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| **FREEDOM OF INFORMATION REQUESTS MARCH 2018** |

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| **FOI NO: 998** | **Date Received: 1 March 2018** |
| **Request :** |
| **Response :** |

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| **FOI NO: 999** | **Date Received: 5 March 2018** |
| **Request :**Payments made to Primary Healthcare Training Limited Please advise of all payments made by the CCG to the company Primary Healthcare Training Limited, Companies House number 07942875.Please give details of the services or goods purchased. |
| **Response :**The CCG has not made any payments to this provider. |

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| **FOI NO: 1000** | **Date Received: 8 March 2018** |
| **Request :**1. How many people are on the CCG board.
2. How many of these board members are GPs.
3. How many females and how many males are on the board. Of the board members that are GPs - how many are females and how many are male?
4. How many of the board members have disclosed their ethnicity, and how many identify as BME. Of the board members that are GPs - how many have disclosed their ethnicity, and how many identify as BME?
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| **Response :**1. How many people are on the CCG board - 17
2. How many of these board members are GPs - 9
3. How many females and how many males are on the board. 5 females 10 males vacant posts 2 Of the board members that are GPs - how many are females and how many are male? Females 1 males 7 vacant 1
4. How many of the board members have disclosed their ethnicity, and how many identify as BME. Of the board members that are GPs - how many have disclosed their ethnicity, and how many identify as BME? Whilst the CCG does collect information on the ethnicity of its staff it is not possible to break this down for Governing Body members specifically.
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| **FOI NO: 1001** | **Date Received: 9 March 2018** |
| **Request :**1) Please provide the total number of GP surgeries operating in your area. And the total number of patients covered.2) Please provide the total number of those GP surgeries which are being run by interim caretakers, rather than fully contracted out. Please also provide the number of patients those surgeries cover.3) Please provide the total cost to the CCG of commissioning those interim caretakers, above.4) For 2015, 2016, 2017 and 2018 so far, please provide the number of GP surgeries where partners have handed their contract back and please also attach the names of the surgeries and the registered partner (s).5) Please provide the average total cost (or the cost in each instance if average is unworkable) to the CCG of putting the returned contract out to tender/procurement. Please breakdown the costs where possible to marketing, advertising, tendering, legal costs etc. |
| **Response :**1) Please provide the total number of GP surgeries operating in your area. And the total number of patients covered.            33 GP Practices covering 259,000 patients. 2) Please provide the total number of those GP surgeries which are being run by interim caretakers, rather than fully contracted out. Please also provide the number of patients those surgeries cover. The CCG is not aware of and would not routinely be made of any interim caretaker arrangements within Barnsley GP practices. 3) Please provide the total cost to the CCG of commissioning those interim caretakers, above. N/A as above.4) For 2015, 2016, 2017 and 2018 so far, please provide the number of GP surgeries where partners have handed their contract back and please also attach the names of the surgeries and the registered partner (s). Nil5) Please provide the average total cost (or the cost in each instance if average is unworkable) to the CCG of putting the returned contract out to tender/procurement. Please breakdown the costs where possible to marketing, advertising, tendering, legal costs etc. Nil as above |

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| **FOI NO: 1002** | **Date Received: 12 March 2018** |
| **Request :**1.       Does your organisation have a risk register?2.       How many separate risk registers does your organisation have?3.       Approximately how many risks are on your largest risk register?4.       Approximately how often is/are the risk register(s) reviewed per annum?5.       What IT software is the risk register held on (eg Excel)?6.       Please can you send a copy of the risk register column headings (as a single row in Excel if easiest).7.       Do provide a graphical representation of the risk register for your board/senior management/leadership team?  If so please can you send a copy of the summary, even if anonymised? |
| **Response :**1.       Does your organisation have a risk register?   - Yes2.       How many separate risk registers does your organisation have? - One3.       Approximately how many risks are on your largest risk register?  - 324.       Approximately how often is/are the risk register(s) reviewed per annum?  - Monthly and or as and when required5.       What IT software is the risk register held on (eg Excel)? – Microsoft Word6.       Please can you send a copy of the risk register column headings (as a single row in Excel if easiest). – Risk Register Column Headings attached7.       Do provide a graphical representation of the risk register for your board/senior management/leadership team?  If so please can you send a copy of the summary, even if anonymised?  -  We do not provide a graphical representation of the Risk Register |

