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| **FREEDOM OF INFORMATION REQUESTS JUNE 2018** |

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| **FOI NO: 1067** | **Date Received: 1 June 2018** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1068** | **Date Received: 8 June 2018** |
| **Request :** | |
| **Response :**  Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership NHS Foundation Trust <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 1069** | **Date Received: 11 June 2018** |
| **Request :**  **PART 1**. I'd like to know whether or not the CCG has a specialist services panel (or equivalent) in place (see 'further clarification' below).  **PART 2**. I'd like to request, for each of the years 2013, 2014, 2015, 2016, and 2017, the number of referrals for specialist services that have been made to the CCG; broken down by specialist service; and also broken down by number successful (or agreed), number unsuccessful (or declined), and number deferred, according to the decisions of the panel.  **PART 3**. I'd like to request, for each of the years 2013, 2014, 2015, 2016, and 2017, the total number of referrals for specialist services that have been made to the CCG broken down by number successful (or agreed), number unsuccessful (or declined), and number deferred ONLY.  - IF the information is not held because the CCG does not have a Specialist Services Panel or equivalent, please state so and release the number of referrals only.  - IF some of the information is not eligible for release because low statistical values threaten the disclosure of personal identifiable information, please say so and state the range of values which could trigger this exemption (NB this is typically 1-4 inclusive)  - IF it's not possible to fulfil this request within the cost limit, please state why, and release part of the data rather than withholding the full set.  **FURTHER CLARIFICATION**    Specialist Services Panels are a cost-managing initiative that have been implemented by some CCGs to ensure available resources are used as efficiently as possible. The process is as follows:  i. In some areas, when a patient is diagnosed with a treatment that requires a specialist service  – for example eating disorder outpatient treatment – the patient cannot be referred straight to the service by the doctor  ii. The doctor must make an application (a referral) to the CCG, where the application/referral will be scrutinised by what is known as a 'specialist services panel'  iii. The specialist services panel act as a gatekeeper to these services. They can agree, decline or defer the referral.    My freedom of information request relates to **all** of the decisions made by this panel in a set time period for **all** of these specialist services.    Here is a list of all the specialist services available at an example CCG. They will vary according to the CCG, so this should be treated as advisory only:    - Memory disorders  - Behavioural genetics clinic – autism assessment  - Behavioural disorders service – ADHD assessment and treatment  - Chronic Fatigue Service  - Eating Disorders day care and outpatients  - Affective disorders outpatients  - Brain injury outpatients​  - Psychosexual disorders clinic  - Anxiety disorders residential unit | |
| **Response :**  Barnsley Clinical Commissioning Group does not have a Specialist Services Panel. GPs in Barnsley are able to refer patients directly to an Individual Funding Request (IFR) Panel for certain conditions which are not routinely commissioned.  The procedure for doing so is on the CCG’s website.  The CCG does not hold data as to the number of referrals. | |

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| **FOI NO: 1070** | **Date Received: 11 June 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: 1071** | **Date Received: 13 June 2018** |
| **Request :**  1. The total number of service users in residential nursing care receiving CHC funding with complex neurological conditions (and possibly with behaviours that may challenge) eg ABI, spinal cord injury, Motor Neurone and Huntington’s disease from NHS Barnsley CCG. If available, please provide a split by primary condition?  2. The total number of service users with these conditions in residential nursing care who are in short term rehabilitation vs long term steady state care.  3. The number of service users with these conditions in residential nursing care from NHS Barnsley CCG who are sent out of area.  4. A list of any frameworks used by NHS Barnsley CCG to place services users with these conditions with independent residential nursing care providers. | |
| **Response :**  1. The total number of service users in residential nursing care receiving CHC funding with complex neurological conditions (and possibly with behaviours that may challenge) eg ABI, spinal cord injury, Motor Neurone and Huntington’s disease from NHS Barnsley CCG. If available, please provide a split by primary condition? 7 unable to provide breakdown of conditions.  2. The total number of service users with these conditions in residential nursing care who are in short term rehabilitation vs long term steady state care. Information not available.    3. The number of service users with these conditions in residential nursing care from NHS Barnsley CCG who are sent out of area. 1  4. A list of any frameworks used by NHS Barnsley CCG to place services users with these conditions with independent residential nursing care providers.None in place. | |

