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| **FREEDOM OF INFORMATION REQUESTS JUNE** |

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| **FOI NO: 1528**  | **Date Received: 3 June 2020** |
| **Request :**(1) From 1st February 2020 to the day this request is processed, I would like to request all correspondence and communications between this CCG and adult care homes which mention, or refer to, the coronavirus.(2) From 1st February 2020 to the day this request is processed, I would like to request all correspondence and communications between this CCG and councils, which refer to adult care homes and the coronavirus. |
| **Response :**Thank you for your request for information dated 2 June 2020 which we have considered under the Freedom of Information Act. Section 12 of the Act allows us to refuse to comply with a request if the cost of compliance exceeds a limit of 18 hours (£450). Having considered in detail the work required to comply with your request I estimate that it would be considerably in excess of 18 hours. There are at least 20 staff in the CCG who may have who may have been in correspondence with the local authority and / or care homes through the period requested. Each of these individuals would have sent hundreds of emails throughout this period which would then need to be reviewed to identify, firstly, any which were sent to either the local authority or any one of the 70 care homes with which the CCG works, then subsequently each of these emails would have to be reviewed to identify those which mention or refer to the coronavirus. This initial search and sift would we estimate of itself easily exceed the 18 hour limit. Beyond that very significant further work would be required to consider for each email whether any further exemption applies such as:- section 36(b) would inhibit the free and frank provision of advice- section 36(c) would prejudice the effective conduct of public affairs- section 40 personal information, and / or- section 41 information provided in confidence.On this basis we cannot provide the information you request on the grounds of cost in accordance with section 12 of the Act. |

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| **FOI NO: 1529** | **Date Received: 3 June 2020** |
| **Request :**1. How many full assessments (MDT/DST meeting) were carried out by your CCG in each of the last 5 financial years ?2. How many Local Review Meetings for CHF took place in each of the last 5 financial years ?3. How many cases were granted full NHS Continuing Healthcare Funding (ie. eligible decisions) in each of the last 5 financial years ?4. How many cases were granted full NHS Continuing Healthcare Funding (ie. eligible decisions) following the MDT/DST meeting in each of the last 5 financial years ?5. How many cases were granted full NHS Continuing Healthcare Funding (ie. eligible decisions) following their Local Review Meeting (following an ineligible decision after an MDT/DST meeting) in each of the last 5 financial years ?6. What is the total population covered by your CCG and what number are over 65 years ? |
| **Response :**1. How many full assessments (MDT/DST meeting) were carried out by your CCG in each of the last 5 financial years ?  01/04/2015 – 31/03/2016 - 5, data available from November 201501/04/2016 – 31/03/2017 - 3801/04/2017 – 31/03/2018 - 22701/04/2018 – 31/03/2019 - 29701/04/2019 – 31/03/2020 – 242 prior to March 2018 accuracy cannot be guaranteed due to change over in database.2. How many Local Review Meetings for CHF took place in each of the last 5 financial years ? 2020 22019 132018 52017 82016 153. How many cases were granted full NHS Continuing Healthcare Funding (ie. eligible decisions) in each of the last 5 financial years ?  01/04/2015 – 31/03/2016 - 3301/04/2016 – 31/03/2017 - 7701/04/2017 – 31/03/2018 – 15901/04/2018 – 31/03/2019 – 75801/04/2019 – 31/03/2020 – 794 prior to March 2018 accuracy cannot be guaranteed due to change over in database. This information includes End Of Life patients referred on the Fast Track Pathway tool. 4. How many cases were granted full NHS Continuing Healthcare Funding (ie. eligible decisions) following the MDT/DST meeting in each of the last 5 financial years ? 01/04/2015 – 31/03/2016 - 3301/04/2016 – 31/03/2017 - 7501/04/2017 – 31/03/2018 - 7101/04/2018 – 31/03/2019 - 7701/04/2019 – 31/03/2020 - 35prior to March 2018 accuracy cannot be guaranteed due to change over in database.5. How many cases were granted full NHS Continuing Healthcare Funding (ie. eligible decisions) following their Local Review Meeting (following an ineligible decision after an MDT/DST meeting) in each of the last 5 financial years ? This information is not held locally.6. What is the total population covered by your CCG and what number are over 65 years ? There is an interactive dashboard it shows 10 year age bands but you can download a csv file with the population by year and gender. https://app.powerbi.com/view?r=eyJrIjoiNjQxMTI5NTEtYzlkNi00MzljLWE0OGItNGVjM2QwNjAzZGQ0IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9 |

