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| **FREEDOM OF INFORMATION REQUESTS February 2018** |

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| **FOI NO: 983** | **Date Received: 5 February 2018** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 984** | **Date Received: 5 February 2018** |
| **Request :**  Primary Care Director / Head of Primary Care | |
| **Response :**  Primary Care Director / Head of Primary Care :-  Jackie Holdich,  Head of Primary Care Commissioning (Integrated Primary/Out of Hospital Care) | |

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| **FOI NO: 985** | **Date Received: 8 February 2018** |
| **Request :**  As part of a project exploring service provision within oculoplastic surgery across the nation, I would be grateful if you could send me the following details on each of the procedures listed below:   * Are they routinely funded? * If not routinely funded, how is this service accessed (eg criterion based access, individual funding request, other) * If criterion based access, what are these criteria? * Were any ophthalmologists/optometrists consulted when creating the policy for the procedure? If so, please provide us with their name and role.   Procedures: Blepharoplasty; ptosis repair; ectropion repair; entropion repair; brow lift; chalazion incision and curettage; benign skin lesion excision/surgical management; periocular botulinum toxin injections; adult strabismus surgery; lacrimal surgery procedures (including dacrocystorhinostomy, punctoplasty, punctal plugs); any others you believe fall under the remit of oculoplastic surgery that have not been listed. | |
| **Response :** | |

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| **FOI NO: 986** | **Date Received: 9 February 2018** |
| **Request :**  We are planning to conduct a survey to explore GPs attitudes towards cancer screening. As such, we were wondering if it’d be possible to request a list of the practice name, the names and number of GPs working in the practice as well as their contact details (e.g. address, telephone, email) for the Barnsley area. | |
| **Response :**  Please find attached a spreadsheet containing Barnsley GP practices details including the contact numbers and address details. Where we know the GP’s working within that practice we have included their name. We do not hold the contact information for individual GP’s working within a practice. | |

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| **FOI NO: 987** | **Date Received:** |
| **Request :**  1. Please state the total number of girls aged 16 and under given the contraceptive implant Nexplanon (or equivalent brand as described here: <https://www.nhs.uk/conditions/contraception/contraceptive-implant/>) in each of the these calendar years:  a) 2017  b) 2016  c) 2015  NB: If data for calendar years is not available, please provide data for financial years and highlight that this is the case.    2. For each year, a), b) and c), please break down this total number into the following age brackets:  i) Aged 16  ii) Aged 15  iii) Aged 14  iv) Aged 13  v) Aged under 13    3.  a) Does the CCG have any current policy or guideline on contraceptive implants? (Yes or No)  b) If yes, please provide a direct link or attach the document, stating page number if applicable. | |
| **Response :**  Barnsley Clinical Commissioning Group does not commission Sexual Health Services.  Please re-direct your request to Public Health at Barnsley M B C on <https://www.barnsley.gov.uk/services/information-and-privacy/freedom-of-information-requests/> | |

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| **FOI NO: 988** | **Date Received: 12 February 2018** |
| **Request :**  Could you please advise i) which hospitals/NHS Trusts your organisation currently contract with, ii) the annual value of the contract and iii) whether the contract is in the form of a block contract or pay by performance please?     |  |  | | --- | --- | | **Information Requested** | **Response** | | Name of CCG |  | | Name(s) of Acute NHS Trusts contracted with |  | | Block contract – Yes/No? |  | | Value of individual trust contracts (p.a.) |  | | Key contact at CCG (Chief officer) |  | | |
| **Response :**  WITHDRAWN BY REQUESTOR ON 13.02.18 | |

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| **FOI NO: 989** | **Date Received: 13 February 2018** |
| **Request :**   1. Which company(s) holds the contract to supply your current Sexual Assault Referral Services (SARCs) 2. Please state the full name of your CCG 3. Please state if this service was procured through a framework agreement with other trusts (if so please provide the names of the other CCG). If yes, please also state which trust holds the contract. 4. Please state the contract start date and end date of your current SARC services. 5. What is the expected total value of the contract? 6. What is your annual budget for SARC services? 7. Are there provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded 8. Please state the names of the organisations who bid for the contract 9. How many patients are treated annually by your SARCS service providers? 10. What would the procurement model be for future contracts? E.g. will the contract be procured jointly with another CCG? 11. What are the performance standards (KPIs) the current service provider(s) operate under? 12. What is the current provider’s performance against these standards in the last 12 months? | |
| **Response :**  For children, the Sexual Assault Referrals Service in Barnsley is provided by the charitable organisation BSARCS (Barnsley Sexual Assault Referral Services). BSARCS services are commissioned and the contract is managed by BMBC on behalf of the CCG. The CCG provides a financial contribution to this service. The contract has been procured under Local Authority Procurement regulations and Local Authority colleagues meet with the service to ensure the KPI’s are on track. As the Local Authority commission and performance manage this contract I feel that they are best placed to answer the queries raised in this FOI. The best contact at the Local Authority would be Sarah Sinclair. However, SARCS is actually co-commissioned by NHS England and the Police so its recommend that you redirect your request to those organisations.  <https://www.barnsley.gov.uk/services/information-and-privacy/freedom-of-information-requests/>  <https://www.england.nhs.uk/contact-us/foi/>  <http://www.southyorks.police.uk/content/make-foi-request> | |

