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| **FREEDOM OF INFORMATION REQUESTS October 2017** |

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| **FOI NO: 889** | **Date Received: 2 October 2017** |
| **Request :**Information Technologya.       IM&T, IS, ICT Strategy 2016 (Not Clinical Strategy)b.       IM&T, IS, ICT Business/Departmental Plan 2017/18- Update/Versionc.       IM&T, IS, ICT  Department Org Chart For the documents I have requested above I require the most recent 2018 version/update. If there’re documents that have not yet been published, then please provide me with the relevant date of when these documents will be available.Please do not send us documents that are out of date even if the document state 2012-2018 I require the updated 2018 version. This is the most critical part of this project is that we gain the most recent version of the documents. |
| **Response :**1. IM&T, IS, ICT Strategy 2016 (Not Clinical Strategy) –  Please see link below

<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Barnsley%20Digital%20Roadmap.pdf>B. IM&T, IS, ICT Business/Departmental Plan 2017/18- Update/Version – the CCG does not have an IM&T Department as IT support is provided by the sMBED Healthcare Consortium under contract.C. IM&T, IS, ICT  Department Org Chart – the CCG does not have an IM&T Department as IT support is provided by the sMBED Healthcare Consortium under contract. Within the CCH the Chief Officer has overall responsibility for IT Strategy supported by the Head of Governance & Assurance (Corporate IT) and the Senior Primary Care Commissioning Manager (GPIT). |

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| **FOI NO: 890** | **Date Received: 2 October 2017** |
| **Request :**Can I be forwarded the minutes of meetings from the tendering exercise process organised by Barnsley CCG relating specifically to the organisation of training of GP Registrars?Can I be provided with a copy of that part of the contract subsequently awarded that relates specifically to the training of GP Registrars?Can I be provided with that part of the contract that stipulates the steps to be taken by the CCG if the OOH provider is in breach of their obligation to train GP Registrars? |
| **Response :**Can I be forwarded the minutes of meetings from the tendering exercise process organised by Barnsley CCG relating specifically to the organisation of training of GP Registrars? There was no meeting which took place as part of the tendering exercise relating specifically to training of GP registrars.Can I be provided with a copy of that part of the contract subsequently awarded that relates specifically to the training of GP Registrars?  The specification and contract does not currently include anything specific to training of GP registrars.Can I be provided with that part of the contract that stipulates the steps to be taken by the CCG if the OOH provider is in breach of their obligation to train GP Registrars? Not applicable based upon the above. |

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| **FOI NO: 891** | **Date Received: 10 October 2017** |
| **Request :**  |
| **Response :**1. After considering your request, the CCG feels that for requests of this type there are grounds to withhold the information under Section 43(1) and 43(2) of the "guide to freedom of information" \* ,  as the CCG Medicines Management Team feel that disclosure of the detail of the Rebate agreement may cause the company offering to withdraw the agreement by the CCG contravening the terms of the agreement in sharing the information. It may also make it less likely that the CCG would be offered financial support by the same or other companies in the future, therefore prejudicing its commercial interests.The one rebate agreement which we have entered into from the list of products the FOI refers to is for Spiolto (tiotropium and olodaterol) which is marketed by Boehringer Ingelheim. This agreement has been endorsed by the PresQIPP organisation as suitable in quality for CCG’s to sign up to. You may wish to approach PresQIPP for general information about the general terms of the Spiolto agreement. I ve included a link to their website and contact address below.<https://www.prescqipp.info/>PrescQIPP C.I.C ℅ The Accounting Crew, 85 Tottenham Court Road, W1T 4TQ.  2. After considering your request, the CCG feels that for requests of this type there are grounds to withhold the information under Section 43(1) and 43(2) of the "guide to freedom of information" \* ,  as the CCG Medicines Management Team feel that disclosure of the communications requested would disclose the detail of the rebate agreement entered into, as per response to Q2 above.  \*  <https://ico.org.uk/for-organisations/guide-to-freedom-of-information/> 3. The CCG has not sent any information or requests to GP practices comprised within the Barnsley CCG since it signed up to for Spiolto (tiotropium and olodaterol) rebate agreement with respect to COPD Medicines schemes which recommend the  prescribing of Spiolto over any other equivalent products. |

