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| **FREEDOM OF INFORMATION REQUESTS DECEMBER 2019** |

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| **FOI NO: 1437/2019** | **Date Received: 02.12.19** |
| **Request :**  What Service do you currently provide internally, or commission from external organisations, which fit into the following categories;   |  |  |  | | --- | --- | --- | | Service Category | Name of Services provided Internally  List all that apply | Name of services provided by external organisations, external provider name, Contract Start date and Contract End date | | Assessment of Child Sexual Abuse |  |  | | Assessment of Child Sexual Exploitation |  |  | | Assessment of Neglect |  |  | | Assessment of Harmful Sexual Behaviour |  |  | | Treatment/Recovery services for Child Sexual Abuse |  |  | | Treatment/Recovery services for Child Sexual Exploitation |  |  | | Treatment/Recovery Services for child neglect |  |  | | Treatment/Recovery services for Children in Care |  |  | | Treatment/Recovery services for Harmful Sexual Behaviour |  |  | | Perinatal/Antenatal Education Services |  |  | | Services for Infant Mental Health |  |  | | Staff Training on understanding Child sexual Abuse |  |  | | Staff Training on understanding Child Sexual Exploitation |  |  | | Staff Training on understanding Harmful Sexual Behaviour |  |  | | Staff Training on understanding neglect |  |  |   Have you tendered for any services which fit into the service categories below in the last 12 months. Please tick those you have tendered for and provide the date of tender completion   |  |  |  | | --- | --- | --- | | Service Category | Tender within the last 12 months (December ’18 – December ’19)  Tick those that apply | Date of Tender completion | | Assessment of Child Sexual Abuse |  |  | | Assessment of Child Sexual Exploitation |  |  | | Assessment of Neglect |  |  | | Assessment of Harmful Sexual Behaviour |  |  | | Treatment/Recovery services for Child Sexual Abuse |  |  | | Treatment/Recovery services for Child Sexual Exploitation |  |  | | Treatment/Recovery Services for child neglect |  |  | | Treatment/Recovery services for Children in Care |  |  | | Treatment/Recovery services for Harmful Sexual Behaviour |  |  | | Perinatal/Antenatal Education Services |  |  | | Staff Training on understanding Child sexual Abuse |  |  | | Staff Training on understanding Child Sexual Exploitation |  |  | | Staff Training on understanding Harmful Sexual Behaviour |  |  | | Staff Training on understanding neglect |  |  | | Services for Infant Mental Health |  |  |   Do you plan to go out to tender for any services, which fit into the service categories below in the next 12-24 months. Please tick those you may consider going out to tender for, whilst providing the potential date of tender process to be commenced   |  |  |  | | --- | --- | --- | | Service Category | Tender planned within the next 12-24 months (December ’19 – December ’21)  Tick those that apply | Planned Date of Tender (estimated) | | Assessment of Child Sexual Abuse |  |  | | Assessment of Child Sexual Exploitation |  |  | | Assessment of Neglect |  |  | | Assessment of Harmful Sexual Behaviour |  |  | | Treatment/Recovery services for Child Sexual Abuse |  |  | | Treatment/Recovery services for Child Sexual Exploitation |  |  | | Treatment/Recovery Services for child neglect |  |  | | Treatment/Recovery services for Children in Care |  |  | | Treatment/Recovery services for Harmful Sexual Behaviour |  |  | | Perinatal/Antenatal Education Services |  |  | | Staff Training on understanding Child sexual Abuse |  |  | | Staff Training on understanding Child Sexual Exploitation |  |  | | Staff Training on understanding Harmful Sexual Behaviour |  |  | | Staff Training on understanding neglect |  |  | | Services for Infant Mental Health |  |  | | |
