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| **FREEDOM OF INFORMATION REQUESTS JANUARY 2018** |

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| **FOI NO: 962** | **Date Received: 3 January 2018** |
| **Request :**   1. Do you **commission** first line screening e.g. full 4 antibody IHC and/or MSI for molecular features of Lynch syndrome in all newly diagnosed bowel cancer patients?  * Yes, this test is commissioned for all bowel cancer patients as per DG27 NICE guidance * Yes, but it is only commissioned in bowel cancer patients aged under 50 years at diagnosis - please specify why the guidance has not been implemented. * No, we do not commission this test – please specify why. * Other commissioning strategy – please provide information.  1. If first line screening **is** currently commissioned (either in all cases or as a subset) are second and third line genomic tests being commissioned in cases of MLH1 loss i.e. BRAF mutation and MLH1 promoter methylation, as per DG27 NICE guidance?    * Both BRAF mutation and MLH1 promoter methylation are commissioned    * Only BRAF mutation is commissioned.    * Only MLH1 promoter methylation is commissioned.    * Neither are commissioned. Please specify why 2. If the full NICE guidance (DG27) **is not** currently implemented, do you intend to commission screening for molecular features of Lynch syndrome in all newly diagnosed bowel cancer patients across your area?  * Yes, we intend to commission universal testing as per DG27 * No, we do not intend to commission DG27 – please provide information on why. | |
| **Response :**   1. Do you **commission** first line screening e.g. full 4 antibody IHC and/or MSI for molecular features of Lynch syndrome in all newly diagnosed bowel cancer patients?  * Other commissioning strategy – please provide information. Testing is supported where it is considered appropriate by clinicians as part of the Bowel Cancer pathway.  Further information with regard to criteria should be addressed to Barnsley Hospital NHS Foundation Trust. This can be emailed to: [barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk).  1. If first line screening **is** currently commissioned (either in all cases or as a subset) are second and third line genomic tests being commissioned in cases of MLH1 loss i.e. BRAF mutation and MLH1 promoter methylation, as per DG27 NICE guidance?    * Neither are commissioned. Please specify why. Testing is supported where it is considered appropriate by clinicians as part of the Bowel Cancer pathway.  Further information with regard to criteria should be addressed to Barnsley Hospital NHS Foundation Trust. This can be emailed to: [barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk). 2. If the full NICE guidance (DG27) **is not** currently implemented, do you intend to commission screening for molecular features of Lynch syndrome in all newly diagnosed bowel cancer patients across your area?  * No, we do not intend to commission DG27 – please provide information on why. We do not intend to directly commission DG27 but do require Clinicians to apply best practice. Details of the criteria used by clinicians should be addressed to Barnsley Hospital NHS Foundation Trust. This can be emailed to: [barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk). | |