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| **FOI NO: 990** | **Date Received: 14 February 2018** |
| **Request :** | |
| **Response :**   1. In relation to the legislation below, please provide any reports that have been compiled which includes any information on allowing people to receive specialist/complex care services in their own homes.  For example, palliative care, respiratory, spinal injury, brain injury, dialysis care and any other Health Care that the CCG commissions to be provided in peoples own homes.  Barnsley Continuing Healthcare currently commission care for 106 Fast track patients (palliative care). Unfortunately we do not currently record a breakdown of 'categories' and we are unable to provide this information within the time provided.     Procurement under the Public Sector (Social Value) Act 2012 Duty Public Sector (Social Value) Act 2012 The Act requires all commissioners and procurers at the pre-procurement stage to consider how what is to be procured may improve social, environmental and economic well being of the relevant area, how they might secure any such improvement and to consider the need to consult. The Act will only apply to public services contracts and framework agreements to which the Public Contracts Regulations 2006 apply. <http://www.legislation>. gov.uk/ukpga/2012/3/ contents.    2)  In relation to the legislation below, any data or research that has been collected which evaluates the improvement in health of people who choose to receive specialist/complex care in their own home compared to in a hospital setting.  Barnsley Continuing Healthcare does not carry out any research regarding this and hold no further information on this.    Power to conduct, commission or assist the conduct of research into specified matters Power Section 5 NHS Act 2006 Schedule 1 (paragraph 13) A CCG has the power to conduct, commission or assist the conduct of research into – (a) any matters relating to the causation, prevention, diagnosis or treatment of illness; and (b) any such other matters connected with any service provided under the 2006 Act as the CCG considers appropriate. CCGs also have related functions under section 5, including the ability to obtain and analyse data. Health and Social Care Act 2012 Section 6 <http://www.legislation>. gov.uk/ukpga/2012/7/ section/6/enacted    3)    In relation to the legislation below, please provide a detailed account of how the CCG secures continuous improvement to service in relation to people who choose to receive specialist/complex care in their own home. In particular if the service(s) is provided by a private provider rather than an NHS organisation. Barnsley Continuing Healthcare does not hold this information.    Duty as to the improvement in quality of services Duty Section 14R NHS Act 2006 Each CCG must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. A CCG must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved and, in particular, outcomes which show the effectiveness of their services, the safety of the services provided, and the quality of the experience of the patient. In discharging this duty, the CCG must have regard to any relevant guidance published by the Board. Health and Social Care Act 2012 Section 26 <http://www.legislation>. gov.uk/ukpga/2012/7/ section/26/enacted    4)   In relation to the legislation below, how is this carried out for people who wish to receive specialist/complex care in their own home? In particular, the process of being able to choose who provides their care, which may include pre-procurement. Unfortunately we do not hold this information.    Duty as to patient choice Duty Section 14V NHS Act 2006 Each CCG must, whilst carrying out its functions, act with a view to enabling patients to make choices in respect of aspects of health services provided to them. Health and Social Care Act 2012 Section 26 <http://www.legislation>. gov.uk/ukpga/2012/7/ section/26  5)  Any research that's been carried out identifying service user/patients and their families opinions on the service they are receiving in their own home, e.g. any questionnaires, surveys, interviews and sample size.    6)  Please provide the CCG annual budget/spend on outsourcing specialist/complex care packages to private providers over 2015, 2016 and 2017. Also:   1. The total number of packages and hours that have been outsourced to private domiciliary care providers in 2015, 2016 and 2017. 2. The current number of care packages and weekly hours that are being outsourced. 3. The current hourly or individual care package pay rate being paid to private providers and/or NHS providers (depending on who is delivering the service), if this is not set, then the lowest and highest pay rate. Lowest hourly rate is: £12.65, Highest is £21.00.  This is the only information we can provide as Barnsley Clinical Commissioning Group does not hold the budget.  Care is provided by independent sector providers.  Reviews of the care packages and all administration functions are provided by the Clinical Commissioning Group.   7)   A current list of the providers who are providing domiciliary care/continuing healthcare through a CCG contract and but not limited to, any providers who employ their own nurses to provide nursing care through CCG care packages or the breakdown of care packages that involve qualified nursing care. How many packages and hours each provider is currently providing and if possible the number of packages and hours that each provider is providing broken down into the following:  a) Palliative Care b) Spinal injuries c) Brain injuries d) Respiratory e) Dialysis  TLC Homecare       Allied Healthcare       Caremark        Mears Care           Medacs Healthcare | |