| **Response :**  What Service do you currently provide internally, or commission from external organisations, which fit into the following categories;   |  |  |  | | --- | --- | --- | | Service Category | Name of Services provided Internally  List all that apply | Name of services provided by external organisations, external provider name, Contract Start date and Contract End date– | | Assessment of Child Sexual Abuse |  | Sheffield Children’s Hospital provides a regional SARC that we use – Longstanding contract. | | Assessment of Child Sexual Exploitation |  | AA | | Assessment of Neglect | Child protection Medical by local acute Trust. Barnsley Hospital NHS Foundation Trust – Longstanding contract. |  | | Assessment of Harmful Sexual Behaviour |  | Barnardo’s Juntion Project | | Treatment/Recovery services for Child Sexual Abuse |  | Barnsley Sexual Abuse And Rape Crisis | | Treatment/Recovery services for Child Sexual Exploitation |  | Barnsley Sexual Abuse And Rape Crisis | | Treatment/Recovery Services for child neglect | No specific service commissioned |  | | Treatment/Recovery services for Children in Care | Children in care pathway sits within local Barnsley CAMHS provided by South West Yorkshire Partnership NHS Foundation Trust |  | | Treatment/Recovery services for Harmful Sexual Behaviour | Barnardo’s Juntion Project |  | | Perinatal/Antenatal Education Services | Provided through Maternity Services at the Acute Trust  Barnsley Hospital NHS Foundation Trust and via Early Help in the community, family centres. |  | | Services for Infant Mental Health | AA |  | | Staff Training on understanding Child sexual Abuse | Not directly commissioned but accessed via multi-agency safeguarding training programme offered by local safeguarding partnership. |  | | Staff Training on understanding Child Sexual Exploitation | AA |  | | Staff Training on understanding Harmful Sexual Behaviour | AA |  | | Staff Training on understanding neglect | AA |  |   Have you tendered for any services which fit into the service categories below in the last 12 months. Please tick those you have tendered for and provide the date of tender completion   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Service Category | Tender within the last 12 months (December ’18 – December ’19)  Tick those that apply | | Date of Tender completion | | | Assessment of Child Sexual Abuse |  | |  | | | Assessment of Child Sexual Exploitation |  | |  | | | Assessment of Neglect |  | |  | | | Assessment of Harmful Sexual Behaviour |  | |  | | | Treatment/Recovery services for Child Sexual Abuse |  | |  | | | Treatment/Recovery services for Child Sexual Exploitation |  | |  | | | Treatment/Recovery Services for child neglect |  | |  | | | Treatment/Recovery services for Children in Care |  | |  | | | Treatment/Recovery services for Harmful Sexual Behaviour |  | |  | | | Perinatal/Antenatal Education Services |  | |  | | | Staff Training on understanding Child sexual Abuse | |  | |  | | Staff Training on understanding Child Sexual Exploitation | |  | |  | | Staff Training on understanding Harmful Sexual Behaviour | |  | |  | | Staff Training on understanding neglect | |  | |  | | Services for Infant Mental Health |  | |  | |   Do you plan to go out to tender for any services, which fit into the service categories below in the next 12-24 months. Please tick those you may consider going out to tender for, whilst providing the potential date of tender process to be commenced   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Service Category | Tender planned within the next 12-24 months (December ’19 – December ’21)  Tick those that apply | | Planned Date of Tender (estimated) | | | Assessment of Child Sexual Abuse |  | |  | | | Assessment of Child Sexual Exploitation |  | |  | | | Assessment of Neglect |  | |  | | | Assessment of Harmful Sexual Behaviour |  | |  | | | Treatment/Recovery services for Child Sexual Abuse |  | |  | | | Treatment/Recovery services for Child Sexual Exploitation |  | |  | | | Treatment/Recovery Services for child neglect |  | |  | | | Treatment/Recovery services for Children in Care |  | |  | | | Treatment/Recovery services for Harmful Sexual Behaviour |  | |  | | | Perinatal/Antenatal Education Services |  | |  | | | Staff Training on understanding Child sexual Abuse | |  | |  | | Staff Training on understanding Child Sexual Exploitation | |  | |  | | Staff Training on understanding Harmful Sexual Behaviour | |  | |  | | Staff Training on understanding neglect | |  | |  | | Services for Infant Mental Health |  | |  | | | |