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| **FOI NO: 963** | **Date Received: 5 January 2018** |
| **Request :**  1. How much money did the CCG spend on inpatient beds in private psychiatric hospitals in each of the past 5 years?    2.How much money did the CCG pay The Priory Group for private inpatient psychiatric treatment in each of the past 5 years? Please name the hospitals used and provide a breakdown of the amount paid to each individual hospital.    3. How much money has the CCG paid The Priory Group for private inpatient psychiatric treatment since January 2016?    4. What is the average nightly rate paid by the CCG for an inpatient bed in a Priory Group psychiatric hospital?    5. How many of the CCG’s NHS patients were treated as inpatients at psychiatric hospitals run by The Priory Group in each of the past 5 years? | |
| **Response :**  Barnsley CCG only commissions NHS beds for general mental health in-patients. Specialist mental health placements, such as ‘locked rehab’ beds or medium and low secure beds are commissioned from Independent Hospitals, however, for Barnsley these are commissioned on the CCG’s behalf by our Mental Health Services provider South and West Yorkshire Partnership Foundation NSH Trust (SWYPFT) and /or NHS England, where appropriate. To ascertain how much has been spent on placements with specific hospitals over specific time-periods please request this information directly from SWYPFT as the CCG does not hold this information.  <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 964** | **Date Received: 8 January 2018** |
| **Request :**   1. Which NHS Clinical Commissioning Group/s (CCG) do you represent?    1. Name:    2. Postcode: 2. Please provide details of the Mental Health Commissioner (lead) for your CCG (the person responsible for commissioning adult ADHD services).    1. Name:    2. Email Address:    3. Phone Number:    4. Job Role: 3. Your details:    1. Name:    2. Email Address:    3. Phone Number:    4. Job Role: 4. Please indicate which NHS England region your CCG is part of:    1. London    2. Midlands and East of England    3. North of England    4. South of England 5. Does your CCG commission mental health services that treat/support people with ADHD aged 18 years and above?    1. Yes    2. No 6. Please provide details of the service/s (for as many services as you have)    1. Name:    2. Postcode:    3. Town:    4. Website:    5. This service is a part of (please indicate):       1. Adult Mental Health Services       2. Child and Adolescent Mental Health Services       3. A Specialist Mental Health Service       4. Other       5. Don't know    6. This service offers (please indicate):   Treatment (Medication)  Treatment (Other Intervention)  Assessment  Diagnosis  Other  Don’t know | |
| **Response :**   1. Which NHS Clinical Commissioning Group/s (CCG) do you represent?    1. Name: **NHS Barnsley CCC**    2. Postcode: **S75 2PY** 2. Please provide details of the Mental Health Commissioner (lead) for your CCG (the person responsible for commissioning adult ADHD services).    1. Name: **Patrick Otway**    2. Email Address: [p.otway@nhs.net](mailto:p.otway@nhs.net)    3. Phone Number: **01226 433627**    4. Job Role: **Head of Commissioning (Mental Health, Children's, Maternity and Specialised Services)** 3. Please indicate which NHS England region your CCG is part of:    1. London    2. Midlands and East of England    3. **North of England** – North England (Specifically Yorkshire and Humber)    4. South of England 4. Does your CCG commission mental health services that treat/support people with ADHD aged 18 years and above?    1. **Yes**    2. No 5. Please provide details of the service/s (for as many services as you have)    1. Name: **South and West Yorkshire Partnership NHS Foundation Trust**    2. Postcode: **WF1 5PN**    3. Town: **Wakefield (head office in Wakefield but the service is provided in Barnsley i.e. the clients do not travel to Wakefield)**    4. Website: [www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)    5. This service is a part of (please indicate):   **Adult Mental Health Services**  Child and Adolescent Mental Health Services  A Specialist Mental Health Service  Other  Don't know   * 1. This service offers (please indicate):  1. **Treatment (Medication)** 2. **Treatment (Other Intervention)** 3. **Assessment** 4. **Diagnosis** 5. Other 6. Don’t know | |

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| **FOI NO: 965** | **Date Received: 8 January 2018** |
| **Request :**  1.How much money did the CCG pay Partnerships in Care for private inpatient psychiatric treatment in each of the past 5 years? Please name the hospitals used and provide a breakdown of the amount paid to each individual hospital.    2.How many of the CCG’s NHS patients were treated as inpatients at psychiatric hospitals run by Partnerships in Care in each of the past 5 years? Please name the hospitals used and provide a breakdown of the number of patients treated at each individual hospital. | |
| **Response :**  Barnsley CCG only commissions NHS beds for general mental health in-patients. Specialist mental health placements, such as ‘locked rehab’ beds or medium and low secure beds are commissioned from Independent Hospitals, however, for Barnsley these are commissioned on the CCG’s behalf by our Mental Health Services provider South and West Yorkshire Partnership Foundation NSH Trust (SWYPFT) and /or NHS England, where appropriate. To ascertain how much has been spent on placements with specific hospitals over specific time-periods please request this information directly from SWYPFT as the CCG does not hold this information.  <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 966** | **Date Received: 10 January 2018** |
| **Request :**  - Any existing guidelines/pathways currently implemented within NHS Barnsley CCG, for the management of infant feeding complications, including paediatric cows' milk protein allergy and paediatric GOR/GORD.   - Current infant nutrition formulary choices resulting from the above guidance/pathway   - If such guidance is currently implemented, please can you provide the outlined date for the document review and the named authors of the aforementioned document | |
| **Response :**  Barnsley Clinical Commissioning Group does not hold this information.  Please re-direct your FOI to the Infant Feeding Team at Barnsley MBC.  <https://www.barnsley.gov.uk/services/information-and-privacy/freedom-of-information-requests/> | |

