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| **FREEDOM OF INFORMATION REQUESTS NOVEMBER 2016** |

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| **FOI NO: 636** | **Date Received: 2 November 2016** |
| **Request :**  We request the following information (a-f below) in regard to the list of procedures set out below.  a) Whether your commissioning group funds the procedures listed below;  b) If the procedures listed are funded, what inclusion and exclusion criteria exist for each procedure?  c) If a procedure is not listed does this mean it is funded?  d) If criteria exist how were these developed and what evidence base was used in the development of these criteria?  e) Was a plastic surgeon included in the process of developing the criteria  f) If a procedure is not funded what if any means of challenge is available to the patient or their advocate?  Procedures  1. Body contouring surgery following massive weight loss including – abdominoplasty,  mastopexy, brachioplasty, thigh lift.  2. Mastopexy (not post massive weight loss)  3. Breast reduction  4. Breast augmentation  5. Correction of breast asymmetry (developmental)  6. Correction of breast asymmetry (post mastectomy/ lumpectomy) including implant and nonimplant  techniques  7. Rhinoplasty  8. Septorhinoplasty  9. Face lift  10. Correction of facial asymmetry both acquired (eg facial palsy, post cancer resection, post  hemifacial atrophy), post traumatic and congenital including non-surgical (botulinum toxin and filler) and surgical correction, including facelift, browlift, eye lid surgery  11. Prominent ear correction  12. Correction of congenital ear deformities eg Microtia  13. Blepharoplasty  14. Excision of benign lesions eg. Congenital and acquired naevi  15. Liposuction  16. Scar revision  17. Use of Botulinum Toxin for hyperhidrosis  18. Laser therapy including- use for treatment of vascular and pigmented lesions use for skin resurfacing, use for treatment of scars  19. Surgical treatment of lymphoedema and lipoedema  20. Fat grafting for the correction of congenital or acquired contour deformity.  21. Surgery for the correction of rhinophyma  22. Excision of preauricular appendages, congenital naevi and other skins lesions in children | |
| **Response :**  NHS Barnsley CCG doesn’t routinely commission the procedures set out in your letter. There is a commissioning policy for Specialist Plastic Surgery that sets out NHS Barnsley CCG the criteria for each of the procedures you have listed with the exception of the following which are not specifically mentioned in the policy but are covered:   * Laser therapy including- use for treatment of vascular and pigmented lesions for skin resurfacing, use for treatment of scars: **This is covered under the congenital vascular abnormalities or surgical scars section, depending on the individual circumstance** * Fat grafting for the correction of congenital or acquires contour deformity:  **This is covered by liposuction** * Excision of preauricular appendages, congenital naevi and other skin lesions in children**:  Covered  by Congenital Vascular abnormalities** * Septorhinoplasty:  **This is covered under rhinoplasty procedures** * Use of Botulinum Toxin for hyperhidrosis: **This would be and Individual Funding Request referred on individual circumstances by GP or consultant** * Surgical treatment of lymphoedema and lipodema**: This is covered under liposuction**   The link to the commissioning guideline policy is included below:  <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Specialist%20Plastic%20Surgery%20Procedures%20v.10.pdf>  Please note: Patients requiring reconstruction surgery to restore normal or near normal appearance or function following cancer treatment or post trauma do not fall within this policy | |

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| **FOI NO: 637** | **Date Received: 3 November 2016** |
| **Request :**  Must patients have to go through a structured physio pathway before referral?  yes/ no?  Is there a criteria based referral system before referral?  yes/ no?  If so, is there a minimum amount of time they must attend the pathway?  yes/ no? how much time……………….  Is there a bmi limit under which patients must lie before you refer to a specialist –  yes/ no?  If so, what is that bmi limit? ……………  Must a weight loss programme be completed before funding can be commissioned for those who fall outside of the bmi limit?  yes/ no?  Does completion of the weight loss programme allow the patient to be commissioned for funding (irrespective of succesful weight loss)?  yes/ no?  Is there a mechnaism to bypass the bmi limit/ physio pathway referral for the referring gp/ accepting orthopaedic surgeon to gain funding if it is necessary to operate on a patient who may lose their independence?  yes/ no?  Is evidence smoking a restriction to funding of an arthroplasty?  Does the patient have to have a subjective pain hip score (or alternative eg oxford) below a threshold before referral can be made?  yes/ no scoring mechanism……………... minimum score……………  Must patients have to go through a structured physio pathway before referral?  yes/ no?  Is there a criteria based referral system before referral?  yes/ no?  If so, is there a minimum amount of time they must attend the pathway?  yes/ no? how much time……………….  Is there a bmi limit under which patients must lie before you refer to a specialist –  yes/ no?  If so, what is that bmi limit? ……………  Must a weight loss programme be completed before funding can be commissioned for those who fall outside of the bmi limit?  yes/ no?  Does completion of the weight loss programme allow the patient to be commissioned for funding (irrespective of succesful weight loss)?  yes/ no?  Is there a mechnaism to bypass the bmi limit/ physio pathway referral for the referring gp/ accepting orthopaedic surgeon to gain funding if it is necessary to operate on a patient who may lose their independence?  yes/ no?  Is evidence smoking a restriction to funding of an arthroplasty?  Does the patient have to have a subjective pain knee score (or alternative eg oxford) below a threshold before referral can be made?  yes/ no scoring mechanism…………….. minimum score…………… | |
| **Response :** | |

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| **FOI NO: 638** | **Date Received: 3 November 2016** |
| **Request :**   |  | | --- | | A.      Lift Service and Maintenance | | B.      Air Conditioning and Ventilation Servicing and Maintenance | | C.      Cleaning and Janitorial | | D.      Mechanical And Electrical Maintenance | | E.       Property Maintenance And Day To Day Repairs |     In regards to the types of contracts I have displayed above can you please send the Council’s primary contracts? Or can you please send me the contract that are above £1000.  Also, so that I understand the information you have provided to me please state information if the Council doesn’t have any contract I have stated within this request.    1. Contract Type – Please use the list I have provided above  2. Existing Supplier – Please state the supplier for each contract  3. Annual Spend- Please can you provide me with the spend for each individual supplier  4. Contract Duration- please note if there are any extensions period available and if so what?  5. Contract Start  6. Contract Expiry  7. Contract Review  8. Contract Description- a small description of the type of services included within each contract.  9. Number of sites covered for each contract e.g. the Council may have a maintenance agreement with a supplier that covers several sites/buildings.  10. Can you also send me the contact details of the person within the Council that is responsible for each one of these contract your have submitted. | |
| **Response :**  Barnsley CCG is a tenant in our office building, Hillder House. The landlord, NHS Property Services , is responsible for providing facilities management and sub-contracts these services to two companies – Mitie (property maintenance and repairs) and Integral (Air Conditioning & ventilation, mechanical & Electrical). The CCG has no details of these contracts – further detail should be sought directly from NHS Proprty Services <https://www.property.nhs.uk/about-us/freedom-of-information/>.  As Hillder House has no lifts there is no contract in place for lift servicing and maintenance.  The CCG sources its own cleaning from Signum Facilities Management – further details are available on the CCG’s contracts register which is available on our website <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> | |

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| **FOI NO: 639** | **Date Received: 4 November 2016** |
| **Request :**  In the March Budget 2015, an extra £1.25bn funding for children and young people’s mental health services was announced.  Out of this, [£119 million was included in CCG baseline allocations](http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-02-23/28160) for 2016-17. The attachment ‘Table 1\_CYP Mental Health’ contains a breakdown of the £119 million by CCG.  1. Did your CCG receive the amount specified in Table 1 in 2016-17?  If not, how much was received?  2. How much of this funding did your CCG spend on children and young people’s mental health services in the first half of 2016-17 (i.e. 1st April 2016 to 30th September 2016)?  3. How much of this funding does your CCG expect to spend on children and young people’s mental health services in total in 2016-17?  In the Autumn Statement 2014, an extra £150 million funding for children and young people’s eating disorder services was announced.  Out of this, [£30 million has been allocated to CCGs in 2016-17](http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-10-28/50911). The attachment ‘Table 2\_Eating Disorder Services’ contains a breakdown of the £30 million by CCG.  4. Did your CCG receive the amount specified in Table 2 in 2016-17?  If not, how much was received?  5. How much of this funding did your CCG spend on children and young people’s eating disorder services in the first half of 2016-17 (i.e. 1st April 2016 to 30th September 2016)?  6. How much of this funding does your CCG expect to spend on children and young people’s eating disorder services in total in 2016-17? | |
| **Response :**   1. Did your CCG receive the amount specified in Table 1 in 2016-17?  If not, how much was received?   **Barnsley CCG received the full amount specified for 2016-17, i.e. £567k** 2. How much of this funding did your CCG spend on children and young people’s mental health services in the first half of 2016-17 (i.e. 1st April 2016 to 30th September 2016)?   **The full amount of this funding (£567k) was distributed to partners in the first half of the financial year to enable the identified services (as outlined in Barnsley’s Local Transformation Plan which can be found on our website and also BMBC website ) to be fully operational as quickly as possible.** 3. How much of this funding does your CCG expect to spend on children and young people’s mental health services in total in 2016-17?   **The full amount of this funding (£567k) has already been spent on children and young people’s mental health services in 2016-17.**   In the Autumn Statement 2014, an extra £150 million funding for children and young people’s eating disorder services was announced.  Out of this, [£30 million has been allocated to CCGs in 2016-17](http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-10-28/50911). The attachment ‘Table 2\_Eating Disorder Services’ contains a breakdown of the £30 million by CCG.   1. Did your CCG receive the amount specified in Table 2 in 2016-17?  If not, how much was received**?   Barnsley CCG received the full amount specified for 2016-17, i.e £143k** 2. How much of this funding did your CCG spend on children and young people’s eating disorder services in the first half of 2016-17 (i.e. 1st April 2016 to 30th September 2016)?   **The full amount of £143k has already been passed to our NHS CAMHS service provider who are providing the community based Eating Disorder service for children and young people in Barnsley– the Eating Disorder Service for Barnsley is commissioned on a collaborative basis with other CCG’s, namely, Wakefield, Calderdale, Kirklees and Greater Huddersfield.** 3. How much of this funding does your CCG expect to spend on children and young people’s eating disorder services in total in 2016-17?   **The total amount of the £143k funding has already been spent on children and young people’s community eating disorder services in 2016-17** | |

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| **FOI NO: 640** | **Date Received: 7 November 2016** |
| **Request :**  I would like to request contract pricing information for providers of Mental Health services with your CCG.  I would like this for all independent providers with which the CCG has purchased services ideally over the period 2011-2016 but current figures are sufficient if historical data is unavailable. If possible this pricing information would be split by purchases under framework agreements and ‘spot purchases’ but if only framework pricing is available this is fine.  This data would ideally take the form of Average Daily Fees (ADF) per bed per day per provider by service (Mental Health, Personality Disorder, Intellectual/Learning Disability and Acquired Brain Injury) and facility type (low security, locked rehabilitation, unlocked rehabilitation and residential care) in an excel spreadsheet (but if reporting is done on an Average Weekly Fee/Rate basis this will be fine as well). | |
| **Response :**  Barnsley CCG does not currently hold any framework agreement for the list of services purchased.  The CCG is not responsible for Commissioning low secure beds, this is the responsibility of NHS England.  Locked rehabilitation beds are spot purchased.  There are no commissioned unlocked rehabilitation beds.  Residential beds are commissioned by the Local Authority and where necessary re-charges are made to the CCG for the relevant contribution.  Weekly fees for locked rehab/residential range from £400 (standard weekly residential fee) to £17,500 (specialist atu with additional 1:1 support) depending on individual need.  We currently have 1 block purchased learning disability atu bed at a cost of £679 per bed day. | |

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| **FOI NO: 641** | **Date Received: 7 November 2016** |
| **Request :**  I would be grateful if you could help me by providing the following information, which I request under the Freedom of Information Act 2000.  In the financial year 2017—18:  (1)    To how many patients do you expect to provide a Personal Health Budget?  (2)    What is the expected total value of these Personal Health Budgets? | |
| **Response :**   1. To how many patients do you expect to provide a Personal Health Budget?   Barnsley CCG plans to deliver 200 PHBs in 2017/18.  (2)    What is the expected total value of these Personal Health Budgets?  Barnsley CCG is yet to identify the value of the PHBs. | |

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| **FOI NO: 642** | **Date Received: 8 November 2016** |
| **Request :**  I am currently setting up (1) domiciliary visiting medicines review (focussing on both medicines optimisation and medicines adherence) and (2) palliative care services (to ensure the timely and appropriate availability of end of life medicines) within Norfolk using the community pharmacy network and GP practice based pharmacy network, working in conjunction with our NHS community services teams.  I am therefore writing to ask if you could send me any reports (service specifications, audit reports, service evaluations etc.) which you may have relating to any services of a similar nature delivered in your area. | |
| **Response :**  **Our Medication Review Team have undertaken a few domiciliary reviews but have not written up any outcomes as yet. We shall be collating Clinical Pharmacists’ domiciliary review information as part of their ongoing evaluation but no information as yet.** | |

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| **FOI NO: 643** | **Date Received:** |
| **Request :**  Can you please provide me with details of the number of referrals for treating the following skin lesions in the last 12 months  a)    Verruca Vulgaris  b)    Verruca Plantaris  c)    Molluscum Contagiosum  d)    Skin Tags  e)    Lentigo  f)     Actinic Keratosis  g)    Verruca Plana  h)   Seborrheic Keratosis  If you do not have the information for each specific lesion could you please advise the total number of referrals in the last 12 months for treatment of non-malignant skin lesions.  Can you also please provide a best estimate of the total annual spend by the CCG for the current financial year? | |
| **Response :**  Barnsley CCG does not hold the referral information and are therefore unable to provide a best estimate of the total spend. | |

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| **FOI NO: 644** | **Date Received: 10 November 2016** |
| **Request :**  1. The total budget of the CCG  2. The total spent on each of the following areas:  (a) Accident and Emergency Ambulance Service  (b) NHS 111  (c) Out of hours primary care  (d) Elective hospital care  (e) Rehabilitation services  (f) Maternity and newborn services (including, if available, a breakdown into physical and mental health)  (g) Children’s health (including, if available, a breakdown into physical and mental health)  (h) Services for learning disabilities  (i) Mental health services (including a separate figure for psychological therapies)  (j) Infertility treatment  (k) NHS continuing healthcare (including, if available, a breakdown into at home care and care homes)  (l) Community healthcare (including any appropriate sub-sections)  (m) Dental services  (n) Eye care services  (o) Prisoner/detainee/young offender treatment  (p) Other  If possible, please provide the information as a single machine-readable .csv file or spreadsheet with a row for each category and columns for each financial year. If providing data for two years would exceed the FOIA time/cost limit, please only provide the most recent available year. | |
| **Response :** | |

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| **FOI NO: 645** | **Date Received: 14.11.16** |
| **Request :**  1) Does the CCG have a Continence Product Formulary?  2) If yes to Q1, please provide a copy  3) How often is the Continence Product Formulary reviewed?  4) What date was the Continence Product Formulary last reviewed?  5) What date will Continence Product Formulary be next reviewed? | |
| **Response :**  **1) Does the CCG have a Continence Product Formulary?**  **If referring to continence appliances – the CCG does not currently have a formulary but is in the process of drafting one.  This has not yet been endorsed by the CCG.  Questions 2, 3, 4 and 5 are not applicable**  **If referring to medicines for treatment of incontinence there is a continence section within the Barnsley Area Formulary.  The Formulary is available via the CCG website at:-**  [**http://www.barnsleyformulary.nhs.uk**](http://www.barnsleyformulary.nhs.uk)  **2) If yes to Q1, please provide a copy**  **The link to the overall formulary is** [**http://www.barnsleyformulary.nhs.uk**](http://www.barnsleyformulary.nhs.uk)  **The link to the section for drugs used to treat incontinence is** [**http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=7&SubSectionRef=07.04.02&SubSectionID=A100**](http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=7&SubSectionRef=07.04.02&SubSectionID=A100)  **3) How often is the Continence Product Formulary reviewed?**  **There is a rolling programme of review sections with varying dates for each section and in light of national guidance etc but would be reviewed at least every two years.**  **4) What date was the Continence Product Formulary last reviewed?**  **Last reviewed in June 2015.**  **5) What date will Continence Product Formulary be next reviewed?**  **There is a rolling programme of review sections with varying dates for each section and in light of national guidance etc but would be reviewed at least every two years.** | |

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| **FOI NO: 646** | **Date Received: 14.11.16** |
| **Request :**  1.The name of the designated person responsible for the managing of interpreting and translation services? 2. Who are your current providers of Translation and Interpreting services?  3. Is the service contracted? 4. If the service is contracted, when did the contract commence and when is it due to expire?  5. Was the contract awarded after using an OJEU tendering process or was the service accessed through a framework, if so which one?  6. How many face-to-face interpreting (not BSL) bookings have you had during 2014/2015 financial year?       a. How much did this cost during this time period for face-to-face interpreting services? 7. How many telephone interpreting bookings were made during 2015?     a. How much did this cost during this time period for telephone interpreting services?  8. How many BSL (British Sign Language) bookings were made during 2015?  a. How much did this cost during this time period for BSL (British Sign Language) interpreting services?  9. How many written Translation bookings were made during 2015?     a. How much did this cost during this time period for Translations services? | |
| **Response :**  Barnsley CCG do not hold the contract for Translation and Interpreting services.  Please could you re-direct your request to South West Yorkshire Partnership <http://www.southwestyorkshire.nhs.uk/about-us/corporate-information/freedom-of-information/> | |

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| **FOI NO: 647** | **Date Received: 16 November 2016** |
| **Request :**  In response to these findings, we are carrying out an investigation into patient awareness of the NHS Constitution.  Under the Health and Social Care Act 2012 the NHS Commissioning Board, known as NHS England, and clinical commissioning groups (CCGs) have a statutory duty to promote the NHS Constitution.  Under section 14P of the NHS Act 2006, each CCG has the duty, when exercising its functions, to:   1. Act with a view to securing that health services are provided in a way which promotes the NHS Constitution. 2. Promote awareness of the NHS constitution among patients, staff and members of the public.   Section 2 of the Health Act 2009 also states that CCGs must, in performing their NHS functions, have regard to the NHS Constitution.  We are looking to find out what practices CCGs have in place to fulfil these duties. | |
| **Response :**  1. Do you have any initiatives in place to promote the NHS constitution?  Yes.  2. Please advise what initiatives your CCG have in place to fulfil your legal duty to promote the NHS Constitution.  The NHS Constitution is promoted on our website under the ‘what to expect from your health services’ section: http://www.barnsleyccg.nhs.uk/patient-help/what-to-expect-from-your-health-services.htm  In addition:  • The CCG’s responsibilities under the NHS Constitution are referenced and addressed within our own Constitution http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm  • Our performance against the NHS Constitution standards is published through our Annual Report http://www.barnsleyccg.nhs.uk/annualreport  3. Do you have a process to measure the effectiveness of your initiatives to promote the NHS Constitution? If you do, please advise how you measure the effectiveness of these initiatives.  We measure how many times people visited that particular web page.  4. Do you have a member of staff whose duty it is to take a lead role in ensuring the promotion of the NHS constitution? If so what is their job title?  Overall responsibility for promotion of the NHS Constitution lies with the CCG’s Chief Officer. Operational responsibility is shared across a number of teams, most notably the Communications & Engagement and Corporate Affairs teams.  5. Do you have any funding set aside for the promotion of the NHS Constitution?  No.  6. Do you monitor your local population’s understanding of the NHS Constitution? If you do, please advise how you do this.  No.  7. Do you have any future initiatives planned to promote the NHS Constitution, if so what?  Yes, via our patient and public engagement network and through the local GP practice patient groups.  We are also looking at how this can be incorporated into our recruitment and induction programme. | |

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| **FOI NO: 648** | **Date Received: 17 November 2016** |
| **Request :**   |  |  |  | | --- | --- | --- | |  | November 2014 to October 2015 | November 2015 to October 2016 | | What is the **average (i.e. mean) time** taken by your CCG to conduct NHS continuing healthcare assessments?  The time period should be calculated from receiving the initial checklist to notifying the applicant of the eligibility result. |  |  | | What is the **longest time period** your CCG has taken to make a decision on an application for NHS continuing healthcare?  The time period should be calculated from receiving the NHS Continuing Healthcare checklist to informing the family of the decision that has been made in writing. |  |  | | |
| **Response :**  Further to your FoI request for information unfortunately we are not able to provide the information that you requested as the limitations of our database means that we are not able to produce a report with that amount of detail.  However the CCG confirms that it follows the Framework for NHS Continuing Healthcare and NHS Funded Nursing care revised 2012 for completion of the checklist and the DST. | |

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| **FOI NO: 649** | **Date Received: 17 November 2016** |
| **Request :**  1) What services are you currently commission specifically for women affected by:   substance use problems  mental health problems  homelessness  involvement in offending  2) For each type of service commissioned:  What organisation delivers the service and what are their contact details?  How many women can they support at any one time?  When does the current contract end? | |
| **Response :**  Barnsley CCG does not commission any of the services mentioned in your request specifically for women.  Although the CCG does commission a range of universal mental health services that women can and do access. | |

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| **FOI NO: 650** | **Date Received: 17 November 2016** |
| **Request :**  1) Who, within your organisation is the decision maker responsible for the community-wide Shared Record/Clinical Portal/Interoperability solution?  2) Will you please provide an email address for this contact?  3) Does your organisation currently have a solution in place whereby you are able to share patient information across the local health economy?  4) If ‘yes' to the above, please name the solution supplier?  5) If you answered ‘no’ to question 3. is your organisation actively looking for a solution?  a) If the CCG is actively looking for a solution as described in Q1, what are the probable timescales?  b) What is the route to procurement/purchase? | |
| **Response :**  1) Who, within your organisation is the decision maker responsible for the community-wide Shared Record/Clinical Portal/Interoperability solution?  **Governing Body**  2) Will you please provide an email address for this contact?  **NA**  3) Does your organisation currently have a solution in place whereby you are able to share patient information across the local health economy?  **Yes**  4) If ‘yes' to the above, please name the solution supplier?  **Medical Inter-operability Gateway (MIG)**  5) If you answered ‘no’ to question 3. is your organisation actively looking for a solution?       a) If the CCG is actively looking for a solution as described in Q1, what are the probable timescales?       b) What is the route to procurement/purchase? | |

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| **FOI NO: 651** | **Date Received: 18 November 2016** |
| **Request :**  1. How much did the CCG spend per dementia patient in the financial years a) 2015-16 b) 2014-15 and c) 2013-14?  2. What was the average waiting time for GP referrals to memory clinics in the financial years a) 2015-16 b) 2014-15 and c) 2013-14? Please give this figure in terms of the weeks, from referral to assessment at a memory clinic.   3. What was the longest waiting time for a GP referral to a memory clinic in the financial years a) 2015-16 b) 2014-15 and c) 2013-14?   4. How many patients were referred to memory clinics in the financial years a) 2015-16 b)2014-15 and c) 2013-14? | |
| **Response :**  *1.How much did the CCG spend per dementia patient in the financial years a) 2015-16 b) 2014-15 and c) 2013-14?*                  The CCG purchases dementia services on a Block basis so does not have spend per patient.  *2. What was the average waiting time for GP referrals to memory clinics in the financial years a) 2015-16 b) 2014-15 and c) 2013-14? Please give this figure in terms of       the weeks, from referral to assessment at a memory clinic.*  *Please redirect your question to the provider  - South West Yorkshire Partnership Foundation Trust (SWYPFT)*  *3. What was the longest waiting time for a GP referral to a memory clinic in the financial years a) 2015-16 b) 2014-15 and c) 2013-14?*  *Please redirect your question to the provider  - South West Yorkshire Partnership Foundation Trust (SWYPFT)*  *4. How many patients were referred to memory clinics in the financial years a) 2015-16 b)2014-15 and c) 2013-14?*              2013/14 = 17,281              2014/15 = 15,116              2015/16 = 12,505 | |

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| **FOI NO: 652** | **Date Received: 21 November 2016** |
| **Request :**  Your annual spend on Oral Nutritional Supplements in relation to the national spend per 1000 patients. | |
| **Response :**  The CCG does not currently hold the data you require.  Data on primary care CCG prescribing is published and made accessible publicly by NHS digital.  [https://digital.nhs.website.uk/article/190/Data-and-information](https://digital.nhs.uk/article/190/Data-and-information) | |

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| **FOI NO: 653** | **Date Received: 22 November 2016** |
| **Request :**  I saw an article in the paper recently regarding MacuLEH Light had been added to the Drug Tariff, it had been given prescription status. NHS UK had looked at the cost saving and the benefits in saving sight with this new development by the London Eye Hospital and decided at less than £300 a year it should be available on prescription after seeing a  consultant ophthalmologist. Is it available through Barnsley Clinical Commissioning  Group | |
| **Response :**  The maculeh light was added to the national drug tariff in March 2016.    If a consultant ophthalmologist feels that a patient would benefit then they can either supply from hospital or request for a GP to prescribe in primary care.  Such a request is at the discretion of the GP practice if they prescribe.  The CCG has so far not issued any guidance or restrictions in respect of prescribing of the light in Barnsley. | |

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| **FOI NO: 654** | **Date Received: 23 November 2016** |
| **Request :**  Could you please provide me with full details of the expenses claimed by the accountable officer or most senior clinical leader of your NHS Clinical Commissioning Group?  More specifically, I would like to request:  1. A copy of all expense claims forms from 1 April 2014 to 1 November 2016.  "Expenses" include, but are not restricted to, costs associated with:  (a) private car use (eg mileage, care hire costs)  (b) public travel (e.g, train, bus)  (c) subsistence, e.g. meals whilst away from normal place of work.  2. A copy of all receipts associated with each expenses claim as detailed in part 1.a) to c) of this request, from 1 April 2014 to 1 November 2016.  3. A copy of credit card statements used by the accountable officer or most senior clinical leader of your NHS Clinical Commissioning Group, from 1 April 2014, to 1 November 2016.  4. A copy of associated invoices/receipts against each credit card statement as provided in part 3. of this request. | |
| **Response :**  **1. A copy of all expense claims forms from 1 April 2014 to 1 November 2016.**  "Expenses" include, but are not restricted to, costs associated with:  (a) private car use (eg mileage, care hire costs)  (b) public travel (e.g, train, bus)  (c) subsistence, e.g. meals whilst away from normal place of work.  **The following expenses relate to the accountable officer:**   |  |  |  |  | | --- | --- | --- | --- | | **Year** |  |  |  | | **2013/14** | **2014/15** | **2016/17** | **Grand Total** | | **7,196.15** | **2,312.93** | **946.74** | **10,455.82** |     **Travelling and Subsistence Claims forms are attached.  Any personal data on the claim form is reacted and exempt under section 40 (2) of the FOI – personal information.**  **2. A copy of all receipts associated with each expenses claim as detailed in part 1.a) to c) of this request, from 1 April 2014 to 1 November 2016.**  **We are unable to provide receipts as these are not retained by the CCG.**  **3. A copy of credit card statements used by the accountable officer or most senior clinical leader of your NHS Clinical Commissioning Group, from 1 April 2014, to 1 November 2016.**  **The CCG does not have ‘company’ or corporate credit cards.**  **4. A copy of associated invoices/receipts against each credit card statement as provided in part 3. of this request.**  **As above.** | |

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| **FOI NO: 655** | **Date Received: 23 November 2016** |
| **Request :** | |
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| **Response :**   * Is the funding awarded by Barnsley Clinical Commissioning Group? NHS Barnsley CCG provide a grant contribution of £1,589,086 to Barnsley Hospice in 2016/17. If not where does this funding come from please? * On what basis is the funding awarded to the hospice? The funding is award in the form of a Grant contribution. * Is the funding linked to a commissioning contract or service level agreement? The funding is linked to a Grant agreement as NHS Barnsley CCG. NHS Barnsley CCG use the NHS England’s Grant Agreement documentation, this is a nationally approved document for such financial contributions. * What other funding/ grants are awarded to third sector providers without contracts or service level agreements? None * How is the funding audited? NHS Barnsley CCG are accountable to an audit committee, which provides assurance and advice to the Governing Body on the entirety of the CCG’s control and integrated governance arrangements. This includes the proper stewardship of resources and assets, including value for money; financial reporting; the effectiveness of audit arrangements (internal and external) and risk management arrangements. Barnsley Hospice submit quarterly reports to the CCG, these are reviewed by the contracts manager, Chief Nurse and Clinical Lead GP. Any areas of concern are addressed with the Hospice in the quarterly review meetings. * What provision has been made to ensure the funding is spent in accordance with BCCG strategy and care planning for Barnsley? All monies awarded to any provider (NHS or non-NHS) go through an approval process to ensure the NHS Barnsley CCG values of ‘Putting Barnsley People First’ are adhered to and that the funding complies with NHS Barnsley CCG strategy and care planning for Barnsley residents. . Barnsley Hospice submit quarterly reports to the CCG, these are reviewed by the contracts manager, Chief Nurse and Clinical Lead GP. Any areas of concern are addressed with the Hospice in the quarterly review meetings. | |

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| **FOI NO: 656** | **Date Received: 23 November 2016** |
| **Request :**  Please say how much money your CCG spent on a staff Christmas party or Christmas parties in 2015  If different, please say how much money your CCG spent on any staff party, parties or social events for staff during November and December 2015. | |
| **Response :**  Please say how much money your CCG spent on a staff Christmas party or Christmas parties in 2015 - None  If different, please say how much money your CCG spent on any staff party, parties or social events for staff during November and December 2015.  None | |

