Response :** |

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| **FOI NO: 666** | **Date Received: 8 December 2016** |
| **Request :**Where possible, please could you answer all questions with reference to the period since January 2010 and break down the results by year. 1.       How many people in the CCG are:a.       Diagnosed with myalgic encephalomyelitis/chronic fatigue syndrome (M.E.)?b.      Estimated to have M.E.?2.       Are there specialist local services for people with M.E. commissioned within the CCG? If yes:a.       What services are commissioned?b.      How much does it cost annually to run each service?3.       What other local services are people with M.E. directed to after diagnosis?4.       Have people diagnosed with M.E. in the locality been referred to out-of-area specialist M.E. services? If any:a.       How many were referred?b.      What was the overall cost to the CCG for the out-of-area provision of specialist services for people with M.E.?If the information is not held, I would be grateful if you could give an overview as to why this is the case.  |
| **Response :**It is not a requirement for the CCG to hold this level of information and therefore, the CCG is unable to provide answers to the above questions. Please redirect your request to South West Yorkshire Partnership Foundation Trust as the community provider. |

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| **FOI NO: 667** | **Date Received: 12 December 2016** |
| **Request :**I would like to know: 1.       Does this CCG use a system, for example, a Rapid Specialist Opinion system to review patient referrals, from GPs to hospital specialists?If yes:a)        how long has this system been in place for, b)      what consultation was undertaken before the decision to implement this system was made, c)       what company is used to carry out the review of the referral?If no:a)        do you have any plans in place to implement a Rapid Specialist Opinion system, or other system to review GP referrals to specialists?b)      what are the details of the plan? 2.       What is your policy for consultation with the public before contacting private companies to run NHS services? 3.       Do you obtain consent from patients before passing their medical records and personal details to private companies?  |
| **Response :**1.  Does this CCG use a system, for example, a Rapid Specialist Opinion system to review patient referrals, from GPs to hospital specialists? The CCG does not use a system to review patient referrals from GP’sIf yes:a)  how long has this system been in place for, N/Ab)  what consultation was undertaken before the decision to implement this system was made, N/Ac)  what company is used to carry out the review of the referral? N/AIf no:a)  do you have any plans in place to implement a Rapid Specialist Opinion system, or other system to review GP referrals to specialists?  There are currently no plans to implement a system to review GP referralsb)  what are the details of the plan?  N/A2.   What is your policy for consultation with the public before contacting private companies to run NHS services? The CCG have an ongoing programme of consultation and engagement and would use consultation with the public to inform the design of any service change in line with statutory requirements.  The outcome of any procurement of a new service would be informed by the procurement process and evaluation with the successful bidder being awarded a contract on the basis of merit rather than whether they are a private company or NHS provider.3.  Do you obtain consent from patients before passing their medical records and personal details to private companies? The CCG does not hold any patient medical records or personal details as these are held by healthcare providers.  Where service delivery changes between providers there is a requirement for those providers to manage the transfer of records in line with relevant legislation and Information Governance rules and this would include obtaining patient consent where required. |

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| **FOI NO: 668** | **Date Received: 13 December 2016** |
| **Request :**1. How many stages of clinical triage do you have for a dermatology referral letter, when the GP has recommended that they need to be seen under an 18-week consultant service?
2. For routine dermatology referrals at your trusts, what is the typical waiting time for first appointment for a patient presenting with mild to moderate plaque psoriasis?
3. Do you have a GP triaging system and/or a GPSI or consultant led triaging system for dermatology referrals?
4. In 2015, how many dermatology referrals were inappropriately sent to secondary care or community services for excluded skin condition criteria?
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| **Response :**1. How many stages of clinical triage do you have for a dermatology referral letter, when the GP has recommended that they need to be seen under an 18-week consultant service? Barnsley CCG is a commissioner of healthcare services not a provider and therefore the process of dealing with referrals from GP’s, including any triage is for the provider of the service to determine.  Barnsley Hospital NHS Foundation Trust are the main provider of dermatology services for Barnsley patients and therefore, they may be able to answer the question based on their pathway.
2. For routine dermatology referrals at your trusts, what is the typical waiting time for first appointment for a patient presenting with mild to moderate plaque psoriasis? Barnsley CCG do not have access to this information at this specific condition level for outpatients waiting times.  Plaque psoriasis referrals would be see in outpatient clinics which would see patients with a range of dermatology conditions.  Barnsley Hospital NHS Foundation Trust, as our main provider may be able to provide the information as they would have more detailed information on patients.
3. Do you have a GP triaging system and/or a GPSI or consultant led triaging system for dermatology referrals? No
4. In 2015, how many dermatology referrals were inappropriately sent to secondary care or community services for excluded skin condition criteria? Barnsley CCG do not hold this information.  We do not have a separate triaging system which would identify inappropriate referrals and we do not receive this information from providers of dermatology services.
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| **FOI NO: 669** | **Date Received: 13 December 2016** |
| **Request :**What is your CCG’s total spend on homeopathy per year for each of the last 5 years. |
| **Response :**What is your CCG’s total spend on homeopathy per year for each of the last 5 years. NHS Barnsley CCG do not commission/ fund any homeopathy treatment. |