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| **FOI NO: 991** | **Date Received: 21 February 2018** |
| **Request :**  *Please provide me with the following information:*   * A full list of all enhanced services, commissioned in 2016-17 and in 2017-18 by your Clinical Commissioning Group, including services funded outside of GMS/PMS essential services funding.   To help with providing this information, I have attached an appendix of enhanced services that we believe are currently funded by many clinical commissioning groups. Please note that this should not limit your response as this is only a guide and is not exhaustive.  *Additionally, I would also be grateful if you could answer the following question:*   * How much funding is currently allocated in 2017-18 to each enhanced service via GMS and PMS general practice in your CCG area, and how much was spent on each enhanced service in 2016-17? | |
| **Response :** | |

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| **FOI NO: 992** | **Date Received: 22 February 2018** |
| **Request :**  1. Please state the total number of referrals from primary care to Ophthalmology for cataract surgery (all types) in A) 2016, B) 2017 and C) 2018 to date.  If it is not possible to provide data specifically regarding cataract surgery referrals then please provide data for all Ophthalmology referrals for A, B and C.  2. A) Has the CCG updated its eligibility guidelines and/or referrals policy for cataract surgery since 04/08/17?  B) If yes, please provide a link to the relevant website or attach the relevant document, stating page number where applicable.  Please note - I submitted a request for similar-sounding information on 04/08/17 - however, this is a new and separate request with two key differences:  A) I am requesting data from calendar years, not financial years  B) I am requesting only the latest referral guidelines/policies which have been updated since my last request.  Therefore, please treat this as a new and separate request. | |
| **Response :**  Question 1 – We do not have reliable referral data. We can however provide data with regard to the number of cataract surgeries performed.  Based on year of discharge, there were:   1. 2,046 surgeries performed in 2016 2. 2,186 surgeries performed in 2017 3. We do not yet have data for 2018.   Question 2 – We have not updated our Clinical Guidelines but the Cataract Surgery Thresholds are now included in the South Yorkshire and Bassetlaw Commissioning for Outcomes policy which was adopted in February 2018 following the change to NICE Guidance in October 2017. Details can be found at: <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes> | |

