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| **FREEDOM OF INFORMATION REQUESTS May 2017** |

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| **FOI NO: 775** | **Date Received: 2 May 2017** |
| **Request :** |
| **Response :**

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|   | **Question Detail** | **PQQ** | **ITT** |
| **Q1** | If applicable, suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages? | **Successful Suppliers** | **Unsuccessful Suppliers** | **Successful Suppliers** | **Unsuccessful Suppliers** |
|  Yorkshire Ambulance ServiceThames Ambulance ServiceSt Johns AmbulanceUK Event Medical Services Ltd365 ResponseNorthern Taxis LtdJigsaw Medical Services LtdCDGi TrainingCoperforma LimitedArriva Passenger Services Limited365 Response |   | Yorkshire Ambulance ServiceThames Ambulance Service             |  St Johns Ambulance |
| **Q2** | Contract values of each framework/contract (& any sub lots), year to date?  |  The contract will commence in September 2017 |
| **Q3** | Start date & duration of framework?  |  This is not a framework |
| **Q4** | Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension? |  No |
| **Q5** | Has a decision been made yet on whether the framework(s)/contract(s) are being either extended **or** renewed? |  No  |
| **Q6** | If applicable, are the above services conducted in-house? |  No |
| **Q7** | Who is the senior person in the Local Authority (outside of procurement) responsible for the above services? |  This is not a Local Authority Contract |

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| **FOI NO: 776** | **Date Received: 2 May 2017** |
| **Request :**What steps, if any, your organisation has taken to implement a:FootprintSustainability and Transformation Plan;Sustainability and Transformation Partnership; Accountable Care System; Accountable Care Organisation;What plans you have to implement any or all of the above and the proposed timescale for doing so and decision-making processes to be followed in doing so.Any documentation or instruction that you have received from NHS England describing the action your organisation is required to take, or may take, to establish the above organisations and/or otherwise to implement the new care models described in the Next steps on the NHS five year forward view and the Five year forward view.An explanation of the legal and organisational nature of the governance arrangements for the “footprint”, as described in the Next steps on the NHS five year forward view and the Five year forward view, of which your organisation is part.Your organisation’s understanding of the consequences if it does not implement a Sustainability and Transformation Plan, a Sustainability and Transformation Partnership, an Accountable Care System, an Accountable Care Organisation and/or any of the other new care models described in the Next steps on the NHS five year forward view and the Five year forward view, and the documents on which that understanding is based. |
| **Response :** |

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| **FOI NO: 777** | **Date Received: 2 May 2017** |
| **Request :**1. What assessment, if any, has your CCG made on the number of people with Parkinson’s accessing mental health services in your CCG area?
2. In your CCG area please state whether people with Parkinson’s can access mental health services through each of the following pathways:
3. By referring themselves directly
	1. By visiting their GP
	2. Their Parkinson’s specialist (for example a consultant neurologist, consultant in the care of the elderly or Parkinson’s Nurse) referring directly into mental health services
	3. Mental health professional forming part of a multidisciplinary team for Parkinson’s
	4. Other – please specify
4. Do you currently commission any psychological support or other mental health services specifically for people with neurological conditions? If yes, please state which neurological conditions and the type of mental health support that is commissioned.
5. Does your Parkinson’s service have access to any of the following mental health professionals? If yes please outline the pathway for accessing the mental health professional.
	1. Clinical psychologist
	2. Psychiatrist
	3. Neuropsychologist
	4. Neuropsychiatrist
	5. Other mental health specialist, such as community psychiatric nurse. Please specify which professional.
6. Does your CCG currently integrate evidence-based psychological therapies for adults with anxiety and depression with a focus on people living with long-term physical conditions or are there future plans to? If yes, please outline which long-term physical conditions can benefit from the therapies.
7. Has your CCG ever taken any action to promote integration across physical and mental health services for people with Parkinson’s or do you have future plans to do so? If yes, please provide details of what action has/or will be taken.
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| **Response :**1. What assessment, if any, has your CCG made on the number of people with Parkinson’s accessing mental health services in your CCG area? Barnsley mental health services are commissioned on a ‘needs’ basis rather than linked to a specific medical condition. It is not known therefore how many people receiving support from local mental health also have Parkinsons.
2. In your CCG area please state whether people with Parkinson’s can access mental health services through each of the following pathways:
	1. By referring themselves directly - Yes
	2. By visiting their GP - Yes
	3. Their Parkinson’s specialist (for example a consultant neurologist, consultant in the care of the elderly or Parkinson’s Nurse) referring directly into mental health services – Yes
	4. Mental health professional forming part of a multidisciplinary team for Parkinson’s – Not known – please request this information directly from SWYPFT customer.services@swyt.nhs.uk
	5. Other – please specify
3. Do you currently commission any psychological support or other mental health services specifically for people with neurological conditions? If yes, please state which neurological conditions and the type of mental health support that is commissioned. As per Q1, the mental health services are commissioned on a basis of ‘need’.
4. Does your Parkinson’s service have access to any of the following mental health professionals? If yes please outline the pathway for accessing the mental health professional.
	1. Clinical psychologist
	2. Psychiatrist
	3. Neuropsychologist
	4. Neuropsychiatrist
	5. Other mental health specialist, such as community psychiatric nurse. Please specify which professional.

