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| **FREEDOM OF INFORMATION REQUESTS JULY 2016** | |
| **Request** | **Response** |
| **FoI No: 560 – received 1 July 2016**  1) Please confirm/deny whether there is a community rehabilitation service in your area for treating the following conditions:  -          Hip fracture  -          Stroke  -          COPD  FOR GUIDANCE: By ‘community rehabilitation service’ we mean one that is generally delivered by a multi-disciplinary team, which may include physiotherapists, other health and social care professionals and the third sector.  It enables people with limitations in function to remain in or return to their home or community and is not dependent on the diagnosis of a particular condition, but covers all long term conditions and people of all ages.  2) Please provide the patient pathway for accessing any services confirmed in request one.  3) Please provide the waiting times for accessing any services confirmed in request one.  4) Please confirm/deny whether patients can be a) re-referred into or b) self-refer back into any services confirmed in request one.  5) Please provide details of the staffing make-up of any services confirmed in request one.  6) Please confirm/deny that patients can access MSK physiotherapy through each of the following pathways:  -          By referring themselves directly to the physiotherapy service  -          By seeing a GP and being given the details to book a physiotherapy appointment themselves  -          By seeing a GP who arranges the referral to the physiotherapy service.  -          By seeing a Physiotherapist directly in a GP practice  -          Other (please provide details)  7)   Please confirm/deny that patients can access physiotherapy for their existing long-term condition through each of the following pathways:  -          By referring themselves directly to the physiotherapy service  -          By seeing a GP and being given the details to book a physiotherapy appointment themselves  -          By seeing a GP who arranges the referral to the physiotherapy service.  -          By seeing a Physiotherapist directly in a GP practice  -          Other (please provide details) | Please confirm/deny whether there is a community rehabilitation service in your area for treating the following conditions:  -          Hip fracture – YES, Domiciliary Physiotherapy (South West Yorkshire Partnership NHS Foundation Trust)  -          Stroke – YES, Stroke Rehabilitation (South West Yorkshire Partnership NHS Foundation Trust)  -          COPD – YES, COPD Community Nurse Service (South West Yorkshire Partnership NHS Foundation Trust)  FOR GUIDANCE: By ‘community rehabilitation service’ we mean one that is generally delivered by a multi-disciplinary team, which may include physiotherapists, other health and social care professionals and the third sector.  It enables people with limitations in function to remain in or return to their home or community and is not dependent on the diagnosis of a particular condition, but covers all long term conditions and people of all ages.  2)      Please provide the patient pathway for accessing any services confirmed in request one.  – Health Care Professional Referral, Self-Referral where applicable    3)      Please provide the waiting times for accessing any services confirmed in request one.     |  |  |  |  | | --- | --- | --- | --- | | Service | Referral Type | April waiting times | May waiting times | | MSK Service |  | 7 Weeks | 12 Weeks | | MSK Physiotherapy | Routine | within 3 weeks | 3 Weeks | | Urgent | 3 weeks | 1 Week | | Self-Referral | within 3 weeks | Within 3 Weeks |      |  |  |  |  | | --- | --- | --- | --- | | Physiotherapy (Domiciliary) | Routine | 3 weeks | 3 Weeks | | Urgent | within 3 weeks | Within 3 Weeks |       4)      Please confirm/deny whether patients can be a) re-referred into or b) self-refer back into any services confirmed in request one.  – Patients can be referred/self-referred back in to the service following discharge if the referral criteria is met    5)      Please provide details of the staffing make-up of any services confirmed in request one. – we do not hold this information.    6)      Please confirm/deny that patients can access MSK physiotherapy through each of the following pathways:  -          By referring themselves directly to the physiotherapy service - Yes  -          By seeing a GP and being given the details to book a physiotherapy appointment themselves - Yes  -          By seeing a GP who arranges the referral to the physiotherapy service. - Yes  -          By seeing a Physiotherapist directly in a GP practice - No  -          Other (please provide details)    7)      Please confirm/deny that patients can access physiotherapy for their existing long-term condition through each of the following pathways:  -          By referring themselves directly to the physiotherapy service - No  -          By seeing a GP and being given the details to book a physiotherapy appointment themselves - Yes  -          By seeing a GP who arranges the referral to the physiotherapy service. - Yes  -          By seeing a Physiotherapist directly in a GP practice - Yes  -          Other (please provide details) |