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| **FOI NO: 670** | **Date Received: 15 December 2016** |
| **Request :**The sum of your Oral Nutritional Supplement rebates broken down by month for the past 12 months for all dispensing practices in your area. |
| **Response :**The CCG does not hold any information on the rebates obtained by dispensing practices in the Barnsley Area.The NHS Barnsley CCG does not hold the information which you have requested. The CCG interrogates data held by NHS Digital <http://digital.nhs.uk/> and so I refer you to this organisation or to contact the dispensing GP practices individually. |

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| **FOI NO: 671** | **Date Received: 15 December 2016** |
| **Request :**1)  Please provide the names of the acute trusts you contract with (broken down by CCG if you cover more than one area)2)  Please provide a list of all services currently provided by those hospital trusts which face being decommissioned or redesigned and the date from which that will be the case. 3)  Please provide a reason for the change – ie Sustainability and Transformation Planning etc.4)   Please provide the contracting value (latest figures are acceptable) for each of those services |
| **Response :**1)   Please provide the names of the acute trusts you contract with (broken down by CCG if you cover more than one area) – All acute Trusts that we contract with are contained within our contract register which is available on our website. <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>2)   Please provide a list of all services currently provided by those hospital trusts which face being decommissioned or redesigned and the date from which that will be the case. – The    CCG has produced its Commissioning Intentions for the 2017/19 planning period and these have been shared with all service providers to identify areas which are likely to be subject to change/redesign.  The specific dates of any changes will be subject to formal approval of any revised specifications by the CCG.3)   Please provide a reason for the change – ie Sustainability and Transformation Planning etc. – The Commissioning Intentions document outlines a wide planned service changes and an outline of the rationale.  The main reason for changes to services is to improve care pathways and outcomes for patients and to ensure that services are delivered in an effective and efficient way that meet the needs of patients.4)   Please provide the contracting value (latest figures are acceptable) for each of those services – The total contract value for each provider can be found within our contract register which is available on our website as identified above.  Individual services are not specified and we are not able to share this level of information as this could be deemed as commercially sensitive in the case of any service which does become the subject of any procurement exercise. |

