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| **FREEDOM OF INFORMATION REQUESTS MAY 2019** |

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| **FOI NO: 1292** | **Date Received: 1 May 2019** |
| **Request :**  1) How many attendances to your organisation were coded as NFA (no fixed address) per year in 2015, 2016, 2017, and 2018?  2) Do services in your organisation have (a) a documented pathway for supporting homeless patients; or (b) a housing officer (or similar); or (c) a supply of clean clothes to offer homeless people? If yes to (a), (b), or (c) please provide details.  3) How many patient referrals to a local housing authority under the Homelessness Reduction Act 2017 has your organisation made since 1 October 2018?  4) What is your organisation doing, or planning to do, to support homeless patients or to comply with the Homelessness Reduction Act 2017? | |
| **Response :**  The CCG is not a provider organisation and therefore does not hold the information you have requested.  The provider organisations in Barnsley are as follows and it may be appropriate for you to contact them with your FOI request.   * Barnsley Hospital NHS Foundation Trust ([barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk)) * South West Yorkshire Partnership NHS Foundation Trust ([foi@swyt.nhs.net](mailto:foi@swyt.nhs.net)) | |

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| **FOI NO: 1293** | **Date Received: 02 May 2019** |
| **Request :**   1. Please provide the name, job title, email address and telephone number of the commissioner with responsibility for neuro-rehabilitation placements (if more than one person is responsible, please provide the details of all responsible for making the placements). 2. Please provide (a.) the **total number** of adults (aged 18 and over) funded by the CCG for post-acute neuro-rehabilitation, and (b.) the **total expenditure** on those adults: (Please provide the total number of adults funded throughout the year, **Not** a snapshot at a certain time. Please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20)) 3. Of the total number of adults funded by the CCG for post-acute neuro-rehabilitation (question 2a), please provide the **number of adults who are funded for each of the following types of placement**: (Please provide the total number of adults funded throughout the year, **Not** a snapshot at a certain time. Please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))   a. Independent specialist neuro-rehabilitation care home placements (non-hospital)  b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)  c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)  **4.** Please provide the **gross total expenditure** on the adults funded by the CCG in the following placements (as detailed in question 3): (please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))  a. Independent specialist neuro-rehabilitation care home placements (non-hospital)  b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)  c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)  **5.** Please provide a list of the **independent providers** with whom placements are made for in each of the following placement type: (please provide a list of providers used during 2018/19)  a. Independent specialist neuro-rehabilitation care home placements (non-hospital)  b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)  c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)    **6.** Please provide the current **average weekly expenditure per individual** for adults funded by the CCG in the following placements:  a. Independent specialist neuro-rehabilitation care home placements (non-hospital)  b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)  c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)    **7.** Please provide the **total number of adults funded** by the CCG for post-acute neuro-rehabilitation who are funded for each of the following types of placements **as a snapshot as at 31 March** of each year: (Please provide figures at 31 March for the past five financial years and budgeted figures for the current financial year (2019/20))  a. Independent specialist neuro-rehabilitation care home placements (non-hospital)  b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)  c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)    **8.** Of the total number of adults funded by the CCG for independent specialist neuro-rehabilitation care home placements (non-hospital) at 31 March of each year (question 7a.) please provide the **number who are receiving treatment in each of the following locations**: (Please provide figures as a snapshot as at 31 March of each year. Please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))  a. Independent specialist neuro-rehabilitation care homes  b. Other independent services (eg elderly nursing homes, care homes for adults with disabilities etc) | |
| **Response :** | |

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| **FOI NO: 1294** | **Date Received: 03 May 2019** |
| **Request :**  The table below outlines the data that the WDSSG would like to know.     |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Number  M/F | Age at diagnosis | ICD 10 code applied | Other co-morbidities and ICD codes | | A diagnosis of Worster-Drought over the last 3 years |  |  |  |  | | Worster-Drought prevalence (all ages) |  |  |  |  | | No of patients diagnosed with Congenital suprabulbar palsy/paresis |  |  |  |  | | No of patients diagnosed with Congenital pseudobulbar palsy/paresis |  |  |  |  | | No of patients diagnosed with bilateral perisylvian polymicrogyria |  |  |  |  | | No of patients diagnosed with foix-chavany-marie syndrome |  |  |  |  | | Any specific clinicians, specialities, services, pathways, recommendations provided for WDS patients. |  |  |  |  | | |
| **Response :**  Barnsley CCG are unable to provide any of the information requested as we do not hold the required data. | |

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| **FOI NO: 1295** | **Date Received: 7 May 2019** |
| **Request :**  1. How many applications for Fast Track CHC did you receive in this time period? Please provide this figure broken down by month, gender and ethnicity of patient.  2. How many applications for Fast Track CHC did you approve? Please provide this figure broken down by month, gender and ethnicity of patient.  3. What is the average time period in hours/days from the point at which a Fast Track CHC application is made to this being approved? What are the top and bottom and ranges? Please provide these figures broken down by gender and ethnicity of patient.  4. What is the average time period in hours/days from the point at which a Fast Track CHC application is approved to this being provided? What are the top and bottom and ranges? Please provide these figures broken down by gender and ethnicity of patient.  5. How many people in all the hospitals in your CCG have died in hospital while awaiting the start of a Fast Track CHC package? Please provide this figure broken down by month, gender and ethnicity of patient.  6. Does your CCG have a system in place for auditing the use of the Fast Track CHC Pathway?  7. How many people work on your CHC team?  8. How many people work on processing Fast Track CHC packages? | |
| **Response :**   1. How many applications for Fast Track CHC did you receive in this time period? Please provide this figure broken down by month, gender and ethnicity of patient.   Between 01/01/18 to 13/05/2019 we received a total of 957 Fast Tracks  Jan 18                        69  Feb 18                        45  March 18                   54  April 18                      46  May 18                       46  June 18                     46  July 18                       84  August 18                  58  September 18           56  October 18                 77  November 18            51  December 18            54  January 19                46  February 19              66  March 19                   71  April 19                      55  May 19                       33 – up to 13/05/2019  We do not have the information to break down by gender or ethnicity.   1. How many applications for Fast Track CHC did you approve? Please provide this figure broken down by month, gender and ethnicity of patient.   We approved all Fast Tracks received breakdown as above by month.  We do not have the information to break down by gender or ethnicity.   1. What is the average time period in hours/days from the point at which a Fast Track CHC application is made to this being approved? What are the top and bottom and ranges? Please provide these figures broken down by gender and ethnicity of patient.   Fast Tracks are dealt with as a priority and where possible within the hour. When received the admin team put all details on to the system for approval by the nurse this process takes approximately 30 minutes from receipt to approval, however if it is a really busy day it can take longer but all are dealt with within 24 hours. We do not have details of gender and ethnicity.   1. What is the average time period in hours/days from the point at which a Fast Track CHC application is approved to this being provided? What are the top and bottom and ranges? Please provide these figures broken down by gender and ethnicity of patient.   This depends on if we can procure a package of care if we can get a care provider to take on the package it can take as little as an hour from receipt up to 2 days depending on patient needs/requirements.  5. How many people in all the hospitals in your CCG have died in hospital while awaiting the start of a Fast Track CHC package? Please provide this figure broken down by month, gender and ethnicity of patient.  We do not hold this information.   1. Does your CCG have a system in place for auditing the use of the Fast Track CHC Pathway?   Fast Tracks are reviewed in line with the CHC Framework to ensure criteria is met.  7. How many people work on your CHC team?  We have 10 CHC Nurse assessors, 1 PHB Lead, 1 Team Leader, 1 Operational Lead and 5 admin.  8. How many people work on processing Fast Track CHC packages?  1 Nurse Assessor with admin support. | |