| **FoI No: 561 – received 5 July 2016**  Please can you clarify exactly how the Lay Members, the GP Practice Manager and the Secondary Care Clinician were selected for appointment and how the three Executive officers were recruited as I do not understand "under best guidance".  Please also inform me of the membership of the Audit, Finance & Performance, Patient & Public Engagement, Quality & Public Safety, and Remuneration Committees with names where they cannot be identified by their job titles and how they were selected.  Your email of the 23rd March informed me of the membership of Primary Care Commissioning Committee. I now wish to know when this committee was established and by what process, how the Lay/Executive members were selected, who elected the Practice representatives and which department of the NHS delegated the responsibility of co-commissioning Primary Care to your CCG. |  |
| **FoI No: 562 – received 4 July 2016**  1.    The number of elective cesareans in each of the following periods:  - 2010/2011 - 2011/2012 - 2012/2013 - 2013/2014 - 2014/2015  2.    The accumulated cost to the NHS of the procedure in each of the following periods: - 2010/2011 - 2011/2012 - 2012/2013 - 2013/2014 - 2014/2015  4a Do you have an information/ reporting policy/guidance/management document(s) that includes categorisation/classification of such incidents?  4b Can you provide me with a copy of the latest version of these document(s)? (This can be an email attachment or a link to the document). | Questions 1 and 2   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Barnsley CCG - Caesarean procedures, 2013/14 to 2015/16** | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | **Elective Spells** | | **Non Elective (Emergency) Spells** | | **Non Elective (Non Emergency) Spells** | | **Total** | | | **Year** | **No** | **£** | **No** | **£** | **No** | **£** | **No** | **£** | | 13/14 | 11 | 18,096 | 2 | 8,304 | 625 | 1,219,260 | 638 | 1,245,660 | | 14/15 | 10 | 17,507 | 2 | 4,545 | 621 | 1,217,644 | 633 | 1,239,696 | | 15/16 | 18 | 36,464 | 5 | 11,536 | 823 | 1,100,950 | 846 | 1,148,950 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | Data Source: SUS | |  |  |  |  |  |  |  |   Question 4  The CCG does not hold the information to be able to answer this question. |
| **FoI No: 563 – received 7 July 2016** |  |
| **FoI No: 564 – received 7 July 2016**   * What does the CCG currently do to include people who use services and experts by experience in the commissioning and design of mental health services? * Do you have any particular examples of services that you have developed with the input of people with lived experience of mental illness? * What plans does the CCG currently have to expand the scope and scale for experts by experience to be involved in the commissioning and design of mental health services? * Is the CCG interested in doing more to include people with lived experience of mental illness, and their carers, in commissioning and designed mental health service? Is there anything we can do to facilitate this? | * What does the CCG currently do to include people who use services and experts by experience in the commissioning and design of mental health services? * **Work on All Age Mental Health Commissioning Strategy and supporting action plan (attached)** * **Healthwatch involvement** * **Autism reference group** * **Service users involved in recovery college (led by SWYPFT but commissioned by CCG)** * **Deaf forum and IAPT service** * Do you have any particular examples of services that you have developed with the input of people with lived experience of mental illness? * **Development of the overarching All Age Mental Health Commissioning Strategy** * **Development of the Mental Health Crisis Care Concordat** * **Work with the Deaf Community** * What plans does the CCG currently have to expand the scope and scale for experts by experience to be involved in the commissioning and design of mental health services? * **Ongoing engagement with the Barnsley Service User and Carer Board** * **Via Personal Health Budgets** * Is the CCG interested in doing more to include people with lived experience of mental illness, and their carers, in commissioning and designed mental health service? Is there anything we can do to facilitate this? * **Lead commissioners work with both the CCG’s and BMBC Engagement and Communications Teams to help facilitate and co-ordinate all our communications and engagement opportunities. However we are always open and willing to learn from and work with other key partners to encourage increased engagement of patients/ service users/families and carers living within our local communities in our commissioning activities.** |
| **FoI No: 565 – received 12 July 2016**  Can you advise who is responsible for IT Strategy for the CCG and there contact details including email address.  Who is responsible for purchasing for the CCG and there contact details including email address  What telephone systems do you have?  Are these hosted or provided by a CSU / HIS / 3rd Party and who is that?  What is the annual spend on supporting the telephony system?  How many handsets are there across the CCG?  Do you have voicemail on these systems?  Are there any other services provided   * Instant Messaging * Voice Conferencing * Collaboration | Can you advise who is responsible for IT Strategy for the CCG and there contact details including email address.  IT strategy is decided by eMBED.  Who is responsible for purchasing for the CCG and there contact details including email address. Vicky Peverelle, Chief of Corporate Affairs.  What telephone systems do you have? Siemans  Are these hosted or provided by a CSU / HIS / 3rd Party and who is that?  These are provided by Barnsley Hospital, a third party  What is the annual spend on supporting the telephony system? In 2015/16 financial year this was £158,274.61.  This includes calls, rental and maintenance costs  How many handsets are there across the CCG? 98  Do you have voicemail on these systems? NO  Are there any other services provided No   * Instant Messaging * Voice Conferencing * Collaboration |
| **FoI No: 566 – received 13 July 2016**  -On what date was Vedolizumab (for us in relation to Crohn’s Disease) first added to the [Barnsley Area Joint Formulary](http://www.barnsleyformulary.nhs.uk/default.asp)?  -What restrictions (if any) does the CCG’s formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Rheumatoid Arthritis?  -What restrictions (if any) does the CCG’s formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Psoriatic Arthritis?  -Finally, could you provide a link/attach to your response the latest versions of your patient pathways for Crohn’s Disease and Psoriatic Arthritis? | On what date was Vedolizumab (for us in relation to Crohn’s Disease) first added to the [Barnsley Area Joint Formulary](http://www.barnsleyformulary.nhs.uk/default.asp)?  Was given a Provisional ( hospital only) Red prescribing classification in August 2014  TA342 in July 2015 indications applicable locally and confirmed Red ( hospital only) Red prescribing classification.  TA352 in September 2015 applicable locally and included.  -What restrictions (if any) does the CCG’s formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Rheumatoid Arthritis?  Prescribed in line with NICE guidance and as per formulary. No additional restriction.  -What restrictions (if any) does the CCG’s formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Psoriatic Arthritis?  Prescribed in line with NICE guidance and as per formulary. No additional restriction.  -Finally, could you provide a link/attach to your response the latest versions of your patient pathways for Crohn’s Disease and Psoriatic Arthritis?  Follow national NICE pathways. |
| **FoI No: 567 – received 14 July 2016**  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 criteria that male patients must meet in order to qualify for treatment? If so, please state what the criteria is.    f.      What must the smoking status of patients be?    g.     What weight requirement exists (i.e. BMI)?    h.     How long do couples need to be trying to conceive before becoming eligible for treatment?    i.       Is there a minimum period that the couple need to have been in a relationship before becoming eligible for treatment?    j.       What eligibility criteria do you apply in relation to existing children that either one or both partners may have?    k.     What policy is in place (if any) for the use of Single Embryo Transfer?    l.       Do you fund fertility treatment for same sex couples, and if so what eligibility criteria do they have to fulfill?    m.   Do you fund fertility preservation for cancer patients and if so what budget is the funding taken from?    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.     When was the current assisted conception policy developed? And who was consulted?    5.     When will the CCG review its assisted conception policy?    6.     Is the assisted conception policy available on the CCG’s website? If so please provide a link to the policy.  7.      Please could you provide me with a copy of your assisted conception policy?  8.      Which MPs cover the boundaries of the CCG?  9.      Has the CCG conducted any financial modelling on the cost implications of funding three full cycles of IVF?  10.    If the CCG does not follow the NICE guideline, have they published the reasons why they do not follow the guideline? If so, what are the reasons for not complying with the NICE guideline?  11.    In the last 12 months, or at the time of the last consultation on the IVF policy, has the CCG considered collaborating with other CCGs on the fertility policy?  12.   In the last 12 months, how many patients have applied for fertility funding (both successfully and unsuccessfully) through an Individual Funding Request?  13.   In the last 12 months, how many women aged between 40-42 has the CCG funded IVF treatment for? What does the CCG estimate this to have cost?  14.   What advice has the CCG sought concerning the most cost and clinically efficient methods of setting up their tertiary infertility services?  a.      Where was this advice sought from?  b.      When was this advice sought?  15.   I would also like to request permission to re-publish the data provided in a publically accessible document/web-format. | 1. According to your current IVF treatment policy:     a. How many cycles of IVF do you offer to eligible patients?   2    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? Yes as per policy    c.      What is your upper and lower age limit that female patients must meet in order to qualify for treatment?  18-42    d.     Do you fund one full cycle of IVF for women aged 40-42 in line with the NICE guidance?  Yes    e.     Do you have an age criteria that male patients must meet in order to qualify for treatment? If so, please state what the criteria is.  No    f.      What must the smoking status of patients be?  Advised by clinician re smoking cessation    g.     What weight requirement exists (i.e. BMI)?  19-30    h.     How long do couples need to be trying to conceive before becoming eligible for treatment?  2 years    i.       Is there a minimum period that the couple need to have been in a relationship before becoming eligible for treatment?  2 years    j.       What eligibility criteria do you apply in relation to existing children that either one or both partners may have?  Declined – not eligible – see policy – 6.3    k.     What policy is in place (if any) for the use of Single Embryo Transfer?  See policy    l.       Do you fund fertility treatment for same sex couples, and if so what eligibility criteria do they have to fulfill?  See policy – 5.11    m.   Do you fund fertility preservation for cancer patients and if so what budget is the funding taken from?  Yes, non-contracted activity budget    2.     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 Hospitals    4. When was the current assisted conception policy developed? And who was consulted?  See attached policy    5. When will the CCG review its assisted conception policy?  Policy due for review    6. Is the assisted conception policy available on the CCG’s website? If so please provide a link to the policy.  <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Fertility%20Policy%202014%20-%20Barnsley.pdf>    7. Please could you provide me with a copy of your assisted conception policy?  See attached    8. Which MPs cover the boundaries of the CCG?  <http://barnsleymbc.moderngov.co.uk/mgMemberIndexMP.aspx?bcr=1>    9. Has the CCG conducted any financial modelling on the cost implications of funding three full cycles of IVF?  Yes    10. If the CCG does not follow the NICE guideline, have they published the reasons why they do not follow the guideline? If so, what are the reasons for not complying with the NICE guideline?  To be in line with all local CCGs.    11. In the last 12 months, or at the time of the last consultation on the IVF policy, has the CCG considered collaborating with other CCGs on the fertility policy?  Yorkshire and Humber – see attached    12.In the last 12 months, how many patients have applied for fertility funding (both successfully and unsuccessfully) through an Individual Funding Request?  9    13. In the last 12 months, how many women aged between 40-42 has the CCG funded IVF treatment for? What does the CCG estimate this to have cost?  4 patients between 40 – 42 years received treatment with a total cost of £ £9560   14. What advice has the CCG sought concerning the most cost and clinically efficient methods of setting up their tertiary infertility services?  None    a.      Where was this advice sought from?  None    b.      When was this advice sought? None    15. I would also like to request permission to re-publish the data provided in a publically accessible document/web-format. Any data used would need to be anonymised and not attributable to Barnsley CCG as the number of patients is small and  it could therefore be perceived  as patient identifiable. |
| **FoI No: 568 – received 14 July 2016**  Hello  can you tell me please what was the result of the review  (request from FOI 375/2016 Gluten free products – review was in February 2016) | The information you requested is still being reviewed. |
| **FoI No: 569 – received 18 July 2016** |  |
| **FOI 570 – received 18 July 2016**  Under the Freedom of Information Act 2000, please provide copies of the documents or policies that define and list the procedures, treatments, services, etc that you do not routinely fund or that require prior funding approval. These policies are frequently known as Procedures of Limited Clinical Effectiveness (PoLCE), Procedures of Limited Clinical Value (PoLCV), Treatment Access Policy, but you may use a different name for it.  If you share the same policy with other CCGs, it would be helpful if you could list those other CCGs and liaise with them and/or your Commissioning Support Unit to only provide one copy rather than duplicating effort. | Barnsley CCGs Policies and Procedures in relation to Procedures of Limited Clinical Value are available on our website via the following link:  <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm>  The policies available are listed as follows:   * [Criteria for Commissioning Grommets for Adults](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Grommets%20Adults%20v.10.pdf) * [Criteria for Commissioning Grommets for Children](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Grommets%20Children%20v.10.pdf) * [Criteria for Commissioning the Reversal of Sterilisation](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Reversal%20of%20Sterilisation%20v.10.pdf) * [Commissioning Guidelines for Specialist Plastic Surgery Procedures](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Specialist%20Plastic%20Surgery%20Procedures%20v.10.pdf) * [Criteria for Commissioning Tonsillectomy for Adults and Children](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Tonsillectomy%20v.10.pdf) * [Criteria for Commissioning Interventions fr Varicose Veins](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Varicose%20Veins%20v.10.pdf) |
| **FoI No: 571 – received 19 July 2016**  1. Does the CCG Commission NHS Arthroplasty services?  2. a) What is the total number of hip replacement operations your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar years.  b) What is the total number of hip replacement revision operations your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar years.  c) What is the total number of knee replacements your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar  d) What is the total number of knee replacement revisions your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar  3. a) What is the average length of time patients wait for a hip replacement procedure from diagnosis to treatment?  b) What is the average length of time patients wait for a hip replacement revision from diagnosis to treatment?  c) What is the average length of time patients wait for a knee replacement from diagnosis to treatment?  d) What is the average length of time patients wait for a knee replacement revision from diagnosis to treatment?  4. a) What is the maximum length of time patients wait for a hip replacement from diagnosis?  b) What is the maximum length of time patients wait for a hip replacement revision from diagnosis?  c) What is the maximum length of time patients wait for a knee replacement from diagnosis?  b) What is the maximum length of time patients wait for a knee replacement revision from diagnosis?  5. a. Have you amended your commissioning guidelines on commissioning of hip and knee replacements in the last 5 years?  b. Have you introduced any new polices on access to hip and knee replacement in the last 5 calendar years?  c. Are you considering any additional restrictions to hip and knee replacement- e.g. any discussions at board level?  6. What is your total spend on hip and knee replacements and hip and knee revisions:  a. In cash terms?  b. as a percentage of total spend? | 1. Does the CCG Commission NHS Arthroplasty services? – YES  Information can only be provided since the CCG was established in April 2013  2. a) What is the total number of hip replacement operations your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar years.  13/14 –  324  14/15 –  365  15/16 –  293  b) What is the total number of hip replacement revision operations your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar years.  13/14 –  47  14/15 –  37  15/16 –  31  c) What is the total number of knee replacements your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar  13/14 –  528  14/15 –  610  15/16 –  535  d) What is the total number of knee replacement revisions your Trust has commissioned over the following years: 2011, 2012, 2013, 2014, 2015. Please provide 5 answers, in calendar  13/14 –  46  14/15 –  62  15/16 –  38  3. a) What is the average length of time patients wait for a hip replacement procedure from diagnosis to treatment? 80 days  b) What is the average length of time patients wait for a hip replacement revision from diagnosis to treatment? 94 days  c) What is the average length of time patients wait for a knee replacement from diagnosis to treatment? 76 days  d) What is the average length of time patients wait for a knee replacement revision from diagnosis to treatment? 93 days  The answers to Question 4a-d show a count of days between ‘Added to waiting list’ and ‘Actual operation’. We do not hold information that takes account of periods of suspension e.g. where patients may be being investigated for other health issues that may result in the planned procedure being delayed.  4. a) What is the maximum length of time patients wait for a hip replacement from diagnosis? 359 days  b) What is the maximum length of time patients wait for a hip replacement revision from diagnosis? 334 days  c) What is the maximum length of time patients wait for a knee replacement from diagnosis? 358 days  d) What is the maximum length of time patients wait for a knee replacement revision from diagnosis? 295 days  5. a. Have you amended your commissioning guidelines on commissioning of hip and knee replacements in the last 5 years? – NO  b. Have you introduced any new polices on access to hip and knee replacement in the last 5 calendar years? – NO  c. Are you considering any additional restrictions to hip and knee replacement- e.g. any discussions at board level?  – NO  6. What is your total spend on hip and knee replacements and hip and knee revisions:  a. In cash terms?  13/14 – £5,946,867  14/15 – £6,814,433  15/16 – £5,674,692  b. as a percentage of total spend?  13/14                    1.74%  14/15                    1.90%  15/16                     1.40% |
| **FoI No: 572 – received 19 July 2016**  1. Please confirm whether your CCG commissions services for people with neurological conditions. If confirmed, please state which of the conditions listed in Annex A are included in these services.  2. Please confirm whether your CCG has made an assessment of the prevalence of neurological conditions in your area. If confirmed, please provide details of the assessment, including the individual conditions listed.  3. Please confirm whether your CCG has made an assessment of the number of people using neurological services in your area. If confirmed, please provide details of the assessment, including the individual conditions assessed.  4. Please confirm whether your CCG has made an assessment of:  i) the total costs of neurological services in your area. If confirmed, please provide details of the assessment  ii) the per patient costs of neurological services in your area. If confirmed, please provide details of the assessment.  5. Please confirm whether your CCG collects data on the experience of patients using neurological services. If confirmed, please provide details.  6. Please confirm whether your CCG:  i) includes service users in decision-making on the commissioning of neurological services,  ii) includes service users in providing ongoing feedback on the quality of neurological services,  iii) takes any specific measures to support participation of people with neurological conditions in decision-making or providing feedback. If confirmed, please provide details.  7. Please confirm whether your CCG collects outcomes data on the quality of neurological services in your area. If confirmed, please provide details of the quality measures that you use.  8. Please confirm whether your CCG has taken any action to promote integration across primary, secondary, tertiary and social care services for people with neurological conditions. If confirmed, please provide details of what action has been taken.  9. Please confirm whether your CCG has received a “neurology focus pack” sent out in April 2016 by NHS Right Care as part of its Commissioning for Value programme, and whether your CCG has taken any action as a result. If confirmed, please provide details of what action has been taken. | 1. Please confirm whether your CCG commissions services for people with neurological conditions. If confirmed, please state which of the conditions listed in Annex A are included in these services.  NHS Barnsley CCG does commission services for people with neurological conditions. NHS England also commission services for people with neurological conditions where these are deemed to be specialised. Services commissioned cover the conditions set out in Annex A.  2. Please confirm whether your CCG has made an assessment of the prevalence of neurological conditions in your area. If confirmed, please provide details of the assessment, including the individual conditions listed. The CCG has not undertaken a specific assessment of the prevalence of neurological conditions in the area.  3. Please confirm whether your CCG has made an assessment of the number of people using neurological services in your area. If confirmed, please provide details of the assessment, including the individual conditions assessed.  The CCG has not undertaken a specific assessment of the number of people using neurological services in the area. Contracts with service providers are however based upon current activity levels and trends over recent years to ensure service capacity is suffiecient to meet needs.  Neuro Rehab service is commissioned by Barnsley CCG but NHS England holds the rest of the details.  4. Please confirm whether your CCG has made an assessment of:  i) the total costs of neurological services in your area. If confirmed, please provide details of the assessment  ii) the per patient costs of neurological services in your area. If confirmed, please provide details of the assessment.  The CCG has not undertaken a specific assessment of the total costs or the cost per patient.  5. Please confirm whether your CCG collects data on the experience of patients using neurological services. If confirmed, please provide details.  The CCG does not directly collect data on patient experience of patients using neurological services however we do require all providers who we hold contracts with to collect patient experience information for all services and report the findings to us.  6. Please confirm whether your CCG:  i) includes service users in decision-making on the commissioning of neurological services,  ii) includes service users in providing ongoing feedback on the quality of neurological services,  iii) takes any specific measures to support participation of people with neurological conditions in decision-making or providing feedback. If confirmed, please provide details.  i -There have been no commissioned changes to neurological services. Engagement with service users and other stakeholders takes place to inform the design and decision making in relation to commissioning of services.  ii – See answer to Q5 – No specific feedback is collected directly. The CCG do receive feedback from Healthwatch on any issues identified through their work with patients and service users in relation to all services.  iii – No specific measures have been put in place to support participation of people with neurological conditions in decision-making or providing feedback however the CCG PPE strategy which is available via the CCG Website at (<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Policies/Approved/Barnsley_CCG_Patient_and_Public_Engagement_Strategy_.doc>) does set out our approach to supporting patients to be engaged in our work.  7. Please confirm whether your CCG collects outcomes data on the quality of neurological services in your area. If confirmed, please provide details of the quality measures that you use.  There are some nationally collected datasets on outcomes such as the Sentinel Stroke National Audit Programme (SSNAP) information on Stroke Services and datasets linked to the NHS Outcomes Framework. The CCG does not collect any specific outcomes data locally on neurological services.  8. Please confirm whether your CCG has taken any action to promote integration across primary, secondary, tertiary and social care services for people with neurological conditions. If confirmed, please provide details of what action has been taken.  