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| **FOI NO: 967** | **Date Received: 10 January 2018** |
| **Request :** | |
| **Response :**  Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 968** | **Date Received: 12 January 2018** |
| **Request :** | |
| **Response :**   |  |  |  | | --- | --- | --- | | 1. | What information (including any numbers) do you have regarding the prevalence of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders in your area for the year 2016/17? | Please refer to response below | | 2. | What challenges do you face to ensure sufficient funding is allocated to the management and treatment of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience. | Please refer to response below | | 3. | What protocols and pathways do you have in place for the treatment of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience. | Please refer to response below | | 4. | Can you share a copy of the treatment pathway for these patients? | Please refer to response below | | 5. | Do you have a nationally agreed tariff with your providers for the care of these patients, with particular reference to the years 2016/17 and 2017/18? | No | | 6. | Do you have a locally agreed tariff with your providers for the care of these patients, with reference to the years 2016/17 and 2017/18? | No | | 7. | How many patients did you plan to treat in the years 2016/17 and 2017/18 with Type 1 Diabetes?  How many did you actually treat in the year 2016/17? | Please refer to response below | | 8. | How many patients did you plan to treat in the years 2016/17 and 2017/18 with any variant of Eating Disorders? How many did you actually treat the year 2016/17? | Please refer to response below | | 9. | How many patients did you plan to treat in the years 2016/17 and 2017/18 with a co-morbidity of Type 1 Diabetes and any variant of Eating Disorders?  How many did you actually treat in the year 2016/17? | Please refer to response below | | 9. | What is the average cost of the treatment for an individual with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience. | Please refer to response below | | 10. | What future plans do you have to review the current pathways and treatment protocols in place for these patients? | Please refer to response below |   Eating Disorders  The Eating Disorder service is a mental health commissioned service for those people where an Eating Disorder has been the primary diagnosis, regardless of any existing co-morbidities. Clearly any co-morbidity would need to be considered within the treatment the patient undergoes. SWYPFT provide both the child and adult Eating Disorder services and clients may also be supported by SYEDA (South Yorkshire Eating Disorder Service).  The children’s Eating Disorder Service is commissioned collaboratively across the SWYPFT footprint of Barnsley, Wakefield, Calderdale and Greater Huddersfield via a hub and spoke model and achieves the nationally recommended access and waiting time targets. The adult service is provided by the Community Mental Health Team. The CCG does not receive data in relation to people accessing Eating Disorder services who also have other medical conditions / co-morbidities – for this level of information the query would need to be directed to the relevant mental health service in SWYPFT.  Diabetes  The Diabetes and Endocrinology Service at Barnsley Hospital NHS Foundation Trust, provides specialist services for patients, adults and children, with diabetes throughout Barnsley and surrounding areas. The department provides a range of hospital based diabetes services including dietetics and young adult clinics. The CCG does not receive data in relation to people accessing Diabetes services who also have an Eating Disorder – for this level of information the query would need to be directed to the Diabetes and Endocrinology Service at BHNFT, or the relevant mental health service in SWYPFT. | |

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| **FOI NO: 969** | **Date Received: 15 January 2018** |
| **Request :**  I am writing to find out who your Head of IT/ CCG IT Lead/ GP IT Lead is, or who is responsible for the Online Consultation Strategy and appointment reminders/ cancellation services and the best method of contacting them. Email Address and Direct Line if possible.  I would also like to know which EPR service or services the practices use if a mixed estate please list the main providers. | |
| **Response :**  In response to the FOI below the CCG’s head of IT is Tom Davidson (Director ICT, Barnsley District General Hospital NHS FT, tom.davidson3@nhs.net). The person responsible for GPIT is Catherine Wormstone (Senior Primary Care Commissioning Manager, catherine.wormstone@nhs.net ). Barnsley CCG will follow national guidance with respect to e consultation and has not yet identified a provider of these services in Barnsley. | |