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| **FOI NO: 892** | **Date Received: 11 October 2017** |
| **Request :**1. Since the creation of CCGs in 2013 **following the Health and Social Care Act in 2012, has the** NHS Barnsley CCG **merged with any other CCGs?**
2. Does the organisation use an external provider for VAT advisory services? If so please state the name of the organisation used? (E.g. Ernst Young, Berthold Bauer, Liaison, CRS, KPMG, RSM etc.)?
	1. Please state the contract start and end date or review period.
	2. Please confirm the total value of VAT recovered by the provider in 2016/17
	3. Please state the total amount spent by the organisation for these services in 2016/17
3. Did the organisation use an external provider to re-review VAT recovered in the last financial year (16/17)? If so please state the name of the company used.
4. Please state the total number of Accounts Payable invoices processed by the organisation in the last financial year (16/17)
5. Please state the total value of Accounts Payable invoices in the last financial year (16/17)
6. Which Finance system is used by NHS Barnsley CCG (Oracle, Agresso, Sage, E-Financial, SAP etc.)
7. How many active suppliers are currently on the Supplier Masterfile
8. How many inactive suppliers are currently on the Supplier Masterfile
9. Is 3rd party pre-payment software utilised by NHS Barnsley CCG to prevent invoice payment errors from occurring?
	1. If so, please provide contract period
10. Since 2013, please state the name(s) of all external organisation(s) used to review AP and identify and recover erroneous payments, and the period(s) reviewed by each.
	1. Please state the total value of moneys recovered by each provider in the period(s) reviewed.
	2. Please state the total amount paid to any external parties/ total cost to of utilising these services, for this review work.
11. Do you use any external provider to ensure invoices correlate to the contract charges i.e. checking volume discounts have been applied (please state name)?
	1. What % fee or rates does the trust pay for this service?
12. What is annual spend on agency staff during the last financial year – broken down by staffing category?
13. How many contracts are currently active at the CCG?
14. What internal controls does NHS Barnsley CCG have to prevent payment errors occurring (3 way matching, no PO no PAY, invoice scanning etc.)
15. Please provide a current CCG contact list/organisations structure for finance & procurement departments
16. Does NHS Barnsley CCG conduct supplier statement reconciliation exercises on any suppliers?
	1. If so, what selection criteria is adhered to?
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| **Response :**1. Since the creation of CCGs in 2013 **following the Health and Social Care Act in 2012, has the** NHS Barnsley CCG **merged with any other CCGs? No**
2. Does the organisation use an external provider for VAT advisory services? If so please state the name of the organisation used? (E.g. Ernst Young, Berthold Bauer, Liaison, CRS, KPMG, RSM etc.)? Liaison
	1. Please state the contract start and end date or review period.  – No contract
	2. Please confirm the total value of VAT recovered by the provider in 2016/17 - £19,704 vat reclaimed
	3. Please state the total amount spent by the organisation for these services in 2016/17 – Commercially sensitive – attached invoices excludes disclosure
3. Did the organisation use an external provider to re-review VAT recovered in the last financial year (16/17)? If so please state the name of the company used. - No
4. Please state the total number of Accounts Payable invoices processed by the organisation in the last financial year (16/17) - 15,538
5. Please state the total value of Accounts Payable invoices in the last financial year (16/17) - £311,975,391
6. Which Finance system is used by NHS Barnsley CCG (Oracle, Agresso, Sage, E-Financial, SAP etc.) - Oracle
7. How many active suppliers are currently on the Supplier Masterfile - 1993
8. How many inactive suppliers are currently on the Supplier Masterfile - 240
9. Is 3rd party pre-payment software utilised by NHS Barnsley CCG to prevent invoice payment errors from occurring? - No
	1. If so, please provide contract period
10. Since 2013, please state the name(s) of all external organisation(s) used to review AP and identify and recover erroneous payments, and the period(s) reviewed by each. – None directly but Cabinet Office: National Fraud Initiative (NFI) , NHS Shared Business Service oracle software and Shared finance service with Rotherham CCG used to try and prevent erroneous payments.
	1. Please state the total value of moneys recovered by each provider in the period(s) reviewed. NFI 14/15 Nil , NFI 16/17 £2,012, NHS SBS and Rotherham CCG shared service values unknown as these are management account functions used on a daily basis.
	2. Please state the total amount paid to any external parties/ total cost to of utilising these services, for this review work.  NFI 14/15 £1,000, NFI 16/17 £1,000
11. Do you use any external provider to ensure invoices correlate to the contract charges i.e. checking volume discounts have been applied (please state name)? - No
	1. What % fee or rates does the trust pay for this service?
12. What is annual spend on agency staff during the last financial year – broken down by staffing category?

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| Contract & Agency-Agency A & C |  |  |  |   100,603.35  |
| Contract & Agency-Agency Nursing |  |  |  |     82,697.30  |
| Contract & Agency-Agency Pharmacy |  |  |  |   202,843.13  |
| Contract & Agency-Agency Spec Contr |  |  |  |   194,516.80  |

1. How many contracts are currently active at the CCG? One
2. What internal controls does NHS Barnsley CCG have to prevent payment errors occurring (3 way matching, no PO no PAY, invoice scanning etc.) Invoice Scanning, PO for some invoices, Oracle Software duplication checks for invoice number.
3. Please provide a current CCG contact list/organisations structure for finance & procurement departments - See contact us on <http://www.barnsleyccg.nhs.uk/about-us/contact-us.htm> , structure attached
4. Does NHS Barnsley CCG conduct supplier statement reconciliation exercises on any suppliers? Yes on supplier statements received, then major NHS and Government providers as part of the NHS Agreement of Balance process at mth 9 and Mth 12.