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| **FOI NO: 672** | **Date Received: 16 December 2016** |
| **Request :** To clarify, question 1 is a request for information relating to the years 2010,2011,2012,2013,2014,2015, 2016Many thanks,Sara Smyth.**From:** Sara Smyth **Sent:** 16 December 2016 15:37**To:** 'BARNCCG.FOI@nhs.net'**Subject:** FOI requestDear Sir/Madam,Telehealth/ Telemedicine is the use of technology provided by the NHS to patients so patients can carry out healthcare functions, self-monitoring or communications.Can you please answer the following questions on telehealth/telemedicine? If you require any further clarification, please do let me know and I will do so.Can you please send me an email confirming that you have received my request?Best Wishes,Sara Smyth.1. Please list all telehealth/ telemedicine services or programmes your trust/ CCG has commissioned.2. For each, please give the following details a) When they were commissionedb) How many patients used the services?c) Are the services are still running? d) Please name the telehealth / telemedicine provider that was contracted to provide the servicee) How much did your CCG/ Trust spend on this servicef) Was any assessment made of the success of the service? If so, please provide details of what the assessment found.3. Have you commissioned Tunstall Ltd to provide any telehealth / telemedicine service? 4. If you have commissioned Tunstall Ltd to provide telehealth / telemedicine services:a) Which services did you contract them for? b) Are these services still running?c) How much were Tunstall Ltd paid?d) Was any assessment made of the success of the service? If so, please provide details of what the assessment found.e) One of the aims of the Department of Health’s GP access fund was to increase the ways in which patients and GPs could make contact using technology. Please provide answers to the following for each of the years 2014,2015 and 2016.5.How many GP surgeries exist in your area?6.Of those, how many have offered video consultations to patients?7.How many still offer them?8.For each of the years 2014, 2015 and 2016 please give the following figures:a) How many GP consultations of any kind took placeb) Of these, how many were carried out over skype/ other videoconferencing services? (Please give the name of the programme or programmes used, eg Skype, VaaS.)c) What was the average length of a video consultation?d) Who is the service provider for your video consultations? e) How much have they been paid?f) Did these payments come from the GP access fund grant provided to your Trust/ CCG?g) Was any assessment carried out on the success/ uptake/ impact of videoconferencing services? If so please give details of what was found.Your trust was named as a ‘regional pathfinder’ in the Department of Health’s ‘three million lives’ campaign in 2011, the aim of which was to get three million people in the UK to use Telehealth/ telemedicine.Telehealth or Telemedicine is the use of technology provided by the NHS to patients, in order that the patient can carry out self- monitoring, or use the technology to communicate with a healthcare provider.Please give details of the following:9.How much money was your Trust given under this scheme to commission telehealth / telemedicine services?10.Please name all manufacturers your Trust commissioned to provide telehealth/ telemedicine services from, and how much each has been paid in total over the past four years.11.For each Telehealth/ telemedicine programme, product or service commissioned in your area, please give the following details:a) What was the name of the product commissionedb) What type of patient was the product aimed atc) How many of the products were obtained by the Trust?d) How much was spent by the Trust on the programme?e) How many monitoring devices were handed out to patients?f) How many patients used the home monitoring devices?g) How many times did they use the home monitoring devices?h) If devices were not given out to patients, where were they kept and where are they now?12.Is your Trust still running telehealth services, including the use of home monitoring units? 13.If services were stopped, what happened to the home monitoring units?14.Was any assessment made of the impact of telehealth services in your Trust? If so please give details of what this found.15.Do you have plans to trial or use Giraff robots? Please give details of the following:a) How many do you plan to trial?b)What will the trial cost?c)When will it be launched?16.Do you have plans to trial or use telepresence robots in dementia services or for those suffering from dementia? Please give details of the following:a) How many do you plan to trial?b)What will the trial cost?c)When will it be launched?Telehealth or Telemedicine is the use of technology provided by the NHS to patients, in order that the patient can carry out self- monitoring, use the technology to communicate with a healthcare provider.In the context of dementia care it is used to try and assist dementia sufferers to live independently, by monitoring them in their homes and assisting them with daily tasks.17.Please provide details of all telehealth/ telemedicine services you offer dementia patients? 18.Please name all services and/or devices which have been provided.19.For each service/ device provided, please a) Name the provider or manufacturer b) State how much the provider or manufacturer was paid to provide the devices20.How many patients are diagnosed as suffering from dementia in your area? 21.Of those, how many dementia patients have been provided with telehealth / telemedicine services? |
| **Response :**1. Please list all telehealth/ telemedicine services or programmes your trust/ CCG has commissioned.

The CCG commissions a service called  Care Navigation Services which includes telehealth/telemedicine. 2.       For each, please give the following details a)      When they were commissioned        This service was commissioned prior to the creation of the CCG in 2013 and is part of a rollover contract?  b)      How many patients used the services?

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|  | **Commissioned activity as per spec**  | **2015/2016** | **2016/2017 (6 months up to and including 30.9.16)** |
| Vital Signs Monitoring | Minimum 100 patients per annum | 633 | 381 |

c)       Are the services are still running?         Yesd)      Please name the telehealth / telemedicine provider that was contracted to provide the service        South West Yorkshire Partnership Foundation Trust are commissioned to provide Care Navigation services which includes Telehealth/Tele Medicine.e)      How much did your CCG/ Trust spend on this service        In 2016/17 service was commissioned under a block contract arrangement for the delivery of all Care Navigation Services.f)       Was any assessment made of the success of the service? If so, please provide details of what the assessment found.        The service is currently under review. 1. Have you commissioned Tunstall Ltd to provide any telehealth / telemedicine service?