Please request this information directly from BHNFT barnsley@infreemation.co.uk and SWYPFT customer.services@swyt.nhs.uk1. Does your CCG currently integrate evidence-based psychological therapies for adults with anxiety and depression with a focus on people living with long-term physical conditions or are there future plans to? If yes, please outline which long-term physical conditions can benefit from the therapies. Yes – the IAPT service currently provides this for people with heart disease and for people with Diabetes. The CCG is working with our IAPT provider to extend this service to people with other long term conditions, as per the national recommendation within the Five Year Forward View for Mental Health
2. Has your CCG ever taken any action to promote integration across physical and mental health services for people with Parkinson’s or do you have future plans to do so? If yes, please provide details of what action has/or will be taken. This is occurring for people with long term conditions but has not been targeted specifically at people with Parkinsons.
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| **FOI NO: 778** | **Date Received: 4 May 2017** |
| **Request :**Is there a time/number of procedure limit for reconstructive breast procedures following breast cancer (including revision procedures) in your CCG?  Is there availability/funding for breast surgery on the contralateral breast (the breast without breast cancer) for means of providing symmetry to any planned reconstructive procedure of the breast with breast cancer. If so, is there a time/number of procedure limit for this type of surgery? |
| **Response :**Is there a time/number of procedure limit for reconstructive breast procedures following breast cancer (including revision procedures) in your CCG?There is no policy that limits time/number procedure for reconstruction breast procedures following breast cancerIs there availability/funding for breast surgery on the contralateral breast (the breast without breast cancer) for means of providing symmetry to any planned reconstructive procedure of the breast with breast cancer. If so, is there a time/number of procedure limit for this type of surgery?There is no policy restriction on availability/funding for breast surgery on the contralateral breast. |

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| **FOI NO: 779** | **Date Received: 5 May 2017** |
| **Request :**By way of a Freedom of Information Request please can you provide me with a list of any qualified provider organisations commissioned by the Barnsley CCG that provide patient facing services |
| **Response :**

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| St George's Medical Centre PMS Practice  | Vasectomy services (Non Scalpel) |
| Lundwood Medical Centre | Vasectomy service (Non Scalpel), Carpel Tunel and Nerve Conduction Studies |
| The Grange Medical Centre | Vasectomy services (Non Scalpel) |

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| **FOI NO: 780** | **Date Received: 5 May 2017** |
| **Request :**1.             Does your organisation use any **bespoke software systems?***If yes, please kindly complete questions a –g.  If no, please proceed to question 2.* a.         What is the core purpose of these system/s?b.         Do these system/s integrate with your organisations financial management systems?c.         Do these system/s enable e-payments, online payments or BACS transactions?d.         Which company/companies are you contracted to for each bespoke software system?e.         What is the total value of each of these contracts over their respective terms?f.          When does the current contract term for these system/s expire?g.         Who are the technical and procurement leads for these system/s and their contact details? 2.              Is your organisation in the process of exploring the scope or planning the procurement of a **bespoke software system** or an **off-the-shelf commercially branded software system** which you envisage will require **bespoke development** to fit your organisation’s needs?*If yes, please kindly complete the following questions:* a.         Will this system/s integrate with your organisations financial management system/s?b.         Will this system/s enable e-payments, online payments or BACS transactions?c.         Will this system/s automate processes or data currently managed by spreadsheets?d.         Will this system/s automate paper based processes?e.         Will this system/s capture large volumes of data from outside your organisation?f.          When is the prospective go-live date for such system/s?g.         What is the estimated budget for such system/s over the intended contractual period (rough order of magnitude)?h.         Who will be the technical and procurement lead for these project/s? |
| **Response :**Barnsley Clinical Commissioning Group do not use any bespoke software and there are no future plans to purchase any bespoke software/developments |

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| **FOI NO: 781** | **Date Received: 8 May 2017** |
| **Request :**1. Has your CCG undertaken a risk assessment of the demographic profile of General Practitioners i.e. how many will reach retirement age in each year for the next 5 years? If so please could you provide a copy of this risk assessment?
2. Please could you confirm the number of whole time equivalent GPs (WTE) working for your CCG?
3. Please could you confirm the current vacancy rate for GPs at your CCG?
4. Does your CCG anticipate a net reduction in the number of GPs available in the next 3-5 years? If so have any estimates been made of how large this reduction is expected to be?
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| **Response :*** 1. Has your CCG undertaken a risk assessment of the demographic profile of General Practitioners i.e. how many will reach retirement age in each year for the next 5 years? If so please could you provide a copy of this risk assessment?

This is unnecessary for CCG positions; however, work is underway to gather a detailed and current baseline of local General Practitioners.  This will be available later in this financial year.  * 1. Please could you confirm the number of whole time equivalent GPs (WTE) working for your CCG?