            If so, what selection criteria is adhered to? Only statement that are received directly. |

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| **FOI NO: 893** | **Date Received: 11 October 2017** |
| **Request :**1. Since March 31, 2015, have any changes been made to your CCG's funding criteria/patient eligibility for providing NHS Continuing Healthcare? Or were any restrictions introduced on Continuing Healthcare funding? - Please provide a breakdown of exactly what the changes were and when they were implemented.2. Are any changes to NHS Continuing Healthcare funding criteria/patient eligibility currently planned? |
| **Response :**1. Since March 31, 2015, have any changes been made to your CCG's funding criteria/patient eligibility for providing NHS Continuing Healthcare? **No**Or were any restrictions introduced on Continuing Healthcare funding?  **No**- Please provide a breakdown of exactly what the changes were and when they were implemented. 2. Are any changes to NHS Continuing Healthcare funding criteria/patient eligibility currently planned? **No** |

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| **FOI NO: 894** | **Date Received: 11 October 2017** |
| **Request :**During the financial years 2015-16, 2016-17 and in the first six months of 2017-18:* How many patients were assessed for NHS Continuing Healthcare in your CCG area?
* How many patients were a) granted and b) refused funding for Continuing Healthcare?
* How many appeals were lodged with your CCG against Continuing Healthcare decisions?
* How many times were Continuing Healthcare decisions by your CCG subject to NHS England independent review?
* How many times were refusals of Continuing Healthcare funding overturned at independent review?
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| **Response :*** How many patients were assessed for NHS Continuing Healthcare in your CCG area?

2015/16 – 4402016/17 - 426             2017 (first 6 months) - 158* How many patients were a) granted and b) refused funding for Continuing Healthcare?

2015/16 – A) 8 B) 0 refused, however we do have people who do not meet the criteria for CHC2016/17 – A) 3 B) 0 refused, however we do have people who do not meet the criteria for CHC2017 (first 6 months) A) 19 B) 0 refused, however we do have people who do not meet the criteria for CHC* How many appeals were lodged with your CCG against Continuing Healthcare decisions?

2015/16 =  182016/17 = 112017 to 30/10/2017 = 1* How many times were Continuing Healthcare decisions by your CCG subject to NHS England independent review?

2015/16 = 22016/17 = 42017 to 24/10/2017 = 1* How many times were refusals of Continuing Healthcare funding overturned at independent review?

2015/16 = 12016/17 =  22017 to 24/10/2017 = 0 |

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| **FOI NO: 895** | **Date Received: 12 October 2017** |
| **Request :**1.)    Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices?2.)    Does this service involve payments for the administration of the following LHRHA’s please indicate which?                                                               i.      Zoladex (Goserelin)                                                             ii.      Prostap (Leuprorelin)                                                           iii.      Decapeptyl (Triptorelin)3.)    What is the frequency of payment?4.)    What is the payment amount?5.)    Does the service include other factors such as:         PSA         symptom questionnaires         patient review follow ups6.)    Is there a specific payment for this? |
| **Response :**1.)    Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices? **Barnsley CCG does not have any enhanced services relating to prostate cancers and/or LHRHa.**2.)    Does this service involve payments for the administration of the following LHRHA’s please indicate which?                                                               i.      Zoladex (Goserelin)                                                             ii.      Prostap (Leuprorelin)                                                           iii.      Decapeptyl (Triptorelin) **N/A**3.)    What is the frequency of payment? **N/A**4.)    What is the payment amount? **N/A**5.)    Does the service include other factors such as:         PSA         symptom questionnaires         patient review follow ups **N/A**6.)    Is there a specific payment for this? **N/A** |

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| **FOI NO: 896** | **Date Received: 16 October 2017** |
| **Request :**1.       In your area, how many people with possible autism who were referred for a diagnostic assessment had the assessment started within 3 months of their referral? Please provide this information as a number and as a percentage.  2.       What was a) the median and b) the longest wait for the start of the diagnostic assessment?  3.       Out of those who received a diagnosis of an autistic spectrum condition in 2016-17, what was the median time from referral to final diagnosis? 4.       Out of those who received a diagnosis of an autistic spectrum condition in 2016-17, what was the longest time from referral to final diagnosis?  5.       How many people were referred for an assessment in the year 2016/17, but have not yet received a diagnosis as of 1 October 2017? Please provide this information as a number and as a percentage. 6.       As of October 2017, what is the current waiting time from referral to the start of the diagnostic assessment?  7. As of October 2017, what is the expected waiting time from referral to a final diagnosis of autism? |
| **Response :**1. In your area, how many people with possible autism who were referred for a diagnostic assessment had the assessment started within 3 months of their referral? Please provide this information as a number and as a percentage.