There are some services, such as Stroke Services, which delivered in an integrated way by secondary and community providers to ensure improved patient experience across the pathway. The CCG are working with partners to develop more integrated services and pathways however there has not been any specific action focused on integrating primary, secondary, tertiary and social care services for people with neurological conditions.  9. Please confirm whether your CCG has received a “neurology focus pack” sent out in April 2016 by NHS Right Care as part of its Commissioning for Value programme, and whether your CCG has taken any action as a result. If confirmed, please provide details of what action has been taken.  The CCG have received the all of the CfV focus packs and are reviewing the information to identify areas where improvement can be made to spend, quality and outcomes in order to inform future commissioning decisions and service developments. |
| **FoI No: 573 – received 19 July 2016**  1      Do your member practices use prescribing decision support systems?  Yes/No  2      If yes, please indicate below which system is used by each practice? | 1  Do your member practices use prescribing decision support systems?  Yes  2  If yes, please indicate below which system is used by each practice? Answer Q3  3      If you are unable to provide names of GP practices using each system, please provide number of practices using each system.  35 practices Scriptswitch  35 practices Eclipse Live  4      **Request for Re-use**  Please can you confirm whether we are permitted to reuse any information provided under the Open Government Licence?  Yes |
| **FOI No: 574 – received 22 July 2016**  1) Is the continuing healthcare and funded nursing care process managed in-house, or is part or all of the process outsourced to a 3rd party (CSU, Council, Independent provider etc.). If outsourced, please state the name of the company and the services outsourced (all CHC, assessment, brokerage, invoice validation etc.)  2) Please provide the name and contact details of the individual responsible for continuing healthcare at the CCG.  3) How many people are involved with the continuing healthcare process internally?  4) Does the CCG or any contracted provider managing CHC have a connection to the Exeter System and regularly check this? If not how does the CCG become aware of patient deaths?  5) Does the CCG use any third party tech solutions to record patient information relating to CHC (Broadcare, Swift, Caretrack, QA Plus etc.)? If not how is this recorded?  6) Does the CCG use any third party tech solutions to record financial information (Broadcare, Caretrack, QA Plus etc.)? If not how are invoices validated against care package details?  7) Does the CCG contract care packages from a framework with agreed rates? If so what percentage of contracts are secured on and off framework?  8) Please provide the average no. of patients receiving CHC and FNC funding in the last financial year, and a breakdown for each category:  a. CHC Patients  b. FNC Patients  9) Please provide the total number of suppliers that the CCGs uses for CHC & FNC, split by:  a. Residential Homes  b. Nursing Homes  c. Homecare Agencies  d. Other (please specify)  10) Please state the average number of care packages in the last financial year, split by:  a. Residential Homes  b. Nursing Homes  c. Homecare Agencies  d. Other (please specify) | 1) Is the continuing healthcare and funded nursing care process managed in-house, or is part or all of the process outsourced to a 3rd party (CSU, Council, Independent provider etc.). If outsourced,  please state the name of the company and the services outsourced (all CHC, assessment, brokerage, invoice validation etc.)  CHC process is managed in house except for the PHB / brokerage which is from BMBC  2) Please provide the name and contact details of the individual responsible for continuing healthcare at the CCG.  Sheena Moreton – Operational Lead – s.moreton@nhs.net  3) How many people are involved with the continuing healthcare process internally?  Clinical  4 WTE  5 Part Time (Various hours)  Business Team  3 WT  2 Shared Services (Shared between 3 CCG’s)  4) Does the CCG or any contracted provider managing CHC have a connection to the Exeter  System and regularly check this? If not how does the CCG become aware of patient deaths?  Yes CHC staff have access to Exeter. However patient deaths are identified by System One and any date discrepancies checked on Exeter.  5) Does the CCG use any third party tech solutions to record patient information relating to CHC (Broadcare, Swift, Caretrack, QA Plus etc.)? If not how is this recorded?  Yes – Broadcare and System One.  6) Does the CCG use any third party tech solutions to record financial information (Broadcare, Caretrack, QA Plus etc.)? If not how are invoices validated against care package details?  Yes - Broadcare  7) Does the CCG contract care packages from a framework with agreed rates? If so what percentage of contracts are secured on and off framework?  Barnsley Metropolitan Borough Council (BMBC) procures care packages on behalf of the CCG. BMBC have a framework of agreed rates. Percentage of contracts secured on and off framework – not available – Database functionality not reporting to this level of detail.  