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| **FREEDOM OF INFORMATION REQUESTS NOVEMBER 2019** |

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| **FOI NO: 1413** | **Date Received: 1 November 2019** |
| **Request :**  1.The number of ‘wellbeing prescribers’ or ‘social prescribers’ employed in your CCG area in this financial year (2019/20) and in the previous two years.  2. The amount of money spent on employing either of the above in this financial year (2019/20) and the previous two years. | |
| **Response :**  1.The number of ‘wellbeing prescribers’ or ‘social prescribers’ employed in your CCG area in this financial year (2019/20) and in the previous two years.  **The CCG does not directly employ Social Prescribers however it does commission South Yorkshire House Association to provide a Social Prescribing  service.**  2. The amount of money spent on employing either of the above in this financial year (2019/20) and the previous two years.  **N/A see answer above.** | |

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| **FOI NO: 1414** | **Date Received: 4 November 2019** |
| **Request :**  1. What software product(s) are you using to manage your IT Service Management (e.g. ServiceNow, Cherwell, Hornbill etc.)?  2. Who is your current vendor?  3. When does the contract with your current service desk provider end?  4. How much does your current ITSM service desk tool cost annually?  5. When will you be looking to review your current service desk tool?  6. What software product(s) are you using to manage your desktops ITAM e.g SCCM, Manage engine etc.)?  7. Who is your current vendor?  8. When does the contract with your current desktop provider end?  9. How much does your current ITAM desktop tool cost annually?  10. When will you be looking to review your current desktop tool?  11. Who is your primary IT company contact? | |
| **Response :**  What software product(s) are you using to manage your IT Service Management (e.g. ServiceNow, Cherwell, Hornbill etc.)? NHS Barnsley CCG do not have any software that is used for IT Service Management.  This is provided as part of a contract for IT services by eMBED Health Consortium.  Who is your current vendor? See above  When does the contract with your current service desk provider end? The overall contract with eMBED ends on 31 March 2020  How much does your current ITSM service desk tool cost annually? These costs are included within the overall contract and not specified individually.  When will you be looking to review your current service desk tool? Service Desk provision will be included in future arrangements for the provision of IT services following the conclusion of the contract with eMBED.  What software product(s) are you using to manage your desktops ITAM e.g SCCM, Manage engine etc.)? NHS Barnsley CCG do not have any software that is used for IT Asset Management.  This is provided as part of a contract for IT services by eMBED Health Consortium.  Who is your current vendor? See above  When does the contract with your current desktop provider end? The overall contract with eMBED ends on 31 March 2020.  How much does your current ITAM desktop tool cost annually? These costs are included within the overall contract and not specified individually.  When will you be looking to review your current desktop tool? This will be included in future arrangements for the provision of IT services following the conclusion of the contract with eMBED.  Who is your primary IT company contact? This service is delivered by: eMBEDhealth, Scorex House, 1 Commercial Street, Bradford, West Yorkshire, BD1 4AS | |

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| **FOI NO: 1415** | **Date Received: 4 November 2019** |
| **Request :**  I am conducting a nationwide investigation in to the adherence to Best Practice Tariffs (BPT) by hospitals performing prosthetic replacement of the hip or knee operations; namely procedures:    OPCS Code: Procedure  W371 W371 Primary total prosthetic replacement of hip joint using cement  W381 W381 Primary total prosthetic replacement of hip joint not using cement  W391 W391 Primary total prosthetic replacement of hip joint NEC  W931 W931 Primary hybrid prosthetic replacement of hip joint using cemented  acetabular component  W941 W941 Primary hybrid prosthetic replacement of hip joint using cemented  femoral component  W951 W951 Primary hybrid prosthetic replacement of hip joint using cement  NEC  W401 W401 Primary total prosthetic replacement of knee joint using cement  W411 W411 Primary total prosthetic replacement of knee joint not using  cement  W421 W421 Primary total prosthetic replacement of knee joint NEC    I would therefore request the following information in a CSV or Excel file format for all ELECTIVE spells discharged from Jul 2018 to Jun 2019 (inclusive totalling 12 months)    Column Heading **EXAMPLE DATA (made up numbers)**  Provider Org code = RRK  Provider Org name = UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION  TRUST  Procedure Code = W371  ADMISSION METHOD = ELECTIVE ONLY  TOTAL Number of Spells discharged Jul18-Jun19 = **1,234**  SUM TOTAL Number of Bed Days for spells discharged Jul18-Jun19 = **124,560**  Number of spells submitted for BPT = **1,100**  SUM TOTAL Number of Bed Days for spells submitted for BPT = **120,459**  Number of spells paid on a BPT basis = **537**  SUM TOTAL Number of Bed Days for spells paid on a BPT basis = **51,456**    If spells were to have multiple procedure codes, example W381 and W411, then these are to be presented via concatenation of the procedures of interest identified in the spell. For the example above this would be W381, W411. | |
| **Response :**    In response to your request for information I have received the attached information.  Please note that the data is for the 12 month period Jul-18 to Jun-19 and covers all Barnsley CCG activity for the specific OPCS codes. None of the activity attracted a best practice tariff according to the SUS data. | |