Unless required urgently 0 people would commence assessment within 3 months of their referral – applies to both adults and children.1. What was a) the median and b) the longest wait for the start of the diagnostic assessment? This would need to be obtained from SWYPFT at customer.servicesSWYT@nhs.net as the CCG does not have access to this data.
2. Out of those who received a diagnosis of an autistic spectrum condition in 2016-17, what was the median time from referral to final diagnosis? This would need to be obtained from SWYPFT at customer.servicesSWYT@nhs.net as the CCG does not have access to this data.

 1. Out of those who received a diagnosis of an autistic spectrum condition in 2016-17, what was the longest time from referral to final diagnosis? As per Q3

 1. How many people were referred for an assessment in the year 2016/17, but have not yet received a diagnosis as of 1 October 2017? Please provide this information as a number and as a percentage. This would need to be obtained from SWYPFT at customer.servicesSWYT@nhs.net as the CCG does not have access to this data.
2. As of October 2017, what is the current waiting time from referral to the start of the diagnostic assessment?

            Adults – commissioned capacity has already been reached – non-urgent referrals will not be seen before April 2018            Children: Under 5’s – average waiting time 9 months                            Over 5’s – average waiting time is 23 months1. As of October 2017, what is the expected waiting time from referral to a final diagnosis of autism? As per Q3
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| **FOI NO: 897** | **Date Received: 16 October 2017** |
| **Request :**Could you please provide contact details for partners and practice managers for GP practices covered by NHS Barnsley CCG.

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| GOLDTHORPE GREEN SURGERY |
| HIGHGATE SURGERY (HILL BROW PARTNERSHIP) |
| CAXTON HOUSE SURGERY |
| NHS BARNSLEY HEALTH CENTRE |
| BRAMPTON HEALTH CENTRE PRACTICE |
| PARK STREET PRACTICE |
| MONK BRETTON HEALTH CENTRE PRACTICE |
| HBP SURGERY LUNDWOOD |
| GALTEE MORE PRACTICE |
| GREAT HOUGHTON PRACTICE |
| GOLDTHORPE FIRST PMS PRACTICE |
| HEALTH HORIZONS PMS PRACTICE |
| DARTON HEALTH CENTRE PRACTICE |
| COPE STREET SURGERY |
| PARK GROVE MEDICAL CENTRE |
| KINGSWELL SURGERY PMS PRACTICE |
| FIRST DUKE STREET HEALTH CENTRE PRACTICE |
| FURLONG ROAD SURGERY |
| HOLLYGREEN PRACTICE |
| BRIERLEY MEDICAL CENTRE |
| DEARNE VALLEY GROUP PRACTICE |
| ROTHERHAM ROAD MED CENTRE PMS |
| GOLDTHORPE MEDICAL CENTRE PMS PRACTICE |
| HOYLAND MEDICAL PRACTICE |
| DR S MITRA & PARTNERS |
| DODWORTH ROAD SURGERY |
| ST GEORGE'S MEDICAL CENTRE PMS PRACTICE |
| DR SH MOHAMMED ISMAIL KADAR SHA & PRTNRS |
| THE KAKOTY PRACTICE |
| GRIMETHORPE SURGERY |
| HIGH STREET PRACTICE |
| THE DOVE VALLEY PRACTICE |
| APOLLO COURT MEDICAL CENTRE |
| LUNDWOOD MEDICAL CENTRE PMS PRACTICE |
| WOMBWELL PMS PRACTICE |
| PARK GROVE SURGERY |
| VICTORIA MEDICAL CENTRE PMS PRACTICE |
| ROYSTON GROUP PRACTICE |
| THE ROSE TREE PMS PRACTICE |
| WOMBWELL MEDICAL CENTRE PRACTICE |
| ASHVILLE MEDICAL CENTRE PMS PRACTICE |
| HUDDERSFIELD ROAD SURGERY |
| HILL BROW SURGERY PMS PRACTICE |
| WOODGROVE SURGERY PMS PRACTICE |
| HOYLAND FIRST PMS PRACTICE |
| PENISTONE GROUP PMS PRACTICE |

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| **Response :**The list of Barnsley GP practices within your email request is out of date, with some of the practices closing, merging or changing name. Please see below a link to NHS Choices which details all of the current practices in Barnsley and their contact details.<http://www.nhs.uk/service-search/GP/Barnsley/Results/4/-1.48/53.553/4/1171?distance=25>Barnsley CCG does not hold a list of direct contact information for GP Partners and Practice Managers. |

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| **FOI NO: 898** | **Date Received: 17 October 2017**  |
| **Request :**1. Do you have a fee for standard residential placements and if so what is your current standard residential weekly fee?
2. If you also have non-standard residential fees, what defines them as being non-standard placements?
3. What percentage increase has been awarded to both standard and non-standard residential care placements?
4. If non-standard residential placements have not increased in value, what are your grounds for not doing so?
5. What are your client numbers in residential care, split by standard and non-standard placement?
6. What percentage of your client base in residential care is deemed to be out of County, please reply splitting the percentage in standard and non-standard placements?
7. What is your gross budget for residential care at the start of each of those financial years and what percentage is allocated to non-standard placements?
8. Do you use the IESE care fund calculator to aid fee negotiation? Yes/No
9. Out of the LD services you commission, how many providers do you consult with (both as a number and as a % total) in relation to your annual fee setting.
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| **Response :**1. Do you have a fee for standard residential placements and if so what is your current standard residential weekly fee?

            2015/16 – £385.16            2016/17 - £410.01            2017/18 - £416.56 (standard residential fee for all client groups 1. If you also have non-standard residential fees, what defines them as being non-standard placements?

            Have a range of spot purchased fees, defined as anything over rates above. 1. What percentage increase has been awarded to both standard and non-standard residential care placements?

            3.86% for standard residential and nursing.            Spot contracts negotiated provider to provider. 1. If non-standard residential placements have not increased in value, what are your grounds for not doing so?

            Uplift applied unless CFC used to determine fee within this financial year. 5.    What are your client numbers in residential care, split by standard and non-standard placement? ALL NON STANDARD PLACEMENTS            2015/16         x 4 patients            2016/17         x 5 patients            2017-date      x 6 patients  6.    What percentage of your client base in residential care is deemed to be out of County, please reply splitting the percentage in standard and non-standard placements? ALL NON STANDARD PLACEMENTS. 13.3% out of Barnsley (we note out of Barnsley which could still be in the County of South Yorkshire and Bassetlaw) 1. What is your gross budget for residential care at the start of each of those financial years and what percentage is allocated to non-standard placements? The learning disability budget is not broken down to residential/non-standard placement levels.

 1. Do you use the IESE care fund calculator to aid fee negotiation? Yes/No

Yes 1. Out of the LD services you commission, how many providers do you consult with (both as a number and as a % total) in relation to your annual fee setting.

            Varies according to process undertaken.            Fee review for 18/19 currently being initiated by Commissioners. |

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| **FOI NO: 899** | **Date Received: 17 October 2017** |
| **Request :****1. Names of all assessment centres to which adults in the CCG are referred for autism diagnostic assessments.**Firstly, I would like the names of all centres to which adult patients under this CCG are referred for NHS assessment and diagnosis of autism (including both autism with intellectual disability and “high functioning” autism or Asperger Syndrome). **2. Number of patients of each gender who were referred to each centre for an autism assessment.**Secondly, I am specifically interested in the number of women and the number of men who were referred to each diagnostic centre. However, if there are any additional patients who identify as intersex, non-binary gender or non-recorded gender, I would also like this information. **3. Number of patients of each gender who received a diagnosis of any form of autism or autism spectrum disorder from each centre.**Finally, I would like to know how many patients of each gender were diagnosed with any autism spectrum condition. If information about sub-categories is available (e.g. how many men and women were diagnosed with Asperger’s as opposed to other autism spectrum conditions) this would be useful but is not required. |
| **Response :**In 2016-17 the Autism service received 70 referrals and in the same period 3 were assessed with an autism diagnosis. In 2017-18 (April – August) the Autism service received 28 referrals and in the same period 0 were assessed with an autism diagnosis.Unfortunately the CCG does not have this information split by gender or the other information requested. However, our main Provider is South West Yorkshire Partnership Foundation Trust at customer.services@swyt.nhs.uk and they should be able to answer with the required level of detail. |

