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| **FREEDOM OF INFORMATION REQUESTS – APRIL 2016** | |
| **Request** | **Response** |
| **FoI No: 504 – received 4 April 2016**  I'm getting in touch today to enquire when the **next** review dates are for the following classes of drugs within the [Barnsley Area Formulary](http://www.barnsleyformulary.nhs.uk/default.asp)? To make clear, I **do not** need previous review dates for these classes of drugs.  •             SGLT-inhibitors  •             DPP4-inhibitors  •             GLP-1 agonists | The Diabetes Guidelines containing all sections are at:-  <http://barnsleybest.nhs.sitekit.net/prescribing-guidelines/diabetes-barnsley-diabetes-guidelines/16297>  We do not have a specific date when these areas will next be reviewed.  These are reviewed by the Area Prescribing Committee as and when required depending on new products being released and also alerts etc being received.  I expect the guidelines to be reviewed again in 2 years’ time and the formulary sections are reviewed annually however I do not know the date. |
| **FoI No: 505 – received 4 April 2016**  1. What was your total expenditure in the financial year 2015-16 for residential and nursing care placements for people with mental health problems\*?  2. What proportion of the total expenditure was spent on placements within and on placements outside your local CCG area?  3. How many individual clients does this figure represent?  4. How many of these individuals were in placements within and how many were outside your local CCG area?  5. How many adults with mental health problems\* were placed in a “locked rehabilitation unit” outside your local CCG area in the financial year 2015-16?  6. What was your total expenditure in the financial year 2015-16 for “locked rehabilitation unit” placements?  \* By mental health problems, I mean: adults (people aged over 18 years) with a diagnosis of a severe and enduring mental health problem such as schizophrenia, schizoaffective disorder, bipolar affective disorder, personality disorder, Asperger’s Syndrome or another Autism Spectrum Disorder, with or without comorbid brain injury/organic brain disease (including dementia) or premorbid learning disability; but not including people with a sole/primary problem of dementia, learning disability or brain injury/neurological disease. | **Barnsley Metropolitan Borough Council (BMBC) commission residential and nursing care placements and therefore may be able to more fully answer your questions, however where possible an answer is provided below.**  Please could you tell me:  1. What was your total expenditure in the financial year 2015-16 for residential and nursing care placements for people with mental health problems\*? **Unable to provide data for the specified conditions as our database only records the primary diagnosis, not the specific condition and therefore it would not be possible to identify patients in residential and nursing care who have mental health problems.**  2. What proportion of the total expenditure was spent on placements within and on placements outside your local CCG area? **As we are unable to provide details of the total expenditure for people with mental health problems in nursing and residential care, it is not possible for the CCG to identify the amount spent within and outside the area.   BMBC may be able to identify the proportion of total expenditure spent within and outside of Barnsley.**  3. How many individual clients does this figure represent? **As above**  4. How many of these individuals were in placements within and how many were outside your local CCG area? **As above**  5. How many adults with mental health problems\* were placed in a “locked rehabilitation unit” outside your local CCG area in the financial year 2015-16? **“Locked rehabilitation units” are commissioned by NHS England not CCGs**  6. What was your total expenditure in the financial year 2015-16 for “locked rehabilitation unit” placements? **“Locked rehabilitation units” are commissioned by NHS England not CCGs**  **Unfortunately, we are unable to split out the cost for the specified conditions only as our database does not record the primary diagnosis.  We are also unable to split out residential and nursing clients only at this stage.**  **Locked Rehabilitation is commissioned by NHS England as it classed as specialised services, therefore the CCG is unable to provide information for these questions.** |
| **FoI No: 506 – received 4 April 2016**  ‘Do you commission palliative care for children and young people with life-shortening conditions between the ages of 0 and 25? (yes/no)’ | The CCG does not directly commission palliative care services for 0 – 25 year olds with life- shortening conditions. However, the majority of children and young people in Barnsley with a life-shortening condition receive palliative care services, when appropriate, at Bluebell Wood Children’s Hospice in Sheffield – Barnsley CCG make a contribution of 25% of the cost of each Barnsley child’s stay. On occasion, some Barnsley children have received palliative care from Rainbows Children’s Hospice, based in Loughborough, Leicestershire, for which Barnsley CCG fund the total cost of the child’s stay. |
| **FoI No: 507 – received 1 April 2016**  I would like the following information on hospital activity for Parkinson's disease patients for the time period between **January 2015 and December 2015.**  1. Number of hospital admissions for patients with a primary diagnosis of Parkinson's disease  2. Number of hospital admissions for patients with a secondary diagnosis of Parkinson's disease  3. Number of elective admissions for Parkinson's disease  4. Number of non-elective admissions for Parkinson's disease  5. Average length of stay for elective Parkinson's disease patients  6. Average length of stay for non-elective Parkinson's disease patients  7. Number of Parkinson's disease patients re-admitted within 28 days | 1. Number of hospital admissions for patients with a primary diagnosis of Parkinson's disease **23**  2. Number of hospital admissions for patients with a secondary diagnosis of Parkinson's disease **391**  3. Number of elective admissions for Parkinson's disease **85 (2 Primary Diagnosis and 83 Secondary Diagnosis)**  4. Number of non-elective admissions for Parkinson's disease **329 (21 Primary Diagnosis and 308 Secondary Diagnosis)**  5. Average length of stay for elective Parkinson's disease **patients 9.0 Days (when Parkinsons Disease was Primary Diagnosis)**  6. Average length of stay for non-elective Parkinson's disease patients **13.4 Days (when Parkinsons Disease was Primary Diagnosis)**  7. Number of Parkinson's disease patients re-admitted within 28 days  **55 (Current NHS Standard is Within 30 Days and must be Emergency Readmission)**  **The data supplied above is for Barnsley CCG patients only** |
| **FoI No: 508 – received 4 April 2016**  1. What did your Clinical Commissioning Group(s) (CCG) spend on Child and Adolescent Mental Health Services (CAMHS) in each of the last three years (2013/14, 2014/15, & 2015/16)?  2. What is the planned expenditure on CAHMS services in your CCG’s 2016/17 budget?  3. How many children and young people have been referred to CAMHS services in your CCG area(s) in each of the last three years? | 1. **What did your Clinical Commissioning Group(s) (CCG) spend on Child and Adolescent Mental Health Services (CAMHS) in each of the last three years (2013/14, 2014/15, & 2015/16)?   Contract value for CAMHS services are as follows:**   **13/14 £1,662,000**  **14/15 £1,662,000**  **15/16 £1,627,000 – additional non-recurrent funding was also provided in this year – total funding = £2,233,040**  **2. What is the planned expenditure on CAHMS services in your CCG’s 2016/17 budget?**  **16/17 £1,644,897 – there will be additional funding in 16/17 via the Future in Mind monies but the amount still needs to be confirmed**  **3. How many children and young people have been referred to CAMHS services in your CCG area(s) in each of the last three years?**  **The total number of referrals into CAMHS in 15/16 was 1,548 – the CCG does not have access to earlier years data and the service provider (SWYPFT) would need to be contacted if this data is required.** |
| **FoI No: 509 – received 4 April 2016**  I am researching the commissioning of hypnotherapy in the NHS England & Wales.  The reason is that firstly I am involved as an expert in a civil case in which a hypnotherapy training organisation informed its students that on qualifying, they would be eligible to take referrals from the NHS.  Secondly I am attending an academic conference later this year at which the availability of hypnotherapy in the NHS will be discussed.  I would very grateful if you could please give me some idea of the extent to which, if at all, your CCG currently commissions hypnotherapy, either routinely or in exceptional cases, and if this involves referrals to private hypnotherapists. | **NHS Barnsley CCG does not directly commission hypnotherapy services routinely and we have not received any requests for this intervention on a cost per case basis within the contracts we hold.** |
| **FoI No: 510 – received 5 April 2016**  Do you commission the following services to children and young people with life-shortening conditions between the ages of 0 and 25 (yes/no)? If yes, please state how much you will spend on this in 2015/16.           short breaks           step-down care           end of life care           transitions between children’s and adult services’ | **Unfortunately we do not hold the information in the format that is requested – the care packages for each child are developed on an individual basis. In 15/16 we spent £35,067 specifically on short breaks for children with complex health needs/learning disability – the majority of these children will have life-shortening conditions but not all of them. In addition, we spent £367,000 on respite care at a Local Authority run home for children with complex health needs – again, many of these children will have life-shortening conditions but not necessarily all of them. In terms of end of  life the CCG funds 25% of the total cost of any child’s care at the local children’s hospice so annual amounts will vary significantly. The CCG does not spend specifically on Transition costs but these would form part of a child’s total care package, determined by the child’s needs.**  **For us to provide an answer in relation to ‘step-down’ care can you please clarify what this means/covers.** |
| **FoI No: 511 – received 7 April 2016**  In NHS Barnsley CCG**:**  How many PMS practices were there at the start of this review?   1. How many have since switched to GMS? 2. How much PMS funding was identified as NOT being linked to extra services and therefore available for redistribution? 3. How has the CCG proposed or decided to redistribute this funding? | **Redirected to NHS England** |
| **FOI No: 512 – received 7 April 2016**  Pursuant to the Freedom of Information Act 2000, I would like to request a copy of your Local Estates Strategy. | **Our Local Estates Strategy is still in development and we are therefore unable to provide you with a copy.** |
| **FoI No: 513 – received 8 April 2016**   1. Please could you confirm the name/s of the current provider/s of your Non-Emergency Patient Transport Services (NEPTS) 2. Please confirm the value of the contract/s 3. Please confirm the date the contract/s started 4. Please confirm the contract/s duration 5. Please confirm the end date of the contract/s 6. Please confirm the current journey volumes that are covered by each of the contract/s 7. Please confirm the contact name, telephone number and email address for the person in charge of commissioning NEPTS for your organisation | 1. Please could you confirm the name/s of the current provider/s of your Non-Emergency Patient Transport Services (NEPTS) – Sheffield City Taxi’s, ERS Medical, Arriva, Yorkshire Ambulance Service – Patient Transport Service 2. Please confirm the value of the contract/s – this information can be found on the contract register on the CCG website  - <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> 3. Please confirm the date the contract/s started – 1 April 2016 4. Please confirm the contract/s duration – 1 year 5. Please confirm the end date of the contract/s – 31 March 2017 6. Please confirm the current journey volumes that are covered by each of the contract/s – YAS approximately 70,000 journeys per annum. ERS not applicable, Arriva and Sheffield City Taxis commissioned on actuals   Please confirm the contact name, telephone number and email address for the person in charge of commissioning NEPTS for your organisation – Paul Harding, 01226 433694, [paulharding@nhs.net](mailto:paulharding@nhs.net) |
| **FoI No: 514 – received 12 April 2016**  Do you commission any of the following services for children with life-shortening conditions between the ages of 0 and 25? If yes, do these services provide care out of hours and at weekends?   * Specialist medical input (e.g. medical consultants with expertise in life-shortening conditions) (yes/no)? * Community children’s nursing (yes/no)? * Children’s hospice services (yes/no)? * Community paediatrics (yes/no)? * Specialised children’s palliative care (which can include managing complex symptoms and prescribing unlicensed medicines) (yes/no)? * Emotional and psychological support - including bereavement care (yes/no)? * Equipment - including wheelchairs (yes/no)? | Specialist medical input (e.g. medical consultants with expertise in life-shortening conditions) (yes/no)?  Not specifically that I am aware but the expertise would be included when agreeing care ask ages which are based upon need  • Community children’s nursing (yes/no)?  Yes, the community paediatric team are based at BHNFT and will provide care out of hours and at weekend  • Children’s hospice services (yes/no)?  Yes - 25% of each child's care is funded when the child or young person utilises Bluebell Wood - out of hours care and weekend provision is provided - if other children's hospices used (not local to Barnsley) then full cost of stay is funded  • Community paediatrics (yes/no)?  Yes - as with community children's nursing  • Specialised children’s palliative care (which can include managing complex symptoms and prescribing unlicensed medicines) (yes/no)?  Yes -out of hours and weekend care will be provided  • Emotional and psychological support - including bereavement care (yes/no)?  Yes - this is being enhanced through the transformation plans utilising national monies and is a priority for children and young people  • Equipment - including wheelchairs (yes/no)?  Yes - not operational at weekends |
| **FoI No: 515 – received 12 April 2016**  How many children in the Barnsley CCG catchment area have been waiting longer than the NICE Guideline of 3 months for autism diagnosis? | 159 children were waiting longer than 3 months.  The deadline for these children has not been met but a revised pathway was launched September 2015 which will ensure assessment and diagnosis timescales are compliant with NICE guidelines in future. |