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| **FOI NO: 1003** | **Date Received: 14 March 2014** |
| **Request :**1. Total number of GPs working full time in your CCG2. Total number of GPs working part time in your CCG3. Average waiting times for a GP appointment in your CCG |
| **Response :**Barnsley CCG does not collect information on how many GP’s work full or part time within Barnsley. GP workforce figures are reported quarterly by each practice using the national Health Education Workforce tool which provides data in Whole Time Equivalent. Therefore, we can confirm that there are 130 Whole time equivalent GP’s within Barnsley. Barnsley CCG does not routinely collect waiting time appointments for a GP in Barnsley.  |

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| **FOI NO: 1004** | **Date Received: 14 March 2018** |
| **Request :**•       Director of Commissioning•       Planned Care Lead•       Contracts and Commissioning Manager |
| **Response :*** Director of Commissioning – We do not have a Director of Commissioning, however the responsibility is shared between Jeremy Budd Director of Accountable Care, Jackie Holdich Head of Delivery (Integrated Primary and Out of Hospital Care) and Jamie Wike Head of Planning Delivery and Performance.
* Planned Care Lead – David Lautman Lead Commissioning and Transformation Manager
* Contracts and Commissioning Manager – Amanda Capper Head of Contracting
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| **FOI NO: 1005** | **Date Received: 16 March 2018** |
| **Request :**1.     Has your CCG(s) implemented direct booking of GP appointments from NHS 111?2.     What percentage of callers to NHS 111 are given the option of booking an in-hours GP appointment?3.     What percentage of the callers that are offered the option of booking an in-hours GP appointment take up the offer?4.     How many GP appointments in your CCG(s) are reserved for NHS 111 direct booking?5.     Of the GP appointments that are reserved for NHS 111, how many are booked through the direct booking service? |
| **Response :**1. Has your CCG(s) implemented direct booking of GP appointments from NHS 111?

NHS Barnsley CCG are working with Commissioners across South Yorkshire and Bassetlaw and Yorkshire and Humber to deliver the national Integrated Urgent Care Specification from 2019/20. As part of this work activity is taking place to introduce increased clinical advice and direct bookings for both Out of Hours appointments and in-hours appointment.Currently all calls to 111 out of hours with a disposition of primary care/GP receive clinical advice from the local service and where a face to face appointment (including home visit) is required this is booked by the clinical advisor.Direct booking to in-hours GP’s has not yet been introduced for Barnsley GP practices. 1. What percentage of callers to NHS 111 are given the option of booking an in-hours GP appointment?

N/A 1. What percentage of the callers that are offered the option of booking an in-hours GP appointment take up the offer?

N/A1. How many GP appointments in your CCG(s) are reserved for NHS 111 direct booking?

N/A 1. Of the GP appointments that are reserved for NHS 111, how many are booked through the direct booking service?