No 4.       If you have commissioned Tunstall Ltd to provide telehealth / telemedicine services: Noa)      Which services did you contract them for? b)      Are these services still running?c)       How much were Tunstall Ltd paid?d)      Was any assessment made of the success of the service? If so, please provide details of what the assessment found.e)       One of the aims of the Department of Health’s GP access fund was to increase the ways in which patients and GPs could make contact using technology. Please provide answers to the following for each of the years 2014,2015 and 2016. 5.            How many GP surgeries exist in your area? Barnsley CCG has 35 registered GP practices.6.            Of those, how many have offered video consultations to patients?7.            How many still offer them?8.            For each of the years 2014, 2015 and 2016 please give the following figures:a)            How many GP consultations of any kind took placeb)            Of these, how many were carried out over skype/ other videoconferencing services? (Please give the name of the programme or programmes used, eg Skype, VaaS.)c)            What was the average length of a video consultation?d)            Who is the service provider for your video consultations? e)            How much have they been paid?f)             Did these payments come from the GP access fund grant provided to your Trust/ CCG?g)            Was any assessment carried out on the success/ uptake/ impact of videoconferencing services? If so please give details of what was found.Questions 6-8 the CCG does not hold this information.Your trust was named as a ‘regional pathfinder’ in the Department of Health’s ‘three million lives’ campaign in 2011, the aim of which was to get three million people in the UK to use Telehealth/ telemedicine. Telehealth or Telemedicine is the use of technology provided by the NHS to patients, in order that the patient can carry out self- monitoring, or use the technology to communicate with a healthcare provider. Please give details of the following: 9.            How much money was your Trust given under this scheme to commission telehealth /  telemedicine  services?10.          Please name all manufacturers your Trust commissioned to provide telehealth/ telemedicine services from, and how much each has been paid in total over the past four years.11.          For each Telehealth/ telemedicine programme, product or service commissioned in your area, please give the following details: a)      What was the name of the product commissionedb)      What type of patient was the product aimed atc)       How many of the products were obtained by the Trust?d)      How much was spent by the Trust on the programme?e)      How many monitoring devices were handed out to patients?f)       How many patients used the home monitoring devices?g)      How many times did they use the home monitoring devices?h)      If devices were not given out to patients, where were they kept and where are they now? 12.          Is your Trust still running telehealth services, including the use of home monitoring units?  13.          If services were stopped, what happened to the home monitoring units? 14.          Was any assessment made of the impact of telehealth services in your Trust? If so please give details of what this found.Questions 9-14 As specified in 2d South West Yorkshire Partnership Foundation Trust is the provider of the telehealth/telemedicine services.  Please redirect to SWYPFT. 15.          Do you have plans to trial or use Giraff robots? Please give details of the following: Noa) How many do you plan to trial?b)What will the trial cost?c)When will it be launched? 16.          Do you have plans to trial or use telepresence robots in dementia services or for those suffering from dementia? Please give details of the following: Cannot answer a) How many do you plan to trial?b)What will the trial cost?c)When will it be launched? Telehealth or Telemedicine is the use of technology provided by the NHS to patients, in order that the patient can carry out self- monitoring, use the technology to communicate with a healthcare provider.In the context of dementia care it is used to try and assist dementia sufferers to live independently, by monitoring them in their homes and assisting them with daily tasks. 17.          Please provide details of all telehealth/ telemedicine services you offer dementia patients? Cannot answer 18.          Please name all services and/or devices which have been provided. Cannot answer 19.          For each service/ device provided, please Cannot answera)      Name the provider or manufacturer b)      State how much the provider or manufacturer was paid to provide the devices 20.          How many patients are diagnosed as suffering from dementia in your area? 1,892 21.          Of those, how many dementia patients have been provided with telehealth / telemedicine services? Please redirect to SWYPFT |

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| **FOI NO: 673** | **Date Received: 16 December 2016** |
| **Request :*** Could you please tell me the target rota fill rate specified in your out of hours contract, and;
* Provide the average quarterly rota fill rates for out of hour services (or link to the relevant document where appropriate):
	1. 2014/15
	2. 2015/16
	3. April 2016 to date
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| **Response :****Unfortunately Barnsley CCG does not hold that level of information in the contract regarding fill rates and suggest that you approach the provider (Care UK).** |

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| **FOI NO: 674** | **Date Received: 19 December 2016** |
| **Request :**The address and contact details of all Healthy Living Pharmacies in your CCG. |
| **Response :**Healthy living pharmacies are within a national quality scheme commissioned by NHS England.The CCG does not currently hold any information as to the status of local pharmacies under the national scheme. |

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| **FOI NO: 675** | **Date Received: 21 December 2016** |
| **Request :**I am writing you under the Freedom of Information Act 2000 to ask for the following information about GPs at your local CCG, NHS Barnsley CCG.1.       Name of the GP2.       Business email address of the GP Please note that I am not looking for information about GPs from individual GP Practices in your local district as NHS England is responsible for them. Instead, I only need information about GPs who are directly involved in ***different*** decision-making routines, like Governing Body for example, at your local CCG (NHS Barnsley CCG). The purpose of collecting this information is for a study that I am planning to conduct in which I will invite GPs from various CCGs across England to take part in the study in question. |
| **Response :** |

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| **FOI NO: 676** | **Date Received: 21 December 2016** |
| **Request :**1. Please provide the name, email address and telephone number for the Senior Continuing Healthcare Manager for Adults services.
2. Please provide the name, email address and telephone number for the Senior Continuing Healthcare Manager for Children’s services.
3. Please provide the name, email address and telephone number for Continuing Healthcare Clinical Lead/Chief Nurse for Adults services.
4. Please provide the name, email address and telephone number for Continuing Healthcare Clinical Lead/Chief Nurse for Children’s services.
5. Please provide the name, email address and telephone number for the Head of Commissioning for Adults services.
6. Please provide the name, email address and telephone number for the Head of Commissioning for Children’s services.
7. Please provide the name, email address and telephone number for the Head of Brokerage for Adults services.
8. Please provide the name, email address and telephone number for the Head of Brokerage for Children’s services.
9. Please provide the name email address and telephone number for the Quality Manager for Adults services.
10. Please provide the name email address and telephone number for the Quality Manager for Children’s services.
11. Please provide details regarding number of Care Packages requiring ventilator or tracheostomy support within the CCG within the last 12 months for Adults.
12. Please provide details regarding number of Care Packages requiring ventilator or tracheostomy support within the CCG within the last 12 months for Children.
13. Please provide details regarding the number of patients readmitted to hospital/residential/inpatient units due to breakdown of Care Package provisions within the CCG for the past 12 months.
14. Please provide details regarding the number of patients referred outside of the CCG due to lack of complex care provision or breakdown of care package within the past 12 months.
15. Please provide details on the number of care packages currently funded by Personal Health Budgets within the CCG.
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| **Response :****1. Please provide the name, email address and telephone number for the Senior Continuing Healthcare Manager for Adults services.** Sheena Moreton, s.moreton@nhs.net , 01302 566124**2. Please provide the name, email address and telephone number for the Senior Continuing Healthcare Manager for Children’s services.** Karen O’Brien, Karen.o’brien6@nhs.net, 01226 433731**3. Please provide the name, email address and telephone number for Continuing Healthcare Clinical Lead/Chief Nurse for Adults services.** Martine Tune, martinetune@nhs.net, 01226 433731**4. Please provide the name, email address and telephone number for Continuing Healthcare Clinical Lead/Chief Nurse for Children’s services.** Brigid Reid, brigid.reid@nhs.net, 01226 433731**5. Please provide the name, email address and telephone number for the Head of Commissioning for Adults services.** Jane Wood, Head of Adult Joint Commissioning, janewood@barnsley.gov.uk, 01226 772285**6. Please provide the name, email address and telephone number for the Head of Commissioning for Children’s services.** Richard Lynch, Head of Service Commissioning, Governance and Partnerships, richardlynch@barnsley.gov.uk, tel 01226 773672**7. Please provide the name, email address and telephone number for the Head of Brokerage for Adults services.** Julie Moore, Personalisation Development & Support Manager, juliemoore@barnsley.gov.uk, 01226 772396**8. Please provide the name, email address and telephone number for the Head of Brokerage for Children’s services.** Julie Moore, Personalisation Development & Support Manager, juliemoore@barnsley.gov.uk, 01226 772396**9. Please provide the name email address and telephone number for the Quality Manager for Adults services.** Martine Tune, Deputy Chief Nurse & Head of Patient Safety, martinetune@nhs.net, 01226 433731**10. Please provide the name email address and telephone number for the Quality Manager for Children’s services.** Martine Tune, Deputy Chief Nurse & Head of Patient Safety, martinetune@nhs.net, 01226 433731**11. Please provide details regarding number of Care Packages requiring ventilator or tracheostomy support within the CCG within the last 12 months for Adults.** The details of the individual care package content ie whether it includes tracheostomy care would be in the narrative section of the Erica care record so it can’t be reported on – I am not sure what level of detail on care package content is held on the Broad Care (CHC) system but that may or may not be able to be interrogated.  CHC do not breakdown the packages to identify medical conditions but patients are identified under the DOH reporting categories eg PD under 65.**12. Please provide details regarding number of Care Packages requiring ventilator or tracheostomy support within the CCG within the last 12 months for Children.** Barnsley has 2 children who are fully tracheostomy ventilated and 4 children who have tracheostomies **13. Please provide details regarding the number of patients readmitted to hospital/residential/inpatient units due to breakdown of Care Package provisions within the CCG for the past 12 months.** There may be a narrative entry in the care record of a readmission to hospital and this may include some analysis of the cause but again this would not be in a reportable form. This is not information CHC would routinely keep , this request may be directed to the Discharge Liaison Team at BHNFT**14. Please provide details regarding the number of patients referred outside of the CCG due to lack of complex care provision or breakdown of care package within the past 12 months.**  Unless commissioning are specifically contacted to assist front line staff to find a care package or to put in a ‘spot contract’ we would not be aware of out of area placements due to breakdown in package or lack of local provision – I don’t think this is likely to happen for CHC patients very often.  |

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| **FOI NO: 677** | **Date Received: 21 December 2016** |
| **Request :**Please confirm whether or not the CCG has arrangements in place for the commissioning of care for blood and marrow transplantation (BMT) patients who are beyond 100 days following a stem cell or bone marrow transplant.  If arrangements are in place, please provide details in electronic format. This query relates to section 8 of the following document (p11):<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/b04-haematp-stem-cll-transplt.pdf>  |
| **Response :**Barnsley CCG does not hold the information you need and there please could you re-submit your request to NHS England via england.contactus@nhs.net. |

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| **FOI NO: 678** | **Date Received: 22 December 2016** |
| **Request :**1. Number of adults with a learning disability that receive a costed support package
2. Number of adults with autism that receive a costed support package

 1. Number of new placements in 2015 for adults with a learning disability to residential care
2. Number of new placements in 2015 for adults with a learning disability to supported living
3. Number of new placements in 2015 for adults with a learning disability to other
4. Number of new placements in 2015 for adults with autism to residential care
5. Number of new placements in 2015 for adults with autism to supported living
6. Number of new placements in 2015 for adults with autism to other

 1. Number of new placements in 2016 for adults with a learning disability to residential care
2. Number of new placements in 2016 for adults with a learning disability to supported living
3. Number of new placements in 2016 for adults with a learning disability to other
4. Number of new placements in 2016 for adults with autism to residential care
5. Number of new placements in 2016 for adults with autism to supported living
6. Number of new placements in 2016 for adults with autism to other

 1. Average cost of new placement, per LD and autism, and per service type
 |
| **Response :**1. Number of adults with a learning disability that receive a costed support package - The number of LD that receive a package of care in their own homes, supported living or 24 hour care is 45
2. Number of adults with autism that receive a costed support package we do not separate patients into specific categories

For Questions 3 to 15 Barnsley CCG does not hold this information and you will need to re-direct your request to CHC department at Barnsley Council at foi-dpa-eirrequest-people@barnsley.gov.uk |

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| **FOI NO: 679** | **Date Received: 22 December 2016** |
| **Request :**Since 1 April, new requirements in the standard hospital contract have been in force to reduce cases of hospitals inappropriately shifting work they’re responsible for onto practices. Practices have been told to report all incidences where a hospital is flouting these new rules to their CCG.For the CCGs you’re responsible for, please can you tell me:1. How many reports of hospitals breaching the new rules on workload dump have you received from practices? Please can these figures be broken down for each hospital the complaint was made against.
2. What action or sanctions has the CCG enforced so far?
3. Please can you share any documents the CCG has produced setting out its policy for managing inappropriate workload dump by hospitals
 |
| **Response :**1. How many reports of hospitals breaching the new rules on workload dump have you received from practices? Please can these figures be broken down for each hospital the complaint was made against.