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| **FOI NO: 1296** | **Date Received: 7 May 2019** |
| **Request :**   * The current provider of your Integrated Urgent Care (IUC) Service; * The terms of the IUC Service contract, including start date and duration of the contract (including extension clauses); * Has a decision been made yet on whether the existing IUC Service contract(s) are being either extended or renewed?; * The value of the IUC Service contract currently in effect; * How the specification in the commissioning for this IUC Service differs from the standard specification; * The last twelve months’ KPI performance data for your current IUC Service provider, inclusive of NQRs and DX Codes or equivalent; * The last twelve months’ shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current IUC Service provider; * The population size for which the IUC Service is responsible for serving; * Any financial penalties imposed on the current IUC Service provider and if so, what are the reasons for this?   Where you do not have an IUC Service, please provide the following information:  The current provider of your GP Out of Hours (OOH) Service;     * The current provider of your GP Out Of Hours (OOH) Service; * The terms of the OOH Service contract, including start date and duration of the contract (including extension clauses); * Has a decision been made yet on whether the existing OOH Service contract(s) are being either extended or renewed?; * The value of the OOH Service contract currently in effect; * How the specification in the commissioning for this OOH Service differs from the standard specification; * The last twelve months’ KPI performance data for your current OOH Service provider, inclusive of NQRs and DX Codes or equivalent; * The last twelve months’ shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current OOH Service provider; * The population size for which the OOH Service is responsible for serving; * Any financial penalties imposed on the current OOH Service provider and if so, what are the reasons for this?   The current provider of your NHS 111 Service;     * The current provider of your NHS 111 Service; * The terms of the NHS 111 Service contract, including start date and duration of the contract (including extension clauses); * Has a decision been made yet on whether the existing NHS 111 Service contract(s) are being either extended or renewed?; * The value of the NHS 111 Service contract currently in effect; * How the specification in the commissioning for this NHS 111 Service differs from the standard specification; * The last twelve months’ KPI performance data for your current NHS 111 Service provider, inclusive of NQRs and DX Codes or equivalent; * The last twelve months’ shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current NHS 111 Service provider; * The population size for which the NHS 111 Service is responsible for serving; * Any financial penalties imposed on the current NHS 111 Service provider and if so, what are the reasons for this? | |
| **Response :**  I write to request the following information under the Freedom of Information Act 2000:  **Greater Huddersfield Clinical Commissioning Group commission the IUC Service on behalf of all CCG’s across Yorkshire and Humber and therefore Greater Huddersfield CCG should be contacted to provide the details you require.**   * The current provider of your Integrated Urgent Care (IUC) Service; * The terms of the IUC Service contract, including start date and duration of the contract (including extension clauses); * Has a decision been made yet on whether the existing IUC Service contract(s) are being either extended or renewed?; * The value of the IUC Service contract currently in effect; * How the specification in the commissioning for this IUC Service differs from the standard specification; * The last twelve months’ KPI performance data for your current IUC Service provider, inclusive of NQRs and DX Codes or equivalent; * The last twelve months’ shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current IUC Service provider; * The population size for which the IUC Service is responsible for serving; * Any financial penalties imposed on the current IUC Service provider and if so, what are the reasons for this?   Where you do not have an IUC Service, please provide the following information:  The current provider of your GP Out of Hours (OOH) Service;     * The current provider of your GP Out Of Hours (OOH) Service;   **Barnsley Healthcare Federation**   * The terms of the OOH Service contract, including start date and duration of the contract (including extension clauses);   **The current contract term is 3 years (with the option to extent for 1 year)  start date: 22 July 2017 to 30 June 2020**   * Has a decision been made yet on whether the existing OOH Service contract(s) are being either extended or renewed?;   **A decision has not been made in respect of the contract going forward.**   * The value of the OOH Service contract currently in effect;   **Details of the OOH contract including value can be found on the CCG contract register** - <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   * How the specification in the commissioning for this OOH Service differs from the standard specification;   **A review has been completed and the specification includes the appropriate key performance Indicators and quality standards which are included within the national Integrated Urgent Care Specification.**   * The last twelve months’ KPI performance data for your current OOH Service provider, inclusive of NQRs and DX Codes or equivalent;   **The provider can be contacted to request this information.**   * The last twelve months’ shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current OOH Service provider;   **The CCG does not have this information – please contact the provider**   * The population size for which the OOH Service is responsible for serving;   **All patients registered with a Barnsley GP – Barnsley GP total list size at 31.3.19 was 262,325**   * Any financial penalties imposed on the current OOH Service provider and if so, what are the reasons for this?   **There have not been any financial penalties imposed.**  The current provider of your NHS 111 Service;  **The 111 service is part of the IUC commissioned service as referenced above.**   * The current provider of your NHS 111 Service; * The terms of the NHS 111 Service contract, including start date and duration of the contract (including extension clauses); * Has a decision been made yet on whether the existing NHS 111 Service contract(s) are being either extended or renewed?; * The value of the NHS 111 Service contract currently in effect; * How the specification in the commissioning for this NHS 111 Service differs from the standard specification; * The last twelve months’ KPI performance data for your current NHS 111 Service provider, inclusive of NQRs and DX Codes or equivalent; * The last twelve months’ shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current NHS 111 Service provider; * The population size for which the NHS 111 Service is responsible for serving; * Any financial penalties imposed on the current NHS 111 Service provider and if so, what are the reasons for this? | |