N/A |

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| **FOI NO: 1006** | **Date Received: 16 March 2018** |
| **Request :**I wonder if you could tell me if in your CCG:-Are there pathways, like for example a DVT pathway, that allows patients to be looked after without needing A&E but having tests organised by general practice that traditionally were done in secondary care?-Is there new community services with support from secondary care (like hospital diabetes staff or mental health staff working within practices premises  to allow more patients to be looked after in the primary care setting? |
| **Response :**-Are there pathways, like for example a DVT pathway, that allows patients to be looked after without needing A&E but having tests organised by general practice that traditionally were done in secondary care?GP’s can refer patients with suspected DVT directly into Ambulatory Care Assessment Clinic through Rightcare Barnsley (see below for description) to avoid patients needing to attend A&E. We are currently reviewing our D-Dimer pilot to establish whether this has resulted in reduced referrals. We have also been working with our main provider to support the use of Advice and Guidance to request tests e.g. virtual review of test results (e.g. ECG, bloods)-Is there new community services with support from secondary care (like hospital diabetes staff or mental health staff working within practices premises  to allow more patients to be looked after in the primary care setting?* Diabetes – The newly procured ‘Integrated Diabetes Service’ for Barnsley launching 1st April, 2018 will focus on making sure patients get the right care at the right time in the right place. More patients will receive care from their GP only seeing hospital consultants and specialist nurses if they have more complex needs. The service will also provide specialist training for GPs and practice nurses.
* Respiratory – Overarching approach to deliver an Integrated Respiratory Service in Barnsley, BREATHE – covering primary, secondary and community healthcare.  The model is based on healthcare providers (Acute, Community, GP Practice) working collaboratively as a single team, with a multidisciplinary approach, to integrate care and deliver a seamless service.  Key components of the BREATHE service are: 7 day Early Supported Discharge for patients admitted with an exacerbation of COPD, Specialist Respiratory MDT support for primary care, neighbourhood teams aligned to localities, COPD nurse presence in ED at peak times.
* Intermediate Care A redesigned integrated Intermediate Care Service has been implemented during 2017/18.  The Service now sits under an Alliance Contract with three providers delivering the service.
* Right Care Barnsley (in partnership with the acute and community trust) is a care brokerage and co-ordination service for GPs and other health care professionals. It helps people get the treatment and care that they need without being admitted to hospital. The service assesses the patients clinical needs and identifies what care is available and can be organised for them. Allowing the patients to stay at home and freeing up the GP to care for other patients rather than spending time securing services.
* My Best Life – Social Prescribing – This scheme supports people who go to their GP with non-medical needs (social, emotional or practical needs). It is estimated around a fifth of visits to a GP are linked to problems in people’s lives such as loneliness, debt, housing issues, work, relationships and unemployment. The social prescribing liaison service also provides support for low level mental health issues.
* PEARS – we currently have a locally enhanced service which allows patients with minor eye conditions to be seen and treated by Opticians in the community.<http://www.barnsleyccg.nhs.uk/patient-help/pears.htm>
* Opticians First – allows patients to access advice and/or medicines for common less serious illnesses from their local pharmacy, without having to make an appointment with their GP first<http://www.barnsleyccg.nhs.uk/news/New-Scheme-Launched-for-Minor-Ailments.htm>
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| **FOI NO: 1007** | **Date Received: 22 March 2018** |
| **Request :*** 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 prescribing the FreeStyle Libre system are made?
* What was the decision-making process for establishing the prescribing criteria for the FreeStyle Libre system?
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| **Response :*** 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. The data which we have access to is held by  HSCIC – Primary care data for spend and volume on Freestyle Libre prescribing in primary care. This is publicly available information which can be accessed by members of the public. <http://www.hscic.gov.uk/searchcatalogue>. It is also available at open prescribing <https://openprescribing.net/> * What are the criteria on which decisions about prescribing the FreeStyle Libre system are made?

In Barnsley, the following principles have been used to guide the initiation and supply of FreeStyle Libre®:*•             FreeStyle Libre® can only be initiated in adult patients with Type 1 diabetes, according to the patient selection criteria below (for children – see separate guidance)**•             FreeStyle Libre® can only be initiated by the diabetes specialist team**•             The diabetes specialist team will initiate and provide a supply for the first 6 months of use. During the first 6 months of use, regular review is essential to ensure patients are engaged with the use of the device. Anecdotal reports suggest that a number of patients are unable to use the device for a variety of reasons.**•             The diabetes specialist team will monitor the agreed outcomes as specified in the monitoring of outcomes section below**•             Transfer of prescribing to primary care will only occur if:**o             The patient selection is appropriate**o             The patient is engaged with training on the device and is committed to regular follow ups and ongoing monitoring**o             An improvement in the required outcomes has been achieved** What was the decision-making process for establishing the prescribing criteria for the FreeStyle Libre system?

The Barnsley Area Prescribing Committee agreed criteria based on the Northern Regional Medicines Optimisation guidance received in December 17. It has worked with local Diabetes specialists and GP’s and consulted with other Providers across the Barnsley locality  to put a process in place. |

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| **FOI NO: 1008** | **Date Received: 23 March 2018** |
| **Request :**Under the Freedom of Information Act 2010, can you please provide your organisation’s total spend for either the last calendar year (2017) or last full financial year with NHS Supplies in respect of Dressings and Bandages. This is either direct spend by yourselves or as part of any contract, you let for these services. |
| **Response :**Barnsley CCG does not hold the information that you are requesting and would ask you to re-direct your request to Barnsley Hospital NHSFT   barnsley@infreemation.co.uk |

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| **FOI NO: 1009** | **Date Received: 23 March 2018** |
| **Request :**In line with the freedom of information act I would be grateful if you could forward me the current criteria for total knee replacement and how many are expected to be funded for the surgery for the following year.  |
| **Response :**The Barnsley CCGs criteria for Total Knee Replacement (TKR) is as followed:Barnsley CCG commissions TKR services in line with NICE guidance. The CCGs Knee pain pathway is attached.The CCG has adopted clinical threshold for Knee Replacement for Osteoarthritis to ensure that patients get the best clinical outcome for their condition. The CCG has adopted this position having reviewed national best practice guidance from NHS England and NICE for when surgery may or may not be suitable for certain conditions. Further information is available on the CCGs website <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes> Referrals for TKR should be sent to the SWYPFT Barnsley MSK Clinical Triage and Assessment Service for assessment, management and treatment. Onward elective referrals for surgery would be subject to meeting the requirements of the Get Fit First in Barnsley policy. Further information about this policy is published <http://www.barnsleyccg.nhs.uk/patient-help/getfitfirst>. The exception criteria are published on the CCGs website on the plans and policies page <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm> The CCG does not restrict this service on volume.  The CCG does not hold the information on the number of TKR’s to the granularity you require. |