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| **FOI NO: 890** | **Date Received: 18 October 2017** |
| **Request :****1.** a.     What activities has your CCG undertaken to promote cervical screening and increase uptake over the last year (August 2016 - August 2017)?(We are looking for an outline of any activities that the CCG has been involved in or led, for example, mapping the area using PHE data to target resources in increasing uptake among certain groups; using PHE’s interactive screening coverage tool to investigate screening coverage for their practices; working directly with GP surgeries to raise awareness of screening; and using quality schemes, such as locally enhanced services, to improve screening coverage.  We do not need any documentation, but would be grateful for as high level of detail as you are able to give). b.    What were the outcomes of those activities? For example, greater awareness, increased screening coverage.c.     Have local targets been set to improve cervical screening level?                                      i.        Yes / no                                     ii.        If yes, please give details d.    Does your CCG have a budget to encourage uptake of cervical screening?                                      i.        Yes / no                                     ii.        If yes, please give details**2.** a.     Are you aware of the report published by Jo’s Cervical Cancer Trust in January 2017, ‘Cervical Screening in the Spotlight: an audit of activities undertaken by local authorities and clinical commissioning groups to increase cervical screening coverage in England’?                                          i.    Yes / Nob.    If yes, have any additional activities to improve cervical screening coverage been undertaken or planned as a result of the ‘Cervical Screening in the Spotlight’ report?                                          i.    Yes / NoIf yes, can you outline what?**3.** Has your team accessed [cervical screening programme coverage statistics (management information) in the GP data hub](file:///%5C%5CVMFSSRV01%5CJOS_TRUST_DATA%24%5CJo%27s%20Trust%5CPublic%20Affairs%5CPolicy%5CFOIs%20to%20CCGs%20and%20LAs%5Co%09https%3A%5Cwww.digital.nhs.uk%5Carticle%5C7035%5CCervical-Screening-Programme-Coverage-Statistics-Management-Information-in-the-GP-data-hub) on NHS digital                                      i.        Yes – if so, how have they used them?                                     ii.        No – why not? |
| **Response :****1.** a.   What activities has your CCG undertaken to promote cervical screening and increase uptake over the last year (August 2016 - August 2017)?(We are looking for an outline of any activities that the CCG has been involved in or led, for example, mapping the area using PHE data to target resources in increasing uptake among certain groups; using PHE’s interactive screening coverage tool to investigate screening coverage for their practices; working directly with GP surgeries to raise awareness of screening; and using quality schemes, such as locally enhanced services, to improve screening coverage.  We do not need any documentation, but would be grateful for as high level of detail as you are able to give). **Barnsley CCG undertook a piece of work between the CCG, GP practices and PHE to look at the uptake of patients with Learning Disabilities in accessing cervical screening. The CCG developed a baseline and worked with practices to identify how cervical screening was promoted to this patient group.**  b.  What were the outcomes of those activities? For example, greater awareness, increased screening coverage.**There is a CCG cervical screening group who monitors this information and supports practices who are outliers.** c.     Have local targets been set to improve cervical screening level?  **No**                                      i.        Yes / no                                     ii.        If yes, please give details d.    Does your CCG have a budget to encourage uptake of cervical screening?   **No**                                      i.        Yes / no                                     ii.        If yes, please give details**2.** a.     Are you aware of the report published by Jo’s Cervical Cancer Trust in January 2017, ‘Cervical Screening in the Spotlight: an audit of activities undertaken by local authorities and clinical commissioning groups to increase cervical screening coverage in England’?   **No**                                          i.    Yes / No b.    If yes, have any additional activities to improve cervical screening coverage been undertaken or planned as a result of the ‘Cervical Screening in the Spotlight’ report?    **No**                                               i.    Yes / NoIf yes, can you outline what?**3.** Has your team accessed [cervical screening programme coverage statistics (management information) in the GP data hub](file:///%5C%5CVMFSSRV01%5CJOS_TRUST_DATA%24%5CJo%27s%20Trust%5CPublic%20Affairs%5CPolicy%5CFOIs%20to%20CCGs%20and%20LAs%5Co%09https%3A%5Cwww.digital.nhs.uk%5Carticle%5C7035%5CCervical-Screening-Programme-Coverage-Statistics-Management-Information-in-the-GP-data-hub) on NHS digital                                      i.        Yes – if so, how have they used them?                                     ii.        No – why not? **Statistics are provided to the CCG via PHE.** |

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| **FOI NO: 901** | **Date Received: 20 October 2017** |
| **Request :**Please find the details of my request below:1. What is the total number of APMS contracts held by Barnsley CCG?2. What is the Date of renewal against each APMS contract?3. When will tender processes begin for each APMS contract?4. What is the value and value calculation for any APMS contract?5. Are you partnered with a GP federation. If you are I request the following details of the GP Federation.Address Web address Contact TelephoneContact EmailNumber of active members (GP Practices)Number of patients representedBoard members names and contact details if available |
| **Response :**1. What is the total number of APMS contracts held by Barnsley CCG? – Barnsley CCG commission services via 4 APMS contracts.

Three APMS contracts are held by Barnsley Healthcare Federation (BHF) CIC as listed below:* Brierley Medical Centre
* BHF Lundwood Surgery (Priory Campus)
* BHF Highgate Surgery (Shafton)

The remaining other APMS contract is held by The Grove Medical Centre as listed below:* Lakeside Surgery (The Goldthorpe Centre)
1. What is the Date of renewal against each APMS contract?
* Brierley Medical Centre                5 year contract:   1 December 2015 -  30 November 2020
* BHF Lundwood Surgery                 15 year contract: 1 April 2016 – 31 March 2031 (break clauses after each                                                         5 year term)
* BHF Highgate Surgery                    15 year contract: 1 April 2016 – 31 March 2031 (break clauses after each                                                            5 year term)
* Lakeside Surgery                              10 year contract: 8 November 2014 – 7 November 2024 (option to                                               extend by 5 years)
1. When will tender processes begin for each APMS contract?
* Brierley Medical Centre                - the tender process will begin in March 2020 at the earliest
* Lundwood Surgery                          - the tender process will begin in July 2020 at the earliest
* Highgate Surgery                             - the tender process will begin in July 2020 at the earliest
* Lakeside Surgery                              - the tender process will begin in February 2024 at the earliest
1. What is the value and value calculation for any APMS contract?

The APMS contract calculation is nationally agreed. For further information and a breakdown of the APMS contract please see <https://www.england.nhs.uk/wp-content/uploads/2017/03/apms-pms-contract-changes-17-18-v0.5.pdf>1. Are you partnered with a GP federation.