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| **FOI NO: 1072** | **Date Received: 14 June 2018** |
| **Request :**   |  |  |  | | --- | --- | --- | | 1 | Name of CCG |  | | 2 | Name of CCG from which the data set was taken if the data set was taken from a CCG that is no longer in existence |  | | 3 | Region |  | | 4 | Population size from which the data set is taken.  *Note: Please give the historical population served if the data set is from a CCG which is no longer in existence* |  | | 5 | Please confirm that prior approvals have been removed from the data set | ☒ Yes  ☐ No | | **For the 12-month period from April 2016 to March 2017 please provide the following information** | | | | 6 | How many IFR applications were received in this period? |  | | 7 | How many of these applications proceeded to a Screening Panel / Team?  *Note:  Some CCGs may screen out IFR applications for administrative reasons (wrong CCG, normally commissioned case, other reasons).* |  | | 8 | Of the cases that were put before the Screening Panel / Team in how many cases was the screening decision made the first time the case was presented to the Screening Panel / Team?  *Note:  With this question we are trying to determine in how many cases of those applications are sent back for more information from the applicant.* |  | | 9 | How many of IFRs made in this period were put before an IFR Panel for consideration? |  | | 10 | Of the cases that were put before the IFR Panel in how many cases was the decision made the first time the case was put before the Panel?  *Note:  With this question we are trying to determine in how many cases the IFR Panel sought further clarification before making their decision.* |  | | 11 | What were the outcomes of the IFR Panel? | Funded =  Not funded =  Other = | | 12 | If possible please provide further details of the cases:   |  |  |  |  | | --- | --- | --- | --- | |  | **Number**  **Funded** | **Number**  **Not funded** | **Number**  **Other** | | **Medicines** |  |  |  | | **Surgical procedure** |  |  |  | | **Medical device** |  |  |  | | **Other** |  |  |  | | | | 13 | What was the funding committed as a result of applications whose funding was agreed?  ***Limited duration of funding=***  *Surgery or a course of treatment such as medicine over a limited period (or example 6 months or 24 months) should be counted as limited duration funding and the total cost included, even if those costs are were to be incurred in one or more subsequent financial years.*  ***Revenue funding =****indefinite use of a medicine.  For these IFRs please****provide only the cost of providing one full year of treatment.*** | Limited duration funding =    Revenue funding = | | |
| **Response :**  We do not hold information that differentiates between IFR and prior approval.  All requests are logged as IFR as they follow the same process. | |

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| **FOI NO: 1073** | **Date Received: 18 June 2018** |
| **Request :**   1. Is there a named individual who has been chosen within your organisation to lead on the changes required by the guideline? 2. On a scale of 1-10 (10 being an absolute priority) how would you rank the prioritisation you are giving to the implementation of the NICE Cataracts in adults (management) guideline? 3. Has your organisation carried out an impact assessment against the guideline’s recommendations to find out whether there are gaps in current service provision? 4. a) Has your organisation developed a strategy to ensure the implementation of the guideline? 5. b) If yes to 4a) can you outline the timeframe by which you plan to implement the guideline’s recommendations? 6. Do commissioners have the opportunity to affect decisions made by trusts with regards to the commissioning or procurement of intraocular lenses? 7. Has an assessment been made by your organisation regarding the indicative costs and savings associated with the new guideline? 8. Has an internal assessment been made as to how recommendation 1.2.2 - instructing that cataract surgery should not be restricted on the basis of visual acuity – will be implemented? 9. Has your organisation de-commissioned any element of your ophthalmology services in the last 24 months? 10. Has your organisation implemented any policy in the last 24 months that has resulted in delayed patient access to cataract care? 11. a) How many YAG lasers associated with cataracts has your CCG been charged for by your local trust over the past 3 financial years (Per year)?  |  |  |  |  |  | | --- | --- | --- | --- | --- | | CCG | 2014-15 | 2015-16 | 2016-17 | Grand Total | |  |  |  |  |  |  1. b) How much has YAG lasering cost the CCG over the past 3 financial years?  |  |  |  |  |  | | --- | --- | --- | --- | --- | | CCG | 2014-15 | 2015-16 | 2016-17 | Grand Total | |  |  |  |  |  |  1. c) Is YAG lasering reimbursed to the trust or covered in the cataract tariff? | |
| **Response :** | |