No whole time GPs in CCG positions.  Data not yet available on a CCG basis. Individual GP practices would be able to provide this under FOI if necessary.* 1. Please could you confirm the current vacancy rate for GPs at your CCG? Nil
	2. Does your CCG anticipate a net reduction in the number of GPs available in the next 3-5 years? If so have any estimates been made of how large this reduction is expected to be?

Not for CCG positions.  Data for local GPs is pending following baseline data collection through the Health Education England workforce tool. |

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| **FOI NO: 782** | **Date Received: 9 May 2017** |
| **Request :**Under the Freedom of Information, please could you provide information on how many Physician's Associates are currently employed by your CCG with a breakdown of which area by town/city/village and how many at each practice.  |
| **Response :**Barnsley CCG does not employ any Physician Associates. |

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| **FOI NO: 783** | **Date Received: 9 May 2017** |
| **Request :**Under the Freedom of Information act please could you give me the names of the following job titlesChief Executive OfficerDirector of ITIT ManagerCaldicott GuardianSenior Information Risk OfficerDirector of FinanceDirector of NursingAssistant Director of NursingMedical Director / ChairpersonChief Operating Officer |
| **Response :**Chief Officer – Lesley SmithDirector of IT – The CCG does not have a Director of IT. This function is coordinated by the Chief Officer, Lesley SmithIT Manager – We do not have an IT Manager this service is provided to the CCG by eMBEDCaldicott Guardian – Brigid ReidSenior Information Risk Officer – Richard WalkerDirector of Finance – Heather Wells Director of Nursing – Brigid Reid (Chief Nurse)Assistant Director of Nursing – Martine Tune (Deputy Chief Nurse)  Medical Director – Dr Mehrban GhaniChairperson – Dr Nick BalacChief Operating Officer – Barnsley CCG does not have a Chief Operating Officer Post |

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| **FOI NO: 784** | **Date Received: 9 May 2017** |
| **Request :**        The number of aftercare packages under Section 117 of the Mental Health Act 1983 for 2016-17 at NHS Barnsley CCG.        The total amount spent on aftercare packages under Section 117 of the Mental Health Act 1983 for 2016-17. |
| **Response :*** The number of aftercare packages under Section 117 of the Mental Health Act 1983 for 2016-17 at NHS Barnsley CCG. 41
* The total amount spent on aftercare packages under Section 117 of the Mental Health     Act 1983 for 2016-17. Total cost reflected in the CCG’s accounts was £1,043k
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| **FOI NO: 785** | **Date Received: 10 May 2017** |
| **Request :**A database of all Continuing Healthcare cases currently managed by your CCG , including:a. The start date of the caseb. The yearly cost of each case by year for as many years as that information is availablec. In the case of patients in a home care setting:i. The third-party provider contracted by CHC to provide careii. Where possible a list of companies who quoted for that contract whenever it wasinitially tendered or subsequently renewed. |
| **Response :**Third party provider details are not included as they are deemed commercially sensitive information.Patient details have also been removed and a summary is provided as anonymising the data would be time consuming.The commissioning of care packages for Continuing Health Care packages is via Barnsley Metropolitan Borough Council on behalf of the CCG.2013/14                                                                Type of Care      Number of individuals   Cost Community        79                           3,475,335.92 Hospital                5                              194,431.72 Nursing                75                           1,614,667.27 Grand Total        159                         5,284,434.91                                                      2014/15                                                                Type of Care      Number of individuals   Cost Community        174                         4,927,105.70 Hospital                3                              358,393.50 Nursing                146                         1,980,321.88 Grand Total        323                         7,265,821.08                           2015/16                                                                Type of Care      Number of individuals   Cost Community        183                         5,005,850.79 Hospital                5                              363,575.40 Nursing                185                         2,077,161.00 Grand Total        373                         7,446,587.19                                 2016/17                                                                Type of Care      Number of individuals   Cost Community        361                         7,079,574.54 Hospital                6                              451,401.39 Nursing                230                         3,306,979.19 Grand Total        597                         10,837,955.12 |

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| **FOI NO: 786** | **Date Received: 12 May 2017** |
| **Request :**Can you please provide the information by email by including your answer below:1. This CCG has patients with an ABI who were discharged with a Rehabilitation Prescription. Yes/No2. This CCG has [number to be inserted] patients with an ABI who were discharged with a Rehabilitation Prescription in the last financial year.3. Of the patients who are issued with a Rehabilitation Prescription the following receive a copya. - GP [please tick]b. - patient/family [please tick]c. - other [please provide details] |
| **Response :**Services for Acquired Brain Injury patients are commissioned by NHS England Specialised Commissioning.  Please could you re-direct your request to NHS England england.contactus@nhs.net |

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| **FOI NO: 787** | **Date Received: 12 May 2017** |
| **Request :** |
| **Response :** |