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| **FOI NO: 1010** | **Date Received: 23 March 2018** |
| **Request :**1.    How many reports of hospitals breaching the new rules on workload dump have you received from practices? Please can these figures be broken down for each hospital the complaint was made against. 2.    What action or sanctions has the CCG enforced so far?3.    Please can you share any documents the CCG has produced setting out its policy for managing inappropriate workload dump by hospitals |
| **Response :**Following the revisions to the NHS Standard Contract and receipt of the BMA letter to the CCG from local practices the CCG, LMC and local DGH agreed that a more pragmatic solution was required to address any local issues in relation to the interface between primary and secondary care.  Due to this we do not use the BMA letter and have developed a system of looking at data recorded to improve local processes. This is facilitated by a quarterly meeting that although in its infancy has produces better ways of working between Primary and Secondary care. Due to this process there are not number of complaints but instead a number of themes that arise that cannot be categorised into specific breaches as each case has arisen due to a number of individual circumstances, which need a system wide approach. To date no formal sanctions or actions have been applied to the DGH as no breach solely within their control has been identified.  However, the meeting that is held quarterly has produced improved dialogue between the parties and the ability to redefine pathways and referral processes to improve patient care and experience. There has been no documents produced in relation to “workload dump” as this is not recognised as a problem but the CCG and its partners are working together to improve the interface between Primary and Secondary care. |

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| **FOI NO: 1011** | **Date Received: 23 March 2018** |
| **Request :**1. Do you commission antenatal education classes? **– yes or no?** If yes, what is the annual budget for this/these contracts/service provision?

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| Commission antenatal education classes? | Annual budget |
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 2. **Answer only if you commission antenatal education classes:**(a) Do the practitioners delivering the classes use a specific evidence-based programme/s/model/s? **– yes or no?**(i) **If yes**, which one/s and is it/are they licensed?(ii) **If no**, briefly describe the what programme is provided.(b) Which senior manager/s is/are responsible for the commissioning of this/these service/s? What is/are their email address/s?

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| Use of specific evidence-based model/programme? | Programme/s/model/s used | Is it licenced?  | Name of senior manager | Email address of senior manager  |
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 3. **Answer only if you commission antenatal education classes:**(a) Which organisation provides this/these service/s? What are the contract start and end dates? (b) Are the classes commissioned individually as a cost and volume contract or as part of a block contract?

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| Programme/s/model used | Name of provider organisation | Contract start date | Contract end date | Cost and volume contract or part of block contract? |
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  4. Here is a list of vulnerabilities/adversities that can impact on the ability of parents-to-be to engage with antenatal education: ·         those with mental health difficulties·         those experiencing social isolation or from a socially marginalised community·         survivors of domestic abuse·         those with learning difficulties ·         those with substance use difficulties·         parents who have had previous children removed into care·         care leavers ·         teenage parents·         parents in prison·         those not speaking English as a first language·         those with chaotic or transient lifestyles ·         black or minority ethnic communities·         those with anti-social or offender behaviour·         asylum seekersMuch of this information is gathered by midwives at booking in appointments.4. (a) Do you, or have you in the past, carry/carried out any analysis of this data, or collected and analysed any data, to determine whether parents-to-be experiencing any of these difficulties are less likely to access/engage with antenatal education delivered in your area than those who do? **-yes or no?**4. (b) Do any of the antenatal education classes specifically target vulnerable parents-to-be? **-yes or no?** If yes, which ones?

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| Analysis of data? | Antenatal education for vulnerable parents-to-be? |
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  5. (a) Do you commission any other services that target vulnerable parents-to-be? **- yes or no? If yes,** briefly describe the services.