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| **FOI NO: 1074** | **Date Received: 19 June 2018** |
| **Request :**  1 – Has an approach to Biosimilar uptake been discussed and agreed with:   * The CCG governing body (Y/N) * Area Prescribing Committee (Y/N) * Relevant local provider organisation (Y/N) * Relevant Sustainability and Transformation Partnerships (Y/N)   2 – Do you have a mechanism in place for identifying the date of patent expiry for originator biological medicines, and the possible launch date of individual biosimilar products ? (Y/N)  3 – Have you identified the level of potential savings opportunity available to your health economy through the use of biosimilar medicines ? (Y/N)  4 – Has your CCG accepted or is it currently accepting manufacturer provision of free of charge drug stock between licensing and NICE funding ? (Y/N)  5 – If your CCG accepted or is it currently accepting FOC stock, please state “Yes” to any of following:   * Brodalumab (Kyntheum) * Guselkumab (Tremfya) * Ixekizumab (Taltz) * Secukinumab (Cosentyx) in Psoriasis or Ankylosing Spondylitis or Psoriatic Arthritis   6 – Has your Trust / CCG accepted or is it currently accepting the following list of drugs in   * Tofacitinib (Xeljanz) * Baricitinib (Olumiant) * Golimumab (Simponi) in Rheumatoid Arthritis or Ulcerative Colitis * Certolizumab (Cimzia) * Apremilast (Otezla) * Tocilizumab (Ro Actemra)   7 – If your Trust / CCG has not accepted manufacturer provision of free of charge drug stock, are there reasons for this ?  8 – For how long is free of charge drug stock typically provided for each patient?   * Frist dose * First month * First 3 months * Other   9 – Are there any agreements in place between you the CCG and a Provider (eg Hospital Trust) that would enable savings in drug costs to be made ? (For example, Gainshare agreements where the benefits associated with more efficient us of medicines not reimbursed through national prices is shared between the Provider and the Clinical Commissioning Group party to the agreement.  This includes agreements for the switch to biosimilar products)  If “Yes”, then please provide the following details | |
| **Response :**  1 – Has an approach to Biosimilar uptake been discussed and agreed with:   * The CCG governing body (Y/N)  Yes * Area Prescribing Committee (Y/N)  Yes * Relevant local provider organisation (Y/N)  Yes * Relevant Sustainability and Transformation Partnerships (Y/N)  Yes   2 – Do you have a mechanism in place for identifying the date of patent expiry for originator biological medicines, and the possible launch date of individual biosimilar products ? (Y/N)   Yes  3 – Have you identified the level of potential savings opportunity available to your health economy through the use of biosimilar medicines ? (Y/N)  Yes  4 – Has your CCG accepted or is it currently accepting manufacturer provision of free of charge drug stock between licensing and NICE funding ? (Y/N)    No. The Acute Trusts which Barnsley Commission Services from may be in receipt  of FOC stock, however the CCG  would be unaware of this and is only aware of how much it is  currently being invoiced for these drugs. Our main hospital Provider is the NHS Barnsley Foundation Trust who would have this information but also services are provided to Barnsley patients from Sheffield, Rotherham and Leeds hospital trusts.  5 – If your CCG accepted or is it currently accepting FOC stock, please state “Yes” to any of following:   Answer as Question 4   * Brodalumab (Kyntheum) * Guselkumab (Tremfya) * Ixekizumab (Taltz) * Secukinumab (Cosentyx) in Psoriasis or Ankylosing Spondylitis or Psoriatic Arthritis   6 – Has your Trust / CCG accepted or is it currently accepting the following list of drugs in  Answer as Question 4   * Tofacitinib (Xeljanz) * Baricitinib (Olumiant) * Golimumab (Simponi) in Rheumatoid Arthritis or Ulcerative Colitis * Certolizumab (Cimzia) * Apremilast (Otezla) * Tocilizumab (Ro Actemra)   7 – If your Trust / CCG has not accepted manufacturer provision of free of charge drug stock, are there reasons for this ? Answer as Question 4  8 – For how long is free of charge drug stock typically provided for each patient? Answer as Question 4   * Frist dose * First month * First 3 months * Other   9 – Are there any agreements in place between you the CCG and a Provider (eg Hospital Trust) that would enable savings in drug costs to be made ? (For example, Gainshare agreements where the benefits associated with more efficient us of medicines not reimbursed through national prices is shared between the Provider and the Clinical Commissioning Group party to the agreement.  This includes agreements for the switch to biosimilar products) Yes  If “Yes”, then please provide the following details  50:50 gainshare after funding of some hospital staff have been deducted. | |