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| **FOI NO: 788** | **Date Received: 16 May 2017** |
| **Request :**1. According to your current IVF treatment policy: a. How many cycles of IVF do you offer to eligible patients? b. Do you fund a full cycle of IVF, as defined by NICE, which includes replacement of all frozen embryos? If not how many frozen embryo transfers do you fund? c. What is your upper and lower age limit that female patients must meet in order to qualify for treatment? d. Do you fund one full cycle of IVF for women aged 40-42 in line with the NICE guidance? e. Do you have an age criterion that male patients must meet in order to qualify for treatment? If so, please state what the criteria is. f. How long do couples need to be trying to conceive before becoming eligible for treatment? g. What eligibility criteria do you apply in relation to existing children that either one or both partners may have? h. What policy is in place (if any) for the use of Single Embryo Transfer? i. Do you fund fertility treatment for same sex couples, and if so what eligibility criteria do they have to fulfil? 2. What is the average cost of a cycle of an IVF cycle funded by the CCG and what does that include?  3. What providers does the CCG contract with to provide IVF services? 4. Is the assisted conception policy available on the CCG’s website? If so please provide a link to the policy. 5. In the last 12 months, how many patients have applied for fertility funding (both successfully and unsuccessfully) through an Individual Funding Request? |
| **Response :**1. According to your current IVF treatment policy: a. How many cycles of IVF do you offer to eligible patients? 2b. Do you fund a full cycle of IVF, as defined by NICE, which includes replacement of all frozen embryos? If not how many frozen embryo transfers do you fund? Yes – see policyc. What is your upper and lower age limit that female patients must meet in order to qualify for treatment? 18-42 – see policyd. Do you fund one full cycle of IVF for women aged 40-42 in line with the NICE guidance? Yes – see policye. Do you have an age criterion that male patients must meet in order to qualify for treatment? No. If so, please state what the criteria is. Not applicablef. How long do couples need to be trying to conceive before becoming eligible for treatment? 2 years – see policyg. What eligibility criteria do you apply in relation to existing children that either one or both partners may have? Neither partner should have any living children, this includes adopted but not fostered, from that or any previous relationship. See policy h. What policy is in place (if any) for the use of Single Embryo Transfer? See policy 5.11i. Do you fund fertility treatment for same sex couples, and if so what eligibility criteria do they have to fulfil? Yes, 6 cycles of IUI to be self-funded – see policy2. What is the average cost of a cycle of an IVF cycle funded by the CCG and what does that include? £3,000  - includes ovarian stimulation, egg collection, fresh embryo transfer. Cryopreservation of spare embryos and subsequent sequential replacement of all frozen embryos derived from the cycle unit pregnancy is successful or harvested embryos have been exhausted. (Not expected to be more that 4).  Surgical sperm recovery and general anesthetic if required.3. What providers does the CCG contract with to provide IVF services? Sheffield Teaching Hospital4. Is the assisted conception policy available on the CCG’s website? If so please provide a link to the policy. Yes - copy attached5. In the last 12 months, how many patients have applied for fertility funding (both successfully and unsuccessfully) through an Individual Funding Request? 4 - declined as criteria not met. |

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| **FOI NO: 789** | **Date Received: 16 May 2017** |
| **Request :**I’m emailing to request under the Freedom of Information act to be informed of the cost of melatonin prescriptions for children in your area for the last year. |
| **Response :**We do not hold a specific budget or monitor spend or volume for Melatonin prescribing across Barnsley.Although I appreciate melatonin is predominantly prescribed for children with sleep disorders there are preparations which are licensed and prescribed for adults ( the elderly ) and the EPACT cost and volume data which we are able to interrogate doesn’t differentiate. The data which we have access to is cost and volume prescribing data and does not link to personal patient details. The data which we have access to is held by HSCIC - CCG's spend and volume on Melatonin prescribing in primary care. This is publicly available information which can be accessed by members of the public. http://www.hscic.gov.uk/searchcatalogueThere is also a proportion of prescribing for children which is also undertaken by Mental Health CAMHS (Child and Adolescent Mental Health services) and we do not have access to their prescribing data. This data would be held by South West Yorkshire Partnership Foundation Trust for the Barnsley Delivery Unit.Individual GP practices across Barnsley would be able to advise you of the number of children for whom they currently prescribe Melatonin or who have melatonin prescribed by a specialist. |

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| **FOI NO: 790** | **Date Received: 22 May 2017** |
| **Request :*** How many vehicles are in your fleet and type (specifically Transit and Luton vans)
* Name and contact details of the Fleet / Transport Manager
* Name and contact details of the Communications / Marketing Manager
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| **Response :**Barnsley Clinical Commissioning Group does not hold any fleet vehicles and do not employ  a Fleet/Transport Manager. |

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| **FOI NO: 791** | **Date Received: 22 May 2017** |
| **Request :** |
| **Response :** |

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| **FOI NO: 792** | **Date Received: 22 May 2017** |
| **Request :**1.     Does the CCG or any constituent practices currently utilise any of the following prescribing support software? Y/N Please indicate which:§  Eclipse Live§  Scriptswitch§  FDB Optimise RX§  DXS§  Other (please provide name of system)A.) If yes for any of the above software, is this used exclusively by the CCG, by the GP practices within the footprint of the CCG or is it used by both the CCG and its GP practices?B.) If the software is used by GP practices, is it used by all practices within the CCG? Y/NC.) If No – Please list the practices **not using this software** by ODS code.