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| **FOI NO: 1297** | **Date Received: 8 May 2019** |
| **Request :**  Please send me the following information from your NHS Standard Contract for Termination of Pregnancy:   * **Current Contract end date** * **Current provider** * **Current annual contract value** * **Current commissioning manager** | |
| **Response :**  Please see link to our contracts register <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   * ***Current Contract end date*** * ***Current provider*** * ***Current annual contract value*** * ***Current commissioning manager*** | |

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| **FOI NO: 1298** | **Date Received: 9 May 2019** |
| **Request :**   1. How many Nursing and Residential Care Homes do you have across your CCG area? 2. What is the total number of beds within these Homes? 3. How many Non-Elective Admissions (NEL’s) were there from the Nursing and Residential Care Homes in 2017/2018 – 2018/2019? 4. How many of these NEL’s were related to falls? 5. What are your local contracting arrangements with your Acute Hospitals, for Non-Elective Admissions for Care Home residents, i.e. block contract, or payment by results PBR? 6. What is your local per event cost for a Non-Elective Admission for a Care Home resident? 7. What is the average length of stay in hospital for a Care Home resident in your area? 8. What is the name of the person within the CCG, who is responsible for commissioning new services into Nursing and Residential Care Homes? 9. What is the name of the person within the CCG, who is responsible for Urgent Care Commissioning? 10. What is the name of the person within the CCG, who is responsible for Primary Care Commissioning? 11. What is the name of the person within the CCG, who is responsible for Care Home Transformation Initiatives? 12. Who is the Director of Finance within your local Integrated Care System (ICS)? | |
| **Response :**   1. How many Nursing and Residential Care Homes do you have across your CCG area?   **There are currently 48 nursing and residential care homes in Barnsley**   1. What is the total number of beds within these Homes?   **a total capacity of 1960 beds**   1. How many Non-Elective Admissions (NEL’s) were there from the Nursing and Residential Care Homes in 2017/2018 – 2018/2019?   **There were 2,461 NEL admissions from care homes in 2017/18 and 2,523 in 2018/19.**   1. How many of these NEL’s were related to falls?   **309 in 2017/18 and 308 in 2018/19 have a diagnosis of fall (in any position.)**   1. What are your local contracting arrangements with your Acute Hospitals, for Non-Elective Admissions for Care Home residents, i.e. block contract, or payment by results PBR? **PBR** 2. What is your local per event cost for a Non-Elective Admission for a Care Home resident?   **The average cost was £2,943 in 2017/18 and £2,891 in 2018/19**   1. What is the average length of stay in hospital for a Care Home resident in your area?   **The average (unadjusted) length of stay was 8 days in 2017/18 and 7 days in 2018/19**   1. What is the name of the person within the CCG, who is responsible for commissioning new services into Nursing and Residential Care Homes?   **Jayne Sivakumar, Head of Alliance Working and Older Peoples Commissioner responsible for health services into care homes**   1. What is the name of the person within the CCG, who is responsible for Urgent Care Commissioning?   **Jamie Wike**   1. What is the name of the person within the CCG, who is responsible for Primary Care Commissioning?   **Julie Frampton**   1. What is the name of the person within the CCG, who is responsible for Care Home Transformation Initiatives?   **Jayne Sivakumar**   1. Who is the Director of Finance within your local Integrated Care System (ICS)?   **Jeremy Cook** | |

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| **FOI NO: 1299** | **Date Received: 10 May 2019** |
| **Request :**  Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your CCG **for the current financial year 2019-20** ?    1         Current Primary Care Prescribing Rebate Schemes (19/20)    (Please distinguish which rebates are aligned to Prescqipp and which are independent)     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Scheme | Drug(s) covered | Companies involved in the scheme | Aligned to Prescqipp | Independent of Prescqipp | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |     2         Current QIPP Prescribing Schemes 19/20     |  |  | | --- | --- | | Name of Scheme | Drug(s) covered | |  |  | |  |  | |  |  |      1. What is the current years (19/20) CCG QIPP/efficiency savings plan target for your organisation? 2. What is the value of the prescribing element for the current year (19/20) CCG QIPP/efficiency savings plan target for your organisation?    5.   Does your CCG (or any of its constituent members) use the GP prescribing decision support software known as “DXS” (As can be found here: <http://www.dxs-systems.co.uk/>)?  Y/N | |
| **Response :**  1 Current Primary Care Prescribing Rebate Schemes (19/20)   |  |  | | --- | --- | | **Rebate contracts 2019/20** |  | |  |  | | **Manufacturer** | **Drug** | | A Menarini Diagnostics | **Glucomen Areo Sensors** | | Aspire Pharma Ltd | **Biquelle XL** | | Aspire Pharma Ltd | **Gatalin** | | Aspire Pharma Ltd | **Repinex XL (ropinirole XL)** | | Aymes | **Aymes Complete** | | Boehringer Ingelheim Limited | **Spiolto Respimat** | | Ethypharm (formerly DB Ashbourne) | **Ebesque XL (quetiapine MR)** | | Ethypharm (formerly DB Ashbourne) | **Fencino (fentanyl patches)** | | Ethypharm | **Pipexus** | | Fontus | **Luventa XL (galantamine XL)** | | GlucoRx | **GlucoRx** | | Intra-Pharm | **Carbocisteine sachets** | | MSD | **Sitagliptin (Januvia)** | | Sandoz | **AirFluSal Forspiro** | | Sandoz | **AirFluSal MDI** | | Sandoz | **Reletrans (Buprenorphine)** | | Takeda | **Leuprorelin (Prostap)** | | AstraZeneca | **Eklira** |   (Please distinguish which rebates are aligned to Prescqipp and which are independent)    When decision is made to take up a rebate offer a check is made by the CCG against  PresQIPP  alignment at that time and this is taken into consideration, however this isn’t currently recorded by the CCG ; we don’t currently hold this information in an accessible form for the above list of rebates. As PresQIPP alignment may have changed we  would have to access the PresQIPP database to check each one in respect of its current alignment.  2 Current QIPP Prescribing Schemes 19/20  There is only one scheme and details are attached – Medicines Optimisation 19/20 Practice Delivery Agreement  All drugs are referred to in the attached document     |  |  | | --- | --- | | Name of Scheme | Drug(s) covered | |  |  | |  |  | |  |  |      1. What is the current years (19/20) CCG QIPP/efficiency savings plan target for your organisation?   £13,072,000   1. What is the value of the prescribing element for the current year (19/20) CCG QIPP/efficiency savings plan target for your organisation?    £4 million   1. Does your CCG (or any of its constituent members) use the GP prescribing decision support software known as “DXS” (As can be found here: <http://www.dxs-systems.co.uk/>)?  Y/N No | |