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| **FOI NO: 970** | **Date Received: 15 January 2018** |
| **Request :**  Name (first and last) of the director responsible for the following areas, within the CCG and across the STP:  1. Children  2. End of Life  3. Maternity  4. Integration  5. Personalisation  6. Discharge from Acute  7. Community equipment  8. Wheelchairs  9. Continuing Healthcare | |
| **Response :**   |  |  |  | | --- | --- | --- | |  | Director | Clinical Lead | | 1. Children | Brigid Reid | Dr Mark Smith | | 1. End of Life | Brigid Reid | Dr Hussain Kadarsha | | 1. Maternity | Brigid Reid | Dr Madhavi Guntamukkala | | 1. Integration | Jeremy Budd | Dr Nick Balac | | 1. Personalisation | Brigid Reid | Dr Mehrban Ghani | | 1. Discharge from Acute | Brigid Reid | Dr Mehrban Ghani | | 1. Community equipment | Brigid Reid | Dr Mark Smith | | 1. Wheelchairs | Brigid Reid | Dr Mark Smith | | 1. Continuing Healthcare | Brigid Reid | Brigid Reid | | |

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| **FOI NO: 971** | **Date Received: 15 January 2018** |
| **Request :**  1. The total number of PHB patients the CCG currently has  2. The total number of patients with direct payments (current)  3. The average monthly budget for patients with direct payments 2017/18 (April- December)  4. The total spend on PHBs in 2016/17 and 2017/18 (April-December)  5. The Total spend on direct payments in 2016/17 and 2017/18 (April-December)  6. Does the CCG use a resource allocation tool to calculate/allocate budgets? If so, which one?  7. Is the CCG using any software to support management of PHBs, or commission software for PHB patients to use? If so, which one and when was this implemented? | |
| **Response :**   1. The total number of PHB patients the CCG currently has 46 2. The total number of patients with direct payments (current) 39 3. The average monthly budget for patients with direct payments 2017/18 (April-December)   The average budget is £3,553.64 per month per patient for Direct Payment care packages.   1. The total spend on PHBs in 2016/17 and 2017/18 (April-December)   The below actual and forecast figures include both notional and direct payments:  2016/17           £1,269,655.36 Actual cost  2017/18           £1,498539.40 Please note this is the forecast outturn for the full 12 months of 2017/18 based on current data.   1. The Total spend on direct payments in 2016/17 and 2017/18 (April-December)   2016/17           £1,153685.09 Actual cost  2017/18           £1,361662.87 Please note this is the forecast outturn for the full 12 months of 2017/18 based on current data.   1. Does the CCG use a resource allocation tool to calculate/allocate budgets? If so, which one?   The PHB service is commissioned from Barnsley Metropolitan Borough Council. Budgets are based on individual’s needs.   1. Is the CCG using any software to support management of PHBs, or commission software for PHB patients to use? If so, which one and when was this implemented?   Regards, The PHB service is commissioned from Barnsley Metropolitan Borough Council. | |

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| **FOI NO: 972** | **Date Received: 15 January 2018** |
| **Request :**  1. Number of active CHC patients (at the end of December)  2. Total spend on CHC care packages in 2016/17 and 2017/18 year to date  3. What software is currently utilised by the CHC team to manage:  a. assessments  b. care packages/placements  c. activity and financial reporting  d. invoicing  e.g. BroadCare, QA Plus, etc  4. Name of Head of CHC and CHC Finance Lead | |
| **Response :**   1. Number of active CHC patients (at the end of December) - 92 (this does not include Fast Track, FNC or JPoc’s) 2. Total spend on CHC care packages in 2016/17 and 2017/18 year to date - Total CHC spend for CHC adults for 2016/17 is £9,891k.   The year to date position for CHC adults to December 2017 is 7,243k  Please note:  The above CHC expenditure excludes cost for FNC and Continuing healthcare children.   1. What software is currently utilised by the CHC team to manage: Broadcare    1. assessments    2. care packages/placements    3. activity and financial reporting    4. invoicing e.g. BroadCare, QA Plus, etc 2. Name of Head of CHC and CHC Finance Lead  - Operational lead for CHC Sheena Moreton, Acting Chief Finance Officer Roxanna Naylor. | |