Barnsley CCG is NOT partnered with a GP Federation however the CCG does commission services provided by Barnsley Healthcare Federation (BHF) CIC .  28 of the CCG’s member practices are currently members of Barnsley Healthcare Federation (BHF) CICIf you are I request the following details of the GP Federation. All the following information can be found on the Barnsley Healthcare Federation website                [www.barnsleyhealhtcarefederation.co.uk](http://www.barnsleyhealhtcarefederation.co.uk) |

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| **FOI NO: 902** | **Date Received: 20 October 2017** |
| **Request :**Barnsley CCG has noted that they have entered in to a rebate agreement with Aymes (medical nutrition) commencing 2/4/17. Please provide further details about this agreement – is it linked to volume or spend or both? if so what are the details of these. What discount has been offered? What term does this agreement last over? |
| **Response :**After considering your request, the CCG feels that for requests of this type there are grounds to withhold the information under Section 43(1) and 43(2) of the "guide to freedom of information" \* ,  as the CCG Medicines Management Team feel that disclosure of the detail of the Rebate agreement may cause the company offering to withdraw the agreement by the CCG contravening the terms of the agreement in sharing the information. It may also make it less likely that the CCG would be offered financial support by the same or other companies in the future, therefore prejudicing its commercial interests.The rebate agreement which we have entered into has been endorsed by the PresQIPP organisation as suitable in quality for CCG’s to sign up to. You may wish to approach PresQIPP for general information about the general terms of the Aymes rebate agreement. Ive included a link to their website and contact address below. |

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| **FOI NO: 903** | **Date Received: 24 October 2017** |
| **Request :****-** How many allegations of a) sexual assault and b) sexual harassment has your organisation received against staff members in each of the past four years? - In how many of the cases were any of the alleged victims aged 18 or under at the time of the alleged offence?- In how many of the cases were any of the alleged victims current or former patients?- For each case, did it lead to i) internal disciplinary proceedings, ii) external disciplinary proceedings (i.e. through a regulator) and/or iii) a financial settlement.- For each case, please provide a broad description of the allegations involved, including the number of alleged victims / alleged perpetrators; their age (within a 10-year band); the date of the alleged offence and whether the alleged perpetrator occupied a managerial position.- For each case, please list the gender of the alleged perpetrator and the alleged victim. Alternatively, provide totals for the genders of the alleged perpetrators and alleged victims across all of your cases.- For each case which was dealt with by disciplinary proceedings, how many alleged offenders were i) fired; ii) suspended, iii) received written or verbal warnings. - Please provide the value of any financial settlement in each case.- Did any settlements (financial or otherwise) include clauses placing any restriction on the ability of the alleged victim to discuss the events involved or the institution? If so, how many? |
| **Response :**Barnsley CCG has received no sexual assault or sexual harassment claims against staff members over the last four years. |

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| **FOI NO: 904** | **Date Received: 25 October 2017** |
| **Request :** 1. Does your CCG commission services for chronic migraine? YES/NO
2. If your CCG does commission chronic migraine services who are the providers commissioned to provide these services?
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| **Response :**Barnsley CCG does not commission a chronic migraine service specifically, but commissions a Chronic Pain Management service from InHealth Pain Management Solutions. Chronic migraines are a condition which would be treated within the Chronic Pain Management Service.  |

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| **FOI NO: 905** | **Date Received: 26 October 2017** |
| **Request :**Current interpreting supplier for BSL and Face to Face interpretersWhen this contract ends and where you will advertise the new requirementAnnual spend on these services |
| **Response :**Barnsley CCG does not hold an agreement for interpreting services.  South West Yorkshire Partnership provide this on our behalf.  Please re-direct your FOI to <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> |

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| **FOI NO: 906** | **Date Received: 27 October 2017** |
| **Request :*** 1. For each of these 20 occasions please state (i) what the money was spent on and (ii) how much money was spent on it and (iii) what was the outcome the patient was working towards as a result of this spend?

 NOTE: If you deal with FoI requests for more than one CCG please answer the questions separately for each CCG.* 1. How many PHBs for individual patients were in operation in the 2016/17 financial year and what was the total cost of them?
 |
| **Response :**1. For each of these 20 occasions please state (i) what the money was spent on and (ii) how much money was spent on it and (iii) what was the outcome the patient was working towards as a result of this spend?

**None - no money was spent on something that was NOT for the provision of care, medicine, or transport to a place where care or medicine was provided.**  NOTE: If you deal with FoI requests for more than one CCG please answer the questions separately for each CCG. 1. How many PHBs for individual patients were in operation in the 2016/17 financial year and what was the total cost of them?