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| **FOI NO: 1075** | **Date Received: 19 June 2018** |
| **Request :**  Under the Freedom of Information Act, please provide the name and contact information for the lead(s) within your STP on obesity; both childhood and adult obesity. | |
| **Response :**  Please re-direct your FOI request to STP who will be able to confirm who their Obesity Lead is. There email address is SHECCG.FOI@nhs.net. | |

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| **FOI NO: 1076** | **Date Received: 20 June 2018** |
| **Request :**   1. What products, services, or partnerships do you currently commission that are aimed to support young mental health products or services?    1. What is each one and how much do they cost?    2. How often is each one purchased?    3. What process do you undergo to commission new products and services for mental health?    4. Who do you currently provision for mental health products/ services? (i.e mental health trusts etc.) 2. What is the decision making process to purchase or engage with mental health products/services?    1. How much budget do you have each year for mental health services?    2. Who is responsible for making this decision?    3. How long does this process take?    4. What Guidelines would you follow to support a purchasing decision for a mental health product (e.g. NICE, NHS Digital Apps etc.) | |
| **Response :**  1. Mental health services supporting children and young peoples emotional health and wellbeing are commissioned from a number of service providers / organisations in line with NICE guidelines, recommendations from NHS England (as contained within publications such as Future in Mind and Five Year Forward View for Mental Health), Public Health data (e.g. Joint Strategic Needs Analysis), relevant Green Papers and local based plans (this list is not exhaustive)  The NHS Specialist CAMHS (Children and Adolescent Mental Health Service) is provided to Barnsley residents by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) but we also commission emotional health and wellbeing support from a schools-led mental health therapeutic team known as MindSpace, a charitable organization known as Chilypep, who provide mental health training and facilitate engagement with young people to influence our commissioning decisions, and Public Health, who are rolling out the THRIVE programme to our Primary Schools. How these services are supporting the children and young people of Barnsley is fully detailed within Barnsley’s Future in Mind Local Transformation Plan, which can be accessed by the following link  There are numerous Apps currently on the market aimed at supporting young peoples mental health but we only recommend those which have approval / recommendation from NHS England / NICE – these Apps are found on the website of our partners MindSpace and Chilypep.  2. Barnsley CCG’s Governing Body has the responsibility for determining the funding levels on Mental Health services in Barnsley, from within its own allocated budget. Their decisions will be based upon the identified level of need, as informed by all of the information gained from numerous sources, some of which are outlined in the response to q1.  As and when the Governing Body determines that a procurement process is necessary to achieve better value for money and / or improved outcomes for its local population it has to follow its own Standing Financial arrangements and any procurement process has to abide by Public sector and EU Procurement legislation. There are very strict governance arrangements in place to ensure that public money is spent both efficiently and effectively.  A procurement process can take anything from 2 weeks to 12 months to complete, dependent upon the level of complexity of the product / service that is being procured. | |