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| **FOI NO: 973** | **Date Received: 15 January 2018** |
| **Request :**  1.       The CCG’s planned spend on mental health services for 2017-18;  2.       The CCG’s planned spend as a proportion of overall allocation for 2017-18;  3.       Whether the CCG predicts it will achieve the mental health investment standard for 2017-18;  4. Mental health actual for 2015-16 and 2016-17 | |
| **Response :**  1.       The CCG’s planned spend on mental health services for 2017-18;   **£51,360,000**  2.       The CCG’s planned spend as a proportion of overall allocation for 2017-18;     **12.64%**  3.       Whether the CCG predicts it will achieve the mental health investment standard for 2017-18;    **Yes**  4.       Mental health actual for 2015-16 and 2016-17.  **2015/16 £45,584,000            2016/17  £47,054,000** | |

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| **FOI NO: 974** | **Date Received: 16 January 2018** |
| **Request :**  1/. Please let me know how many applications were received by the CCG, and/or the CCGs/PCTs it replaced, before the first deadline Sir David gave in that letter, ie 30/12/2012?  2/. Of those applications received, how many reached the stage of being processed by the CCG, and/or the CCGs/PCTs it replaced?  3/. Of those which reached the stage of being processed by the CCG, and/or the CCGs/PCTs it replaced, how many have so far resulted in a Decision Letter?  4/. Of those which have reached the stage of a Decision Letter, how many applications have been found not eligible for Continuing Healthcare Funding?  5/. Of those which have reached the stage of a Decision Letter, how many applications have been found not eligible for Continuing Healthcare Funding for reasons relating to original documents or records having been lost or destroyed? | |
| **Response :**  1/. Please let me know how many applications were received by the CCG, and/or the CCGs/PCTs it replaced, before the first deadline Sir David gave in that letter, ie 30/12/2012?        390    2/. Of those applications received, how many reached the stage of being processed by the CCG, and/or the CCGs/PCTs it replaced?            390    3/. Of those which reached the stage of being processed by the CCG, and/or the CCGs/PCTs it replaced, how many have so far resulted in a Decision Letter?        168    4/. Of those which have reached the stage of a Decision Letter, how many applications have been found not eligible for Continuing Healthcare Funding?        101    5/. Of those which have reached the stage of a Decision Letter, how many applications have been found not eligible for Continuing Healthcare Funding for reasons relating to original documents or records having been lost or destroyed?  Barnsley Clinical Commissioning Group does not hold this information | |

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| **FOI NO: 975** | **Date Received: 18 January 2018** |
| **Request :**  1. Do you commission a fracture liaison nurse, or fracture liaison services for your patients?  2. If not, who is responsible for this service within your CCG? | |
| **Response :**  Barnsley CCG does not commission a Fracture Liaison Nurse or Fracture Liaison Service.  Further information with regard to the Fracture Clinic and Services should be addressed to Barnsley Hospital NHS Foundation Trust. This can be emailed to: [barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk). | |