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| **FOI NO: 1416** | **Date Received: 4 November 2019** |
| **Request :**  I would like to request the below information:  A list of pharmaceutical products/drugs that your CCG currently holds rebate agreements for.  I would like to request the product names (brand and generic when applicable) with start finish dates and fully understand that the financial details of the rebates would be considered commercially confidential**.** | |
| **Response :**   |  |  | | --- | --- | | **Drug** | **Manufacturer** | | AirFluSal Forspiro | Sandoz | | AirFluSal MDI | Sandoz | | Aymes Complete | Aymes | | Biquelle XL | Aspire Pharma Ltd | | Carbocisteine sachets | Intra-Pharm | | Ebesque XL (quetiapine MR) | Ethypharm (formerly DB Ashbourne) | | Eklira | AstraZeneca | | Fencino (fentanyl patches) | Ethypharm (formerly DB Ashbourne) | | Gatalin XL | Aspire Pharma Ltd | | GlucoRx | GlucoRx | | Leuprorelin (Prostap) | Takeda | | Luventa XL (galantamine XL) | Fontus | | Pipexus | Ethypharm (formerly DB Ashbourne) | | Reletrans (Buprenorphine) | Sandoz | | Repinex XL (ropinirole XL) | Aspire Pharma Ltd | | Sitagliptin (Januvia) | MSD | | Spiolto Respimat | Boehringer Ingelheim Limited | | A Menarini Diagnostics | Glucomen Areo Sensors |   The CCG will not provide the start and finish dates of the rebate agreements which it considers to be commercially sensitive information. | |

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| **FOI NO: 1417** | **Date Received: 5 November 2019** |
| **Request :**  I am writing to make a request for all the information to which I am entitled under the Freedom of Information Act 2000.  Please send me details of any care home enhanced services commissioned by the CCG, setting out the total amount spent in 2018/19 and total budgeted spend in 2019/20 and the amount per patient on all such services and including a copy of it.  I would like the above information to be provided to me as an electronic copy.  If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary. | |
| **Response :**  The CCG is working with partners to deliver the Enhanced Health in Care Home Specification, published September 2016, and have a number of schemes which form part of our usual contracts with providers – we consider these to be business as usual rather than enhanced services.  These schemes are:   * Core Offer from Neighbourhood Nursing Team – delivered by South West Yorkshire Foundation Partnership Trust * Nurse Trainer for Care Homes – delivered by South West Yorkshire Foundation Partnership Trust * Care Home/GP Alignment – delivered by Primary Care where each care home has a dedicated practice to register new patients * Skype for Care Homes – delivered by RightCare Barnsley.  This is a programme of work that is currently being rolled out to care homes – we have 17 of the 65 care homes on this scheme at this time.  Nursing staff who already work in the RightCare cover this service and are able to see patients face to face to inform their clinical advice.  The cost of hardware and Skype for business licences are £12,000 in total. | |

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| **FOI NO: 1418** | **Date Received: 6 November 2019** |
| **Request :**  Please provide a current prescribing algorithm for advanced therapeutics/biologics for patients with rheumatoid arthritis treated within your clinical commissioning group. | |
| **Response :**  The CCG is not a Provider and does not deliver direct care to patients and therefore does not have a prescribing algorithm for rheumatoid arthritis.  Please find attached a copy of the RA pathway for the Barnsley NHS Foundation Trust which has been shared/ agreed  and endorsed by the NHS Barnsley Area Prescribing Committee.  Patients registered and living in Barnsley whom are being managed in hospital other than  BHNFT will follow the RA pathway of that hospital. | |