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| **FOI NO: 657** | **Date Received: 24 November 2016** |
| **Request :**  \*Please provide the following information about ADHD services in your area for young people aged 18 and above. Alternatively please forward to the relevant commissioning lead to answer.    1.       Please provide the name and contact details (email & phone number) of the Mental Health Commissioner or lead for your CCG (the person responsible for commissioning adult ADHD services).  2.       Which NHS England region are you a part of?  a.       London  b.      Midlands and East of England  c.       North of England  d.      South of England  3.       What NHS Clinical Commissioning Group (CCG) are you a part of?  a.       (Please complete)  4.       In your CCG are there NHS provided mental health services for people with ADHD aged 18 years and above ?  a.       Yes  b.      No  5.       Please provide as many details of the service/s as possible (for as many services as you have)  a.       Postcode:  b.      Town:  c.       Website:  6.       Details of the service/s  a.       Is the service provided by staff:                                                                 i.      WITH dedicated time and/or resources to work with this group                                                               ii.      WITHOUT dedicated time and/or resources to work with this group                                                              iii.      Don't know  b.      Is this service a part of:                                                                 i.      Adult Mental Health Services                                                               ii.      Child and Adolescent Mental Health Services                                                              iii.      A Specialist Mental Health Service                                                             iv.      Don't know  7.       Do these services offer:  a.       Treatment (Medication)  b.      Treatment (Other Intervention)  c.       Assessment  d.      Diagnosis | |
| **Response :**  1.       Please provide the name and contact details (email & phone number) of the Mental Health Commissioner or lead for your CCG (the person responsible for commissioning adult ADHD services). Jane Wood, Head of Adult Joint Commissioning, [janewood@barnsley.gov.uk](mailto:janewood@barnsley.gov.uk) 01226 772285  2.       Which NHS England region are you a part of?  a.       London  b.      Midlands and East of England  c.       North of England x  d.      South of England  3.       What NHS Clinical Commissioning Group (CCG) are you a part of?  a.       (Please complete) NHS Barnsley CCG  4.       In your CCG are there NHS provided mental health services for people with ADHD aged 18 years and above ?  a.       Yes We commission a small diagnostic and brief intervention service for adults with autism and adults with ADHD, the service also supports other services (Mental Health, Primary Care and Social Care) through consultation and liaison function.  b.      No  5.       Please provide as many details of the service/s as possible (for as many services as you have)  a.       Postcode: WF1 5PN  b.      Town: office base is in Wakefield but patients are seen in Barnsley  c.       Website:  <http://www.southwestyorkshire.nhs.uk/our-services/directory/attention-deficit-hyperactivity-disorder-service/further-help-and-support/>  6.       Details of the service/s  a.       Is the service provided by staff:                                                                 i.      WITH dedicated time and/or resources to work with this group yes                                                               ii.      WITHOUT dedicated time and/or resources to work with this group                                                              iii.      Don't know  b.      Is this service a part of:                                                                 i.      Adult Mental Health Services                                                               ii.      Child and Adolescent Mental Health Services                                                              iii.      A Specialist Mental Health Service yes                                                             iv.      Don't know  7.       Do these services offer:  a.       Treatment (Medication) yes  b.      Treatment (Other Intervention) yes  c.       Assessment yes  d.      Diagnosis yes | |

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| **FOI NO: 658** | **Date Received: 25 November 2016** |
| **Request :**  How many cycles of IVF provision does your Clinical Commissioning Group provide?                Has this changed in the last four financial years, if so, from what to what?                Does your CCG also restrict IVF for other reasons? (eg To couples where one of the people in the relationship already has a child.) | |
| **Response :**  ·              How many cycles of IVF provision does your Clinical Commissioning Group provide? two  ·              Has this changed in the last four financial years, if so, from what to what? no  ·              Does your CCG also restrict IVF for other reasons? (eg To couples where one of the people in the relationship already has a child.) see eligibility criteria in the attached policy (section 6) | |

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| **FOI NO: 659** | **Date Received: 28 November 2016** |
| **Request :**  REQUEST 1  HOW MANY PATIENTS DID CARE UK TRANSPORT TO AND FROM A BARNSLEY PCC APPOINTMENT IN THE YEARS 2014,2015,2016 to present  Request 2  How many times as the provider failed to meet contract agreements in regards to triage time breaches F2F PCC appointment Breaches and Also F2F home visit breaches from the start of 2016 to present.  Request 3  Does the provider still offer a patient transport service for OOH F2F PCC consultations  Yours faithfully, | |
| **Response :**  Barnsley CCG does not commission Primary Care OOH transport and we are unable to answer Q2 as we do not hold this level of detail. You would need to contact the provider direct. | |

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| **FOI NO: 660** | **Date Received: 29 November 2016** |
| **Request :**  1. The number of personnel in each pay band employed by Barnsley CCG.  2. The number of personnel in each section i.e. IT, Information Governance, Administration, Finance etc. | |
| **Response :** | |