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| **FOI NO: 993** | **Date Received: 26 February 2018** |
| **Request :**  1. How many adults in your CCG currently receive NHS Continuing Healthcare?  a) per population  2. How many adults in your CCG currently receive each of the  following:  a) Fully funded NHS Continuing Healthcare packages of care?  b) Joint funded Local Authority / NHS Continuing Healthcare packages of care?  c) NHS funded nursing care?  d) “Care at Home” NHS Continuing Healthcare packages care?  3. What was the total NHS Continuing Healthcare budget for adults in your CCG in 2015-16, 2016-2017, 2017-2018?  4. What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2015-16, 2016-2017, 2017-2018?  5. For each of the following categories, what was the actual amount spent by your CCG in 2015-16, 2015-16 2016-2017, 2017-2018 for those adults in receipt of:  a) Fully funded NHS Continuing Healthcare packages of care?  b) Joint funded Local Authority / NHS Continuing Healthcare packages of care?  c) NHS funded nursing care?  d) “Care at Home” NHS Continuing Healthcare packages of care?  6. What is your CCG’s total NHS Continuing Healthcare budget for adults for each of the years 2017-18, 2018-19 and 2019-20?  7. If your response to Question 6 shows you propose to maintain your NHS Continuing Healthcare budget at current levels or reduce your NHS Continuing Healthcare budget for adults in your CCG, please provide a full explanation of how you will achieve this without making unlawful decisions about eligibility or reducing the size of packages of care.  8. How many members of staff do you have within the CHC team?  Please list each role from Director, management, Nurse Assessors to Admin in bands and in FTW hours.  9. Please provide an organisational CHC Team Workforce structure  10. What is your workforce spend 2015-2016, 2016-2017, 2017-2018 & 2018-2019?  11. Do you use agency?  if yes, Why? - To backfill your staff /vacant posts/annual leave/sickness? | |
| **Response :**  1. How many adults in your CCG currently receive NHS Continuing Healthcare?  a) per population                             389  2. How many adults in your CCG currently receive each of the  following:  a) Fully funded NHS Continuing Healthcare packages of care?                     209  b) Joint funded Local Authority / NHS Continuing Healthcare packages of care? 52  c) NHS funded nursing care?                       128  d) “Care at Home” NHS Continuing Healthcare packages care?                    191  3. What was the total NHS Continuing Healthcare budget for adults in your CCG in 2015-16, 2016-2017, 2017-2018?  Budget for CHC Adults   |  |  |  | | --- | --- | --- | | 2015/16  ‘000 | 2016/17  ‘000 | 2017/18  ‘000 | | 15,622 | 14,079 | 14,130 |   4. What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2015-16, 2016-2017, 2017-2018?   |  |  |  |  | | --- | --- | --- | --- | |  | 2015/16  ‘000 | 2016/17  ‘000 | 2017/18  ‘000 | | Actual spend for CHC Adults | 14,812 | 14,832 |  | | Forecast spend for CHC Adults Month 10 |  |  | 14,966 |   5. For each of the following categories, what was the actual amount spent by your CCG in 2015-16, 2015-16 2016-2017, 2017-2018 for those adults in receipt of:  a) Fully funded NHS Continuing Healthcare packages of care?  b) Joint funded Local Authority / NHS Continuing Healthcare packages of care?  c) NHS funded nursing care?  d) “Care at Home” NHS Continuing Healthcare packages of care?   |  |  |  |  | | --- | --- | --- | --- | |  | 2015/16  ‘000 | 2016/17  ‘000 | 2017/18 (at Month 10)  ‘000 | | A | 10,489 | 10,393 | 12,898 | | B | 3,107 | 3,079 | 1,008 | | C | 1,216 | 1,360 | 1,060 | | D | Included in fully funded or joint funding care as appropriate | | |   6. What is your CCG’s total NHS Continuing Healthcare budget for adults for each of the years 2017-18, 2018-19 and 2019-20?  The budget for 2017/18 is as per Q3 £14,130,000.  The budgets have not been finalised yet for 2018/19 and 2019/2020.  7. If your response to Question 6 shows you propose to maintain your NHS Continuing Healthcare budget at current levels or reduce your NHS Continuing Healthcare budget for adults in your CCG, please provide a full explanation of how you will achieve this without making unlawful decisions about eligibility or reducing the size of packages of care.  Unable to answer the Q7 as a budget has not been finalised.  8. How many members of staff do you have within the CHC team?  Please list each role from Director, management, Nurse Assessors to Admin in bands and in FTW hours.   |  |  |  | | --- | --- | --- | | Type | WTE | Band | | Admin | 0.5 | 3 | | Admin | 0.6 | 3 | | Admin | 1 | 3 | | Admin | 2 | 4 | | Clinical | 0.6 | 5 | | Clinical | 2 x 0.6 | 6 | | Clinical | 0.8 | 6 | | Clinical | 4 | 6 | | Clinical | 1 | 7 | | Clinical | 1 | 8a |   9. Please provide an organisational CHC Team Workforce structure  Please find attached  10. What is your workforce spend 2015-2016, 2016-2017, 2017-2018 & 2018-2019?  The budget for 2018/19 has not yet been finalised   |  |  |  |  | | --- | --- | --- | --- | |  | 2015/16  ‘000 | 2016/17  ‘000 | 2017/18  ‘000 | | Actual | 570.18 | 530.36 |  | | Forecast spend for CHC Adults Month 10 |  |  | 540.85 |   11. Do you use agency?  if yes, Why? - To backfill your staff / vacant posts / annual leave / sickness?  In the past we have used agency staff to fill vacancies in the interim | |

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| **FOI NO: 994** | **Date Received: 26 February 2018** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 995** | **Date Received: 26 February 2018** |
| **Request :**  1.  Has the CCG (or CSU) or Health Board recommended prescribing a particular brand or brands of 7 day buprenorphine transdermal patches? If so, what brand or brands were recommended to be prescribed?  2.  If the CCG (or CSU) or Health Board recommends prescribing more than one brand of 7 day buprenorphine transdermal patches what, if any, guidance is there on which brand(s) should be prescribed?  3.  For each brand of 7 day buprenorphine transdermal patches recommended, on what date was the decision made to recommend that brand? | |
| **Response :**  The Barnsley Area prescribing committee endorsed the first line choice of buprenorphine patches as  Butec® is the preferred brand of 7 day buprenorphine patch in Barnsley  Butec transdermal patches 5micrograms/hr, 10micrograms/hr and 20micrograms/hr strengths available  Change every SEVEN DAYS. Prescribe by brand name,  2.  If the CCG (or CSU) or Health Board recommends prescribing more than one brand of 7 day buprenorphine transdermal patches what, if any, guidance is there on which brand(s) should be prescribed?  Barnsley has an area formulary which covers all providers and prescribing and the link to the Buprenorphine section is included below.  <http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=4&SubSectionRef=04.07.02&SubSectionID=A100&drugmatch=1509#1509>  3.  For each brand of 7 day buprenorphine transdermal patches recommended, on what date was the decision made to recommend that brand?  Buprenorphine weekly patches recommended first line formulary change  (Butrans®) to Butec® was endorsed by the APC in April 2016. | |

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| **FOI NO: 996** | **Date Received: 28 February 2018** |
| **Request :**  Under the Freedom of Information Act, I would like to request the following information regarding locked rehabilitation placements for adults with a range of mental health problems.  Where possible, please kindly include responses on the attached spreadsheet. Where multiple CCGs are covered, please provide the requested data for each of the relevant CCGs separately.  1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in locked rehabilitation.  *For questions 2 through 7, please supply the following information* ***as a snapshot at the end of the year*** *for the financial years 2013/14 to 2016/17, and where possible, the most up to date snapshot available for 2017/18.*  2. Please provide the total number of adults funded by the CCG in locked rehabilitation.  3. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that are male and the number that are female.  4. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that were detained under the Mental Health Act and the number that were admitted on an informal basis.  5. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that were placed ‘in area’ and the number that were placed ‘out of area’.  6. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that were placed in NHS provision and the number that were placed in independent provision.  7. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number presenting with a learning disability, a mental illness, an acquired brain injury, a neurological condition, or a personality disorder.  8. Please provide the CCG’s total expenditure on locked rehabilitation placements for each of the financial years 2013/14 to 2017/18, and where possible, budgeted expenditure for 2018/19. If expenditure for 2017/18 is not yet available, please provide projected expenditure. | |
| **Response :**  Barnsley Clinical Commissioning Group does not hold any information relating to locked rehabilitation.  Please re-direct your request to South West Yorkshire Partnership.  <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/>  EMAIL – [customer.services@swyt.nhs.uk](mailto:customer.services@swyt.nhs.uk) | |

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| **FOI NO: 997** | **Date Received: 28 February 2018** |
| **Request :**  Under the freedom of information act 2000 please provide me with the amount Barnsley Clinical Commissioning group offer individually to GPs surgeries in the Barnsley area. I understand you offer surgeries on average £35000. | |
| **Response :**  There are three different types of contracts which provide funds to GP practices: GMS, PMS and APMS. These payments are based on a contract value multiplied by weighted population list size. Further funding is provided to practices through enhanced services which can be based on actual activity data, weighted patient list size or both.  Seniority payments are made to certain practices where there are experienced GPs in post.  As a CCG, we reimburse practices for rent, premises rates and water rates based on actual invoices and rent valuations carried out by a District Valuer.  Further to this, we fund practices for Quality Outcome Framework (QOF) activity which rewards GP practices for their quality of care.  Practices submit data centrally and this is then used to calculate the payments.    Funding is also provided through our Practice Delivery Agreement (PDA) which aims to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley (as referenced in the Barnsley Primary Care strategy and the GP forward View).  The scheme also assists with securing the future resilience of primary care in Barnsley and aims to support the recruitment and retention of clinicians and primary care support staff.  The concept of the Practice Delivery Agreement (PDA) whilst supporting practices to invest in the infrastructure to deliver a comprehensive range of services to their practice population, also supports the CCG to deliver its general duties as outlined within the Health and Social Care Act Part 1 Section 26.  This is a point’s based scheme where the payment is calculated on value per patient, multiplied by points available per scheme. | |