**We have had no reports of hospitals breaching new rules on workloads or complaints per se however, we have had up to 20 letters across the year from GP’s that identify concerns about the local hospital discharging people and requesting the GP to arrange further investigations and follow up blood results. There has been a lot of extra work for GP’s generated by inappropriate or inaccurate medicine reconciliation which leads to extra work in primary care in fixing the issue.  To date we have had 33 D1’s.**1. What action or sanctions has the CCG enforced so far?

**There has been a number of high level meetings between the CCG and the Trust to improve the quality of D1 discharge medication and it has been a regular agenda item at our Quality & Patient Safety Committee and Clinical Quality Board.**1. Please can you share any documents the CCG has produced setting out its policy for managing inappropriate workload dump by hospitals

**Each issue is addressed as appropriate rather than a blanket policy.** |

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| **FOI NO: 680** | **Date Received: 29 December 2016** |
| **Request :** **• Since 2015 has your Clinical Commissioning Group a) restricted b) stopped providing services?****• If so what were they?****• If you restricted or stopped providing a service how many people did it treat previously? Can I have that detail for financial year 2013/14 and 2014/15. Can I have that data year by year.****• Also what was the waiting list for the service at the point it was decommissioned and rationed?** |
| **Response :** Nil Return |

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| **FOI NO: 681** | **Date Received: 29 December 2016** |
| **Request :** **1) How much has your CCG spent on breast implant removal in the last five years?****2) Of that amount, how much was spent on removing PIP implants?****3) How much has your CCG spent on breast implant surgery in the past five years?****4) Of that, how many were for psychological reasons and NOT post mastectomy/cancer or severe chest trauma? Is it possible to break down why the surgery was carried out on the NHS?** |
| **Response :****This procedure is not routinely commissioned by NHS Barnsley CCG and is therefore subject to an Individual Funding Request (IFR) process. This can be found on the NHS Barnsley CCG website** [**http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm**](http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm)1) How much has your CCG spent on breast implant removal in the last five years? – **Do not hold this information.**2) Of that amount, how much was spent on removing PIP implants? - **Do not hold this information.**3) How much has your CCG spent on breast implant surgery in the past five years

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| **Year** | **No** | **£** |
| 1314 | 57 | 175,910 |
| 1415 | 50 | 152,982 |
| 1516 | 45 | 147,174 |
| 1617 (Apr-Nov) | 37 | 109,805 |

4) Of that, how many were for psychological reasons and NOT post mastectomy/cancer or severe chest trauma? Is it possible to break down why the surgery was carried out on the NHS? – **The CCG will not fund plastic surgery procedures to alleviate psychological problems alone.** |

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| **FOI NO: 682** | **Date Received: 30 December 2016** |
| **Request :** 1. In the period of financial year to date,         How many individual funding requests for the usage of Infliximab in the treatment of Hidradentis Suppurativa has the CCG received?         Of the above, is it possible to say how may have been approved?2. Are there any gainshare agreements in place between you the CCG and a provider (e.g. hospital trust)?If “Yes”, then please provide the following details:

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| **Disease area** | **Provider included in the gainshare agreement** | **Names of any specific drugs involved** | **What savings have been made (approximate amount)?** |
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3.  Have any gainshare agreements been terminated, and if so which disease areas? |
| **Response :**. In the period of financial year to date,·         How many individual funding requests for the usage of Infliximab in the treatment of Hidradentis Suppurativa has the CCG received?  **0**2. Are there any gainshare agreements in place between you the CCG and a provider (e.g. hospital trust)? **The CCG does not have any gainshare agreements with any Trusts or providers currently in place for Infliximab** |