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| **FOI NO: 1530** | **Date Received: 4 June 2020** |
| **Request :**1. Which organisation(s) currently provide a community dermatology service to the CCG?2. What type of service is this i.e. lead provider/AQP?3. On what date does this contract expire? 4. Is there an optional contract extension in place for this community dermatology service? If so, for how long?5. Does the CCG have current plans to go out to tender for a new community dermatology service and if so, when?6. What is the current annual value of the CCGs current community dermatology Service?7. Have any of the CCGs current community dermatology providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months? |
| **Response :**1. Which organisation(s) currently provide a community dermatology service to the CCG? BHNFT provides a hospital based service. There is no community based service. We do have a Primary care teledermatology pilot in place. 2. What type of service is this i.e. lead provider/AQP? Part of the local hospitals overall contract to provide a dermatology service pathway. 3. On what date does this contract expire? No date 4. Is there an optional contract extension in place for this community dermatology service? If so, for how long? No 5. Does the CCG have current plans to go out to tender for a new community dermatology service and if so, when? No 6. What is the current annual value of the CCGs current community dermatology Service? Not applicable . The BHNFT service is PBR but tied up within their overall contract with the CCG 7. Have any of the CCGs current community dermatology providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months? No |

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| **FOI NO: 1531** | **Date Received: 4 June 2020** |
| **Request :**1. Have you specifically commissioned this service in your CCG?2. Please provide details of the providers you have commissioned for this service and whether they are a NHS Trust or an independent provider |
| **Response :**Screening for hydroxychloroquine retinopathy forms part of the CCG commissioned Hospital Eye Service at Barnsley Hospital NHS Foundation Trust. The service specification includes a clause which states that ‘quality standards for Ophthalmology Services have been established by the Royal College of Ophthalmologists and must be followed by the Provider’. |

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| **FOI NO: 1532** | **Date Received: 9 June 2020** |
| **Request :**1. (a) Are hot and cold hubs being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? If so, please could you indicate the numbers of each if possible. (b) Are hot and cold sites (or red and green sites) co-located within primary care settings being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? (c) Is a different model to 1(a) or (b) above being used? If so, please describe this. 2. Are each of the models used in 1(a) to (c) available to the entire population, or only in certain locations/ for certain populations (please specify any such distinctions)?  (a) Immediately prior to any changes in service delivery related to COVID-19, was the hub model being used to deliver Primary Care? (b) If so, how many hubs, where, and did these have specialist functions or were they accessible by all patients at practices which fed into them? (c) If a hub model was not being used to deliver Primary Care immediately prior to any changes in service delivery with respect to COVID-19, had you previously used a hub model but stopped? If so, why was the decision made to stop using this model?3. Are you planning to evaluate your COVID-19 model(s) for face to face Primary Care consultations? Please provide any interim data concerning this for potential inclusion in our review. Please also provide any other relevant documentation regarding face to face primary care service delivery during the COVID-19 pandemic which could be helpful to our study. |
| **Response :**1. (a) Are hot and cold hubs being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? If so, please could you indicate the numbers of each if possible. We have 1 “hot” site currently in use for suspected and confirmed C19 people which can be for face to face or for telephone/video support. We have another site that could be used should the need arise. We also have a C19 Home Visiting service for those unable to travel.
2. (b) Are hot and cold sites (or red and green sites) co-located within primary care settings being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? Yes