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| **FOI NO: 1077** | **Date Received: 21 June 2018** |
| **Request :**    2. Please explain any changes to the service, including service provider or service specifications, since the start of the pilot program, including any reduction of hours or shift from GP face-to-face consultations to an alternative appointment type.  3. In 2017/18 how much did the CCG spend marketing evening and weekend GP appointments? | |
| **Response :**    2. Please explain any changes to the service, including service provider or service specifications, since the start of the pilot program, including any reduction of hours or shift from GP face-to-face consultations to an alternative appointment type.  None  3. In 2017/18 how much did the CCG spend marketing evening and weekend GP appointments?  The CCG has not had any spend on marketing the iHEART service this has been covered by the provider.  The service has been promoted on CCG social media but this has been done in house at no cost. | |

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| **FOI NO: 1078** | **Date Received: 21 June 2018** |
| **Request :**   1. How many packages of 24 hour care did the CCG commission between 01.01.2017 – 21.06.2018? 2. How many of these packages were awarded to Agincare Live-in Care Services LTD between 01.01.2017 – 21.06.2018? 3. What is the name and contact information for both the Brokerage Manager and the Head of your Contracts and Commissioning team? | |
| **Response :**   1. How many packages of 24 hour care did the CCG commission between 01.01.2017 – 21.06.2018?  357 x Residential & Nursing Homes. 0x 24hr live in care. 2. How many of these packages were awarded to Agincare Live-in Care Services LTD between 01.01.2017 – 21.06.2018? 0 x Live in Care. 3. What is the name and contact information for both the Brokerage Manager and the Head of your Contracts and Commissioning team?  The contact information for the Contracting team is [Barnccg.financeandcontracting@nhs.net](mailto:Barnccg.financeandcontracting@nhs.net) | |

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| **FOI NO: 1079** | **Date Received: 21 June 2018** |
| **Request :**  I would like to request the list of pharmaceutical products/medicines/drugs that NHS Barnsley CCG currently holds rebate agreements for. Can you also provide the corresponding rebate start dates please (the date rebate was first signed/started with CCG and not the annual renewal date)?  I understand that the financial details of the rebates would be considered commercially confidential but have been advised that the existence of a rebate with a product does not fall within a section 42 exemption. So, I am only requesting the product names and the rebate start dates. | |
| **Response :**   |  |  |  | | --- | --- | --- | | **Drug** | **Manufacturer** | **Start Date** | | Leuprorelin (Prostap) | Takeda | 01/05/2015 | | Formoterol (Oxis Turbohaler) | AstraZeneca | 01/07/2015 | | Goserelin (Zoladex) | AstraZeneca | 01/07/2015 | | Ebesque XL (Quetiapine MR) | DB Ashbourne / Ethypharm | 01/08/2015 | | Fencino (Fentanyl patches) | DB Ashbourne /Ethypharm | 01/08/2015 | | Luventa XL (galantamine XL) | Fontus | 01/08/2015 | | Repinex XL (ropinirole XL) | Aspire Pharma Ltd | 01/09/2015 | | Lixiana (Edoxaban) | Daiichi-Sankyo | 01/01/2016 | | Carbocisteine sachets | Intra-Pharm | 01/03/2016 | | AirFluSal Forspiro | Sandoz | 01/08/2016 | | Reletrans (Buprenorphine) | Sandoz | 01/09/2016 | | Biquelle XL | Aspire Pharma Ltd | 01/02/2017 | | Aymes Complete | Aymes | 01/04/2017 | | GlucoRX | GlucoRX | 01/04/2017 | | Sitagliptin | Merck Sharpe & Dohme Limited (MSD) | 01/08/2017 | | Spiolto Respimat | Boehringer Ingelheim Limited | 01/09/2017 | | Eklira | AstraZeneca | 01/10/2017 | | AirFluSal MDI | Sandoz | 01/03/2018 | | |

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| **FOI NO: 1080** | **Date Received: 22 June 2018** |
| **Request :**   1. The number of incidents/events resulting in a fatality for each year 2. The number of incidents/events involving a fire for each year 3. The number of incidents/events involving oxygen equipment and a fire for each year 4. The number of incidents/events involving oxygen equipment, a fire and a fatality for each year   Please provide the information in the form shown below:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Year | Fatalities | Incidents Involving a Fire | Incidents Involving Oxygen Equipment and Fire | Incidents Involving Oxygen Equipment, a Fire and a Fatality | | 2017 |  |  |  |  | | 2016 |  |  |  |  | | 2015 |  |  |  |  | | 2014 |  |  |  |  | | 2013 |  |  |  |  | | |
| **Response :**  We can confirm that we have no serious incidents reported involving home oxygen. | |