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| Prescribing Support Software | Does the CCG or any constituent practices currently utilise any of the following prescribing support software? Y/N | If yes for any of the above software, is this used exclusively by the CCG, by the GP practices within the footprint of the CCG or is it used by both the CCG and its GP practices? (CCG Only, GP Only, Both) | If the software is used by GP practices, is it used by all practices within the CCG? Y/N | If No – Please list the **practices not using** this software by ODS code. |
| Eclipse Live |  |  |  |  |
| Scriptswitch |  |  |  |  |
| FDB Optimise RX |  |  |  |  |
| DXS |  |  |  |  |
| Other (please provide name of system) |  |  |  |  |

1. Does the CCG utilise any of the following as processes or policy to support adherence to the local formulary or specific medicines usage? Please indicate which:
	1. GP quality management contract or payment (or similar)
	2. Enhanced service payment (or similar)
	3. Prescribing incentive scheme (or similar)
2. What is the current year 17/18 CCG QIPP/efficiency savings plan target?

4.     What is the value of the prescribing element for the current year 17/18 CCG QIPP/efficiency savings plan target? |
| **Response :**1.         Does the CCG or any constituent practices currently utilise any of the following prescribing support software? Y/N        Please indicate which:§  Eclipse Live Yes§  Scriptswitch Yes §  FDB Optimise RX No§  DXS No§  Other (please provide name of system) NoA.) If yes for any of the above software, is this used exclusively by the CCG, by the GP practices within the footprint of the CCG or is it used by both the CCG and its GP practices?Both CCG and all GP practicesB.) If the software is used by GP practices, is it used by all practices within the CCG? Yes for Scriptswitch , only Eclipse Live Radar function reviews are incentivised. All practices have both systems  but use varies greatly across practices at different parts of the year. I would have to analyse data over a specific time period to complete the table below C.) If No – Please list the practices**not using this software** by ODS code. N/A

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| Prescribing Support Software | Does the CCG or any constituent practices currently utilise any of the following prescribing support software? Y/N | If yes for any of the above software, is this used exclusively by the CCG, by the GP practices within the footprint of the CCG or is it used by both the CCG and its GP practices? (CCG Only, GP Only, Both) | If the software is used by GP practices, is it used by all practices within the CCG? Y/N | If No – Please list the **practices not using** this software by ODS code. |
| Eclipse Live |  Y |  Both |  Yes |   |
| Scriptswitch  |  Y |  Both |  Yes |   |
| FDB Optimise RX  |   |   |   |   |
| DXS |   |   |   |   |
| Other (please provide name of system) |   |   |   |   |

1. Does the CCG utilise any of the following as processes or policy to support adherence to the local formulary or specific medicines usage? Please indicate which:
	1. GP quality management contract or payment (or similar) Yes both for Eclipse Live and Scriptswitch
	2. Enhanced service payment (or similar)
	3. Prescribing incentive scheme (or similar)

 1. What is the current year 17/18 CCG QIPP/efficiency savings plan target? £11.5 million reported to NHSE for 17/18

 4.     What is the value of the prescribing element for the current year 17/18 CCG QIPP/efficiency savings plan target?  £4.2 million |

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| **FOI NO: 793** | **Date Received: 23 May 2017** |
| **Request :**Can I request the following please, who does the CCG use for Translations and Interpreter’s. What named individual is responsible for deciding this? |
| **Response :**Who does the CCG use for Translations and Interpreter’s? BIG WORD and Local providers may be used for BSL interpreting at public events.What named individual is responsible for deciding this? Head of communications and Engagement (for ad hoc work). |
| **FOI NO: 794** | **Date Received: 24 May 2017** |
| **Request :**1. I refer to the (Deptt of Health) DH's, "National Quality Requirements in the Delivery of Out-of-Hours Services" 2006 document (attached) in pages 5 to 7, in clause 3.5.1 on page 10 of "2014/15 APMS Contract – 18.06.14 v1.0."1.1 "Providers must report regularly to PCTs on their compliance with the Quality Requirements."FOI: Please tell when these Out-of-Hours (OOH) reports were sent between 2014 and March 2015 from Out-of-Hours (OOH) provider to you?1.2 "Providers must regularly audit a random sample of patients’ experiences of the service (for example 1% per quarter) and appropriate action must be taken on the results of those audits. Regular reports of these audits must be made available to the contracting PCT. Providers must cooperate fully with PCTs in ensuring that these audits include the experiences of patients whose episode of care involved more than one provider organisation."FOI: Please tell when these Out-of-Hours (OOH) reports were sent between 2014 and March 2015 from Out-of-Hours (OOH) provider to you?2. In 2013 NHS Commissioning Board (CB) introduced a service called Risk Profiling and Case Management Scheme. It was an "enhanced service".2.1 How many agreements of GP practice belonging to you did you have in place by 30 June 2013 for the risk profiling and care management enhanced service?2.2 Which GP practices belonging to you did you notify NHS CB that were participating by 31 August 2013 in the Risk Profiling and Case Management enhanced service?2.3 What risk profiling evaluation tool was procured by you for the GP practices belonging to you?2.4 Please supply a template of your audit form or quote data entry fields if it’s a database that GP practices belonging to you were meant to complete or be guided by quarterly.2.5 What criteria did you specify to GP practices belonging to you for case management? |
| **Response :**1. I refer to the (Deptt of Health) DH's, "National QualityRequirements in the Delivery of Out-of-Hours Services" 2006 document(attached) in pages 5 to 7, in clause 3.5.1 on page 10 of "2014/15APMS Contract – 18.06.14 v1.0." Barnsley CCG are an associate to the Rotherham CCG contract. All reports are sent to the lead commissioner Rotherham CCG (FOI email address). Unfortunately, we are unable to provide data prior to 2013 when PCT’s became CCG’s.1.1 "Providers must report regularly to PCTs on their compliance withthe Quality Requirements."FOI: Please tell when these Out-of-Hours (OOH) reports were sentbetween 2014 and March 2015 from Out-of-Hours (OOH) provider to you? 1.2 "Providers must regularly audit a random sample of patients’experiences of the service (for example 1% per quarter) andappropriate action must be taken on the results of those audits.Regular reports of these audits must be made available to thecontracting PCT. Providers must cooperate fully with PCTs in ensuringthat these audits include the experiences of patients whose episode ofcare involved more than one provider organisation."FOI: Please tell when these Out-of-Hours (OOH) reports were sentbetween 2014 and March 2015 from Out-of-Hours (OOH) provider to you?2. In 2013 NHS Commissioning Board (CB) introduced a service calledRisk Profiling and Case Management Scheme. It was an "enhancedservice".   The NHS CB is no longer in existence2.1 How many agreements of GP practice belonging to you did you havein place by 30 June 2013 for the risk profiling and care managementenhanced service? Not known2.2 Which GP practices belonging to you did you notify NHS CB thatwere participating by 31 August 2013 in the Risk Profiling and CaseManagement enhanced service? Not known2.3 What risk profiling evaluation tool was procured by you for the GPpractices belonging to you? Not available2.4 Please supply a template of your audit form or quote data entryfields if its a database that GP practices belonging to you were meantto complete or be guided by quarterly. Not available2.5 What criteria did you specify to GP practices belonging to you forcase management? Not known |