(c) Is a different model to 1(a) or (b) above being used? If so, please describe this. 1. Are each of the models used in 1(a) to (c) available to the entire population, or only in certain locations/ for certain populations (please specify any such distinctions)? Entire population

 (a) Immediately prior to any changes in service delivery related to COVID-19, was the hub model being used to deliver Primary Care? No, not had a hub model either before nor during C19.(b) If so, how many hubs, where, and did these have specialist functions or were they accessible by all patients at practices which fed into them? (c) If a hub model was not being used to deliver Primary Care immediately prior to any changes in service delivery with respect to COVID-19, had you previously used a hub model but stopped? If so, why was the decision made to stop using this model?1. Are you planning to evaluate your COVID-19 model(s) for face to face Primary Care consultations? Please provide any interim data concerning this for potential inclusion in our review. Please also provide any other relevant documentation regarding face to face primary care service delivery during the COVID-19 pandemic which could be helpful to our study. Until the need significantly reduces the hot and home visiting service will be in place. Having these services in place supports general practice to keep their own practices risk rate controlled and allows for non C19 patients to have access to PMS at the “cold” site (GP Practice) either by video/telephone or face to face if appropriate.
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| **FOI NO: 1533** | **Date Received: 11 June 2020** |
| **Request :**1. Is your Community Dermatology Service provided as a separate contract or is it integrated into the secondary care service?2. Who is the current provider of the Community Dermatology service? 3. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)4. What is the contract length and contract value of the current Community Dermatology contract?5. Does the current service utilise Artificial Intelligence? • If yes, which parts of the pathway is the AI used in? What are the success rates for AI compared to consultants in the service?• If No, Would the CCG consider commissioning AI as part of a future service?6. Would it be possible to get a copy of the current service specification? 7. When is the current Community Dermatology service due to be re-tendered?8. Is this date before contract extension (if so what is the extension period and likelihood of extension)?9. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community Dermatology service?1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model? 2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?10. Has the current Community Dermatology service met all of the contracted KPIs during the lifetime of the contract?11. Has the current provider of the Community Dermatology Service been served with any performance notices? If yes, when were they served and what for?12. Are there any areas of particular concern within the CCGs population which the Community Dermatology service could be addressing more effectively?13. Are there any areas of exceptional practice and/or innovation in the current Community Dermatology Service which stand out to the CCG?14. What is the current Patient Satisfaction Rate for the Community Dermatology Service? Has this remained consistent or has there been fluctuations (reduced or improved)?15. Which virtual/remote platforms are used in the current Community Dermatology Service?o Telephoneo Video General, e.g. WhatsApp, Skype, Zoomo Video Bespoke, e.g. Q-Doc, Attend Anywhere16. Has the Community Dermatology Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals? |
| **Response :** |

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| **FOI NO: 1534** | **Date Received: 10 June 2020** |
| **Request :**• What is your CCG’s annual CHC budget?• What is your CCG’s current Case Management System / Patient Records system used to manage CHC patients? Who is the system provider and when is the contract expiry date?• What is your CCG’s Head of CHC name? • What is your CCG’s Head of Commissioning & Placements? • Who is the person responsible for overall CHC processes and workflow management within your CCG? • Who at the CCG is responsible for digital transformation of CHC processes? • Who at the CCG is the Accountable Officer? • Do the CCG use a CSU for their business support and CHC provider procurement? • Please provide details of any procurement contracts in place for CHC with associated expiry dates for your CCG |
| **Response :**• What is your CCG’s annual CHC budget? ? The 2020/21 annual budget for CHC, CHC children and CHC staff costs is currently £19.5m ( excluding FNC), however due to COVID19 all budgets are under review and the final budget cannot be confirmed at this stage.• What is your CCG’s current Case Management System / Patient Records system used to manage CHC patients? Who is the system provider and when is the contract expiry date? Broadcare and System One - the system provider contract expiry date is not applicable• What is your CCG’s Head of CHC name? Sheena Moreton – Operational Lead• What is your CCG’s Head of Commissioning & Placements? Sharon Graham • Who is the person responsible for overall CHC processes and workflow management within your CCG? Sheena Moreton Operational Lead• Who at the CCG is responsible for digital transformation of CHC processes? Sheena Moreton • Who at the CCG is the Accountable Officer? Lesley Smith• Do the CCG use a CSU for their business support and CHC provider procurement? No• Please provide details of any procurement contracts in place for CHC with associated expiry dates for your CCG – Not Applicable |