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| **FOI NO: 1419** | **Date Received: 6 November 2019** |
| **Request :**  1) How many NHS consultants work privately?  2) Which hospitals have employed a learning disability nurse? Which haven't (if applicable)?  3) Do you take part in the the Learning Disability Mortality Review (LeDeR) Programme?  If so I would like to request;  3a) All internal and external communications discussing plans to implement the Learning Disability Mortality Review LeDeR from 2016-present.  3b)How many reviewers do you currently have?  3c) All correspondences between yourself and NHS England when they chase you for completion of mortality reviews to the recognised standard. | |
| **Response :**  1) How many NHS consultants work privately? The CCG does not hold this information  2) Which hospitals have employed a learning disability nurse? Which haven't (if applicable)? The CCG does not hold this information  3) Do you take part in the the Learning Disability Mortality Review (LeDeR) Programme? Yes  If so I would like to request;  3a) All internal and external communications discussing plans to implement the Learning Disability Mortality Review LeDeR from 2016-present.  The CCG is unable to provide all the requested information on the grounds of cost. However a summary of the plans to implement the LeDeR programme in Barnsley is as follows:   * The Local Area Contact (LAC) identified reviewers from 2 NHS providers and reviews allocated. * The CCG has attended external meetings with NHSE and other CCGs in the region. * There is regular email communication from NHSE and a progress report with a statistical analysis is shared. * There has been an internal discussion and a new LAC identified in July 2019.   3b)How many reviewers do you currently have? 2 – 1 at Barnsley Hospital NHS Foundation Trust (BHNFT) and 1 internal reviewer. There are at least 2 more staff identified internally who will complete reviewer training.  3c) All correspondences between yourself and NHS England when they chase you for completion of mortality reviews to the recognised standard. All Barnsley completed reviews have been signed off and archived, indicating that NHS England is satisfied with their quality. There is a SYB LeDeR Quality Assurance Group – the next meeting is 16 December 19 which Barnsley attends. | |

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| **FOI NO: 1420** | **Date Received: 11.11.19** |
| **Request :**  Please provide details for NHS Barnsley Clinical Commissioning Group of the test applied to NHS Continuing Healthcare Assessments, the reference being, Grogan v Bexley NHS Care Trust, "107. In that consideration in my view, the Care Trust should;  i) identify the test it applies," | |
| **Response :**  Each patient referred to Barnsley Continuing Healthcare is treated individually based on the information obtained by the Multi-Disciplinary Team and recommendations made by those involved.  All recommendations and decisions are based on principles and processes detailed in the 2018 National Framework for NHS Continuing Healthcare and NHS-funded nursing care.  The National Framework is underpinned by Standing Rules Regulations issued under the National Health Service Act 2006.  These Regulations require CCG’s to have regard to the National Framework. | |