| **FoI No: 516 – received 12 April 2016**  I would be grateful if you could provide the following information:   1. Any services which were provided in your CCG area at the establishment of the CCG, which are no longer provided. 2. Any services which were provided in your CCG area at the establishment of the CCG, which were previously provided free of charge, but for which there is now a charge. 3. Any services which were provided in your CCG area at the establishment of the CCG, for which there are are now restrictions on eligibility. 4. Whether any restrictions have been placed on eligibility for the following:    * Cataract surgery    * Hip and knee replacements    * Tonsil and cyst removal    * Grommet removal    * Varicose vain removal    * Groin hernia repairs    * Treatment for back pain    * Access to hearing aids. | 1. Any services which were provided in your CCG area at the establishment of the CCG, which are no longer provided  **– No services have been decommissioned** 2. Any services which were provided in your CCG area at the establishment of the CCG, which were previously provided free of charge, but for which there is now a charge **- All services provided by the CCG are covered under the 1948 Health Care Act which gives free health care for all at the point of access** 3. Any services which were provided in your CCG area at the establishment of the CCG, for which there are now restrictions on eligibility **– The CCG poses no restrictions on eligibility to general services** 4. Whether any restrictions have been placed on eligibility for the following: **– Please find link to CCG policies and plans which includes policies relating to Procedures of Limited Clinical Value (PLCV) under the section Quality and Safety** [**http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm**](http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm) |
| **FoI No: 517 – received 13 April 2016**  1 What are your local CCG commissioning criteria for Rhinoplasty and/or Scptorhinoplasty?   1. Do you currently authorise nasal surgery for post-traumatic cosmetic defects without nasal obstruction? 2. Do you stipulate a minimum or maximum Lime limit between nasal injury and assessment for rhinoplasty in order to agree funding (and if so, what is the limit)? 3. Do you require an assessment of the severity of cosmetic defect prior to agreeing the funding for rhinoplasty (and if so. what assessment is needed)? | 1. **RHINOPLASTY**  **Rhinoplasty will not be routinely commissioned by the NHS for cosmetic reasons.**  **Cases may be considered on an exceptional basis, for example in the presence of severe functional problems.**  **Post traumatic airway obstruction or septal deviation does not need funding approval.**  **2. If the patient meets policy criteria**   1. **3.** **No**   **The Individual Funding Request team would expect a clinical letter from the patient’s referring clinician detailing the severity of the defect.** |
| **FoI No: 518 – received 14 April 2106**  1. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2012/13?  2. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2013/14?  3. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2014/15?  4. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2015/16? | 1.  0  2.  0  3.  4  4. 7 Full CTR’s  2 Blue Light Calls  1 Pre-admission |
| **FoI No: 519 – received 15 April 2016**  1. The definition of calculation used for new to follow up ratios for chronic pain referrals for the main local pain service that your CCG area uses or commissions.  2. The data for new to follow up for chronic pain referrals for your main local service for the years April 2010 to April 2015.  3. Is the calculation used for new and follow-up in Chronic Pain a local or national definition?  4. Can you provide the wording of the definition used?  5. Does the New to follow up ratio calculation that is used by your organisation for Chronic Pain also apply to other specialties?  6. If no - please explain the differences in the calculations. | 1. NHS Barnsley CCG do not use new to follow up ratios for Chronic Pain activity  2. Not applicable  3. Not applicable  4. Not applicable  5. Not applicable  6. Not applicable |
| **FoI No: 520 – received 20 April 2016**  1.) When the service is due for tender.  2.) Which CCG's this covers  3.) If possible, the current incumbent and value of the contract. | 1.) – the community service is not due for tender  2.) NHS Barnsley CCG commissions services for Barnsley GP registered patients only.  3.) <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> |