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| **FOI NO: 976** | **Date Received: 24 January 2018** |
| **Request :**  1. The number of people on your governing body/board  2. The number of voting members on your governing body/board  3. The number of GPs on your governing body/board  4. The number of GPs on your governing body/board who are voting members  5. The number of salaried GPs on your governing body/board  6. The number of locum GPs on your governing body/board  7. If there are no salaried or locum GPs on the governing body/board, any clauses in the  constitution that, in effect, bar locum and/or salaried GPs from the CCG governing  body/board  8. The number of salaried GPs who hold a clinical lead position  9. The number of locum GPs who hold a clinical lead position  10. The number of people on your Clinical Executive Committee  11. The number of GPs on your Clinical Executive Committee  12. The number of salaried and locum GPs on your Clinical Executive Committee  13. The number of locum GPs on your Clinical Executive Committee  14. If there are no salaried or locum GPs on the Clinical Executive Committee, any clauses in  the constitution that, in effect, bar locum and/or salaried GPs from the Clinical Executive  Committee | |
| **Response :**  1. The number of people on your governing body/board -  17 (currently 1 vacancy)  2. The number of voting members on your governing body/board – 17 (currently 1 vacancy)  3. The number of GPs on your governing body/board - 9  4. The number of GPs on your governing body/board who are voting members - 9  5. The number of salaried GPs on your governing body/board - 1  6. The number of locum GPs on your governing body/board - 0  7. If there are no salaried or locum GPs on the governing body/board, any clauses in the constitution that, in effect, bar locum and/or salaried GPs from the CCG governing body/board - No  8. The number of salaried GPs who hold a clinical lead position - 1  9. The number of locum GPs who hold a clinical lead position - 0  10. The number of people on your Clinical Executive Committee - N/A  11. The number of GPs on your Clinical Executive Committee - N/A  12. The number of salaried and locum GPs on your Clinical Executive Committee - N/A  13. The number of locum GPs on your Clinical Executive Committee - N/A  14. If there are no salaried or locum GPs on the Clinical Executive Committee, any clauses in the constitution that, in effect, bar locum and/or salaried GPs from the Clinical Executive Committee - N/A | |

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| **FOI NO: 977** | **Date Received: 25 January 2018** |
| **Request :**  1. Does your organisation have a Facebook Page(s)? If yes, what is/are the url(s) and when were they set up?  2. Does your organisation advertise or spend any money on Facebook? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2004?  3. Does your organisation have a Twitter Account? If yes, what is/are the url(s) and when were they set up?  4. Does your organisation advertise or spend any money on Twitter? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2006?  5. Does your organisation use Google G-Suite services (Google services) or does your organisation rely on google for any services (such as email hosting)? If yes, what are the services, when were they agreed and how much did they cost?  6. Does your organisation advertise or spend any money on Google? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since the payments first began? | |
| **Response :**   1. Does your organisation have a Facebook Page(s)? If yes, what is/are the url(s) and when were they set up?       Yes. facebook.com/nhsbarnsleyccg. Barnsley CCG inherited the Facebook page from Barnsley Primary Care Trust in April 2013 when the CCG formed and subsequently the account name changed, the Facebook account was originally set up for Barnsley PCT in 2009. 2. Does your organisation advertise or spend any money on Facebook? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2004?   Yes.  2016-2017: £128.9  2017-2018: £113.68   1. Does your organisation have a Twitter Account? If yes, what is/are the url(s) and when were they set up? Yes. @nhsbarnsleyccg. Barnsley CCG inherited the Twitter account from Barnsley Primary Care Trust in April 2013 when the CCG formed and subsequently the account name changed, the Twitter account was originally set up for Barnsley PCT in March 2009. 2. Does your organisation advertise or spend any money on Twitter? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2006?           No. 3. Does your organisation use Google G-Suite services (Google services) or does your organisation rely on google for any services (such as email hosting)? If yes, what are the services, when were they agreed and how much did they cost?                 No. 4. Does your organisation advertise or spend any money on Google? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since the payments first began?            No. | |

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| **FOI NO: 978** | **Date Received: 25 January 2018** |
| **Request :**   * Has the CCG accepted and processed any retrospective reviews or previously unassessed period of care in relation to Continuing Health Care for the period post March 2012. * If the answer to 1 is yes then what has the financial impact been to the CCG? | |
| **Response :**  The shared service started accepting post 2012 claims in August 2017.  Since this time we have received 13 cases and are looking at them to see if they fit the criteria for previously unassessed period that falls within our remit.  We hold no information on the financial impact on the CCG. | |

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| **FOI NO: 979** | **Date Received: 25 January 2018** |
| **Request :**   * How many requests have you received from people with diabetes to have the FreeStyle Libre glucose monitoring system prescribed since September 2017? * How many people have been successful in getting the FreeStyle Libre system prescribed since it was included on the NHS Drug Tariff in November 2017? * What are the criteria on which decisions about whether people are prescribed the FreeStyle Libre are made and who is responsible for making these criterion-based decisions? | |
| **Response :**   * How many requests have you received from people with diabetes to have the FreeStyle Libre glucose monitoring system prescribed since September 2017?   The CCG ( via its Medicines Management Team) has received two queries regarding the availability of Freestyle Libre from patients,  however requests may be being made directly to clinicians and this information is not available to the CCG.   * How many people have been successful in getting the FreeStyle Libre system prescribed since it was included on the NHS Drug Tariff in November 2017?   The CCG do not currently hold this information.  Some information would be available within Provider clinical systems where a supply was made outside of NHS Prescription. The  information on GP prescribing is publicly available as published on the NHS Digital website. November 17 data has just been published:-  <http://www.hscic.gov.uk/searchcatalogue>  <https://digital.nhs.uk/catalogue/PUB30206>   * What are the criteria on which decisions about whether people are prescribed the FreeStyle Libre are made and who is responsible for making these criterion-based decisions?   The Barnsley Area Prescribing Committee (BAPC), which is Committee representing all Barnsley hospital and primary care services, in November 2017 issued a position statement which recommends the following:  *•       The use of FreeStyle Libre® for all patients with type 1 and type 2 diabetes is not recommended.*  *•       FreeStyle Libre® has not been demonstrated to be cost-effective and in the absence of a positive recommendation from a full technology appraisal (TA), produced and published by the National Institute for Health and Care Excellence (NICE), is not recommended for routine funding in primary care.*  *•       This recommendation will be reviewed in the light of new evidence to support the cost effective use of FreeStyle Libre®.*  The Barnsley Area Prescribing Committee is trying to introduce guidelines so that the  “FreeStyle Libre® glucose monitoring device is safely prescribed across Barnsley , based on the NHS Regional Medicines Optimisations Committee guidelines, endorsed by the Northern (NHS) Treatment Advisory Group.  These guidelines are not yet finalised and the Committee is currently considering the FreeStyle Libre® device as an option in the following circumstances:  *People with Type 1 diabetes, aged four and above, attending specialist Type 1 care using multiple daily injections or insulin pump therapy, who have been assessed by the specialist clinician and deemed to meet one or more of the following:*  *1. Patients who undertake intensive monitoring >8 times daily 2. Those who meet the current NICE criteria for insulin pump therapy (HbA1c >8.5% (69.4mmol/mol) or disabling hypoglycemia as described in NICE TA151) where a successful trial of FreeStyle Libre® may avoid the need for pump therapy.*  *3. Those who have recently developed impaired awareness of hypoglycaemia. It is noted that for persistent hypoglycaemia unawareness, NICE recommend continuous glucose monitoring with alarms and Freestyle Libre does currently not have that function.*  *4. Frequent admissions (>2 per year) with DKA or hypoglycaemia.*  *5. Those who require third parties to carry out monitoring and where conventional blood testing is not possible ( to be defined locally)*  Guidelines such as these will allow Diabetes specialists across Barnsley to safely prescribe the devices where appropriate and assess the benefit to the patient. The guidelines would allow GPs in Primary Care  to prescribe the device for patients who have been stabilised and assessed by Diabetes specialist services after an agreed period of use.  The specialist diabetes service will be able to initiate and support patients after a process has been locally agreed and put in place, which we hopefully anticipate to be within the next few months. | |