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| **FOI NO: 795** | **Date Received: 24 May 2017** |
| **Request :**I refer to Health and Social Care Act 2012 sections placed underneath, please send me with some promotional evidence from up to 2014 that the below 6 duties were done by you - (1) that you promoted NHS Constitution, (2) that you promoted patient choice, (3) that you promoted innovation, (4) that you promoted research, (5) that you promoted education / training and (6) that you promoted integration.1. 4P Duty to promote NHS Constitution(1)Each clinical commissioning group must, in the exercise of its functions—(b)promote awareness of the NHS Constitution among patients, staff and members of the public.2. 14V Duty as to patient choiceEach clinical commissioning group must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.3. 14X Duty to promote innovationEach clinical commissioning group must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).4. 14Y Duty in respect of researchEach clinical commissioning group must, in the exercise of its functions, promote—(a)research on matters relevant to the health service, and(b)the use in the health service of evidence obtained from research.5. 14Z Duty as to promoting education and trainingEach clinical commissioning group must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State in the discharge of the duty under that section.6. 14Z1Duty as to promoting integration(1)Each clinical commissioning group must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—(a)improve the quality of those services (including the outcomes that are achieved from their provision),(b)reduce inequalities between persons with respect to their ability to access those services, or(c)reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services."Promote" is in the majority of the sections I quoted from Health and Social Care Act 2012, for example -My paras -1. "4P Duty to promote"1(b) "promote awareness"3. "14X Duty to promote innovation" and again "promote innovation"4. "exercise of its functions, promote—"5. "14Z Duty as to promoting education and training" and again "need to promote education and training"6. "14Z1 Duty as to promoting integration"Only my para 2 does not directly mention "promote" but the meaning is the same.So what I am looking for is evidence of your "promoting" and different persons might interpret this differently and therefore I leave it your interpretation and resources. |
| **Response :**1. 4P Duty to promote NHS Constitution(1)Each clinical commissioning group must, in the exercise of its functions—(b)promote awareness of the NHS Constitution among patients, staff and members of the public.The NHS Constitution is promoted on the CCG website, which is available to the groups referenced. It is also promoted, in parts, at our monthly governing body meeting within performance reports. It is also promoted at our annual general meetings and elements within it feature in the CCG annual report.<http://www.barnsleyccg.nhs.uk/our-information/who-we-are-and-what-we-do.htm>2. 14V Duty as to patient choiceEach clinical commissioning group must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.Patient choice is built into the CCG’s commissioning activities. An example of how we promote patient choice is on our website: <http://www.barnsleyccg.nhs.uk/patient-help/what-to-expect-from-your-health-services.htm>3. 14X Duty to promote innovationEach clinical commissioning group must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).An example of how the CCG builds innovation into its commissioning work is available to read on our website here <http://www.barnsleyccg.nhs.uk/news/healthcare_transformation_award_2016.htm>This is a local service the CCG developed which has won 3 national awards for. This link takes you to an industry award in the innovation in service re-design category.4. 14Y Duty in respect of researchEach clinical commissioning group must, in the exercise of its functions, promote—(a)research on matters relevant to the health service, and(b)the use in the health service of evidence obtained from research.The CCG uses a range of research tools and support to design and assess local health care needs and services. This could be through things like to Joint Strategic Needs Assessment <https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/joint-strategic-needs-assessment/> to our partnership with the Academic Health Science Network <http://www.ahsnnetwork.com/> , or through to a local award we sponsor for trainee GPs to undertake a piece of research, specifically an audit, in GP practices. 5. 14Z Duty as to promoting education and trainingEach clinical commissioning group must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State in the discharge of the duty under that section.The CCG has a comprehensive protected learning time programme for GPs and practice nursing staff. The Barnsley  Education Support Time, or BEST, attracts around 150 GPs and primary care staff each month and is supported by a website, which offers them additional learning packages.  The CCG also promotes the courses of the NHS leadership academy and also has finded fellowship posts across the organisation.6. 14Z1Duty as to promoting integration(1)Each clinical commissioning group must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—(a)improve the quality of those services (including the outcomes that are achieved from their provision),(b)reduce inequalities between persons with respect to their ability to access those services, or(c)reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.Barnsley CCG is a partner in the South Yorkshire and Bassetlaw sustainability and transformation partnership. It is also a partner in the Barnsley Health and Wellbeing Board and the delivery of the actions in the Barnsley Plan. The elements outlined above feature in these plans. These plans can be viewed on our website <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm> |