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| **FOI NO: 1421** | **Date Received: 12.11.19** |
| **Request :**   1. Does your organization presently provide a Telecare operations centre to monitor your local population or monitor specific conditions?–  NO / YES   **IF the answer is YES please reply to the questions below – 1 to 8 ONLY**  **IF the answer is NO please skip to questions 9 to 10 ONLY**  **YES – we do have/use a monitoring centre**   * 1. Is this service staffed by clinical or non-clinical staff?   2. Is this an internal support system using your own staff to monitor the calls?   3. Is this an external support system run by a GP consortium, other CCG or acute Trust/ NHS provider  and does this team have a name/department title/ contact?   4. Is this an external commercially available centre or Local Authority centre and if so, could you disclose the name of the 3rd party provider?   5. Do you know your cost per patient commitment for using the monitoring service?   6. Do you know what Software is used to hold patient contact data and log calls – if any CRM system used at all? Also if known, do you know the annual cost for use of the software?   7. How could the service/ software- be improved?  1. If CRM/ Call logging system is NOT used, would such a software system prove useful for audit, reporting, management information, communication – or any other reason? 2. Do you know if calls logged are written into your PAS or the patients’ GP system? 3. Do you collect any data from the likes of? - 4. Glucometers/ Spirometers/ weighing scales/ECG 5. Future advances such as Body worn devices / smart watches that collect data such as Spo2, BP, Pulse, Temp, Movement 6. Manually taken vital signs at home sent into the cloud and then onto some other electronic record 7. Wellbeing questionnaires completed by the patient 8. Domiciliary visits notes 9. GP or Community Nurse or Social care notes 10. Smart Home devices such as alerts re Carbon Monoxide levels, Intruder alarms, Non-Movement etc. 11. Fall detection systems 12. Activities of Daily Living monitoring   Other devices – not named above (please comment)   1. If you do not collect data from remote devices, would you see any advantages to incorporating data collected from any of the items listed above, by way of ongoing monitoring, establishing baseline health measurements or general patient & social safety/wellbeing? (please comment) 2. Do you use a Video link to get visual contact with your patients? YES/NO    1. If YES – why do you see this as important    2. If NO – why is this not seen as important          c.     If NO - is this an aspiration?   1. Have you done any ROI analytics/ produced any research, to rationalize why telecare monitoring does have a place in an ACUTE setting? If YES – are you able to share these? 2. Who is the main person(s)/ decision maker (s) / team – who are responsible for the Telecare monitoring centre?   Any other comments ………………………………………………………………………………………………………….   1. If the answer is **NO** – you **do  NOT have a monitoring system**    1. Within the next 2 years, would a Telecare Monitoring Service be something that the Trust would consider as a way of either reducing hospital admissions, supporting an earlier hospital discharge, promoting population health and wellbeing and/or recognizing and acting upon patient deterioration sooner or maybe managing employee workload … *(.or any other possible advantage not listed)?*   **YES  or NO  or UNSURE**   * 1. Could you explain your reasoning for any of the 3 possible answers given above please?  1. Who is the main person(s)/ decision maker (s) / team – who would be responsible for the decision to use a Telecare monitoring centre? | |
| **Response :**  1.       Does your organization presently provide a Telecare operations centre to monitor your local population or monitor specific conditions? (Yes / No) No   1. If the answer is **NO** – you **do  NOT have a monitoring system**      * 1. Within the next 2 years, would a Telecare Monitoring Service  be something that the Trust would consider as a way of either reducing hospital admissions, supporting an earlier hospital discharge, promoting population health and wellbeing and/or recognizing and acting upon patient deterioration sooner or maybe managing employee workload …*(.or any other possible advantage not listed)? (Yes, No, Unsure)*   The CCG has previously commissioned a standalone monitoring service, when this was reviewed it was noted that the CCG commissioned a range of alternative dispositions for patients that can offer the same advantages, reassurance and personalised approach. We expected all services to contribute to the above aims and all services to adopt a wide range of contact means including technology if appropriate. The CCG is currently re-developing the Barnsley Single Point of Access and may re-consider telecare as part of a future care coordination and care management model of care.   * 1. Could you explain your reasoning for any of the 3 possible answers given above please?               As per above.   1. Who is the main person(s)/ decision maker (s) / team – who would be responsible for the decision to use a Telecare monitoring centre?  Director of Commissioning | |

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| **FOI NO: 1422** | **Date Received: 13.11.12** |
| **Request :**  could you kindly please provide us with a current list of the email addresses within your CCG via email for all the following:  -           Practice Managers the relevant GP surgeries they manage.  -           Practice Managers the relevant Dental surgeries they manage.  -           Practice Managers the relevant Opticians they manage.  -           NHS Trust Senior Members of Staff, their position and trust.  -           NHS Care Home Senior Members of Staff, their position and home.  -           NHS Hospital Senior Members of Staff, their position and hospital.  -           NHS Mental Health Facilities Senior Members of Staff, their position and facility.  -           NHS Pharmacies Senior Members of Staff, their position and pharmacy. | |
| **Response :**  Practice Managers the relevant GP surgeries they manage. – a list of Barnsley GP practices can be found on the CCG website at: <https://www.barnsleyccg.nhs.uk/about-us/membership.htm>                  Practice contact information can be found on GP practice websites.  -           Practice Managers the relevant Dental surgeries they manage. – the CCG does not hold this information  -           Practice Managers the relevant Opticians they manage. – the CCG does not hold this information  -           NHS Trust Senior Members of Staff, their position and trust. – the CCG does not hold this information  -           NHS Care Home Senior Members of Staff, their position and home. – the CCG does not hold this information  -           NHS Hospital Senior Members of Staff, their position and hospital. – the CCG does not hold this information  -           NHS Mental Health Facilities Senior Members of Staff, their position and facility. – the CCG does not hold this information  -           NHS Pharmacies Senior Members of Staff, their position and pharmacy - The CCG does not hold this information. This information is held by the NHSE Local ( South Yorkshire and Bassetlaw) Area Team.  There is a contact web address below, where some  information about the South Yorkshire and Bassetlaw Pharmacies is listed:  <https://www.nhs.uk/Services/Trusts/Pharmacies/DefaultView.aspx?id=89782> | |

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| **FOI NO: 1423** | **Date Received: 14.11.19** |
| **Request :**  how much money the CCG (or similar) spent in the last 2 available years of data on Helicobacter pylori testing using Diabact, INFAI or pylobactell test kits. | |
| **Response :**  The CCG does not currently hold this information. We would have to interrogate NHS Digital systems to obtain this information.  This prescription data is available on NHSBSA for guest users:  <https://www.nhsbsa.nhs.uk/prescription-data/catalyst-public-insight-portal>  alternatively it is available on Open Prescribing.  <https://openprescribing.net/>  The data can be accessed via NHS Digital via FOI <https://digital.nhs.uk/data-and-information> | |

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| **FOI NO: 1424** | **Date Received: 15.11.19** |
| **Request :**   1. What is the average waiting time in weeks from referral to an initial appointment with the pain management service you are responsible for? 2. What is the average waiting time in weeks from referral to commencing treatment, ie, referral to treatment (RTT) time? 3. Does your pain management service involve a multidisciplinary team (including medical consultants, nurses, physiotherapists, psychologists, pharmacists) as recommended by the Faculty of Pain Management’s core standards for pain management services in the UK (<https://www.rcoa.ac.uk/document-store/core-standards-pain-management-services-the-uk>)? 4. Specifically, which of the above disciplines does the multidisciplinary team include? 5. Does your pain management service offer non-drug treatments, including physical and psychological therapies, as recommended by the Faculty of Pain Management’s core standards for pain management services in the UK? | |
| **Response :**  Under the Freedom of Information Act 2000, I am requesting the following information on pain management services you are responsible for, provided either in the hospital or community sector:   1. What is the average waiting time in weeks from referral to an initial appointment with the pain management service you are responsible for? Annual average 32 days. 2. What is the average waiting time in weeks from referral to commencing treatment, ie, referral to treatment (RTT) time? Annual average 32 days. (Average waiting time from referral to treatment (working days). Treatment is provided at first appointment). 3. Does your pain management service involve a multidisciplinary team (including medical consultants, nurses, physiotherapists, psychologists, pharmacists) as recommended by the Faculty of Pain Management’s core standards for pain management services in the UK (<https://www.rcoa.ac.uk/document-store/core-standards-pain-management-services-the-uk>)?  Yes 4. Specifically, which of the above disciplines does the multidisciplinary team include? Physiotherapists, CBT therapists, Nurses, Occupational Therapists. 5. Does your pain management service offer non-drug treatments, including physical and psychological therapies, as recommended by the Faculty of Pain Management’s core standards for pain management services in the UK?  Yes | |

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| **FOI NO: 1425/2019** | **Date Received: 18.11.19** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1426** | **Date Received: 18 November 2019** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1427** | **Date Received: 18 November 2019** |
| **Request :**  For each of the below, please answer the question in relation to children/adults from [ NHS Barnsley CCG ]’s area accessing services within the Transforming Care Partnership area.  What proportion of children with a learning disability in your CCG area have access to an enhanced/intensive community support service within the TCP area (subject to meeting the access criteria for the service)? If no service exists please state  What proportion of children with a diagnosis of autism in your CCG area have access to an enhanced/intensive community support service within the TCP area (subject to meeting the access criteria for the service)? If no service exists please state  If yes to the above questions, please share the relevant service specifications (including access criteria)  For all children in your CCG area please state whether there is alternative short-term accommodation within the TCP area for children with a learning disability and or autism who are in crisis or potential crisis? (if the accommodation is not commissioned for either LD or autism please make that clear)  If there is no alternative short-term accommodation within the TCP area, is the service commissioned by you or others outside of the TCP area?  If yes to the above on alternative short term acommodation, please share the relevant service specifications (including access criteria, and how many beds the accommodation is commissioned to have)  If yes to the above, on how many occasions have children who met the criteria for short term accommodation not been able to access it in the financial year 2018-19. | |
| **Response :**  Unable to answer or redirect | |

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| **FOI NO: 1428** | **Date Received: 19 November 2019** |
| **Request :**  This is with regards to access to talking/psychological therapies;  1) Please can you detail waiting time performance for October 2019 in rates terms, ie for the % of referrals accessing first treatment within six weeks, and within 18 weeks 2) How many referrals are awaiting initial assessment? 3) What is the current number awaiting first treatment? 4) What number have been waiting more than six months but less than a year? 5) What number have been waiting over a year but less than 18 months? 6) What number have been waiting over 18 months? | |
| **Response :**  Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership NHS Foundation Trust <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 1429** | **Date Received: 19 November 2019** |
| **Request :**  **Under the Freedom of Information Act, please could you answer the following questions with regard to your services for Specialist Residential placements for Adults and Children with the following**  **Acquired Brain Injury, Autism, Neurological Conditions, Challenging Behaviour, Physical Disability and Mental Health.**     1. **How do you currently make referrals for Specialist Residential Placements as denoted above?** 2. **Do you currently source Specialist Residential Placements out of county?** 3. **Please provide the Name, Telephone and Email address of the person who would make referrals for the services above** 4. **Do providers need to be on a Framework, AQP, APL, DPS to obtain referrals?** 5. **If the answer to Q4 is yes then please provide details of how to be included on the necessary Framework, AQP, APL, DPS etc.** 6. **Do you have a fixed charge rates for Specialist Residential Placements and if Yes please advise what your charge rate is.** | |
| **Response :**   1. **How do you currently make referrals for Specialist Residential Placements as denoted above?  By telephone to provider and we complete a referral from the placement if needed.** 2. **Do you currently source Specialist Residential Placements out of county?   Yes** 3. **Please provide the Name, Telephone and Email address of the person who would make referrals for the services above.  There is no specific named individual it would be the Nurse Assessor case managing the patient.** 4. **Do providers need to be on a Framework, AQP, APL, DPS to obtain referrals?   No** 5. **If the answer to Q4 is yes then please provide details of how to be included on the necessary Framework, AQP, APL, DPS etc.** 6. **Do you have a fixed charge rates for Specialist Residential Placements and if Yes please advise what your charge rate is.     No** | |

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| **FOI NO: 1430** | **Date Received: 25 November 2019** |
| **Request :**  1. Does NHS Barnsley CCG allow staff to use their own devices to access work email? Please answer Yes or No.  2. Does NHS Barnsley CCG allow staff to use their own devices for any other work-related activities? Please answer Yes or No.  3. If you answered yes to question 2 please provide a list of the types of systems that staff can access from personally owned devices?  4. Does NHS Barnsley CCG have a policy that covers BYOD or the use of personal devices at work? Please answer Yes or No.  5. If you answered yes to question 4 please could you provide a copy of your policy that covers BYOD or personal device usage at work? | |
| **Response :**  1. Does NHS Barnsley CCG allow staff to use their own devices to access work email? Please answer Yes or No. Yes  2. Does NHS Barnsley CCG allow staff to use their own devices for any other work-related activities? Please answer Yes or No. No  3. If you answered yes to question 2 please provide a list of the types of systems that staff can access from personally owned devices?  4. Does NHS Barnsley CCG have a policy that covers BYOD or the use of personal devices at work? Please answer Yes or No. No  5. If you answered yes to question 4 please could you provide a copy of your policy that covers BYOD or personal device usage at work? | |

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| **FOI NO: 1431** | **Date Received: 25 November 2019** |
| **Request :**  Please would you provide the following information under the Freedom of Information Act:  • Names of the Barnsley CCG primary care networks, their clinical directors and member practices (names, ODS codes and list size) | |
| **Response :** | |