           **35 PHBs with a total annual cost of £899,100** |

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| **FOI NO: 907** | **Date Received: 27 October 2017** |
| **Request :**Under the Freedom of Information Act we would like to receive the figures for how much CCG (Clinical Commissioning Group) spend has been appointed for the following areas;* complex equipment for children with disability.
* mild-moderate equipment for children with disability
 |
| **Response :**We are unable to breakdown the costs by complexity, however total expenditure in 2016/17 is £11,405, and in 2017/18 to M7 (October) is £22,682. |

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| **FOI NO: 908** | **Date Received: 30 October 2017** |
| **Request :**1.       Has the CCG budgeted to provide full transformational funding to general practice by the end of 2018/19?2.       If so, how much of this transformational funding is the CCG planning on providing to general practice:a.       Per head for 2017/18?b.       In total for 2017/18?c.       Per head for 2018/19?d.       In total for 2018/19?3.       If the CCG cannot provide the full transformational funding by the end of 2018/19, what is the main reason this? |
| **Response :**1.       Has the CCG budgeted to provide full transformational funding to general practice by the end of 2018/19? Yes 2.       If so, how much of this transformational funding is the CCG planning on providing to general practice:a.       Per head for 2017/18? £6 per head (GP Access Fund) + £1.50 from CCG baseline b.       In total for 2017/18? £1,532,000 + £386,000 per year.c.       Per head for 2018/19? £6 per head (GP Access Fund)  + £1.50 from CCG baseline d.       In total for 2018/19? £1,585,973 + £386,000 per year.3.       If the CCG cannot provide the full transformational funding by the end of 2018/19, what is the main reason this? |

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| **FOI NO: 909** | **Date Received: 31 October 2017** |
| **Request :****1.**Regarding the CCG:·      Are adult hearing services currently being delivered through Any Qualified Provider (AQP) within the CCG?·      Does the CCG use AQP for any other services provided? If so, what services? **2.**Regarding the CCG **IF**currently using AQP in the audiology service(**IF NOT**, please move to part 3)**:**       The audiology services provided by AQP: ·      When did the CCG begin using AQP?·      Who are the current providers for audiology services?·      How many AQP providers does the CCG have?·      What percentage of provision is provided by private sector companies and NHS services within the CCG? Type of AQP service provided: ·      Are they a Consultant led service?·      What are the current appointment waiting times for the Audiology service?·      What percentage of patients are fitted with bilateral hearing aids?·      Are the type of hearing aid that providers fit audited? If so, what make and model of Hearing Aids are used?·      Does the AQP service provide balance/diagnostic services?·      Does the AQP service offer appointments for repairs or open clinics? Referral to the audiology service: ·      Is a ‘Choose and Book’ system used for audiology referrals?·      Can patients be directly referred to an AQP audiology service by their GP?·      From what age of patient do they accept Direct Referrals?·      What percentage of referrals are a direct referral to an AQP audiology service?  Cost of the service: ·      What is the current contract value of the Audiology service provided by AQP?·      Is the Audiology service being operated within the current contract value?·      What is the current contract length for the Audiology service?·      When is the current contract due to expire?·      Does the CCG have plans to continue using AQP for the audiology service after the current contract ends? **3.**Regarding the CCG **IF NOT**currently using AQP in audiology:·      Has the CCG used AQP to provide audiology services before?·      When did the CCG stop using AQP in audiology?  |
| **Response :****1.**Regarding the CCG:·      Are adult hearing services currently being delivered through Any Qualified Provider (AQP) within the CCG? **NO**·      Does the CCG use AQP for any other services provided? If so, what services? * **Vasectomy**
* **Carpal Tunnel**
* **Nerve Conduction**

**2.**Regarding the CCG **IF**currently using AQP in the audiology service(**IF NOT**, please move to part 3)**:**  **Not Applicable**    The audiology services provided by AQP: ·      When did the CCG begin using AQP?·      Who are the current providers for audiology services?·      How many AQP providers does the CCG have?·      What percentage of provision is provided by private sector companies and NHS services within the CCG? Type of AQP service provided: ·      Are they a Consultant led service?·      What are the current appointment waiting times for the Audiology service?·      What percentage of patients are fitted with bilateral hearing aids?·      Are the type of hearing aid that providers fit audited? If so, what make and model of Hearing Aids are used?·      Does the AQP service provide balance/diagnostic services?·      Does the AQP service offer appointments for repairs or open clinics? Referral to the audiology service: ·      Is a ‘Choose and Book’ system used for audiology referrals?·      Can patients be directly referred to an AQP audiology service by their GP?·      From what age of patient do they accept Direct Referrals?·      What percentage of referrals are a direct referral to an AQP audiology service?  Cost of the service:·      What is the current contract value of the Audiology service provided by AQP?·      Is the Audiology service being operated within the current contract value?·      What is the current contract length for the Audiology service?·      When is the current contract due to expire?·      Does the CCG have plans to continue using AQP for the audiology service after the current contract ends? **3.**Regarding the CCG **IF NOT**currently using AQP in audiology:·      Has the CCG used AQP to provide audiology services before? **NO**·      When did the CCG stop using AQP in audiology? **Not applicable** |