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| **FOI NO: 1300** | **Date Received: 13 May 2019** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1301** | **Date Received: 15 May 2019** |
| **Request :**  1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)  2. Existing Supplier: If there is more than one supplier please split each contract up individually.  3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider  4. Hardware Brand: The primary hardware brand of the organisation’s telephone system.  5. Number of telephone users:  6. Contract Duration: please include any extension periods.  7. Contract Expiry Date: Please provide me with the day/month/year.  8. Contract Review Date: Please provide me with the day/month/year.  9. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.  10. Telephone System Type: PBX, VOIP, Lync etc  11. Contract Description: Please provide me with a brief description of the overall service provided under this contract.  12. Go to Market: How where these services procured, please provide me with either the tender notice or the framework reference number. Please specify if procured through other routes.  13. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address. | |
| **Response :**  1. Contract Type: Maintenance, Managed, Shared (If so please state orgs) **Maintenance**  2. Existing Supplier: If there is more than one supplier please split each contract up individually. **Unify**  3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider **£8720 per site - 8 sites = £69,760.00**  4. Hardware Brand: The primary hardware brand of the organisation’s telephone system. **Highpath DX**  5. Number of telephone users: **1600**  6. Contract Duration: please include any extension periods. **12 months with an option to extend**  7. Contract Expiry Date: Please provide me with the day/month/year. **31 March 2020**  8. Contract Review Date: Please provide me with the day/month/year. **30 November 2019**  9. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. **There are no applications running on the telephone system**.  10. Telephone System Type: PBX, VOIP, Lync etc **PBX/VOIP**  11. Contract Description: Please provide me with a brief description of the overall service provided under this contract. **Maintenance Only**  12. Go to Market: How where these services procured, please provide me with either the tender notice or the framework reference number. Please specify if procured through other routes. **As part of the Unified Comms tender & Contract (BHNFTT1383). Awarded  to Softcat Dec 2015.**  13. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address. **Richard Wright** [Richard.wright@nhs.net](mailto:Richard.wright@nhs.net) **ICT Infrastructure Manager 01226 432771**    If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.    If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract. **N/A**    If the maintenance for telephone systems is maintained in-house please can you provide me with:    1. Number of telephone Users: **N/A**  2. Hardware Brand: The primary hardware brand of the organisation’s telephone system. **N/A**  3. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. **N/A**  4. Contact Detail: Of the person from with the organisation responsible for telephone **N/A**  maintenance full Contact details including full name, job title, direct contact number and direct email address. **N/A**     Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. **N/A**  If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract? **N/A** | |

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| **FOI NO: 1302** | **Date Received: 17 May 2019** |
| **Request :**  What are your targets for Personal Health Budgets over the next 3-5 years?  by April 2020  by April 2021  by April 2022  Are you partnering with any other NHS organisations, such as a LHCRE or ICS to deliver these targets? If so, which ones?  Please provide the names, email addresses and phone numbers for the individuals responsible for delivering Personal Health Budget targets  How many individuals in your CCG have a Continuing Healthcare Budget?  How many individuals with CHC in your CCG have a Personal Health Budget?  In total, How many individuals in your CCG have a Personal Health Budget?  What is the total annual budget for Personal Health Budgets?  Please can you break down the total PHB number by type, e.g. Maternity, Wheelchair, CHC, End of Life etc?  Which organisations are responsible for managing these PHBs?  What software, if any, is used to manage PHBs in your CCG?  What is the total annual cost for this software?  When is the contract for the PHB up for renewal?  Please provide the name, job title, email address and phone number for the CCG staff member who is responsible for the PHB software  Please provide the name, job title, email address and phone number for the CCG staff member who is responsible for the management of PHBs | |
| **Response :**   |  | | --- | | What are your targets for Personal Health Budgets over the next 3-5 years? | | by April 2020  240 | | by April 2021  Not yet agreed | | by April 2022  Not yet agreed | | Are you partnering with any other NHS organisations, such as a LHCRE or ICS to deliver these targets? If so, which ones? NO | | Please provide the names, email addresses and phone numbers for the individuals responsible for delivering Personal Health Budget targets N/A | | How many individuals in your CCG have a Continuing Healthcare Budget? 133 Fully CHC funded | | How many individuals with CHC in your CCG have a Personal Health Budget? 73 | | In total, How many individuals in your CCG have a Personal Health Budget? 73 | | What is the total annual budget for Personal Health Budgets? 2019/20 PHB budget is £3,865m. This includes Direct Payments, Managed Accounts and Notional Budgets. | | Please can you break down the total PHB number by type, e.g. Maternity, Wheelchair, CHC, End of Life etc? All CHC | | Which organisations are responsible for managing these PHBs? Barnsley CCG | | What software, if any, is used to manage PHBs in your CCG? No separate system to manage PHB, Broadcare ( Provided by Brayleino ) is used to manage all CHC cases including PHBs. | | What is the total annual cost for this software? This information can be found on our website, please see attached link <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> | | When is the contract for the PHB up for renewal? Please note this system is used for managing all CHC care packages, not only PHBs. This information can be found on our website, please see attached link <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> | | Please provide the name, job title, email address and phone number for the CCG staff member who is responsible for the PHB software The software is provided by a third party company, administration of the software is done by the Continuing Healthcare Admin Team [barnsleyccg.chcpackageenquiries@nhs.net](mailto:barnsleyccg.chcpackageenquiries@nhs.net) | | Please provide the name, job title, email address and phone number for the CCG staff member who is responsible for the management of PHBs The software is provided by a third party company, administration of the software is done by the Continuing Healthcare Admin Team [barnsleyccg.chcpackageenquiries@nhs.net](mailto:barnsleyccg.chcpackageenquiries@nhs.net) 01226 433634 | | |

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| **FOI NO: 1303** | **Date Received: 20 May 2019** |
| **Request :**  ·Does the CCG commission community-based vasectomy or carpal tunnel or skin cancer services?  ·Can the CCG provide details of the provider organisations or clinicians who hold these respective contracts? | |
| **Response :**         Does the CCG commission community-based vasectomy or carpal tunnel or skin cancer services?  The CCG does commission the services as listed below with details of the current providers.         Can the CCG provide details of the provider organisations or clinicians who hold these respective contracts?   |  |  | | --- | --- | | Service | Current Provider(s) | | Vasectomy Service Non Scalpel Service | Dr John Harban, Lundwood Medical Centre  St Georges Medical Practice | | Community Carpal Tunnel Services including Nerve Conduction | Dr John Harban, Lundwood Medical Centre | | |

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| **FOI NO: 1304** | **Date Received: 22.5.19** |
| **Request :**   1. Has your CCG applied for the ETTF (Estates and Technology Transformation Fund) in the previous 12 months?      1. What schemes under ETTF have you applied for in the previous 12 months?      1. Who is the managing lead for the ETTF (Estates and Technology Transformation Fund) in your CCG?      1. Is there a position within your CCG dedicated to the digital transformation of care?      1. 4 continued, if yes, who occupies this position?      1. Is there a position within your CCG dedicated to the improvement in the quality of healthcare in care homes?      1. 6 continued, if yes, what is the name of the position and individual who occupies it?      1. 6 continued, if no does it come under the remit of a non-dedicated position?      1. 8 continued, what is the name of the position and individual who occupies it?      1. Does your CCG have plans to improve the quality of care in care homes with the use of technology?      1. 10 continued, if yes, what is the name of the project/initiative/project and who is leading it?      1. 10 continued, if no, why not? 2. Is there a position within your CCG dedicated to integrated care? 3. 13 continued, if yes, what is the name of the position and individual who occupies it? | |
| **Response :**   1. Has your CCG applied for the ETTF (Estates and Technology Transformation Fund) in the previous 12 months?   Yes     1. What schemes under ETTF have you applied for in the previous 12 months?   1 Mobile Working Scheme and 1 GP practice extension application     1. Who is the managing lead for the ETTF (Estates and Technology Transformation Fund) in your CCG?   Julie Frampton, Senior Primary Care Commissioning Manager     1. Is there a position within your CCG dedicated to the digital transformation of care?   There is not one single position responsible for digital transformation, this spans across a number of work streams and posts including planning, primary care and commissioning.     1. 4 continued, if yes, who occupies this position?   N/A     1. Is there a position within your CCG dedicated to the improvement in the quality of healthcare in care homes?   Yes   1. 6 continued, if yes, what is the name of the position and individual who occupies it?   Senior Commissioning and Transformation Manager, Jayne Sivakumar     1. 6 continued, if no does it come under the remit of a non-dedicated position?   N/A   1. 8 continued, what is the name of the position and individual who occupies it?   N/A     1. Does your CCG have plans to improve the quality of care in care homes with the use of technology?   YES.  A Samsung tablet in all care homes with a SKYPE link to RightCare Barnsley (Registered Nurses).  All care homes have the electronic capacity tracker.     1. 10 continued, if yes, what is the name of the project/initiative/project and who is leading it?    Digital technology to Care Homes.  Jayne Sivakumar (Head of Alliance Working) leading on this.   1. 10 continued, if no, why not? 2. Is there a position within your CCG dedicated to integrated care?   Yes   1. 13 continued, if yes, what is the name of the position and individual who occupies it?   Jeremy Budd, Director of Commissioning | |

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| **FOI NO: 1305** | **Date Received: 23 May 2019** |
| **Request :**   1. The name and email address of the people within your CCG that hold the following job titles:  * Managing Director * Senior Commissioners & Commissioners * Operations Director/COO * Head of Planning * Transformation Director * QIPP Lead (Quality, Innovation, Productivity and Prevention) * CCG Chairman * Head of Primary Care Services   2. Does the CCG use Referral Management Centres (RMCs), and if so, please provide name(s) of RMCs?  3. What was the CCG’s annual spend on RMCs in 2018/19? (if not available, please provide figures for 2017/18.  4. Does the CCG have any initiatives to reduce the amount of spend with RMCs in the next financial year?  5. Who is the person responsible for this?  6. Please confirm the percentage of GPs within the CCG that use the e-referral system (eRS)?  7. Who is responsible within the CCG for saving GP’s time?  8. Who is responsible within the CCG for reducing hospital referral waiting times?  9. Who is responsible within the CCG for reporting patient flow data?  10. Does the CCG use set local referral pathways for GPs?  11. Who is responsible for recommending these local referral pathways to GPs?  12. Does the CCG have quality improvement targets for reducing the number of hospital referrals?  13. Who is responsible for this?  14. Who is the STP lead for service improvement/transformation?  15. Who is the STP lead for referral management services? | |
| **Response :**   1. The name and email address of the people within your CCG that hold the following job titles:  * Managing Director – The CCG does not have this post currently within the CCG structure * Senior Commissioners & Commissioners Jeremy Budd, Director of Commissioning * Operations Director/COO – The CCG does not have this post currently within the CCG structure * Head of Planning – Jamie Wike, Director of Strategic Planning and Performance * Transformation Director – The CCG does not have this post currently within the CCG structure * CCG Chairman - CCG Chairman – Dr Nick Balac, CCG Chair * QIPP Lead (Quality, Innovation, Productivity and Prevention) Jamie Wike, Director of Strategic Planning and Performance * Head of Primary Care Services – Jackie Holdich, Head of Delivery, (Integrated Primary/Out of Hospital Care)   2. Does the CCG use Referral Management Centres (RMCs), and if so, please provide name(s) of RMCs? No  3.What was the CCG’s annual spend on RMCs in 2018/19? (if not available, please provide figures for 2017/18. N/A  4.Does the CCG have any initiatives to reduce the amount of spend with RMCs in the next financial year? N/A  5.Who is the person responsible for this? N/A  6.Please confirm the percentage of GPs within the CCG that use the e-referral system (eRS)? 100%  7.        Who is responsible within the CCG for saving GP’s time? Jackie Holdich, Head of Delivery,  8.Who is responsible within the CCG for reducing hospital referral waiting times? Jeremy Budd, Director of   Commissioning,  9.Who is responsible within the CCG for reporting patient flow data? Jamie Wike, Director of Strategic Planning and Performance  10.Does the CCG use set local referral pathways for GPs? Yes  11. Who is responsible for recommending these local referral pathways to GPs? Barnsley Healthcare Federation  12. Does the CCG have quality improvement targets for reducing the number of hospital referrals? No  13. Who is responsible for this? N/A  14. Who is the STP lead for service improvement/transformation? Lisa Kell, SYB ICS Director of Commissioning  15. Who is the STP lead for referral management services?    N/A  For any general enquiries please contact [BARNCCG.Comms@nhs.net](mailto:BARNCCG.Comms@nhs.net) | |

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| **FOI NO: 1306** | **Date Received: 23 May 2019** |
| **Request :**  The ReSPECT website tells readers 'People should not expect to use the ReSPECT process until it has been established in their locality' and I would like to understand how widely ReSPECT 'has already been rolled-out/implemented'. Many 'not 'actively ill' people', could potentially approach their GP with the question:    **'I would like to have a ReSPECT Form - can you facilitate that for me, by providing the form and arranging for it to be signed by an appropriate clinician?'**    and what **I would like you to tell me, is if at the moment an NHS patient approached a GP 'in your CCG' and asked, would the answer be 'yes'?**    It clearly isn't practicable to try and ask individual GPs/Practices, so I am asking CCGs instead [despite it not being entirely clear to me, that 'provision/completion of a ReSPECT Form' is a 'commissioned service' - however, I am aware of at least one CCG which does have 'a policy promoting ReSPECT'.]. | |
| **Response :**  This is not a CCG commissioned service and the CCG does not have a policy on using respect form. | |

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| **FOI NO: 1307** | **Date Received: 24 May 2019** |
| **Request :**   1. Does the IAPT service commissioned by NHS Barnsley CCG currently offer Couple Therapy for Depression/Behavioural Couples Therapy? Yes/No. 2. If your answer to the first question was ‘No’, please would you state the reason(s) why the service does not offer this therapy? | |
| **Response :**   1. Does the IAPT service commissioned by NHS Barnsley CCG currently offer Couple Therapy for Depression/Behavioural Couples Therapy? **Yes** 2. If your answer to the first question was ‘No’, please would you state the reason(s) why the service does not offer this therapy | |

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| **FOI NO: 1308** | **Date Received: 24 May 2019** |
| **Request :**   1. How much did your organisation spend on Sodium Hyaluronate eye drop formulations between the period of 01/01/2018 to 31/12/2018? 2. Between the period 01/01/2018 to 31/12/2018, which brand(s) of Sodium Hyaluronate eye drop formulations did you use?   To make your research easier, I have listed all commonly used brands which you can cross reference:     * Blink Intensive Tears * Lacrifresh * Artelac Rebalance * Oxyal * Xailin HA * Optive Fusion * Hyabak * Hydramed * Evolve HA * Vismed Multi * Clinitas Multi * Eye Logic * Euphrasia * Biotrue * Vismed Gel Multi * Hysoothe * Optrex Night Restore Gel * Hy-Opti * Hylo-Tear * Murine Professional * Hylo-Forte * Hycosan Fresh * Hylo Care * Hycosan  1. How many units of each brand did you use? | |
| **Response :**   * How much did your organisation spend on Sodium Hyaluronate eye drop formulations between the period of 01/01/2018 to 31/12/2018?   The CCG does not hold this information, but it is available via NHS Business Service Authority information systems. This information can be obtained through the NHS Digital website  <https://digital.nhs.uk/>  or  via the open prescribing website <https://openprescribing.net/>   * Between the period 01/01/2018 to 31/12/2018, which brand(s) of Sodium Hyaluronate eye drop formulations did you use?   The CCG does not hold this information but it is available via NHS Business Service Authority information systems. This information can be obtained through the NHS Digital website  <https://digital.nhs.uk/>  or  via the open prescribing website <https://openprescribing.net/>   * How many units of each brand did you use?   The CCG does not hold this information but it is available via NHS Business Service Authority information systems. This information can be obtained through the NHS Digital website  <https://digital.nhs.uk/>   or  via the open prescribing website <https://openprescribing.net/> | |

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| **FOI NO: 1309** | **Date Received: 24 May 2019** |
| **Request :**  ) Does the CCG have an existing service specification for anticoagulation services in:  a) primary care  b) secondary care  c) community care  2) If yes, please send me the CCG’s service specification for anticoagulation services for:  a) primary care  b) secondary care  c) community care  3) For each of the below settings, how frequently is the anticoagulation service measured against the service specification? Please use the table below to share your answer:  Frequency of anticoagulation service measurement against service specification (Please indicate using an X under the relevant column to indicate all intervals at which the service is measured against the specification, for example if the service has a monthly, quarterly and annual measurement, include an X in each box)  Monthly Quarterly Annually Other (please specify frequency)  Primary care  Secondary care  Community care  4) Please provide a copy of the most recent measurement report for anticoagulation services in:  a) primary care  b) secondary care  c) community care  5) For patients with Atrial Fibrillation (AF) on warfarin therapy attending the anticoagulation service, please provide the following information:  a) Does the CCG have in place a minimum service target for the percentage of patients who are within therapeutic range?  b) If yes, what is the CCG’s minimum service target for the percentage of patients who are within therapeutic range?  c) For the year 2017/18, what number and percentage of patients were within therapeutic range? Please provide these figures for all data intervals for which this information was collected. | |
| **Response :**  1) Does the CCG have an existing service specification for anticoagulation services in:  a)       primary care YES -- attached two service specifications , one for management and one for initiation. These specifications are currently being reviewed to incorporate into one specification.  b)      secondary care NO  c)       community care NO  2) If yes, please send me the CCG’s service specification for anticoagulation services for:  a)       primary care – attached two service specifications , one for management and one for initiation. These specifications are currently being reviewed to incorporate into one specification.  b)      secondary care N/A  c)       community care N/A  3) For each of the below settings, how frequently is the anticoagulation service measured against the service specification? Please use the table below to share your answer:     |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Frequency of anticoagulation service measurement against service specification** (Please indicate using an X under the relevant column to indicate all intervals at which the service is measured against the specification, for example if the service has a monthly, quarterly and annual measurement, include an X in each box) | | | | |  | **Monthly** | **Quarterly** | **Annually** | **Other (please specify frequency)** | | **Primary care** |  |  | X |  | | **Secondary care** | N/A | N/A | N/A |  | | **Community care** | N/A | N/A | N/A |  |     4) Please provide a copy of the most recent measurement report for anticoagulation services in:  a)       primary care  January 2019  INR Star Analytics has shown how well patients are managed across Barnsley as the average Time in Therapeutic Range (TTR) for patients being managed on Warfarin in the latest rolling year averaged 73.25% , all GP practices achieved TTR averages greater than 65% and some greater than 78%.  b)      secondary care N/A  c)       community care N/A    5) For patients with Atrial Fibrillation (AF) on warfarin therapy attending the anticoagulation service, please provide the following information:  a)       Does the CCG have in place a minimum service target for the percentage of patients who are within therapeutic range? No but therapeutic aim would be 66% or above.  b)      If yes, what is the CCG’s minimum service target for the percentage of patients who are within therapeutic range? N/A  c)       For the year 2017/18, what number and percentage of patients were within therapeutic range? Please provide these figures for all data intervals for which this information was collected.  Answer as in 4a | |

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| **FOI NO: 1310** | **Date Received: 29 May 2019** |
| **Request :**  1. Do you have a formulary used by primary care prescribers? If so, what is the status of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs with respect to minor conditions associated with pain, discomfort and fever?    2. Is there a current policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide documents and start date.    3. Is there a policy currently being developed regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide any documents and predicted start date.    4. Has there previously been a policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs that has been discarded? If so, please provide documents and start and end date.    5. Regarding prescribing policy has the CCG given consideration to the recent NHS England guidance “Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs” published in March 2018? If so, has this guidance been implemented, or is it planned to be implemented?    6. Have you provided any education for prescribers regarding prescriptions for over-the-counter medication, in particular paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, when and how were these education sessions delivered (for example, meeting, didactic lecture or leaflet)?    7. Is there any financial incentive for GPs regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide documents.    8. Is there any planned action to enforce any policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs should it not be upheld by prescribers? If so, please provide documents. | |
| **Response :**  1. Do you have a formulary used by primary care prescribers?  If so, what is the status of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs with respect to minor conditions associated with pain, discomfort and fever? Yes Please see below link to Public formulary, which can be reviewed in respect of medicines included.  <http://www.barnsleyformulary.nhs.uk/>  There is national guidance on the prescribing of medications for Over The Counter for minor self-limiting conditions. Barnsley prescribers are being advised to follow national this guidance. We do have a resource pack which we shall be issuing to Barnsley prescribers prior to the 1st July 2019, however this is only in final draft form and has not been endorsed and so cannot at the moment be shared.    2. Is there a current policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide documents and start date.  Response as in Q1    3. Is there a policy currently being developed regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide any documents and predicted start date.  Response as in Q1    4. Has there previously been a policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs that has been discarded? If so, please provide documents and start and end date.  Not a CCG  policy. National guidance was received in 2018 and clinicians and CCG’s were asked to support implementation of the national guidance by NHS England.    5. Regarding prescribing policy has the CCG given consideration to the recent NHS England guidance “Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs” published in March 2018? If so, has this guidance been implemented, or is it planned to be implemented?  NHSE guidance was considered by the Barnsley CG Governing Body in 2018, following local consultation . Resources have been developed to support implementation  of the guidance at the CCG Governing Body Direction. These resources shall be available to clinicians before the 1st July 2019, however clinicians were advised by NHSE to implement the guidance when it was produced in 2018. A local campaign will start on the 1st July 2019 to support the public and clinicians with implementation of this NHSE guidance.    6. Have you provided any education for prescribers regarding prescriptions for over-the-counter medication, in particular paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, when and how were these education sessions delivered (for example, meeting, didactic lecture or leaflet)?  Only general leaflets, nothing specific to Paracetamol etc.. in respect of resources, leaflets etc…  A resource pack will be available to all clinicians before 1st 1uly 2019 which includes analgesia.  These are conditions commonly encountered and therefore education was not considered to be required for GP’s.  Community Pharmacies will be receiving educational support ( in July 2019) regarding  interpreting guidance in respect of the local Pharmacy First ( Minor Ailments) Service.  Educational support , (via presentation) has been provided to Health Visitors.    7. Is there any financial incentive for GPs regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide documents.  This section is included within the CCG 2019/20 Practice Delivery Agreement. There is a payment made to practices for total delivery of work under the Practice Delivery Agreement , but not a specific payment for this area of work.   |  |  | | --- | --- | | **Self Care/ Items which should no longer be routinely prescribed in primary care**  **(including additional local/national guidance issued in 2019)** | **Local/National Guidance: Self Care**  The practice will review patients prescribed the medicines included within local and/or national guidance and make changes in line with the recommendations in the guidance.  **NHS England Guidance: Items which should no longer be routinely prescribed in primary care**  The practice will review patients prescribed the eighteen medications included and make changes in line with the recommendations in the guidance.  In January 2019 a consultation was launched for an additional nine medications to be considered. The practice will agree to review any additional patients included in any future guidance published following on from this consultation.  <https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed-update/user_uploads/low-priority-prescribing-consultation-guidance.pdf>  A CCG supporting resource pack will be made available.**100% of appropriate patients to be offered a change in therapy.**  **To be completed by deadlines set by the Medicines Management Team.** |     8. Is there any planned action to enforce any policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs should it not be upheld by prescribers? If so, please provide documents.    Not enforcement. It is decision of individual clinicians in respect of implementation. NHS England are monitoring progress of effectiveness of implementation. The CCG shall also monitor progress under the Practice Delivery Agreement and identify any barriers to implementation and/or additional support required. | |