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| **FOI NO: 1535** | **Date Received: 11 June 2020** |
| **Request :**In 2019/20, how much maximum funding was the CCG entitled to under NHS England’s Additional Roles Reimbursement scheme?In 2019/20, did the CCG use allof the funding it was entitled to under NHS England’s Additional Roles Reimbursement scheme for the original intended purpose of hiring extra clinical pharmacists and social prescribers in primary care networks (PCNs)?If no, how much of that 2019/20 funding was not spent on hiring extra clinical pharmacists and social prescribers in PCNs?Of the money that was left over (ie the answer to question 3), how much of this was used to recruit any of the ten roles included in the Additional Roles Reimbursement Scheme from 1 April 2020?Of the money that was left over (ie the answer to question 3), how much of this was used to fund other CCG activities not related to the Additional Roles Reimbursement Scheme? Please provide examples.Of the money that was left over (ie the answer to question 3), how much of this still remains unspent? |
| **Response :**• In 2019/20, how much maximum funding was the CCG entitled to under NHS England’s Additional Roles Reimbursement scheme? £160,576 - CCG budget approved for additional roles• In 2019/20, did the CCG use all of the funding it was entitled to under NHS England’s Additional Roles Reimbursement scheme for the original intended purpose of hiring extra clinical pharmacists and social prescribers in primary care networks (PCNs)? Yes• If no, how much of that 2019/20 funding was not spent on hiring extra clinical pharmacists and social prescribers in PCNs? N/A• Of the money that was left over (ie the answer to question 3), how much of this was used to recruit any of the ten roles included in the Additional Roles Reimbursement Scheme from 1 April 2020? N/A• Of the money that was left over (ie the answer to question 3), how much of this was used to fund other CCG activities not related to the Additional Roles Reimbursement Scheme? Please provide examples. N/A• Of the money that was left over (ie the answer to question 3), how much of this still remains unspent? N/A |

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| **FOI NO: 1536** | **Date Received: 11 June 2020** |
| **Request :**1. Is your Community Dermatology Service provided as a separate contract or is it integrated into the secondary care service?2. Who is the current provider of the Community Dermatology service? 3. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)4. What is the contract length and contract value of the current Community Dermatology contract?5. Does the current service utilise Artificial Intelligence? • If yes, which parts of the pathway is the AI used in? What are the success rates for AI compared to consultants in the service?• If No, Would the CCG consider commissioning AI as part of a future service?6. Would it be possible to get a copy of the current service specification? 7. When is the current Community Dermatology service due to be re-tendered?8. Is this date before contract extension (if so what is the extension period and likelihood of extension)?9. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community Dermatology service?1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model? 2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?10. Has the current Community Dermatology service met all of the contracted KPIs during the lifetime of the contract?11. Has the current provider of the Community Dermatology Service been served with any performance notices? If yes, when were they served and what for?12. Are there any areas of particular concern within the CCGs population which the Community Dermatology service could be addressing more effectively?13. Are there any areas of exceptional practice and/or innovation in the current Community Dermatology Service which stand out to the CCG?14. What is the current Patient Satisfaction Rate for the Community Dermatology Service? Has this remained consistent or has there been fluctuations (reduced or improved)?15. Which virtual/remote platforms are used in the current Community Dermatology Service?o Telephoneo Video General, e.g. WhatsApp, Skype, Zoomo Video Bespoke, e.g. Q-Doc, Attend Anywhere |
| **Response :**1. Is your Community Dermatology Service provided as a separate contract or is it integrated into the secondary care service? NHS Barnsley CCG does not have a Community Dermatology service. All Dermatology activity commissioned by NHS Barnsley CCG is delivered by Secondary Care acute services2. Who is the current provider of the Community Dermatology service? Not Applicable3. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors) Not Applicable4. What is the contract length and contract value of the current Community Dermatology contract? Not Applicable5. Does the current service utilise Artificial Intelligence? Not Applicable• If yes, which parts of the pathway is the AI used in? What are the success rates for AI compared to consultants in the service?• If No, Would the CCG consider commissioning AI as part of a future service?6. Would it be possible to get a copy of the current service specification? Not Applicable7. When is the current Community Dermatology service due to be re-tendered? Not Applicable8. Is this date before contract extension (if so what is the extension period and likelihood of extension)? Not Applicable9. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community Dermatology service? Not Applicable1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model? 2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?10. Has the current Community Dermatology service met all of the contracted KPIs during the lifetime of the contract? Not Applicable11. Has the current provider of the Community Dermatology Service been served with any performance notices? If yes, when were they served and what for? Not Applicable12. Are there any areas of particular concern within the CCGs population which the Community Dermatology service could be addressing more effectively? Not Applicable13. Are there any areas of exceptional practice and/or innovation in the current Community Dermatology Service which stand out to the CCG? Not Applicable14. What is the current Patient Satisfaction Rate for the Community Dermatology Service? Has this remained consistent or has there been fluctuations (reduced or improved)? Not Applicable15. Which virtual/remote platforms are used in the current Community Dermatology Service? Not Applicableo Telephoneo Video General, e.g. WhatsApp, Skype, Zoomo Video Bespoke, e.g. Q-Doc, Attend Anywhere16. Has the Community Dermatology Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals? Not Applicable |

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| **FOI NO: 1537** | **Date Received: 12 June 2020** |
| **Request :**Does the CCG have a Referral Management System that operates across your localities? 1. If yes, is it a single system managed by a single provider, or a collaborative partnership between providers? Please answer Question Set A2. If no, Has the CCG considered a Referral Management Service for their system providers to increase efficiency within the local health pathways? Please Answer Question Set BA- Questions 2. Is any Referral Management System contracted through competitive tender or delivered through a local provider agreement?3. Where contracted, who is the current provider of the Referral Management Service, and what clinical specialities are covered (e.g. ENT, Dermatology)? 4. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)5. What is the contract length and contract value of the current Referral Management service contract?6. What is the delivery model for the current Referral Management Service? For example: o Does the service offer an administrative service to direct referrals to the relevant service who then triage them for appropriateness? o Does the Referral Management Service triage service to ensure referrals are directed to the correct service or returned to the referrer?o What services does the service manage referral for i.e. community, specialist, secondary care?o Who does the service accept referrals from? i.e. GPs, Other healthcare professionals, Self-Referrals. 7. Would it be possible to get a copy of the current service specification? 8. When is the current Referral Management Service due to be re-tendered?9. Is this date before contract extension (if so, what is the extension period and likelihood of extension)?10. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Referral Management Service? 0. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model? 1. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?11. Has the current Referral Management Service met all of the contracted KPIs during the lifetime of the contract?12. Has the current provider of the Referral Management Service been served with any performance notices? If yes, when were they served and what for?13. Are there any areas of particular concern within the CCGs population which the Referral Management Service could be addressing more effectively?14. Are there any areas of exceptional practice and/or innovation in the current Referral Management Service which stand out to the CCG?15. What is the current Patient Satisfaction Rate for the Referral Management Service? Has this remained consistent or has there been fluctuations (reduced or improved)?16. Which virtual/remote platforms are used in the current Referral Management Service? o Telephoneo Video General, e.g. WhatsApp, Skype, Zoomo Video Bespoke, e.g. Q-Doc, Attend Anywhere17. Has the Referral Management Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?B- Questions18. Would the CCG consider a dedicated Referral Management Service in the future? 0. If yes, are their plans to commission a service within the next two years? What specialities would you anticipate this covering?1. If no, would the CCG explain why they feel a Referral Management Service is not beneficial to their localities/providers?19. Does the CCG have any issues with referral waiting times and targets among their providers? If so, would it be possible to get a breakdown of which services have performance issues in this area?20. Would the CCG be open to discussion about how Referral Management Services could support more effective and efficient delivery? |
| **Response :**1. Does the CCG have a Referral Management System that operates across your localities? No 2. If yes, is it a single system managed by a single provider, or a collaborative partnership between providers? Please answer Question Set A3. If no, Has the CCG considered a Referral Management Service for their system providers to increase efficiency within the local health pathways? Please Answer Question Set BQuestion Set B18. Would the CCG consider a dedicated Referral Management Service in the future?a. If yes, are their plans to commission a service within the next two years? What specialities would you anticipate this covering?b. If no, would the CCG explain why they feel a Referral Management Service is not beneficial to their localities/providers?No – the CCG has explored a variety of demand management / referral management approaches and deemed that referral management services would not be appropriate to introduce. We note that systems of referral support rather than services have been demonstrated to be more effective in improving the quality and appropriateness of GP referrals as well as the effectiveness of communication between primary and secondary care. Support approaches include peer review and reflection, advice and guidance and local expertise initiatives.https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2018/RCGP-referral-management-feb-201819. Does the CCG have any issues with referral waiting times and targets among their providers? If so, would it be possible to get a breakdown of which services have performance issues in this area?No – up to 31 March 2020 our main hospital provider was meeting referral to treatment indicators. 20. Would the CCG be open to discussion about how Referral Management Services could support more effective and efficient delivery?No. We are currently prioritising the response and recovery to the COVID-19 pandemic recovery. This includes consolidating the introduction of the Referral Assessment Services (RAS) functionality in the NHS e-referral system to support the response as well as refining the above referral support mechanisms to link with digital / virtual approaches and learning from COVID19. |

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| **FOI NO: 1538** | **Date Received: 15 June 2020** |
| **Request :**the number of patients diagnosed with Anal SCC in 2013, 2014, 2015, 2016, 2017 and 2018 within your CCG. |
| **Response :**The data that we have available to cover this period unfortunately does not go into the low level of detail required. It is advised that you contact Hospital Trusts directly for this information. The list of providers that we commission services from is available on the Barnsley CCG's website as part of the contracts register. |

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| **FOI NO: 1539** | **Date Received: 16 June 2020** |
| **Request :**For the period 1st January 2020 to 1st June 2020, could you confirm whether you have a primary care rebate scheme in existence for each of the following drugs: ClexaneInhixaBecatAroviFragminInnohep |
| **Response :**Clexane NoInhixa NoBecat NoArovi NoFragmin NoInnohep No |

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| **FOI NO: 1540** | **Date Received: 20 June 2020** |
| **Request :**1) How much have you been allocated by the £1.3bn fund to support faster patient discharges from hospital during the covid-19 pandemic?2) How much have you spent of your allocation from the £1.3bn covid-19 discharge fund?3) How much has your local authority contributed towards the £1.3bn covid-19 discharge fund?3) How many care homes did you provide oxygen to as a result of covid-19 outbreaks between:  a) March 1st to April 15thb) April 15th to June 16th 3) How many covid-19 outbreaks have there been in care homes in your area from March 1, 2020 to date? |
| **Response :**1) How much have you been allocated by the £1.3bn fund to support faster patient discharges from hospital during the covid-19 pandemic? The allocation for Barnsley CCG has not yet been confirmed.2) How much have you spent of your allocation from the £1.3bn covid-19 discharge fund? The CCG has spent £505k on hospital discharge process from the beginning of the COVID19 period to 31/05/2020. Expenses are still being incurred and reported to NHSE as part of the month end reporting process.3) How much has your local authority contributed towards the £1.3bn covid-19 discharge fund? As at 31/05/2020 our local authority has not yet contributed to the COVID 19 discharge fund. 4) How many care homes did you provide oxygen to as a result of covid-19 outbreaksbetween:  This information has not been provided on the basis that we estimate that the time required to determine whether the information is available, and if so to collate the relevant information, would exceed the limit as set out in section 12 of the Freedom of Information Act.a) March 1st to April 15thb) April 15th to June 16th5) How many covid-19 outbreaks have there been in care homes in your area from March 1, 2020 to date? The Office of National Statistics routinely publishes information relating to the number of deaths in care home involving COVID-19 notified to the Care Quality Commission. It may be possible to extrapolate data relating to outbreaks in specific geographical areas from the data available through this source. Please click on the following web-link where the information can be downloaded: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland> |

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| **FOI NO: 1541** | **Date Received: 24 June 2020** |
| **Request :**Number of septoplasty, septo-rhinoplasty and rhinoplasty procedures performed in the years 2012-2019. Number of individual funding requests made for these procedures in the same period. Number of individual funding requests that were rejected for these procedures in the same period. |
| **Response :**Number of septoplasty, septo-rhinoplasty and rhinoplasty procedures performed in the years 2012-2019. - Attached Number of individual funding requests made for these procedures in the same period. - 25 Number of individual funding requests that were rejected for these procedures in the same period. – 10 |

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| **FOI NO: 1542** | **Date Received: 24 June 2020** |
| **Request :**Request 1 – Does your CCGs not permit the prescribing of apomorphine? If not, can you explain the rationale behind this.Request 2- I note that hospitals do prescribe Apomorphine. Could you confirm if whether there is a pass through or another method for NHS Trusts to pass the costs back to CCGS? If not, since it is a tariff drug and the Trusts have no other funding method, are you in fact driving inequity or postcode prescribing by preventing the use of apomorphine? |
| **Response :**Request 1 – Does your CCGs not permit the prescribing of apomorphine? If not, can you explain the rationale behind this.Yes we do allow the prescribing of Apomorphine. It is within the Barnsley Area Formulary and we have the same Shared Care Guidelines in place, which include Apomorphine, across the South Yorkshire and Bassetlaw region Request 2- I note that hospitals do prescribe Apomorphine. Could you confirm if whether there is a pass through or another method for NHS Trusts to pass the costs back to CCGS? If not, since it is a tariff drug and the Trusts have no other funding method, are you in fact driving inequity or postcode prescribing by preventing the use of apomorphine?There is no arrangement in place between the CCG and hospitals for the pass through of Apomorphine costs as it is not excluded from the latest national Payment By Results hospital tariff. Hospitals receive funding for the numbers of patients which they manage and NHSE decide through their national PBR Tariff scheme which medicines are (or are not) included within this Tariff which is the same for every hospital. There are no financial barriers imposed to the prescribing of Apomorphine by clinicians within the Barnsley locality. If a specilaist clinician considers this medication to be required for a patient then they can initiate it and request for handover to the GP to manage ( prescribe) in primary care in line with local Shared Care Guidelines which are in place. |

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| **FOI NO: 1543** | **Date Received: 24 June 2020** |
| **Request :**Please confirm the manufacturer of your telephony system(s) that are currently in place?When was the installation date of your telephony equipment?Who maintains your telephony system(s)? Please confirm value of the initial project and value of annual support/maintenance services (in £)?Does your annual maintenance service include moves, adds and changes? And if not what is the annual cost of moves, adds & changes? When is your contract renewal date?Do you use Unified Communications or Collaboration tools such as Microsoft Skype for Business/ Teams/Cisco/Avaya/Mitel? If yes, what tools are you currently using?Please confirm the manufacturer of your Contact centre system(s) that are currently in place?When was the installation date of your contact centre infrastructure?Who maintains your contact centre system(s)? Please confirm value of the initial project and value of annual support/maintenance services (in £)? How many contact centre employees/agents do you have? Do agents work from home? Or just your offices?When is your contract renewal date?Do you use a CRM in the contact centre? What platform is used?Do you use a knowledge base / knowledge management platform? What platform is used?Who currently provides your calls and lines?What is your current annual spend on calls and lines? When is your contract renewal date?Who provides your wide area network? How many sites are connected?How many employees do you have overall within your organisation?Can you provide contact details for your procurement lead / category manager for these services? Can you provide names and contact details for the following people within your organisation?CIO / IT DirectorHead of ITHead of Digital Transformation Head of Customer services |
| **Response :**Please confirm the manufacturer of your telephony system(s) that are currently in place? Highpath DXWhen was the installation date of your telephony equipment? 2019Who maintains your telephony system(s)? UnifyPlease confirm value of the initial project and value of annual support/maintenance services (in £)? The telephone system was procured and is linked to telephony systems at Barnsley Hospital and therefore it is not possible to identify to the value of the initial project. For further information please contact Richard Wright Richard.wright@nhs.net ICT Infrastructure Manager at Barnsley Hospital. The annual maintenance contract value is £69,760, 8 sites at £8720 per siteDoes your annual maintenance service include moves, adds and changes? And if not what is the annual cost of moves, adds & changes? No – No changes were made during the last year since the installation of new telephony system.When is your contract renewal date? 31 March 2021Do you use Unified Communications or Collaboration tools such as Microsoft Skype for Business/ Teams/Cisco/Avaya/Mitel? If yes, what tools are you currently using? Microsoft Teams for remote meetings and CISCO any connect for remote access.Please confirm the manufacturer of your Contact centre system(s) that are currently in place? N/A – We do not have a contact centre systemWhen was the installation date of your contact centre infrastructure? N/AWho maintains your contact centre system(s)? N/APlease confirm value of the initial project and value of annual support/maintenance services (in £)? N/AHow many contact centre employees/agents do you have? N/ADo agents work from home? Or just your offices? N/AWhen is your contract renewal date? N/ADo you use a CRM in the contact centre? What platform is used? N/ADo you use a knowledge base / knowledge management platform? What platform is used? N/AWho currently provides your calls and lines? Virgin Media Business LtdWhat is your current annual spend on calls and lines? 2019/20 spend was £10,754When is your contract renewal date? No end date – rolling contractWho provides your wide area network? How many sites are connected? Redcentric and Barnsley have 57 sites connectedHow many employees do you have overall within your organisation? 135Can you provide contact details for your procurement lead / category manager for these services? N/A – We do not have a specific procurement lead for these services – Adam Lavington (contact below) or Ricard Walker (richard.walker14@nhs.net)Can you provide names and contact details for the following people within your organisation?CIO / IT Director – Adam Lavington - adam.lavington1@nhs.netHead of IT – Adam LavingtonHead of Digital Transformation N/AHead of Customer services N/A |

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| **FOI NO: 1544** | **Date Received: 30 June 2020** |
| **Request :**In the year 2018/2019 and 2019/2020 what was your expenditure for external legal support ?What is this as a proportion of your overall budget ?Do you have any qualified legal professionals in your organisation and, if so, what are their job titles? |
| **Response :**In the year 2018/2019 and 2019/2020 what was your expenditure for external legal support ? the cost of legal support for Barnsley CCG was:2018/19 - £51k and 2019/20 - £56kWhat is this as a proportion of your overall budget ? In both years the cost of legal support is below 0.0% of the overall total budget for the CCG.Do you have any qualified legal professionals in your organisation and, if so, what are their job titles? NO |