| **FoI No: 521 – Received 22 April 2016**   1. Do you have an Area Prescribing Group/Committee (APC) and who is the chair? 2. Is the chair appointed or part of a role? 3. Is the APC chair a medic, consultant, pharmacist, lay representative or other? 4. How many CCGs does your APC cover? 5. How many acute trusts, mental healthcare and combined health care does your APC cover? | **1. Yes, Medical Director of the Clinical Commissioning Group**  **2. Appointed. He is Clinical Lead for organisation (CCG) which commissions all provider services currently represented by APC.**  **3. Medic**  **4.**  **One**  **5**.  **One Hospital, one Hospice, one combined Community and Mental Health Trust, GP Practice Representatives (CCG is one which commissions GP services on behalf of NHSE). There is also community pharmacy representation. APC collaborates and shares information over a wider 5 CCG footprint.** |
| **FoI No: 522 – Received 28 April 2016**  I ask the following:   * How many Tier 3 centres do you have? * Where are they? (A list of specific locations (cities/ towns/ villages) * How many are:   + In primary care   + In secondary care (hospital setting)   + Primary/ secondary   + Other * Please give examples of “other” settings. * If in a hospital setting, are they:   + Attached to a bariatric surgical unit?   + Adjacent to a bariatric surgical unit?   + Within a bariatric surgical unit? | * How many Tier 3 centres do you have?   **The core service is based at Eldon Street.  The service provides out-patients clinics across the borough.**   * Where are they? (A list of specific locations (cities/ towns/ villages)   **Barnsley Hospital**  **Eldon Street  (Central Barnsley)**  **Cudworth Health Centre**  **Roundhouse Medical Centre (Athersley)**  **Hoyland Health Centre**  **Worsbrough Medical Centre**  **Thurnscoe Health Centre**  **Goldthorpe Health Centre**  **Penistone Health Centre**  **Chapelfield Medical Centre (Wombwell)**  **Garland House Medical Centre (Darfield)**  **Mount Vernon Hospital (Physiotherapy and exercise specialist service) Barnsley**   * How many are:   + In primary care **– as above**   + In secondary care (hospital setting) **– as above**   + Primary/ secondary **– as above**   + Other **– as above** * Please give examples of “other” settings.   **As above**   * If in a hospital setting, are they:   + Attached to a bariatric surgical unit? **No, Barnsley do not provide bariatric surgery.  This is a consultant led clinic for adults.  The service refer patients to Sheffield Teaching Hospital or Doncaster and Bassetlaw Hospital for Tier 4 intervention.  We also provide a consultant led clinic for paediatrics**   + Adjacent to a bariatric surgical unit? **No**   + Within a bariatric surgical unit? **No** |
| **FoI No: 523 – received 28 April 2016**  Under the Freedom of Information Act, please supply me with details of all the contracts awarded by your organisation since its establishment, including names of contractors, date of contract and value, | There is a link on our external website detailing the contracts register and estimated finances for 15/16.  Please find link to the Barnsley CCG external website which lists current contracts and their value. <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> The CCG has not decommissioned any services since establishment in 2013 therefore the contract register has remained the same since this point. |
| **FoI No: 524 – received 29 April 2016**  Please list all of the Early Intervention in Psychosis (EIP) services your CCG commissions, and confirm whether the specification for the service(s) commissioned is NICE-concordant.  Please answer the following questions for each EIP service you commission.  1)       What was the average investment per person accessing EIP in 2015/16?  2)       How much investment have you allocated for EIP in 2016/17?  3)       What was the investment uplift for EIP services in 2016/17, in figures and as a percentage?  4)        How many people do you expect to provide EIP services to in 2016/17?  5)       What is the estimated investment per person accessing EIP in 2016/17?  6)       What age range have you commissioned EIP services for in 2016/17?  7)       If any of your EIP providers are also commissioned to provide EIP services by another CCG, what arrangements are in place to coordinate investment decisions and ensure that NICE-concordant EIP services can be provided to all patients in your area? | Re-directed to SWYPFT |
| **FoI No: 525 – received 29 April 2016**  Last year as part of the Barnsley Quality Framework you asked practices, for Element 10, to codepatients who were resident in care homes.  The codes were:  XaMFG on system 1  13FX on EMIS web.  Please could you release the names of all the practices, list size and the numbers of patients that were coded as being care home residents? | Barnsley Clinical Commissioning Group does not hold this information. The reporting requirement for element 10 within the Barnsley Quality Framework was a self-declaration and therefore this information is not information that belongs to the CCG or an asset of Barnsley CCG’s. To obtain the information you require you would need to ask each practice for their information. |