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| **FOI NO: 1311** | **Date Received: 29 May 2019** |
| **Request :**    1. How many applications for NHS Continuing Healthcare did you receive in each of the financial years 2015/16, 2016/17, 2017/18 and 2018/19?  2. How many applications for NHS Continuing Healthcare were not decided on until after the applicant’s death in each of the financial years 2015/16, 2016/17, 2017/18 and 2018/19? | |
| **Response :**   1. How many applications for NHS Continuing Healthcare did you receive in each of the financial years 2015/16, 2016/17, 2017/18 and 2018/19? Barnsley CCG do not hold this information for 2015/16 but for 2016/17 we received 584 Checklists, in 2017/18 473 Checklists and 2018/19 461 Checklists – this does not include any Fast Track applications.   2.       How many applications for NHS Continuing Healthcare were not decided on until after the applicant’s death in each of the financial years 2015/16, 2016/17, 2017/18 and 2018/19? Barnsley CCG do not hold this information. | |

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| **FOI NO: 1312** | **Date Received: 28 May 2019** |
| **Request :**   Part 1  Under the Freedom of Information Act, please can you inform me whether NHS Barnsley CCG commissions services that provide a diagnostic pathway for adults for the below named conditions:  (a)    Attention Deficit Hyperactivity Disorder (ADHD)  (b)    Dyscalculia  (c)     Dyslexia  (d)    Dyspraxia (sometimes referred to as Developmental Co-ordination Disorder)  Part 2  If diagnostic pathways are not funded for any of the above named conditions, I would be grateful if you could inform me what NHS Barnsley CCG’s standard advice is to General Practitioners who wish to make a referral for adult diagnostic/assessment services for each such condition.  Part 3  If relevant figures are readily held, please can you inform me (i) how many referrals for adult diagnostic/assessment services for each of the above named conditions\* have been funded by NHS Barnsley CCG in the last three years,\*\* (ii) how many diagnoses have been made for each named condition over the last three years, and (iii) what the gender breakdown of both the responses to (i) and (ii) were.  \* Although Autism Spectrum Conditions (ASCs) were not named in the list in Part 1, due to the separate legal framework governing adult diagnostic services, please could figures for ASCs be included for all answers under Part 3.  \*\* Figures for the ‘last three years’ can be provided in whatever the most convenient format is for NHS Barnsley CCG (ie. from the date of request, calendar years, financial years). | |
| **Response :**  Part 1  Under the Freedom of Information Act, please can you inform me whether NHS Barnsley CCG commissions services that provide a diagnostic pathway for adults for the below named conditions:  (a) Attention Deficit Hyperactivity Disorder (ADHD)  (b) Dyscalculia  (c) Dyslexia  (d) Dyspraxia (sometimes referred to as Developmental Co-ordination Disorder)  NHS Barnsley CCG commission an adult ADHD assessment and diagnostic pathway and an adult ASC assessment and diagnostic pathway.  Part 2  If diagnostic pathways are not funded for any of the above named conditions, I would be grateful if you could inform me what NHS Barnsley CCG’s standard advice is to General Practitioners who wish to make a referral for adult diagnostic/assessment services for each such condition.  The other conditions referred to are not commissioned as a separate diagnostic pathway but where required and appropriate an assessment would be funded on an individual basis.  Part 3  If relevant figures are readily held, please can you inform me (i) how many referrals for adult diagnostic/assessment services for each of the above named conditions\* have been funded by NHS Barnsley CCG in the last three years,\*\*  2016/17 - 15 ADHD and 10 ASC assessment / diagnostics commissioned  2017/18 - 15 ADHD and 10 ASC assessment / diagnostics commissioned  2018/19 - 27 ADHD and 25 ASC assessment / diagnostics commissiones  The CCG does not have the gender breakdown - the conversion rate for both pathways is around 36%  (ii) how many diagnoses have been made for each named condition over the last three years, and (iii) what the gender breakdown of both the responses to (i) and (ii) were.  \* Although Autism Spectrum Conditions (ASCs) were not named in the list in Part 1, due to the separate legal framework governing adult diagnostic services, please could figures for ASCs be included for all answers under Part 3.  \*\* Figures for the ‘last three years’ can be provided in whatever the most convenient format is for NHS Barnsley CCG (ie. from the date of request, calendar years, financial years). | |

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| **FOI NO: 1313** | **Date Received: 31 May 2019** |
| **Request :**   * The number of networks that submitted applications between 1 May 2019 and 16 May 2019 * The number of network applications that were rejected as of 31 May and the reason(s) * The name of each network’s clinical director * The number of GP practices that did not submit applications * The number of GP practices in the area (to see whether there has been 100% coverage) | |
| **Response :**   * The number of networks that submitted applications between 1 May 2019 and 16 May 2019 –  We have received an application from one network comprised of six localities. There is a single Accountable Clinical Director (Dr Ghani) supporting by a locality clinical lead in each of the 6 areas (as listed below) * The number of network applications that were rejected as of 31 May and the reason(s) – 0 * The name of each network’s clinical director  - 1: Penistone Network – Dr M Smith, 2: Central Network – Dr H Rainford/Dr M Dowling, 3: North Network – Dr E Czepulkowski/Dr G Eko, 4: North East Network – Dr D Shutt, 5: Dearne Network – Dr A Mellor, 6: South Network – Dr C Dales * The number of GP practices that did not submit applications - 0   The number of GP practices in the area (to see whether there has been 100% coverage) – 33 | |