8) Please provide the average no. of patients receiving CHC and FNC funding in the last financial year, and a breakdown for each category:  a. CHC Patients    CHC Fully Funded – 103  CHC Fast Track (Fully Funded) – 63  CHC Joint Funded – 23  b. FNC Patients - 217  9) Please provide the total number of suppliers that the CCGs uses for CHC & FNC, split by:  Information for Residential and Nursing homes based on number of suppliers as reported by Barnsley Metropolitan Borough Council guide 9th Edition. Please note homes can be both Residential and Nursing.  a. Residential Homes - 33  b. Nursing Homes - 18  c. Homecare Agencies – 29 inclusive of 2 BMBC Framework Providers  d. Other (please specify) – 3 – Transport, Physio and Supported Living  10) Please state the average number of care packages in the last financial year, split by:  Not available – Database functionality not reporting to this level of detail  a. Residential Homes  b. Nursing Homes  c. Homecare Agencies  d. Other (please specify) |
| **FOI No: 575 - Received 22 July 2016**   |  |  |  |  | | --- | --- | --- | --- | | **Table 1** |  |  |  | | Spending Programme | 2016/17 | 2015/16 | 2014/15 | |  | £m | £m | £m | | Acute |  |  |  | | Primary Care |  |  |  | | Community |  |  |  | | Mental Health |  |  |  | | Continuing Care |  |  |  | | Ambulance |  |  |  | | Running Costs |  |  |  | | All Other |  |  |  | |  |  |  |  | | Total CCG Funding | 0 | 0 | 0 | |  |  |  |  | | **Table 2** |  |  |  | | Share of MH Spend | 2016/17 | 2015/16 | 2014/15 | |  | £m | £m | £m | | Local NHS Provider |  |  |  | | Other NHS Providers |  |  |  | | Voluntary Providers |  |  |  | | Private Providers |  |  |  | | Primary Care |  |  |  | | IAPT |  |  |  | | CAMHS |  |  |  | | All Other |  |  |  | | Total MH Funding/Spending | 0 | 0 | 0 | |  |  |  |  | |  |  |  |  | |  |
| **FOI No: 576 - Received 29 July 2016**  According to the Health and Social Care Information Centre, the NHS carried out 75,359 hip replacements in 2013-2014 and 74,981 hip replacements in 2014-2015.  In light of the recent [Service Restriction Policy](http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future/service-restriction-policy-review-2016) put in place by Basildon and Brentwood CCG in July, we would like to know:  1.      The number of hip replacements carried out by your CCG in each of the following years: 2013, 2014 and 2015.  2.       The number of referrals for hip replacements to your CCG that have been rejected in the same years. | .      The number of hip replacements carried out by your CCG in each of the following years: 2013, 2014 and 2015.  13/14 – 371  14/15 – 402  15/16 – 324  2.       The number of referrals for hip replacements to your CCG that have been rejected in the same years.                  All patients referred are assessed by an appropriate medical professional.  If a patient has a clinical assessment and it is deemed medically appropriate for a hip replacement this is carried out. |
| **FOI No: 577 received 29 July 2016**  (a)    Have you commissioned any provisions within your local area for any patient who has suffered a bereavement?  (b)   Do you offer any bereavement counselling?  (c)    If answer to (b) is yes who is commissioned to provide that counselling and what type of counselling is available?  (d)   What is the current waiting time for access to bereavement counselling for those patients who have experienced the loss of a child at the following stages:  i)                    Miscarriage  ii)                   Abortion due to fetal abnormality  iii)                 Stillbirth  iv)                 Neonatal Death  v)                  SIDS  vi)                 Any other loss of a child  (e)   Is bereavement counselling offered to siblings and wider family members e.g. grandparents?  (f)     i. How much does your CCG spend on back office and administrative support?  ii. Does this include any external providers?  (g)    If the answer to (e.ii) is yes, who have you commissioned to do this work and could you list any third sector organisations? | The Adult Joint Commissioning does not commission any specific bereavement services for people in Barnsley.  It may be the case that South West Yorkshire Partnership Foundation Trust (SWYPFT) provides some counselling to people who are bereaved, but this is not specified. On this basis we do not have the breakdown requested or any further details.  Bereavement counselling is offered at Barnsley Hospital NHS Foundation Trust –although not directly commissioned.  A bereavement service is offered via Barnsley Hospice (for adults) and Bluebell Wood (for children), though again, we don’t specifically commission it but we do provide grants so that Barnsley residents can access the services they need. |
| FOI 578 – received 29 July 2016 | 1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for neurorehabilitation placements. Katie Roebuck:  Interim Head of Commissioning and Transformation, e-mail address: [K.Roebuck@nhs.net](mailto:K.Roebuck@nhs.net).  Direct line: 01226 433775   Barnsley CCG commissions Neurorehabilitation from South West Yorkshire Partnership Foundation Trust (SWYPFT). SWYPFT is commissioned on a block contract basis and therefore the CCG cannot provide a breakdown in relation to 2a/2b placements or the number of adults funded. Therefore, to obtain the detailed information contained within questions 2 – 8 you will need to re-direct your request to SWYPFT.  <https://www.southwestyorkshire.nhs.uk/about-us/corporate-information/freedom-of-information/how-make-request/> |