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| **FREEDOM OF INFORMATION REQUESTS SEPTEMBER 2018** |

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| **FOI NO: 1147** | **Date Received: 4 September 2018** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1148** | **Date Received: 4 September 2018** |
| **Request :**   * Does the CCG operate a Grant Scheme? * If yes, what is the total value of grants awarded and to how many organisations? * What is the grant application process -  can I have a copy of the form used? * What duration are Grants awarded for? if various lengths then typical length lease please * Do you award services to charities and voluntary organisations through formal competitive & compliant processes * If yes, how many NHS Standard contracts do you currently have with CVO’s and what is their total value? | |
| **Response :**   * Does the CCG operate a Grant Scheme? No * If yes, what is the total value of grants awarded and to how many organisations? N/A * What is the grant application process -  can I have a copy of the form used? N/A * What duration are Grants awarded for? if various lengths then typical length lease please N/A * Do you award services to charities and voluntary organisations through formal competitive & compliant processes Yes * If yes, how many NHS Standard contracts do you currently have with CVO’s and what is their total value? Please see a copy of our contract register for details, please see link below:   <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> | |

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| **FOI NO: 1149** | **Date Received: 5 September 2018** |
| **Request :**   1. What is the name and contact details of your  Head of Commissioning for the CCG? 2. What is the name and contact details of the individual who manages both your Older and Younger Persons Team? 3. What is the name and contact details of the individual who manages your Physical Disabilities Team? 4. How many packages of 24 hour Homecare has the CCG commissioned from 04/08/2018? 5. How many packages of 24 hour Live-in Care has the CCG commissioned from 04/08/2018? 6. What is the average cost currently being commissioned per Live-in Care package? | |
| **Response :**   1. What is the name and contact details of your Head of Commissioning for the CCG? Jeremy Budd, Director of Commissioning 2. What is the name and contact details of the individual who manages both your Older and Younger Persons Team? The CCG does not have specific teams for client groups. 3. What is the name and contact details of the individual who manages your Physical Disabilities Team? As above. 4. How many packages of 24 hour Homecare has the CCG commissioned from 04/08/2018? 0 5. How many packages of 24 hour Live-in Care has the CCG commissioned from 04/08/2018? As above. 6. What is the average cost currently being commissioned per Live-in Care package? £0.00 – we have no clients with a care worker living at their home. | |

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| **FOI NO: 1150** | **Date Received: 7 September 2018** |
| 1. How many cycles of IVF treatment do you offer eligible women?  2. Do you offer women aged between 40 and 42 one full cycles of IVF? Please respond yes or no.  3. (a) What is the maximum age a woman can be to be eligible for IVF treatment?  3. (b) What is the minimum age a woman can be to be eligible for IVF treatment?  4. What was the minimum and maximum age a woman was eligible for IVF treatment in 2013?  5. (a) Do you have any age restrictions for men for a couple to be eligible for IVF treatment with you? Please respond yes or no.  5 (b) if so, what is the oldest a man can be in order for a couple to be eligible for treatment? | |
| **Response :**  1. How many cycles of IVF treatment do you offer eligible women?  **2**  2. Do you offer women aged between 40 and 42 one full cycles of IVF? Please respond yes or no.  **Yes**  3. (a) What is the maximum age a woman can be to be eligible for IVF treatment?  **42**  3. (b) What is the minimum age a woman can be to be eligible for IVF treatment?  **18**  4. What was the minimum and maximum age a woman was eligible for IVF treatment in 2013?  **18 - 42**  5. (a) Do you have any age restrictions for men for a couple to be eligible for IVF treatment with you? Please respond yes or no.  **No**  5 (b) if so, what is the oldest a man can be in order for a couple to be eligible for treatment?   **N/A** | |

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| **FOI NO: 1151** | **Date Received: 10 September** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1152** | **Date Received: 11 September** |
| **Request :**  1. How many children (up to 18 years) in the 2017/2018 financial year did you provide services to where the primary support need was due to a child exhibiting problematic or harmful sexual behaviour (HSB)?  2. How many referrals were for children who were:   1. 9 years and younger 2. 10 – 12 years 3. 13-15 4. 16+   3. Of those children referred for problematic or harmful sexual behaviour, how many were:   1. Boys 2. Girls 3. Not stated   4. Do you have any trained specialists providing child HSB services?   1. Social Care specialists 2. NHS 3. Commissioned private healthcare provider 4. YOT 5. Commissioned voluntary sector 6. Other 7. None   If you wish to state what ‘other’ provision you have or what non-specialist provision the child receives, please give details.  5. What is your local child specific HSB service offer?   1. Specialist risk assessment service, 2. Court reports 3. Therapeutic intervention service 4. Family support 5. Offender resettlement 6. Other (please specify)   6. What guidance frames your current HSB practice?   1. NICE guidelines on ‘harmful sexual behaviour among children and young people’ 2. NSPCC HSB Framework 3. Locally developed safeguarding guidance 4. Other guidance 5. No specialist guidance | |
| **Response :**  In response to your request for information I have received the following details:-   1. How many children (up to 18 years) in the 2017/2018 financial year did you provide services to where the primary support need was due to a child exhibiting problematic or harmful sexual behaviour (HSB)?   22 children and young people were directly supported by our commissioned Barnardo’s service.    2. How many referrals were for children who were:     1. 9 years and younger = 2 2. 10 – 12 years = 8 3. 13-15 = 10 4. 16+  = 2      3. Of those children referred for problematic or harmful sexual behaviour, how many were:     1. Boys 20 2. Girls 2 3. Not stated      4. Do you have any trained specialists providing child HSB services?     1. Social Care specialists 2. NHS 3. Commissioned private healthcare provider 4. YOT 5. **Commissioned voluntary sector** 6. Other 7. None     If you wish to state what ‘other’ provision you have or what non-specialist provision the child receives, please give details.  5. What is your local child specific HSB service offer?     1. Specialist risk assessment service, 2. Court reports 3. Therapeutic intervention service 4. Family support 5. Offender resettlement 6. Other (please specify)      6. What guidance frames your current HSB practice?   1. **NICE guidelines on ‘harmful sexual behaviour among children and young people’** 2. NSPCC HSB Framework 3. Locally developed safeguarding guidance 4. Other guidance 5. No specialist guidance | |

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| **FOI NO: 1153** | **Date Received: 11 September 2018** |
| Request :  Please provide the information below for all the CCGs that you cover:  1. IT system(s) in use for Continuing Healthcare (CHC)  2. Start date of contract/licence (of all if more than one in use)  3. End date of contract/licence (of all if more than one in use)  4. Start of use (may be different to start of contract if the system has been in use for several years) | |
| **Response :**  1. IT system(s) in use for Continuing Healthcare (CHC) Systm1, Broadcare  2. Start date of contract/licence (of all if more than one in use) 1 March 2018  3. End date of contract/licence (of all if more than one in use) 28 February 2019  4. Start of use (may be different to start of contract if the system has been in use for several years) 2008 for Broadcare and 2012 Systm1. | |

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| **FOI NO: 1154** | **Date Received: 11 September 2018** |
| **Request :** | |
| **Response :**  ***Q1.*** *Please state whether your CCG currently offers Freestyle Libre on NHS prescription to patients with type 1 diabetes. (please state "yes" or "no")*  *Freestyle Libre is available for adults and children in line with the guidance (attached) across the Barnsley locality.*  [*http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Freestyle\_Libre\_Protocol.pdf*](http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Freestyle_Libre_Protocol.pdf)  [*http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Freestyle\_Libre\_protocol\_children.pdf*](http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Freestyle_Libre_protocol_children.pdf)  *Freestyle Libre became nationally available via FP10 prescription on the 1st November 2017.*  ***Q2.*** *If the answer to Q1 was "yes", please state:*  ***a)*** *When your CCG begun offering Freestyle Libre on NHS prescription*  *Freestyle Libre became nationally available via FP10 prescription on the 1st November 2017.*  *Guidance for Freestyle Libre in Adults was agreed and endorsed by the Barnsley Area Prescribing Committee on 11th April 2018 and for Guidance for Freestyle Libre in Children was endorsed on 13th June 2018.*  ***b)*** *Any specific criteria that patients have to meet in order to be eligible to receive Freestyle Libre*  *Included within guidance attached  reference  Q1*    ***Q3.*** *Please state the total number of NHS patients who have obtained Freestyle Libre on prescription in your CCG since Freestyle Libre was listed in the NHS drug tariff on 1st of November 2017. (please state "zero" if applicable)*  *The CCG does not currently hold this information. We would have to interrogate NHS Digital systems to obtain this information. Primary care ( FP10)  prescribing data would not represent the total number of patients accessing Freestyle Libre in the Barnsley  locality as this would for the first 6 months be provided by the hospital or community diabetes specialist services.*  *The data can be accessed via NHS Digital via  FOI*  [*https://digital.nhs.uk/data-and-information*](https://digital.nhs.uk/data-and-information)  *and is also published on Open Prescribing* [*https://openprescribing.net/*](https://openprescribing.net/)  ***Q4.*** *Please state your CCG's total spend on prescribing Freestyle Libre to date. (please state "zero" if applicable)*  *We do not currently hold this information as would need to be collated  - from specialist services budgets ( community and hospital trust ) combined with primary care prescribing data*  ***Q5.*** *Please state when your CCG next intends to review it's commissioning policy on Freestyle Libre.*  *Review dates are January 2020 for both policies* | |

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| **FOI NO: 1155** | **Date Received: 12 September 2018** |
| **Request :**  The specific policies I would be grateful for are in regards to the following procedures:  Bunion (Hallux valgus) Surgery  Breast Augmentation  Dupytrens Contracture  Scars keloid – revision surgey  Inguinal Hernia Repair  Trigger Finger  Ganglion Removal  Umbilical Hernia  Haemorrhoidectomy  Male Circumcision  Revision Breast Augmentation/Implant Replacement  Female Reduction Mammoplasty  Gynaecomastia  Pinnaplasty  Tonsillectomy | |
| **Response :**  The information requested is published on the CCG’s website on the Policies and Plans page: http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm (scroll to the ‘Quality and Safety Policies’ section).  Please see Commissioning Guidelines for Specialist Plastic Surgery Procedures for policies relating to:   * Breast Augmentation * Revision Breast Augmentation/Implant Replacement * Pinnaplasty * Female Reduction Mammoplasty * Gynaecomastia * Scars keloid – revision surgery (Acne Scaring)   Please see South Yorkshire and Bassetlaw Commissioning for Outcomes Policy, Guidance and Patient Information  for   * Bunion (Hallux valgus) Surgery * Dupytrens Contracture * Inguinal Hernia Repair * Trigger Finger * Ganglion Removal * Umbilical Hernia * Haemorrhoidectomy * Male Circumcision * Tonsillectomy | |

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| **FOI NO: 1156** | **Date Received: 12 September 2018** |
| **Request :**  1)     The total cost incurred by NHS Barnsley CCG for the years 2016, 2017 up to the present quarter of 2018, for the administration and management of competitive tendering processes.  2)     The total number of services commissioned by NHS Barnsley CCG through competitive tender in 2016, 2017 and up to the present quarter of 2018; coupled with a breakdown – by year - of how many of those services have been/are to be provided by private providers and public providers. | |
| **Response :**   1. The total cost incurred by NHS Barnsley CCG for the years 2016, 2017 up to the present quarter of 2018, for the administration and management of competitive tendering processes.   Direct Procurement Support Costs:  Financial Year     Cost  2016/17                £46,246  2017/18                £47,078  2018/19                £45,437  2)      The total number of services commissioned by NHS Barnsley CCG through competitive tender in 2016, 2017 and up to the present quarter of 2018; coupled with a breakdown – by year - of how many of those services have been/are to be provided by private providers and public providers.    <http://www.barnsleyccg.nhs.uk/our-information/lists-and-registers.htm> | |

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| **FOI NO: 1157** | **Date Received: 14 September 2018** |
| **Request :**  The information that I require relates to the IT spend for FY 2016-17, FY 2017-18 and projected spend for FY 2018-19. | |
| **Response :** | |

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| **FOI NO: 1158** | **Date Received: 14 September 2018** |
| **Request :**  Has the CCG delivered on any document management training so far in either Care Navigation or Workflow Optimisation?  Have the CCG chosen a provider to train practices in  Document Management?  Or has the CCG created its own version?  Has this impact of this work been evaluated yet? | |
| **Response :**  Has the CCG delivered on any document management training so far in either Care Navigation or Workflow Optimisation?  During 2017/18 25 Barnsley GP practices received care navigation training.  Have the CCG chosen a provider to train practices in  Document Management?  Barnsley CCG have commissioned Barnsley Healthcare Federation to roll out document management training to all practices curing 2018/19.  Or has the CCG created its own version?  N/A  Has this impact of this work been evaluated yet?  The document management training has not yet been evaluated. | |

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| **FOI NO: 1159** | **Date Received: 17 September 2018** |
| **Request :**  For the case management systems question please could you indicate the year of the contract start and end dates?  For the brokerage question please could you specify whether a framework or preferred supplier list is used, or both, for residential and domiciliary care?  Additionally for the brokerage question could you tell me if the CCG uses costed care plans? | |
| **Response :**  For the case management systems question please could you indicate the year of the contract start and end dates? The Contract runs from 1st March 2017 to 28th February 2018  For the brokerage question please could you specify whether a framework or preferred supplier list is used, or both, for residential and domiciliary care? The CCG has a framework of preferred providers, not supplier list. The framework is used for both residential and domiciliary care.  Additionally for the brokerage question could you tell me if the CCG uses costed care plans? Costings for Residential homes are based on the agreed framework £443.66 per week and £480.62 for Residential EMI. | |

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| **FOI NO: 1160** | **Date Received: 17 September 2018** |
| **Request :** | |
| **Response :**   |  |  | | --- | --- | | **Drug** | **Manufacturer** | | Leuprorelin (Prostap) | Takeda | | Formoterol (Oxis Turbohaler) | AstraZeneca | | Goserelin (Zoladex) | AstraZeneca | | Ebesque XL (Quetiapine MR) | DB Ashbourne / Ethypharm | | Fencino (Fentanyl patches) | DB Ashbourne /Ethypharm | | Luventa XL (galantamine XL) | Fontus | | Repinex XL (ropinirole XL) | Aspire Pharma Ltd | | Lixiana (Edoxaban) | Daiichi-Sankyo | | Carbocisteine sachets | Intra-Pharm | | AirFluSal Forspiro | Sandoz | | Reletrans (Buprenorphine) | Sandoz | | Biquelle XL | Aspire Pharma Ltd | | Aymes Complete | Aymes | | GlucoRX | GlucoRX | | Sitagliptin | Merck Sharpe & Dohme Limited (MSD) | | Spiolto Respimat | Boehringer Ingelheim Limited | | Eklira | AstraZeneca | | AirFluSal MDI | Sandoz | | |

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| **FOI NO: 1161** | **Date Received: 17 September 2018** |
| **Request :**   1. Do you have Locally Commissioned Service (LCS) for the support of people with Atrial Fibrillation (AF) 2. If so can you provide a service specification 3. Can you also provide a financial  breakdown of the service | |
| **Response :**   1. Do you have Locally Commissioned Service (LCS) for the support of people with Atrial Fibrillation (AF) – Barnsley Clinical Commissioning Group currently commission a Local Enhanced Service for anticoagulation monitoring in Primary Care.  In addition Barnsley CCG incentivise and support the use of PRIMIS GRASP-AF audit tool together with case finding in AF and anti-coagulation in those at high risk of stroke via a GP practice locally commissioned contract. 2. If so can you provide a service specification – Please note this Service Specification is currently under review (see attached)   3)  Can you also provide a financial  breakdown of the service - A year of care payment of £178.23 is currently paid per patient in line with patient numbers on the practice Anticoagulation Register | |

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| **FOI NO: 1162** | **Date Received: 18 September 2018** |
| **Request :**  Regarding the correspondence below has there been any further investigation as to whether Dorzolamide with Timolol (Cosopt) should be recorded as Amber-G on the Barnsley Area Joint Formulary?” | |
| **Response :**  Below is a link to the Barnsley Formulary, which is kept up to date after each Area Prescribing Committee meeting and clarifies products as to their categorisation.  Included in the link is the Dorzolamide & Timolol eye drops section, which are green and have not been changed to Amber G.  <http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=11&SubSectionRef=11.06&SubSectionID=E100&drugmatch=3231#3231>  The ophthalmology section of the formulary is due for review and this issue has been highlighted to the formulary review team. | |

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| **FOI NO: 1163** | **Date Received: 19 September 2018** |
| **Request :**  1. Have you implemented NHS England’s guidance on minor, self-limiting or other otherwise short-term conditions for which over-the-counter items should not routinely be prescribed?  2. The guidance recommends that vulnerable patients are exempt from the restrictions. Under the list of general exception scenarios, the guidelines include “individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.”  If the guidance has been implemented, have you taken steps to ensure vulnerable patients are exempt from the restrictions?  3. Do you currently commission a community pharmacy minor ailments scheme? If so, what is the annual funding level for the scheme?  4. Have you commissioned a community pharmacy minor ailments scheme in any of the last three years? | |
| **Response :**  1. Have you implemented NHS England’s guidance on minor, self-limiting or other otherwise short-term conditions for which over-the-counter items should not routinely be prescribed?  The CCG have not yet advised regarding local implementation of this guidance  2. The guidance recommends that vulnerable patients are exempt from the restrictions. Under the list of general exception scenarios, the guidelines include “individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.”  If the guidance has been implemented, have you taken steps to ensure vulnerable patients are exempt from the restrictions?  The CCG has undertaken local patient engagement regarding the national guidance and our Governing Body (at September 18 meeting) received feedback and agreed to support the national recommendations with the proviso that implementation locally would involve working with local stakeholders to avoid vulnerable patients being compromised.  3. Do you currently commission a community pharmacy minor ailments scheme? If so, what is the annual funding level for the scheme?  Yes. Approximately £240K per annum , however this includes costs for medication supplied which makes up a large proportion of the payment  4. Have you commissioned a community pharmacy minor ailments scheme in any of the last three years?  The scheme has been in operation since autumn 2013 | |

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| **FOI NO: 1164** | **Date Received: 20 September 2018** |
| **Request :**  Please can you send me Barnsley CCG’s current Commissioning Intentions for 18/19 and also those from 2017/18. We have tried to find them on your Website but have been unable to do so. | |
| **Response :**  Please find attached a copy of Barnsley CCG Commissioning intentions 2017-19. The commissioning intentions were developed for a 2 year period in line with the NHS planning guidance and contracting requirements.  If you have any queries on the Commissioning Intentions then please contact Jamie Wike (jamie.wike@nhs.net) who would be more than willing to discuss these with you. | |

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| **FOI NO: 1165** | **Date Received: 21 September 2018** |
| **Request :** | |
| **Response :**    Please note that that the information included in Setting/Type and Funding Type relates to Adults only as this information is not available for Children’s. | |

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| **FOI NO: 1166** | **Date Received: 21 September 2018** |
| **Request :**  1) How much did the CCG spend on PHBs in the last 3 months?  2) How much did the CCG spend on managing PHBs in the last 3 months?  3) Does the CCG use any third party provider to process PHB payments? If so who are they and please specify the name of the organisation? | |
| **Response :**  1) How much did the CCG spend on PHBs in the last 3 months? For the period of 01/06/18 – 31/08/18 the cost relating to PHB care packages is £218k  2) How much did the CCG spend on managing PHBs in the last 3 months? The management of PHBs is outsourced on a block contract with Barnsley Metropolitan Borough Council. Three months cost would be £11k  3) Does the CCG use any third party provider to process PHB payments? If so who are they and please specify the name of the organisation? The management of PHBs is outsourced on a block contract with Barnsley Metropolitan Borough Council. Any third party payments would be dealt under the contract. | |

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| **FOI NO: 1167** | **Date Received: 27 September 2018** |
| **Request :** | |
| **Response :**  Query sent to requester re the request. No response received from requester. | |

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| **FOI NO: 1168** | **Date Received: 27 September 2018** |
| **Request :**   1. Does the CCG have a preferred list or guidelines for cost effective blood glucose meters/test strips for use by patients with diabetes? 2. Could I please have a copy of such a list? 3. When are these guidelines for type diabetes meters/ test strips due/likely to be up for review? for type 2 and for type 1 ... Month / year ? 4. The contact details of the person/s responsible for it's review 5. how does a company become involved in such a review? 6. are there any rebate schemes in place with any of the blood glucose monitoring companies and, 7. would the reviewing organisation be open to a rebate scheme if there was one on offer? | |
| **Response :**   1. Does the CCG have a preferred list or guidelines for cost effective blood glucose meters/test strips for use by patients with diabetes?   Yes     1. Could I please have a copy of such a list?   Here is the link to the current guidance and list:  <http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/diabetes-barnsley-guidelines/16338>  <http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Blood_Glucose_Test_Strips_update_2017.pdf>   1. When are these guidelines for type diabetes meters/ test strips due/likely to be up for review? for type 2 and for type 1 ... Month / year ?  Autumn 2019      1. The contact details of the person/s responsible for it's review   Barnsley Area Prescribing Committee , through its Medicines Management Team 01226 433798     1. how does a company become involved in such a review?   The team contacts all companies who manufacture meters and strips which conform to quality and cost requirements when it undertakes its review.     1. are there any rebate schemes in place with any of the blood glucose monitoring companies and,   Yes     1. would the reviewing organisation be open to a rebate scheme if there was one on offer?      Yes | |

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| **FOI NO: 1169** | **Date Received: 28 September 2018** |
| **Request :**  1. (i) What is the precise number of (a) children and young people (normally aged 18 and under) and (b) adults (normally over 18) you commissioned ADHD services for in the year 2017-18?  (ii) Was there a maximum cap on the number of (a) children and young people and (b) adults that you commissioned services for in the year 2017-18?  2. What’s your CCGs total amount of budget spent annually on commissioned ADHD services for (a) those under 18, and (b) those over 18  3. When specifying and commissioning ADHD services, what assumption do you make about the expected number of new patients (a) under 18, and (b) over 18, that will receive a diagnosis in a given year?  4. When specifying and commissioning ADHD services, what expectations do you set for the number of patients who will be reviewed per annum within the services, for both (a) those under 18, and (b) those over 18  5. How many patients (i) under 18 and (ii) over 18 in your area have a formal diagnosis of ADHD?  6. What is the average waiting time, in months, for those over 18 presenting with symptoms of ADHD (a) from referral to assessment, and (b) from referral to diagnosis? | |
| **Response :**   1. (i) What is the precise number of (a) children and young people (normally aged 18 and under) and (b) adults (normally over 18) you commissioned ADHD services for in the year 2017-18?  Adults is 15 a year. Children Young People is part of the complex behaviours pathway and this information is not available to us – Child and Adolescent Mental Health Services in South West Yorkshire Partnership Foundation Trust (SWYPFT) would have this information. Their Freedom of Information address is [foi@swyt.nhs.net](mailto:foi@swyt.nhs.net)   (ii) Was there a maximum cap on the number of (a) children and young people NO  and (b) adults 15 that you commissioned services for in the year 2017-18?   1. What’s your CCGs total amount of budget spent annually on commissioned ADHD services for (a) those under 18, cannot break this down as part of block contract with CAMHS (see information above) and (b) those over 18 cannot break this down as part of a block contract. 2. When specifying and commissioning ADHD services, what assumption do you make about the expected number of new patients (a) under 18, and (b) over 18, that will receive a diagnosis in a given year? Conversion rate approx. 35% for both 3. When specifying and commissioning ADHD services, what expectations do you set for the number of patients who will be reviewed per annum within the services, for both (a) those under 18, 3 follow up sessions usually at 3, 6 and 12 months and (b) those over 18 post diagnostic service so they remain with the service and are reviewed annually 4. How many patients (i) under 18 and (ii) over 18 in your area have a formal diagnosis of ADHD? We do not have a register so we do not know this information. 5. What is the average waiting time, in months, for those over 18 presenting with symptoms of ADHD (a) from referral to assessment, 18 months and (b) from referral to diagnosis? 6 months | |