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| Commission other service for vulnerable parents? | Brief description |
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| **Response :**The CCG commission a maternity pathway which includes antenatal care for pregnant women and their families. Antenatal Education Classes are part of the antenatal offer (as per the maternity payment pathway) but are not separately commissioned by the CCG. The annual budget for antenatal classes is therefore included within the maternity pathway and not identified separately.For details as to what antenatal classes are provided  please contact Barnsley Hospital NHS Foundation Trust, who will be able to help further. |

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| **FOI NO: 1012** | **Date Received: 27 March 2018** |
| **Request :**1. Does your CCG currently provide Urea Breath Testing (UBT) for H Pylori?2. If yes how do you contract this?3. If yes, is this contract changing in the future? 3. Please could you provide a copy of this contract agreement or a link to its location online4. If no, Is this something you are currently looking at or would like to?  |
| **Response :**Barnsley CCG does not have a contract to cover Urea Breath Testing (UBT) for H Pylori. The CCG is not currently looking into providing this as a separate contract.  |

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| **FOI NO: 1013** | **Date Received: 27 March 2018** |
| **Request :**1. How many patients have received compression tights and/or stockings funded by the CCG in the management of Lipoedema in the last 12 months?
2. How many patients have received Manual Lymphatic Drainage massage (MLD) funded by the CCG for the management of Lipoedema in the last 12 months?
3. How many patients have received funded surgical intervention for Lipoedema funded by the CCG in the last 12 months?
 |
| **Response :**1. How many patients have received compression tights and/or stockings funded by the CCG in the management of Lipoedema in the last 12 months?

We do not have this information.1. How many patients have received Manual Lymphatic Drainage massage (MLD) funded by the CCG for the management of Lipoedema in the last 12 months?

We do not have this information.  My limited knowledge of this procedure is that it usually takes place outside a hospital environment and therefore does not feature in SUS data.1. How many patients have received funded surgical intervention for Lipoedema funded by the CCG in the last 12 months?

The only ICD-10 (diagnosis) code which currently covers lipoedema is E88.2, lipomatosis.  There were no elective admissions for Barnsley CCG patients with this as primary diagnosis in the last 12 months. |

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| **FOI NO: 1014** | **Date Received: 27 March 2018** |
| **Request :****Information request – 1**Does **Barnsley CCG** have had (since 1st April 2013) a programme or scheme such as a ‘Local Enhanced Service’ or ‘Local Incentive Scheme’ in place with either your contracted primary care providers (GPs and community pharmacists) for Emergency Contraception? **Information request – 2**If the answer is ‘yes’ to request 1, could you send me details of the programme or scheme. |
| **Response :****Information request – 1**Does **Barnsley CCG** have had (since 1st April 2013) a programme or scheme such as a ‘Local Enhanced Service’ or ‘Local Incentive Scheme’ in place with either your contracted primary care providers (GPs and community pharmacists) for Emergency Contraception? The NHS Barnsley CCG does not commission any contraception services ( including Emergency  Hormonal Contraception). Sexula health services including emergency hormonal contraception are commissioned for Barnsley residents either by the Barnsley Council ( currently via Spectrum Health Services. <http://spectrumhealth.org.uk/> ) OR by NHS England via the GP national contracts**Information request – 2**If the answer is ‘yes’ to request 1, could you send me details of the programme or scheme.N/A |

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| **FOI NO: 1015** | **Date Received: 28 March 2018** |
| **Request :*** The number of Individual Funding Requests submitted by doctors to your organisation – broken down by the nature of the request: eg cataract surgery, hip or knee surgery, mental health treatment AND whether the request was approved or denied.
* The date each area of treatment covered by an Individual Funding Request stopped being commissioned locally, if the CCG ever commissioned that treatment.
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| **Response :*** The number of Individual Funding Requests submitted by doctors to your organisation – broken down by the nature of the request: eg cataract surgery, hip or knee surgery, mental health treatment AND whether the request was approved or denied.

Please see the attached spreadsheets* The date each area of treatment covered by an Individual Funding Request stopped being commissioned locally, if the CCG ever commissioned that treatment.

Treatments are subject to consideration by the IFR Panel as an individual funding request.  Policies and guidance are considered when assessing a case and funding is decided as to how or if patient meets criteria.  Further restrictions are now in force as Barnsley CCG has implemented the ‘Commissioning for Outcomes’ policy from 01.02.2018.  The policy can be viewed on our website at <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes> |

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| **FOI NO: 1016** | **Date Received: 28 March 2018** |
| **Request :**In relation to wheelchair services commissioned by your CCG:  The number of children and young people under 18 who waited over 18 weeks for equipment delivery, for each year since 2012. The longest time a child has spent on your service’s waiting list for equipment delivery and if possible, the reason for this wait or delay The number of adults waiting over 18 weeks for equipment delivery, for each year since 2012. The longest time an adult has spent on your service’s waiting list for equipment delivery and if possible, the reason for this wait or delay.  |
| **Response :**Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire NHS Foundation Trust <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> |