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| **FOI NO: 1438/2019** | **Date Received: 02.12.19** |
| **Request :-**  Please would you send me a copy of your CHC Choices and Resources Allocation Policy. | |
| **Response :**  I can confirm that Barnsley Clinical Commissioning group do not have a CHC Choices and Resources Allocation Policy in place. | |

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| **FOI NO: 1439/2019** | **Date Received: 03.12.19** |
| **Request :**  Following the publication of the ‘Transforming children and young people’s mental health provision’ green paper by the Government, please provide information on:  1. The number of Designated Senior Leads for Mental health  2. The number of Mental Health Support Teams  3. Plans (if any) to trial a four week waiting time for access to specialist NHS children and young people’s mental health services | |
| **Response :**   1. The number of Designated Senior Leads for Mental health – The Designated Senior Leads for Mental Health are school-based and it is the responsibility of each school to identify a member of their staff to undertake this role. There are 10 Secondary schools and 77 Primary schools in Barnsley but the CCG do not hold records of how many schools have already identified a Designated Senior Lead for Mental Health – each school would need to be approached for confirmation. 2. The number of Mental Health Support Teams – we currently have one Mental Health Support Team in Barnsley, known as MindSpace, which supports each of our 10 Secondary schools. In 2020 we will be developing a second Mental Health Support Team which will focus on Primary school children, particularly the most vulnerable (e.g. Looked After Children, children educated at home and SEND pupils). None of these teams are funded via the Trailblazer programme with MindSpace being established prior to the publication of the Green Paper. 3. Plans (if any) to trial a four week waiting time for access to specialist NHS children and young people’s mental health services – although we are not trialling 4 week waiting time access we have recently developed a new CAMHS Service Specification which specifies that the service should work towards a 4 week waiting time as well as evolving into a 0 – 25 years old service. | |

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| **FOI NO: 1440** | **Date Received: 05.12.19** |
| **Request :**  Providing Structured Diabetes Education (SDE) for people who have been newly diagnosed with Type 2 diabetes is a NICE requirement.  For your CCG area, please can you provide the following information:  • Which organisation(s) currently provides your Structured Diabetes Education (SDE) programme(s)?  • Could you provide contact details for the main person responsible for commissioning Structured Diabetes Education (SDE)  • Do they provide a QISMET accredited course, and if so, what is the course name?  • What is the current annual contract value? If this is part of a block contract, please estimate the value of the contract.  • How many participants are expected to attend each year?  • How many courses were provided last year?  • What is the number of people of your waiting list?  • When is the current contract up for review?  • When does the current contract end? | |
| **Response :**   * Which organisation(s) currently provides your Structured Diabetes Education (SDE) programme(s)? Barnsley Hospital NHS  FT * Could you provide contact details for the main person responsible for commissioning Structured Diabetes Education (SDE) Siobhan Lendzionowski- [Siobhan.lendzionowski@nhs.net](mailto:Siobhan.lendzionowski@nhs.net) * Do they provide a QISMET accredited course, and if so, what is the course name? YES – EXPERT * What is the current annual contract value? If this is part of a block contract, please estimate the value of the contract. It is part of a block contract and therefore unable to estimate the cost. * How many participants are expected to attend each year? 940 * How many courses were provided last year? 39 * What is the number of people of your waiting list? 224 patients * When is the current contract up for review? April 2020 * When does the current contract end? April 2020 | |

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| **FOI NO: 1441/2019** | **Date Received: 10.12.19** |
| **Request :**  ***1.***      ***Do you currently commission a community based MSK service?***    *If yes please provide details below:*     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ***Provider*** | ***Contract start date*** | ***Contract end date*** | ***Does the contract include an extension option?*** | ***Estimated contract value?*** | ***Contract Type***  ***(Block, PBR, AQP etc)*** | |  |  |  |  |  |  | |  |  |  |  |  |  |   ***2.***     ***What was the CCG total spend on MSK services in the last financial year?***  *(Please provide a breakdown by acute, community and primary care spend)*    ***3.***     ***Do you currently commission an IAPT service?***    *If yes please provide details below*     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ***Provider*** | ***Contract start date*** | ***Contract end date*** | ***Does the contract include an extension option?*** | ***Estimated Annual Contract Value?*** | ***Contract Type***  ***(Block, PBR, AQP etc)*** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |     ***4.***     ***Does MSK/physiotherapy service redesign feature in your commissioning intentions?***  *If yes, do you plan to procure a redesigned service within any of the following timescales?*  *(please indicate below)?*  *N/A           6 months           12 months         24 months        >24 months*  *If no, are you planning to remain with your existing model of service delivery but procure a*  *new provider to deliver it? Yes/No.* | |
| **Response :**  ***1.***     ***Do you currently commission a community based MSK service? This information is contained within our Alliance contract, please see link to our contracts register*** <https://www.barnsleyccg.nhs.uk/copy-of-about-us/contracts.htm>    ***2.***     ***What was the CCG total spend on MSK services in the last financial year? £20m***  *(Please provide a breakdown by acute, community and primary care spend)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | 000K | 000K |  | |  | | 18/19 | 19/20 FOT M7 | Average | | Community | MSK CATS | 1,499 | 1,599 | 1,529 | | Community | Podiatry | 1,495 | 1,553 | 1,524 | | Community | Pain Management | 282 | 119 | 201 | | Acute | Elective T&O | 13,088 | 15,893 | 14,491 | | Acute | Rheumatology | 600 | 785 | 693 | | Acute | Pain Management | 482 | 450 | 466 | | Acute | Physiotherapy | 1,203 | 1,112 | 1,158 | | Total |  | 18,649 | 21,471 | 20,060 |   ***3.***     ***Do you currently commission an IAPT service? This information is contained within our Alliance contract, please see link to our contracts register***  <https://www.barnsleyccg.nhs.uk/copy-of-about-us/contracts.htm>  ***4.***     ***Does MSK/physiotherapy service redesign feature in your commissioning intentions? Our Commissioning intentions will be in line with the NHS Long Term Plan and are currently in development.*** | |

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| **FOI NO: 1442** | **Date Received: 13.12.19** |
| **Request :** | |
| **Response :**  **1)    Details of Musculoskeletal Services (MSK)**   |  |  | | --- | --- | | a)    Do you operate an integrated (iMSK) MSK offering? If yes – can you specify what services (for example: orthopaedics, physiotherapy, rheumatology, pain management etc.) form part of your iMSK offering? | **Yes, the integrated service offers physiotherapy and groups such as hydrotherapy** | | b)    If you do not provide an integrated MSK service, do you plan on implementing an iMSK offering in the future? | **N/A** | | c)     Do you operate a single point of access (SPOA) for MSK patients? Do patients need a GP referral to access this service? | **Yes there is a SPOA which requires GP referral** | | d)    Could you provide a copy of your current service specification for the MSK service and patient pathway(s)? | **The CCG does not have a specification that covers all elements of community and acute MSK** |   **2)    Spend on MSK services:**   |  |  | | --- | --- | | e)    What was the total spend on MSK services in the last financial year in your CCG? | **£18,649,000** | | f)      Could you provide a breakdown of the MSK spend on community services, vs acute? | **Community: £3,276,000**  **Acute: £15,373,000** |   **3)    Procurement of MSK services:**  **Please complete the tables below with the details of all current providers of MSK services**  ***Please see link to our contract register for all start and end dates of our Acute and Community contracts*** <https://www.barnsleyccg.nhs.uk/copy-of-about-us/contracts.htm> | |

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| **FOI NO: 1443** | **Date Received: 13.12.19** |
| **Request :**   1. What data does the CCG have access to on medicine prescription, dispensing and administration in care homes and how is this collected? 2. What policies do you currently have within the CCG for monitoring, reviewing and optimising medicine use in care homes? 3. How is medicine prescribing, dispensing and administration within care homes in the CCG monitored? 4. Are there any specialist teams within the CCG responsible for reviewing medicines within care homes, such as medicine optimisation pharmacists, and if so, what is the standard process for this? For example:    1. Who is involved in these reviews?    2. How often are these reviews conducted?    3. How are individuals identified for review?    4. What is the standard process for conducting these reviews?    5. How long do these reviews take?    6. What tools or frameworks are used to guide the review and/or decisions around deprescribing?    7. How are outcomes of the review assessed?   We would, of course, be very happy to have a wider discussion on the prescribing, administration and management of medicines in care homes. | |
| **Response :**   1. What data does the CCG have access to on medicine prescription, dispensing and administration in care homes and how is this collected?   **Barnsley CCG does not hold collated information in respect of patients in care homes. Patients are coded within the practice GP systems as residing in care homes and any reports required would be generated with GP practices. NHS Digital may extract and hold data regarding prescribing for care home patients which may be obtained from  :-**  <https://www.nhsbsa.nhs.uk/prescription-data/catalyst-public-insight-portal> For guest users,  **or at Open Prescribing** <https://openprescribing.net/>  **NHS Digital via  FOI**  <http://digital.nhs.uk/foi>  **and/or** <https://digital.nhs.uk/data-and-information>   1. What policies do you currently have within the CCG for monitoring, reviewing and optimising medicine use in care homes?   **We have a Barnsley locality Medication Policy which all  Barnsley care home contract specifications refer to which recommends and summarises national (NICE and CQC) guidance.**   1. How is medicine prescribing, dispensing and administration within care homes in the CCG monitored?   **It is monitored as part of the GP practice prescribing quality and is not monitored separately**   1. Are there any specialist teams within the CCG responsible for reviewing medicines within care homes, such as medicine optimisation pharmacists, and if so, what is the standard process for this? For example:   **Yes the CCG commissions several integrated services ; a small Care Home Medication Review Team  (CHMRT), also Clinical Pharmacists in GP Practice (CPinGPP) team and it also currently supports a small Medicines Optimisation in Care Homes (MOCH) team; all who are integrated to undertake a programme of medication reviews. It also commissions a Care Home Medicines Review Service  which looks at medicine ordering, storage and administration (CHMedRS) and a Community Training Programme for Care Homes (CTPforCH)which involves medicines training.**   * 1. Who is involved in these reviews? **CHMRT -0.5 WTE Pharmacist and 1.5WTE pharmacy technicians, CPinGPP – 22 Pharmacists across all Barnsley GP practices, MOCH-0.4 WTE Pharmacist and 0.4WTE pharmacy technician, CHMedRS Community Pharmacists, CTPforCH- WTE Training Coordinator**   2. How often are these reviews conducted?  **CHMRT, CPinGPP &  MOCH teams – target is a minimum of 1 medication review every 2 years**   3. How are individuals identified for review?   **Programme is rotational but does alter order depending on need of care home , accessibility or council (which commission care home services) request**   4. What is the standard process for conducting these reviews?  **Care home and GP practices are given notice of home reviews being undertaken, teams go into care home and undertake reviews and make any necessary changes within GP practice systems ( (are prescribers) , GP practice,  care home and pharmacies receive reports documenting all changes implemented.**   5. How long do these reviews take?  **Average 2 hours per review on average plus additional time to review care home policies and plans**   6. What tools or frameworks are used to guide the review and/or decisions around deprescribing?  **NICE  , STOPP START, STOPP Frail, Seven Steps Polypharmacy & deprescribing.org algorithms**   7. How are outcomes of the review assessed?  **Evaluation feedback from GP practices  & Care Homes ( including patients) as part of process.** | |

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| **FOI NO: 1444** | **Date Received: 13.12.19** |
| **Request :**  For 2019:   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***    4. ***The interest listed***   For 2018:   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***    4. ***The interest listed***   For 2017:   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***    4. ***The interest listed***   For 2016:   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***    4. ***The interest listed*** | |
| **Response :**  For 2019:  **As per 2018**   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***    4. ***The interest listed***   For 2018:   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor- Dr Jamie MacInnes***    2. ***The practice/ hospital- GP at Dove Valley Practice***    3. ***The pharmaceutical company named – GSK (GlaxoSmithKline)***    4. ***The interest listed- Shareholder in GSK***   For 2017: Nil return   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***    4. ***The interest listed***   For 2016: Nil return   1. ***A list of doctors who have declared an interest with a pharmaceutical company, with a breakdown of;***    1. ***The name of the Doctor***    2. ***The practice/ hospital***    3. ***The pharmaceutical company named***   ***The interest listed*** | |

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| **FOI NO: 1445/2019** | **Date Received: 13.12.19** |
| **Request :**   1. Do you currently commission repetitive transcranial magnetic stimulation (rTMS), through: (1) Individual Funding Requests or (2) core commissioned contracts (3) Prior Approval? 2. If you are not currently commissioning repetitive transcranial magnetic stimulation (rTMS), are you considering commissioning it through either Individual Funding Requests, Prior Approval or core commissioned contracts in the next two, five or ten years? 3. Are commissioners considering any new treatments, other than drug or psychological therapies, for depression, treatment-resistant depression, anxiety, obsessive compulsive disorder (OCD), addiction, post-traumatic stress disorder (PTSD) in the next two, five or ten years? | |
| **Response :**   1. Do you currently commission repetitive transcranial magnetic stimulation (rTMS), through: (1) Individual Funding Requests or (2) core commissioned contracts (3) Prior Approval?  **No** 2. If you are not currently commissioning repetitive transcranial magnetic stimulation (rTMS), are you considering commissioning it through either Individual Funding Requests, Prior Approval or core commissioned contracts in the next two, five or ten years?  **No, not at this time** 3. Are commissioners considering any new treatments, other than drug or psychological therapies, for depression, treatment-resistant depression, anxiety, obsessive compulsive disorder (OCD), addiction, post-traumatic stress disorder (PTSD) in the next two, five or ten years?  **No, not at this time** | |