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| **FOI NO: 796** | **Date Received: 24 May 2017** |
| **Request :** |
| **Response :**1. Details of all current contracts you have, including the name, address and contact details of the service provider;

 The CCG has published all current contracts and relevant information on its website, please see the following link: <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> 1. The renewal date of the contracts;

 The CCG has published all current contracts and relevant information on its website, please see the following link: <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> 1. Start date of the contracts;

 The CCG has published all current contracts and relevant information on its website, please see the following link: <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> 1. Value of contracts;

 The CCG has published all current contracts and relevant information on its website, please see the following link: <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>             1. Spend on Telehealth/Digital Health for previous financial year 2016--‐17;

 The CCG spent £1,577,151 Care Navigation in 2016/17 which includes an element of Telehealth/Digital Health.1. Spend on community equipment for previous financial year 2016--‐17;

 The CCG spent £415,629 on community equipment in 2016/17. 1. Spend on wheelchair services for previous financial year 2016--‐17;

 The cost of wheelchairs at STHFT was £942,945 in 2016/171. Number of citizens receiving a telecare service funded by the local authority;

 The CCG does not hold this information. 1. Commissioning officer name/s, email address/es and phone number/s.

 We do not have named leads for the services listed. If you require further information, please contact Julia King Lead Commissioning and Transformation Manager, Julia.king15@nhs.net  01226 433775 or Lynsey Bowker  Lead Commissioning and Transformation Manager lynsey.bowker@nhs.net  01226 433769 |

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| **FOI NO: 797** | **Date Received: 24 May 2017** |
| **Request :**1. How many adults in your CCG currently receive NHS Continuing Healthcare?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?4. What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2015-16?5. For each of the following categories, what was the actual amount spent by your CCG in 2015-16 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 was the total NHS Continuing Healthcare budget for adults in your CCG in 2016-17?7. What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2016-17?8. For each of the following categories, what was the actual amount spent by your CCG in 2016-17 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? 9. What is your CCG’s total NHS Continuing Healthcare budget for adults for each of the years 2017-18, 2018-19 and 2019-20?10. If your response to Question 9 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. |
| **Response :**1.            How many adults in your CCG currently receive NHS Continuing Healthcare? 3552.            How many adults in your CCG currently receive each of the following:a)            Fully funded NHS Continuing Healthcare packages of care? 186b)            Joint funded Local Authority / NHS Continuing Healthcare packages of care? 42c)            NHS funded nursing care? 127d)            “Care at Home” NHS Continuing Healthcare packages care? 963.         What was the total NHS Continuing Healthcare budget for adults in your CCG in 2015-16? £16,1764.            What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2015-16? £15,3825.            For each of the following categories, what was the actual amount spent by your CCG in 2015-16 for those adults in receipt of:a)            Fully funded NHS Continuing Healthcare packages of care? £7,969b)            Joint funded Local Authority / NHS Continuing Healthcare packages of care? £728c)            NHS funded nursing care? £1,216d)            “Care at Home” NHS Continuing Healthcare packages of care? £5,4696.            What was the total NHS Continuing Healthcare budget for adults in your CCG in 2016-17? £14,8087.            What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2016-17? £15,6068.            For each of the following categories, what was the actual amount spent by your CCG in 2016-17 for those adults in receipt of:a)            Fully funded NHS Continuing Healthcare packages of care? £8,287b)            Joint funded Local Authority / NHS Continuing Healthcare packages of care? £647c)            NHS funded nursing care? £1,360d)            “Care at Home” NHS Continuing Healthcare packages of care? £5,3129.            What is your CCG’s total NHS Continuing Healthcare budget for adults for each of the years 2017-18, 2018-19 and 2019-20?    2017/18                       14,853                         2018/19                       15,187                         2019/20                       15,72310.          If your response to Question 9 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. N/A |