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| **FOI NO: 1432** | **Date Received: 25 November 2019** |
| **Request :**  The definition of 'prompting' is: 'the action of saying something to persuade, encourage or remind someone to do or say something'. Prompting of medication is reminding a person of the time and asking if they have or are going to take their medicines. (Google.com) Medication prompts are defined as:  1. Do you fund Medication Prompts?  2. If yes, under which funding budget line/service is it allocated? (i.e Pharmacy, IPP, CHC, DTOC etc)  3. Do you joint fund Medication Prompts with your local Adult Social Service Department?  4. How many clients do you currently fund?  5. What is your predicted annual spend for Medication Prompts?  6. How long / Since when have you funded Medication Prompting Service? | |
| **Response :**  1.            Do you fund Medication Prompts? -  **The CCG does not currently fund patient medication prompts as a specific service,  apart from staff in services it commissions which support patients in taking their medication e.g. Neighbourhood Nursing Team          (NNT) and also within packages of care to individuals e.g. through CHC nurses. The CCG is currently looking into the purchase of MAPPS software for Primary Care            Services. This software is currently available to Barnsley NNT**  2.            If yes, under which funding budget line/service is it allocated? (i.e Pharmacy, IPP, CHC, DTOC etc) - **N/A. If MAPPS is purchased it will be through CCG Medicines Management Team**  3.            Do you joint fund Medication Prompts with your local Adult Social Service Department? - **If this was purchased as a package of care then it would be funded by the CCG, shared only if prompts expanded to areas wider than medication**  4.            How many clients do you currently fund? - **The CCG does not currently have this collated information available**  5.            What is your predicted annual spend for Medication Prompts? - **The CCG does not currently have this collated information available. Packages of care are costed as a bundle without                separated costs for any prompt device or software**  6.            How long / Since when have you funded Medication Prompting Service? **N/A** | |

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| **FOI NO: 1433** | **Date Received: 25 November 2019** |
| **Request :**  1. The name of the Head of Primary Care Network Development for your CCG.  2. The name of the Head of Primary Care Network Development for the Sustainability and Transformation Partnership or Integrated Care system your CCG is part of. | |
| **Response :**  1. The name of the Head of Primary Care Network Development for your CCG. – **Lesley Smith has overall accountability for the PCN development as Chief Officer and operationally for the CCG Julie Frampton – Head of Primary Care.**  2. The name of the Head of Primary Care Network Development for the Sustainability and Transformation Partnership or Integrated Care system your CCG is part of. **Please contact South Yorkshire Integrated Care System via it’s Freedom of Information dept. –** [**SHECCG.foi@nhs.net**](mailto:SHECCG.foi@nhs.net) | |

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| **FOI NO: 1434** | **Date Received: 26 November 2019** |
| **Request :**  1) Please state how much you have spent in (i) 2017-18 and (ii) 2018-19 on sessions of cognitive behavioural therapy for your patients.   2) In 2018-19 please state what different types of psychological problems were addressed by sessions of cognitive behavioural therapy.  3) In 2018-19 how many patients suffering from anxiety were treated for anxiety with sessions of cognitive behavioural therapy that were funded by your CCG? | |
| **Response :**  Barnsley Clinical Commissioning Group are unable to answer this FOI.  Pease re-direct your questions to South West Yorkshire Partnership at [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk) | |

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| **FOI NO: 1435** | **Date Received: 28 November 2019** |
| **Request :**  **1) As far as CCG are concerned, is there any prohibition currently in place on a GP practice with regard to using any third-party printer cartridges in a printer?**  **2) Is it a directive of CCG that only new OEM cartridges may be used in GP practices?**  **3) What is the view of CCG relating to the use of sustainable remanufactured original toners?** | |
| **Response :**  **1) As far as CCG are concerned, is there any prohibition currently in place on a GP practice with regard to using any third-party printer cartridges in a printer? No**  **2) Is it a directive of CCG that only new OEM cartridges may be used in GP practices? NO**  **3) What is the view of CCG relating to the use of sustainable remanufactured original toners? This is a matter for practices to decide.** | |

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| **FOI NO: 1436** | **Date Received: 28 November 2019** |
| **Request :**  I would like details of all pilot schemes (also includes pilot study, pilot project, pilot test, or pilot experiment) where the ending date fell in the last two financial years, 2018-19 and 2019-20 so far.  Please provide the following information for each pilot scheme:  1. The start and end dates  2. The cost  3. A brief description of what the scheme entailed  4. The outcome – whether it has been abandoned or whether there are plans for it to continue/expand. | |
| **Response :**  Please provide the following information for each pilot scheme:  1. The start and end dates  2. The cost  3. A brief description of what the scheme entailed  4. The outcome – whether it has been abandoned or whether there are plans for it to continue/expand.  Barnsley CCG do not have any schemes which had the description "pilot" and which have ended in the last two financial years | |

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| **FOI NO:** | **Date Received:** |
| **Request :** | |
| **Response :** | |