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| **FOI NO: 1446/2019** | **Date Received: 13.12.19** |
| **Request :**  Please could you provide answers to each following question covering the following time periods: (please provide data covering exclusively in calendar years)  The first covering the time period **1st January 2015 – 31st December 2015;**  The second covering the time period **1st January 2016 – 31st December 2016;**  The third covering the time period **1st January 2017 – 31st December 2017;**  and the fourth covering the time period **1st January 2018 – 31st December 2018;**  and the fifth covering the time period **1st January 2019 – 1st August 2019.**   1. For each time period, how many applications for the following procedures were approved?    1. Cataracts;    2. Knee replacement;    3. Hip replacement;    4. Vasectomy;    5. Infertility. 2. For each time period, how many applications for the following procedures were declined?    1. Cataracts;    2. Knee replacement;    3. Hip replacement;    4. Vasectomy;    5. Infertility. | |
| **Response :**  Barnsley CCG does not operate a Procedures of Limited Clinical Effectiveness Policy. The CCG has adopted the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy – please see <https://www.barnsleyccg.nhs.uk/evidence-based-interventions.htm> for further information. We have treated the FOI request as referring to this policy.  **Number of applications approved:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Procedures / Timescale** | **1st January 2015 – 31st December 2015** | **1st January 2016 – 31st December 2016** | **1st January 2017 – 31st December 2017** | **1st January 2018 – 31st December 2018** | **1st January 2019 – 1st August 2019** | | **A. Cataracts\*** | n/a | n/a | 0 | 0 | 0 | | **B. Knee Replacement\*** | n/a | n/a | 1 | 6 | 5 | | **C. Hip Replacement\*** | n/a | n/a | 0 | 5 | 2 | | **D. Vasectomy** | n/a | n/a | n/a | 2 | 4 | | **E. Infertility** | 0 | 0 | 0 | 1 | 0 |   **Number of applications declined:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Procedures / Timescale** | **1st January 2015 – 31st December 2015** | **1st January 2016 – 31st December 2016** | **1st January 2017 – 31st December 2017** | **1st January 2018 – 31st December 2018** | **1st January 2019 – 1st August 2019** | | **A. Cataracts\*** | n/a | n/a | 0 | 1 | 0 | | **B. Knee Replacement\*** | n/a | n/a | 2 | 11 | 10 | | **C. Hip Replacement\*** | n/a | n/a | 2 | 9 | 4 | | **D. Vasectomy**# | n/a | n/a | n/a | 0 | 0 | | **E. Infertility** | 5 | 2 | 6 | 3 | 1 |   Please note the following clarifications:   * \*The referral process for procedures a, b and c (Cataracts, Hip replacement, Knee replacement has managed by a checklist since April 2017. There was no policy in place prior to this hence n/a. Patients are referred once they meet the criteria outlined on the checklist. These procedures do not require approval from the Independent Funding panel unless exceptionality to the policy is applied for. We have therefore responded with numbers in reference to exceptional cases.   #For procedure d – vasectomy – since 1 April 2018 we have not commissioned vasectomy under general anaesthetic. A non-scalpel procedure is offered to patients in the community that does not require approval in advance. Patients requiring a general anaesthetic would need IFR approval. We have therefore responded with numbers in reference to applications for vasectomy under GA only. | |

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| **FOI NO: 1447/2019** | **Date Received: 16.12.2019** |
| **Request :**  The average waiting time (in calendar days) for women who had an NHS-funded **medical** abortion in 2009, 2010, 2011, 2012, 2013, 2014 and 2015 - from the date of their first referral appointment to (and including) the date of the procedure.   The average waiting time (in calendar days) for women who had an NHS-funded **surgical** abortion in 2009, 2010, 2011, 2012, 2013, 2014 and 2015 - from the date of their first referral appointment to (and including) the date of the procedure. | |
| **Response :** | |