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| **FOI NO: 980** | **Date Received: 29 January 2018** |
| **Request :**  1.       Director of Commissioning  2.       Planned Care Lead  3.       Head of Commissioning  4.       Contracts and Commissioning Manager  5.       Commissioning Manager  6.       Programme Manager – Planned Care Transformation  7.       Project Manager for Planned Care  8.       Acute Transformation Manager  9.       Senior commissioning manager | |
| **Response :**  Please could you give me the names and email address of the people that hold the following job titles within your CCG – The CCG does not have any people holding the following job titles.  1.       Director of Commissioning - Not applicable  2.       Planned Care Lead - Not applicable  3.       Head of Commissioning - Not applicable  4.       Contracts and Commissioning Manager - Not applicable  5.       Commissioning Manager - Not applicable  6.       Programme Manager – Planned Care Transformation - Not applicable  7.       Project Manager for Planned Care - Not applicable  8.       Acute Transformation Manager - Not applicable  9.       Senior commissioning manager - Not applicable | |

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| **FOI NO: 981** | **Date Received: 30 January 2018** |
| **Request :**  1.     The CCG’s anticipated bed usage reduction levels;  2.     Anticipated inpatient provision over the next two years, and where that will be provided;  3.     The data gathered on planned discharge dates for all patients.  Please note that I am not requesting any personal data relating to individual patients, but instead the statistical information collated in relation to anticipated discharge dates;  4.     The levels of investment proposed for alternative models of care, broken down into specific services;  5.     Confirmation of the providers that have been consulted regarding these proposals, and the content of their feedback; and  6.     Details as to the consultation which has taken place with patients, families and the general public, along with the responses received as part of that consultation. | |
| **Response :**   1. The CCG’s anticipated bed usage reduction levels;   Barnsley only block funds 1 bed – all others are spot purchased according to individual need – as such any reduction will be linked to planned discharges as detailed below.  2.     Anticipated inpatient provision over the next two years, and where that will be provided;  1 block contract with SWYPFT in the Horizon unit – all other beds would be spot purchased and dependant on patient needs.  3.     The data gathered on planned discharge dates for all patients.  Please note that I am not requesting any personal data relating to individual patients, but instead the statistical information collated in relation to anticipated discharge dates;  Estimated discharge dates:  Dec 18  Post Mar 19 x 3  Mar 18  4.     The levels of investment proposed for alternative models of care, broken down into specific services;  This data is not available currently and is linked to the wider TC plan.  There is no additional investment identified and investment will come through re-modelling of services and funds released through hospital discharge.  5.     Confirmation of the providers that have been consulted regarding these proposals, and the content of their feedback; and  The TC Partnership of which Barnsley is a part of has held a series of events with providers to both develop and review regional and local plans including a stocktake event planned for early March.  6.     Details as to the consultation which has taken place with patients, families and the general public, along with the responses received as part of that consultation.  As above a range of events have been held, additionally the TC plan has been shared with various local forums including the HWB and Adult Service User and Carer Board. | |

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| **FOI NO: 982** | **Date Received: 31 January 2018** |
| **Request :**  -Please can you provide the name of the group/committee that meets within the CCG to discuss which test/medicines are to be used within the CCG (e.g. the medicines management committee)  -Could you also please provide me with the name of the contact person of the above group/committee, their email address, postal address and telephone number.  -Could you also please tell me how frequently the group/committee meets and if it covers other CCGs | |
| **Response :**  -Please can you provide the name of the group/committee that meets within the CCG to discuss which test/medicines are to be used within the CCG (e.g. the medicines management committee)  Area Prescribing Committee  (APC)  -Could you also please provide me with the name of the contact person of the above group/committee, their email address, postal address and telephone number.  Chair of the Committee is Dr Mehrban Ghani, CCG Medical Director  Secretary to the Committee is Nicola Brazier, NHS Barnsley CCG, Hillder House , Barnsley S75 2PY - Telephone  (can be contacted via the Barnsley CCG medicines management office on 01226 433798). Email [nicola.brazier@nhs.net](mailto:nicola.brazier@nhs.net)  -Could you also please tell me how frequently the group/committee meets and if it covers other CCGs  Monthly and represents the Barnsley locality (all Providers across the Barnsley locality) | |