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| **FOI NO: 798** | **Date Received: 26 May 2017** |
| **Request :**1. Does your CCG commission assistive technology and telecare services? If so, does the CCG have in-house provision for such services and if not what percentage of the total amount spent on such services is spent with external providers?
2. How much did your CCG spend on assistive technology and tele care services in 2015/16 and 2016/17 on either a ‘spot’ or ‘block’ contract basis, and how much is it planning to spend in 2017/18?
3. How many patients in your CCG received assistive technology and telecare services on 1st April 2015, 1st April 2016 and 1st April 2017?
4. Full names, job titles and contact details (including telephone numbers and email addresses) of the responsible Managers and Officers and what section / department these staff are part of?
5. Details of any forthcoming tenders and contract renewals for such services? I would also be very interested in reading any other comments about commissioning and implementation of assistive technology and tele care services including any other requirements in your area you might have.
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| **Response :**1. Does your CCG commission assistive technology and telecare services? If so, does the CCG have in-house provision for such services and if not what percentage of the total amount spent on such services is spent with external providers? - The CCG does not provide services. 100% of service provision is commissioned from external Providers in relation to assistive technology and telecare services.
2. How much did your CCG spend on assistive technology and tele care services in 2015/16 and 2016/17 on either a ‘spot’ or ‘block’ contract basis, and how much is it planning to spend in 2017/18?

Telehealth

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| Year | Contract Basis | Contract Value |
| 2015/16 | Block | £1,561,401 |
| 2016/17 | Block | £1,577,151 |
| 2017/18 | Block | £1,578,728 |

Assistive Technology

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| Year | Contract Basis | Contract Value |
| 2015/16 | Block | £411,478 |
| 2016/17 | Block | £415,629 |
| 2017/18 | Block | £416,044 |

1. How many patients in your CCG received assistive technology and telecare services on 1st April 2015, 1st April 2016 and 1st April 2017? - The CCG does not record daily figures, However, the below table shows the monthly activity for April each year where available.

Telehealth

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| Year | April Activity |
| 2015/16 | Not Available |
| 2016/17 | Not Available |
| 2017/18 | 327 |

Assistive Technology

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| --- | --- |
| Year | April Value |
| 2015/16 | Not Available |
| 2016/17 | 430 |
| 2017/18 | 355 |

1. Full names, job titles and contact details (including telephone numbers and email addresses) of the responsible Managers and Officers and what section / department these staff are part of?

We do not have named leads for the services listed below. Should you have a particular enquiry regarding Assistive Technology,  If you require further information, please contactJulia King Lead Commissioning and Transformation Manager, Julia.king15@nhs.net  01226 433775 orLynsey Bowker  Lead Commissioning and Transformation Manager lynsey.bowker@nhs.net  01226 4337691. Details of any forthcoming tenders and contract renewals for such services? I would also be very interested in reading any other comments about commissioning and implementation of assistive technology and tele care services including any other requirements in your area you might have.   No
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| **FOI NO: 799** | **Date Received: 26 May 2017** |
| **Request :**• How much have you spent on CAMHS tiers 1-3 during 2016/17 (Contract value, not extra money that has come from FYFV)?• What is the size of the population served by the CAMHS contract?• How many WTE members of staff are employed for the CAMHS tiers 1-3 service? Please can you break this down into agenda for change pay bands and occupations? |
| **Response :** Redirected to BMBC |

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| **FOI NO: 800** | **Date Received: 30 May 2017** |
| **Request :**1) Whether any block or assured/risk share contract payment arrangements for planned elective care were in place for NHS Barnsley CCG for  the following years: 2013/2014, 2014/2015, 2015/2016. And if any have been agreed for 2017/2018 and 2018/19.If so, please provide the value for each and the care providers the contracts were placed with broken down by the financial year in question.2) Where block contracts were in place for elective care, please provide the following:a) The number of anticipated patient spells anticipated when theblock contract was commissioned. If a specific number is not given, please give the estimated patient spells used during negotiations with the provider.b) How many patients spells were delivered during the contract period? |
| **Response :**NHS Barnsley CCG have never had a block or assured/ risk share contract payment arrangement for planned elective care therefore all the questions have a NIL response from the CCG |

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| **FOI NO: 801** | **Date Received: 31 May 2017** |
| **Request :*** A copy of the diabetes blood glucose meter and pen needle formulary for the CCG or the names of the products chosen for the formulary
* The contact name and contact details of the person/s involved in the diabetes formulary decision
* The date that the formulary is due for renewal
 |
| **Response :**A copy of the diabetes blood glucose meter and pen needle formulary for the CCG or the names of the products chosen for the formulary <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/Members/Medicines%20management/Prescribing%20Guidelines/201605%20-%20Barnsley%20DM%20Guidelines%20Final%20Draft.pdf>The contact name and contact details of the person/s involved in the diabetes formulary decision Medicines Management Team - Caron ApplebeeThe date that the formulary is due for renewalThe section was reviewed in 2016 and so will be summer 2018 approximately reviewed |