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| **FOI NO: 1448/2019** | **Date Received: 16.12.19** |
| **Request :**  Please can you provide the following data for each primary care network in the CCG:  How many networks have appointed a pharmacist under the primary care network DES?  How many networks have appointed a social prescriber under the primary care network DES?  How many primary care network clinical directors have resigned since 1 July?  If there are clinical directors who have resigned, please can you provide their names? | |
| **Response :**  How many networks have appointed a pharmacist under the primary care network DES?  - **0  (We have 1 PCN with 6 Neighbourhood Networks)**  How many networks have appointed a social prescriber under the primary care network DES? - **0**  How many primary care network clinical directors have resigned since 1 July?  - **2**  If there are clinical directors who have resigned, please can you provide their names? **Dr M Smith, Dr G Eko and Dr E Czepulkowski – the last 2 GPs were going to share the role for their Neighbourhood Network and resigned together.** | |

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| **FOI NO: 1449/2019** | **Date Received: 17.12.19** |
| **Request :**   1. The name of each PCN in your area 2. The name of the nominated payee of each of the PCNs in your area 3. The name of the clinical director(s) for each of the PCNs in your area 4. The sum the CCG is distributing to each PCN out of the organisational development and support funding made available to PCNs from NHS England through your ICS or STP | |
| **Response :**   1. The name of each PCN in your area – We have 1 PCN, Barnsley Primary Care Network which is supported by 6 Neighbourhood Networks 2. The name of the nominated payee of each of the PCNs in your area – Barnsley Healthcare Federation 3. The name of the clinical director(s) for each of the PCNs in your area – Dr M Ghani – Accountable Clinical Director for the PCN 4. The sum the CCG is distributing to each PCN out of the organisational development and support funding made available to PCNs from NHS England through your ICS or STP – circa £162k | |

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| **FOI NO: 1450/2019** | **Date Received: 13.12.19** |
| **Request :**  Would you be able to provide me with a list of Primary Care Networks and their Clinical Directors' contact details (Name, email, phone) as I feel I can help them develop their teams. | |
| **Response :**  **Barnsley has 1 PCN – Barnsley Primary Care Network,**  **Dr M Ghani is the Accountable Clinical Director**  cid:image001.png@01D5BC93.9BB73FF0 | |

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| **FOI NO: 1451** | **Date Received: 18.12.19** |
| **Request :**  How many joiners, movers, and leavers do you process per year?  How many staff/whole time equivalents manage this process?  Do you have an automated system to manage ESR?  Do you use a single sign on solution across the organisation to manage the accounts?  If so, which solution do you have?  How many people are in your organisation's data quality team? | |
| **Response :**  How many joiners, movers, and leavers do you process per year? Information for the period 1st April 2018 - 31st March 2019:  22 Starters, 17 Leavers, 30 movers  How many staff/whole time equivalents manage this process? No directly employed staff, the service is outsourced  Do you have an automated system to manage ESR? No  Do you use a single sign on solution across the organisation to manage the accounts? No  If so, which solution do you have? N/A  How many people are in your organisation's data quality team? No directly employed staff, the service is outsourced | |

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| **FOI NO: 1452** | **Date Received: 23 December 2019** |
| **Request :**   * Do you commission a Community Paediatric Feeding and Swallowing (dysphagia) service?  (yes/no) * If yes, who is commissioned to provide/deliver the service? * How many WTE equivalents deliver the service? * What is the composition of the team?  i.e. bandings, job titles, full-time, part-time * What is your 0-18 Children and Young People population? | |
| **Response :**   * Do you commission a Community Paediatric Feeding and Swallowing (dysphagia) service?  (yes/no) Yes * If yes, who is commissioned to provide/deliver the service?  Barnsley Hospitals NHS Foundation Trust - BHNFT * How many WTE equivalents deliver the service? NK - Provider BHNFT would need to be contacted for these details. * What is the composition of the team?  i.e. bandings, job titles, full-time, part-time NK - Provider BHNFT would need to be contacted for these details. * What is your 0-18 Children and Young People population?  Approx 53,000 | |

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