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| **FOI NO: 1081** | **Date Received: 22 June 2018** |
| **Request :**  How many nurses with the job titles listed below does your trust employ working wholly in diabetes care and can you inform us whether each nurse is part-time or full-time?  ·        Diabetes Specialist Nurse  ·        Diabetes Nurse  ·        Diabetes Inpatient Specialist Nurse  ·         Diabetes Nurse Educator | |
| **Response :**  Barnsley CCG does not hold this information please redirect your request to the FOI Team at Barnsley Hospital NHS FT who provide Barnsley’s ‘Integrated Diabetes Service’ on [barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk) | |

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| **FOI NO: 1082** | **Date Received: 27 June 2018** |
| **Request :**  For each question I am seeking information for each of the following time periods:    i)                   2014/15  ii)                 2015/16  iii)                 2016/17  iv)                   2017/18 to date (most recent data available)     1. Which kinds of expressive therapies were/are offered by your CCG? 2. How many staff did you/ do you employ who are trained to provide a form of expressive therapy? 3. How much funding was/ is dedicated to the provision of expressive therapies? | |
| **Response :**  SWYPFT have developed Creative Minds which does provide Expressive Therapies but this is not directly commissioned by BCCG.  If you need further information please redirect your enquiry to South West Yorkshire Partnership NHS Foundation Trust <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 1083** | **Date Received: 27 June 2018** |
| **Request :**   1. How many requests for ‘individual/exceptional’ funding did your organisation receive in the fiscal year 2017-18? 2. How many of those requests were accepted for funding? 3. How many of the requests, which were not accepted, were appealed against? 4. How many of those appeals were successful? 5. How many of the unsuccessful appeals went to on to a higher appeal/judicial review? 6. What was the cost to your organisation of administering the whole ‘individual/exceptional’ funding process? 7. What was the total cost to your organisation of legal challenges to funding requests?   Within that sum, what was the total cost of judicial review of any of appeals against funding decisions in the fiscal year, 2017-18 | |
| **Response :**   1. How many requests for ‘individual/exceptional’ funding did your organisation receive in the fiscal year 2017-18?  341 2. How many of those requests were accepted for funding?  146 3. How many of the requests, which were not accepted, were appealed against?   0 4. How many of those appeals were successful?   N/A 5. How many of the unsuccessful appeals went to on to a higher appeal/judicial review?   N/A 6. What was the cost to your organisation of administering the whole ‘individual/exceptional’ funding process?   £33,106 7. What was the total cost to your organisation of legal challenges to funding requests? Nil response as there were no appeals   Within that sum, what was the total cost of judicial review of any of appeals against funding decisions in the fiscal year, 2017-18 | |

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| **FOI NO: 1084** | **Date Received: 27 June 2018** |
| **Request :**   1. How many children and young people does your CCG currently have waiting for assessment following referral to tier 3 CAMHs services? 2. How many of these have waited for less than four weeks/between 4 and 18 weeks/18 weeks to a year/longer than a year (please break down numbers waiting according to these categories)? Please state how long the person waiting the longest has waited. 3. How many children and young people have currently been assessed as needing CAMHS tier 3 treatment but have not yet started it? 4. How many of these have waited less than 4 weeks/between 4 and 18 weeks/18 weeks to a year/more than a year in total (ie since referral, not since assessment; please break down numbers waiting according to the categories listed). Please state how long the person waiting the longest has waited. 5. Over the last year, how many referrals for CAMHS tier 3 have you had? What proportion of these are then assessed as needing tier 3 treatment? | |
| **Response :**  Barnsley CCG does not hold this information.  Please redirect your request to South West Yorkshire Partnership Foundation Trust at <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |