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| **FREEDOM OF INFORMATION REQUESTS MARCH 2019** |

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| **FOI NO: 1247** | **Date Received: 4 March 2019** |
| **Request :**  1.   |  |  |  |  | | --- | --- | --- | --- | | CCG/  health board/  local area team | The name of each GP practice that has closed and had its patient list dispersed | The list size of each practice | The date of closure | |  |  |  |  |   2.   |  |  |  |  | | --- | --- | --- | --- | | CCG/  health board/  local area team | The name of each practice **branch** that has closed as a result of practices merging | The list size of each practice **branch** that has closed as a result of practices merging | The date of closure | |  |  |  |  |   3.   |  |  |  |  | | --- | --- | --- | --- | | CCG/  health board/  local area team | The name of each practice **branch** that has closed **NOT** as a result of practices merging | The list size of each practice **branch** that has closed **NOT** as a result of practices merging | The date of closure | |  |  |  |  | | |
| **Response :**  1.   |  |  |  |  | | --- | --- | --- | --- | | CCG/  health board/  local area team | The name of each GP practice that has closed and had its patient list dispersed | The list size of each practice | The date of closure | | Barnsley CCG | No GP practices have closed |  |  |   2.   |  |  |  |  | | --- | --- | --- | --- | | CCG/  health board/  local area team | The name of each practice **branch** that has closed as a result of practices merging | The list size of each practice **branch** that has closed as a result of practices merging | The date of closure | | Barnsley CCG | There have been no branch closures as a result of practices merging |  |  |   3.   |  |  |  |  | | --- | --- | --- | --- | | CCG/  health board/  local area team | The name of each practice **branch** that has closed **NOT** as a result of practices merging | The list size of each practice **branch** that has closed **NOT** as a result of practices merging | The date of closure | | Barnsley CCG | There have been no practice branch closures |  |  | | |

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| **FOI NO: 1248** | **Date Received: 5 March 2019** |
| **Request :**  Under the freedom of information act please could you tell me how many babies were referred for tongue tie division in your area from January 2017 to January 2019. | |
| **Response :**  The period covered is January 2017 to January 2019 inclusive – two years plus one month.  The criteria for ‘babies’ has been defined as age less than 1 year.  The total number of Tongue Tie Division procedures is 144 for this period. | |

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| **FOI NO: 1249** | **Date Received: 7 March 2019** |
| **Request :**   1. Please state the full name of your Trust 2. Which company(s) holds the contract to supply your current patient transport services? 3. Please state if this service was procured through a framework agreement with other NHS Trusts (if so please provide the names of the other NHS Trusts). If yes, please also state which Trust holds the contract. 4. Please state the contract start date and end date of your current transport services. 5. What is the expected total value of the contract? 6. Please confirm which hospitals are covered under your patient transport service 7. Please state the contract start date and end date of your current transport services. 8. What is the expected total value of the contract? 9. What is your annual budget for patient transport services? 10. Are there provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded 11. Please state the names of the organisations who bid for the contract 12. How many patients are transported annually by your patient transport providers, and how many journeys are undertaken? 13. What would the procurement model be for future contracts? E.g. will the contract be procured jointly with another Trust? 14. What are the performance standards the current service provider(s) operate under? (e.g. Discharge - 90% of patients to be collected in 4 hours of ready time. Categories for performance usually being Discharge from inpatient, Travel Time, Arrival time & Departure time) 15. What is the current provider’s performance against these standards in the last 12 months? (e.g. Discharge – 70% of have patients have been collected in 4 hours of ready time) | |
| **Response :**   1. Please state the full name of your Trust NHS Barnsley CCG 2. Which company(s) holds the contract to supply your current patient transport services?   Yorkshire Ambulance Service (PTS), Thames Ambulance Service Limited (PTS), Premier Care Direct (Renal PTS)   1. Please state if this service was procured through a framework agreement with other NHS Trusts (if so please provide the names of the other NHS Trusts). If yes, please also state which Trust holds the contract.   Yes – Yorkshire Ambulance Service with NHS Sheffield CCG (Contract Lead), NHS Rotherham CCG, NHS Barnsley CCG, NHS Doncaster CCG  Yes – Thames Ambulance Service with NHS Barnsley CCG (Contract Lead), NHS Rotherham CCG, NHS Doncaster CCG  Yes – Premier Care Direct with NHS Doncaster CCG (Contract Lead), NHS Sheffield CCG, NHS Rotherham CCG, NHS Barnsley CCG, NHS Bassetlaw CCG   1. Please state the contract start date and end date of your current transport services.   Yorkshire Ambulance Service – 01/09/2017 to 31/08/2022  Thames Ambulance Service - 01/09/2017 to 31/08/2022  Premier Care Direct – 01/10/2017 to 30/09/2022   1. What is the expected total value of the contract? Please see link to the contract register:   <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   1. Please confirm which hospitals are covered under your patient transport service   Provided the patient is a Barnsley resident with a Barnsley GP then all hospitals are covered to repatriate back to Barnsley provided the patient meets the eligibility criteria.  All hospitals within South Yorkshire are included within the specifications and including Bassetlaw District General, The Leeds Teaching Hospitals, Diana Princess of Wales Hospital, Scunthorpe General Hospital, Goole and District Hospital, Mid Yorkshire Hospitals   1. Please state the contract start date and end date of your current transport services.   (Same question as 4)   1. What is the expected total value of the contract?   (same question as 5)   1. What is your annual budget for patient transport services?   Answered under Q5   1. Are there provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded   PTS                 No extensions  Renal             No extensions   1. Please state the names of the organisations who bid for the contract   Commercially sensitive information   1. How many patients are transported annually by your patient transport providers, and how many journeys are undertaken?   PTS - Thames Ambulance Service – this service is based on a number of hours for the service, Barnsley CCG commission 3,700 hours per annum  Renal - 20,876 journeys are planned per annum for Barnsley CCG   1. What would the procurement model be for future contracts? E.g. will the contract be procured jointly with another Trust?   Unclear at this time, contract has another 3 years to run   1. What are the performance standards the current service provider(s) operate under? (e.g. Discharge - 90% of patients to be collected in 4 hours of ready time. Categories for performance usually being Discharge from inpatient, Travel Time, Arrival time & Departure time)  |  |  |  | | --- | --- | --- | | C1 | The patient’s journey inwards and outwards should take no longer than 120 minutes | 90% | | C2 | Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time | 90% | | C3 | Patients will arrive at their appointment on time | 90% | | C4 | Pre-planned outward patients should leave the clinic/ward no later than 90 minutes after their booked ready time | 90% | | C5 | Short notice/on day outward patients should be collected no later than 120 minutes after their booked ready time | 90% | | C6 | Patients should be collected no later than 120 minutes after their booked ready time | 99% | | C7 | Patients should be collected no later than 60 minutes after their booked ready time | 80% | | C8 | Patients should be collected no later than 30 minutes after their booked ready time | 22% | |  |  |  | | GP1 | Journeys requested for 90 mins and delivered within 90 mins | 85% | | GP2 | Journeys requested for 120 mins and delivered within 120 mins | 95% | | GP3 | Journeys completed no more than 30 mins after the requested arrival time | 98% | |  | | | | A1 | Number of patients arriving between 0 and 15 minutes before their pre-planned appointment time | 90% | | A2 | Number of patients arriving on time for their pre-planned appointment time | 95% | | A3 | Number of pre-planned outward patients collected within 30 minutes of declared ready time | 90% | | A4 | Number of same day/on-day outward patients collected within 30 minutes of the given ready time | 95% | | A4b | Short Notice Patients where from postcode in the South Yorkshire area | 95% |   Renal   |  |  |  |  | | --- | --- | --- | --- | | KPI1 | Patient to arrive no more than 30 mins prior to their appointment time | 95% |  | |  | |  | | KPI2 | Patient to arrive prior to their appointment time | 99% |  | |  | |  | | KPI3 | Patients travel time to be no greater than 30 mins - Both directions | 90% |  | |  | |  | | KPI4 | Patients to be waiting no more than 30 mins after their appointment time | 95% |  | |  |  |  |  1. What is the current provider’s performance against these standards in the last 12 months? (e.g. Discharge – 70% of have patients have been collected in 4 hours of ready time)   This is commercially sensitive information | |

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| **FOI NO: 1250** | **Date Received: 11 March 2018** |
| **Request :**   1. Does your organization presently use and/or endorse a (RPM) **remote patient monitoring system** to capture vital signs or other health related measurements whilst a patient is residing in their own home or being cared for in a non-acute environment such as community hospital/hospice/residential or care home - (*Measurement examples being blood pressure/weight/temperature/Oxygen Saturation/EWS/ pulse/glucose etc.)?* 2. If the answer is **NO** –   1.1.2         Is telemedicine/ RPM, something that the CCG would consider (within the next 2 years) as a way of either reducing hospital re-admissions, saving district nursing time & cost, for patient convenience and/or recognizing and acting upon patient deterioration sooner?  1.1.3         If the CCG is not considering RPM for suitable patients *(able to take their own readings or have a relative who can do this for them)* – is there a reason why this is not being considered?  1.2      If the answer is **YES** – RPM is presently used in the community - could you please detail –  1.2.1         the system type/name/supplier  1.2.2         Where do you send this data/measurements to – for instance…GP system  1.2.3         When this system came into use and when contract expires  1.2.4         How much does this costs the CCG (approximately) per patient or per year for multiple patients  1.2.5         What patient data is captured & is there measurements you would like to capture but cannot achieve at the moment?  1.2.6         Has there been any analysis of this data to demonstrate that remote patient monitoring from home, (or community residence) has reduced patient admissions into hospital and/or improved patient care/medication needs etc?   1. Who is the main person(s)/ decision maker (s)or team – who would probably be responsible (or is responsible) for the decision to use remote patient monitoring in the community? Name/title… | |
| **Response :**   1. Does your organization presently use and/or endorse a (RPM) **remote patient monitoring system** to capture vital signs or other health related measurements whilst a patient is residing in their own home or being cared for in a non-acute environment such as community hospital/hospice/residential or care home - (*Measurement examples being blood pressure/weight/temperature/Oxygen Saturation/EWS/ pulse/glucose etc.)?*   **Barnsley CCG does not presently commission a RPM**.   1. If the answer is **NO** –   1.1.2        Is telemedicine/ RPM, something that the CCG would consider (within the next 2 years) as a way of either reducing hospital re-admissions, saving district nursing time & cost, for patient convenience and/or recognizing and acting upon patient deterioration sooner?  **The CCG formally reviewed the Barnsley Care Navigation and Telehealth Service between February and July 2017.  The CCG subsequently took the decision to decommission the service from 31 January 2018.  As a consequence the CCG is not currently considering commissioning a standalone telehealth service, however it has not ruled out utilising the approaches /  technology within existing services in line with the NHS 10 year plan.**  1.1.3  If the CCG is not considering RPM for suitable patients *(able to take their own readings or have a relative who can do this for them)* – is there a reason why this is not being considered?  **The outcome of the Barnsley Care Navigation and Telehealth Service review is summarised on the CCG’s website here:** [**http://www.barnsleyccg.nhs.uk/get-involved/barnsley-care-navigation-and-telehealth.htm**](http://www.barnsleyccg.nhs.uk/get-involved/barnsley-care-navigation-and-telehealth.htm) **and also in the September 2018 Governing Body papers here:** [**http://www.barnsleyccg.nhs.uk/about-us/minutes-of-previous-meetings.htm**](http://www.barnsleyccg.nhs.uk/about-us/minutes-of-previous-meetings.htm)  **In utilising telehealth the CCG was not able demonstrate an impact on health outcomes – there was limited evidence to support that the service reduces admissions or reliance on other health service. In addition there was low service utilisation and uptake despite considerable efforts to increase. Finally the equipment was used for daily input and retrospective e.g. basic input of vital signs and transmission i.e. not real time monitoring / consultation.**  **Following the review the CCG has adopted a principle for commissioning future services that all services should embrace a wider range of contact means, patient interaction and technology but this should be part and parcel of the approach and not a standalone service. This should not be a unique selling point for a specific service; neither should a standalone service be provided as an addition to other healthcare services.**  1.2  If the answer is **YES** – RPM is presently used in the community - could you please detail –  1.2.1         the system type/name/supplier  1.2.2         Where do you send this data/measurements to – for instance…GP system  1.2.3         When this system came into use and when contract expires  1.2.4         How much does this costs the CCG (approximately) per patient or per year for multiple patients  1.2.5         What patient data is captured & is there measurements you would like to capture but cannot achieve at the moment?  1.2.6   Has there been any analysis of this data to demonstrate that remote patient monitoring from home, (or community residence) has reduced patient admissions into hospital and/or improved patient care/medication needs etc?   1. Who is the main person(s)/ decision maker (s)or team – who would probably be responsible (or is responsible) for the decision to use remote patient monitoring in the community? Name/title…   **The decision was taken by the CCGs Governing Body in 2017.  The SRO for the project was the Chief Nurse and the project manager was the Commissioning and Transformation Manager.**  **South West Yorkshire Partnership NHS Foundation Trust provide community services in Barnsley.** | |

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| **FOI NO: 1251** | **Date Received: 11 March 2019** |
| **Request :**  1. The total number of people receiving NHS continuing healthcare in your CCG area, during each of these separate financial years: a) 2015/16, b) 2016/17, c) 2017/18.  2. The total number of NHS continuing healthcare reviews (including 3-month and annual reviews) conducted by your CCG on people with existing eligibility, during each of these separate financial years: a) 2015/16, b) 2016/17, c) 2017/18.  3. The total number of cases where NHS continuing healthcare eligibility was withdrawn following a review by your CCG, during each of these separate financial years: a) 2015/16, b) 2016/17, c) 2017/18**.** | |
| **Response :**  1.            The total number of people receiving NHS continuing healthcare in your CCG area, during each of these separate financial years: a) 2015/16, b) 2016/17, c) 2017/18.  ***Answer: 2015/16 data only collected from 01/12/2015 - 87 CHC patients,  2016/17  - 97 CHC patients, 2017/18 – 104 CHC Patients***    2.            The total number of NHS continuing healthcare reviews (including 3-month and annual reviews) conducted by your CCG on people with existing eligibility, during each of these separate financial years: a) 2015/16, b) 2016/17, c) 2017/18.  ***Answer:  Barnsley Clinical Commissioning Group does not have the information to breakdown CHC only reviews however the total reviews which include FNC, Fast Tracks and Joint packages are 2015/16 data only collected from 01/12/2015 – 39 reviews, 2016/17 – 205 reviews, 2017/18 – 101 reviews.***      3.            The total number of cases where NHS continuing healthcare eligibility was withdrawn following a review by your CCG, during each of these separate financial years: a) 2015/16, b) 2016/17, c) 2017/18.  ***Answer:  Barnsley Clinical Commissioning Group does not hold this information to enable us to answer this question.*** | |

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| **FOI NO: 1252** | **Date Received: 13 March 2019** |
| **Request :**  Question 1: How many requests for S117 funding did your organisation receive in the three financial years – 2016/2017, 2017/2018, and 2018/2019 to date;  Question 2: How many in each year were  a) approved in line with the financial cost submitted?  b) approved for a different level of financial cost?  c) not approved or the requests were not pursued further in the absence of additional information requested to consider the request?  Question 3: What local arrangements do your CCG have in place with relevant Local Authorities for agreeing the joint funding of costs relating to appropriate and agreed after care costs due under S117 Mental Health Act?  Question 4: How are the financial contributions of the respective organisations determined? Are respective contributions determined on an individual service user basis or are they determined in accordance with a general agreement on respective funding shares?  Question 5: If funding is determined with reference to a general agreement on financial shares, what proportion is paid by the CCG and what proportion is paid by the Local Authority?  Question 6: If funding is determined on a case by case basis by what process are the respective shares determined?  Question 7: If the respective shares have been agreed on a general basis, by what process were the respective shares determined and what factors were taken into consideration?  Question 8: Can you please forward copies of any Local Agreement or Policy which outlines the process and respective shares?  Question 9: If there is a local agreement in place, when is this next due for review;  Question 10: What processes do you have in place for reviewing the ongoing appropriateness and need for ongoing S117 after care funding?  Question11: How many S117 payments have ceased during the three financial years – 206/2017, 2017/2018, and 2018/2019 to date?    Question12: How many of these, in each of the three years, were due to the service user no longer being deemed eligible or needing after care support. | |
| **Response :**  Question 1: How many requests for S117 funding did your organisation receive in the three financial years – 2016/2017, 2017/2018, and 2018/2019 to date;  **To be provided by 26 April 2019**  Question 2: How many in each year were a) approved in line with the financial cost submitted? b) approved for a different level of financial cost? c) not approved or the requests were not pursued further in the absence of additional information requested to consider the request?  **To be provided by 26 April 2019**  Question 3: What local arrangements do your CCG have in place with relevant Local Authorities for agreeing the joint funding of costs relating to appropriate and agreed after care costs due under S117 Mental Health Act?  **Barnsley has a joint Section 117 panel - attached terms of reference**  Question 4: How are the financial contributions of the respective organisations determined? Are respective contributions determined on an individual service user basis or are they determined in accordance with a general agreement on respective funding shares?  **Each application is considered individually by the S117 panel and the proportion of funding shares are agreed at this point**  Question 5: If funding is determined with reference to a general agreement on financial shares, what proportion is paid by the CCG and what proportion is paid by the Local Authority?  **Done on a case by case basis see question 6**  Question 6: If funding is determined on a case by case basis by what process are the respective shares determined?   **The S117 panel uses the matrix attached**  Question 7: If the respective shares have been agreed on a general basis, by what process were the respective shares determined and what factors were taken into consideration?   **Not applicable**  Question 8: Can you please forward copies of any Local Agreement or Policy which outlines the process and respective shares?   **Attached**  Question 9: If there is a local agreement in place, when is this next due for review;   **November 2019**  Question 10: What processes do you have in place for reviewing the ongoing appropriateness and need for ongoing S117 after care funding?  **Individual cases are reviewed by S117 panel at least annually**  Question11: How many S117 payments have ceased during the three financial years – 206/2017, 2017/2018, and 2018/2019 to date?    **To be provided by 26 April 2019**    Question12: How many of these, in each of the three years, were due to the service user no longer being deemed eligible or needing after care support.  **To be provided by 26 April 2019** | |

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| **FOI NO: 1253** | **Date Received: 15 March 2019** |
| **Request :**  1. The amount of money spent on PR by the CCG in the last 5 years;  2. A year-on-year breakdown of that spending;  3. Information on how the money was spent | |
| **Response :** | |

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| **FOI NO: 1254** | **Date Received: 15 March 2018** |
| **Request :**   1. What services do you commission, either solely or in conjunction with neighbouring CCGs, for people living with acquired brain injury whom have:   (a) Been discharged from an acute setting  (b)Been identified by primary care practitioners as requiring referral for rehabilitation and/ or other services   1. Have the services you commission changed in the last 12 months? If yes, in what way? 2. Are there any plans to change the services you commission during the next 12 months? If yes, what are the changes? 3. Do you have a neurological lead and/or an acquired brain injury lead?  If so, please provide details. | |
| **Response :**   1. What services do you commission, either solely or in conjunction with neighbouring CCGs, for people living with acquired brain injury whom have:   (a) Been discharged from an acute setting  (b)Been identified by primary care practitioners as requiring referral for rehabilitation and/ or other services  The CCG commissions the following services from South West Yorkshire Partnership NHS Foundation Trust under both a) and b)   * Stroke Rehabilitation Unit * RightCare Barnsley Intermediate Care * Neurological Rehabilitation Unit and Outpatients * Community Physiotherapy * Neurological Outpatients   Please see the below link which  providers further detail including links to further services <https://www.barnsleyhospital.nhs.uk/service/acute-neurological-physiotherapy/>  Please note that the CCG does not commission a full neurological service from Barnsley Hospital NHS Foundation Trust. Specialist services are provided by Sheffield Teaching Hospitals NHS Foundation Trust which are commissioned by NHS England.   1. Have the services you commission changed in the last 12 months? If yes, in what way?   No changes to services for people living with an acquired brain injury.   1. Are there any plans to change the services you commission during the next 12 months? If yes, what are the changes?   The CCG would detail its plan to change any services via its commissioning intentions published on its website. No changes are currently indicated.   1. Do you have a neurological lead and/or an acquired brain injury lead?  If so, please provide details.   The CCG does not have a specific lead. | |

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| **FOI NO: 1255** | **Date Received: 18 March 2019** |
| **Request :**  Please list all Acute Trusts & Community Providers within your commissioning area, which provide Functional Bowel / IBS Clinics  For each of these providers, please list:  1) What national & local targets (if any) do these providers have re referral waiting times for Functional Bowel / IBS Clinics?  2) To what extent were these targets met by each provider in the last 3 years?  3) Describe any patient self-assessment tool used a part of the referral pathway and/or prior to clinic appointment?  4) Are these tools electronic or paper-based? If electronic, which product is used?  5) Please provide the name and job-title of the lead clinician for each service | |
| **Response :**  1) What national & local targets (if any) do these providers have re referral waiting times for Functional Bowel / IBS Clinics?  To deliver the service in line with the national 18 week referral to treatment targets.  2) To what extent were these targets met by each provider in the last 3 years?  NHS Barnsley Clinical Commissioning Group does not have individual targets for this service.  3) Describe any patient self-assessment tool used a part of the referral pathway and/or prior to clinic appointment?  This information is not available to the NHS Barnsley Clinical Commissioning Group. We suggest you contact Barnsley Hospital NHS Foundation Trust for details.  4) Are these tools electronic or paper-based? If electronic, which product is used?  This information is not available to the NHS Barnsley Clinical Commissioning Group. We suggest you contact Barnsley Hospital NHS Foundation Trust  for details  5) Please provide the name and job-title of the lead clinician for each service  This information is not available to the NHS Barnsley Clinical Commissioning Group. We suggest you contact Barnsley Hospital NHS Foundation Trust for details. | |

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| **FOI NO: 1256** | **Date Received: 19 March 2019** |
| **Request :**  1) the number of deaths of patients with a learning disability that occurred in the last three years (by years defined as 1/4/16 - 31/3/17, 1/4/17 - 31/3/18, 1/4/18 to present).  2) the number of independent investigations into the deaths of patients with a learning disability that you have commissioned in the last three years (defined as above)  3a) the number of deaths of patients with a learning disability that have resulted in an inquest in the last three years (defined as above)  3b) of those inquests the number that were an Article 2 inquest | |
| **Response :**  Barnsley Clinical Commissioning Group do not routinely hold the information you have requested. | |

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| **FOI NO: 1257** | **Date Received: 19 March 2019** |
| **Request :**  1. Forward my email below to the required person(s) who would deal with Body Worn Armour and stab/slash proof clothing issued to staff  or  2. Please reply with the Name, Position and contact details of the person responsible for issuing the safety wear to staff.  It maybe there is more than one department who issue this protection to front line staff. | |
| **Response :**  ‘The CCG does not have a person who would deal with Body Worn Armour and stab/slash proof clothing issued to staff. The CCG undertakes admin functions only and does not have a need to issue such protective clothing to its staff’ | |

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| **FOI NO: 1258** | **Date Received: 21 March 2018** |
| **Request :**  1.       Is your Wheelchair service procured as a separate service, or is it combined with other services such as Community Equipment, Prosthetics etc. If so, which services is it combined with?  2.       Is your wheelchair service procured as an integrated wheelchair service (i.e. Assessments and approved repair in one contract) or separately as different contracts?  3.       Is your provider / providers an NHS organisation or a contracted out non NHS organisation?  4.       What is the name of your current Wheelchair Services provider – or if Approved Repair and Assessments are provided separately, what are the names of the providers for each service?  5.       Is your wheelchair service exclusive to your CCG?  6.       If your service is combined with another CCG please provide a list of the CCGs that share this wheelchair service and confirm who is the lead CCG?  7.       When was each part of your wheelchair service (Assessment, Approved Repair, or integrated) last tendered?  8.       When does the current contract expire. Please provide details of any potential contract extensions?  9.       Please provide the date this Wheelchair service will be next tendered? | |
| **Response :**  .       Is your Wheelchair service procured as a separate service, or is it combined with other services such as Community Equipment, Prosthetics etc. If so, which services is it combined with? The wheelchair service is part of the Community Equipment Service which provides equipment for all service users  2.       Is your wheelchair service procured as an integrated wheelchair service (i.e. Assessments and approved repair in one contract) or separately as different contracts? This CCG does not commission an approved repairer element  3.       Is your provider / providers an NHS organisation or a contracted out non NHS organisation? NHS organisation  4.       What is the name of your current Wheelchair Services provider – or if Approved Repair and Assessments are provided separately, what are the names of the providers for each service? South West Yorkshire Partnership NHS Foundation Trust  5.       Is your wheelchair service exclusive to your CCG? We commission wheelchair services for the NHS Barnsley CCG population  6.       If your service is combined with another CCG please provide a list of the CCGs that share this wheelchair service and confirm who is the lead CCG? N/A  7.       When was each part of your wheelchair service (Assessment, Approved Repair, or integrated) last tendered? The service has not been tendered  8.       When does the current contract expire. Please provide details of any potential contract extensions? 31 March 2020  9.       Please provide the date this Wheelchair service will be next tendered? Unknown  About your Wheelchair service  10.   What is the size of the population covered by your wheelchair service? NHS Barnsley CCG’s population is approximately 260,000  11.   How many registered users are served by the Wheelchair Service? Please direct this query to South West Yorkshire Partnership NHS Foundation Trust [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  12.   What is the contract spend in the last financial year for the integrated Wheelchair service? As the service is part of the overall Community Equipment Service, the contract spend is not available to this level | |

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| **FOI NO: 1259** | **Date Received: 22 March 2019** |
| **Request :**  Please could you let me know if you have plans to or will be tendering for any adult community health services over the next 5-years. Please include plans for physical and mental health services | |
| **Response :**  **There is no decision currently to procure any adult community mental/physical health services during 2019/20.  It is likely within 5 years procurement will be undertaken however we are unable to comment at this time as to which services this will be.** | |

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| **FOI NO: 1260** | **Date Received: 25 March 2019** |
| **Request :**  • The total number of requests for exceptional funding or prior  approval received each financial year over the period 2013 to 2018.  • The total number of requests for exceptional funding or prior  approval that were approved each financial year over the period 2013 to 2018.  • The number of requests for exceptional funding or prior approval for  each procedure type (e.g. hip replacement, knee replacement) received each financial year over the period 2013 to 2018.  • The number of requests for exceptional funding or prior approval for  each procedure type (e.g. hip replacement, knee replacement) that were approved each financial year over the period 2013 to 2018. | |
| **Response :**  • The total number of requests for exceptional funding or prior  approval received each financial year over the period 2013 to 2018.  Requests received  2013-14 = 276  2014-15 = 252  2015-16 = 223  2016-17 = 259  2017-18 = 342  • The total number of requests for exceptional funding or prior  approval that were approved each financial year over the period 2013 to  2018.  Requests approved  2013-14 = 123  2014-15 = 78  2015-16 = 73  2016-17 = 87  2017-18 = 148  • The number of requests for exceptional funding or prior approval for  each procedure type (e.g. hip replacement, knee replacement) received  each financial year over the period 2013 to 2018.  Please see attached spreadsheet listing all requests by intervention type, per year.  • The number of requests for exceptional funding or prior approval for  each procedure type (e.g. hip replacement, knee replacement) that were  approved each financial year over the period 2013 to 2018.  Please see attached spreadsheet listing all requests by intervention type, per year. | |

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| **FOI NO: 1261** | **Date Received: 27 March 2019** |
| **Request :**  1. Do you have an official policy on dealing with individual funding requests and if so, will you share it?  2. How many individual funding requests has your CCG received in each of the last three calendar years?  3. How many individual funding requests has your CCG approved in each of the last three calendar years?  4. How many individual funding requests has your CCG rejected in each of the last three calendar years?  5. Can you provide a list of the treatments that have been funded through an individual funding request?  6. Can you provide a list of the treatments that have been declined following an individual funding request? | |
| **Response :**  1. Do you have an official policy on dealing with individual funding requests and if so, will you share it?  Please see the IFR policy on our website <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm>    2. How many individual funding requests has your CCG received in each of the last three calendar years?  15-16 = 223  16-17 = 259  17-18 = 342  3. How many individual funding requests has your CCG approved in each of the last three calendar years?  15-16 = 73  16-17 = 87  17-18 = 147  4. How many individual funding requests has your CCG rejected in each of the last three calendar years?  15-16 = 104  16-17 = 128  17-18 = 124  5. Can you provide a list of the treatments that have been funded through an individual funding request? – see attached spreadsheet    6. Can you provide a list of the treatments that have been declined following an individual funding request?  - see attached spreadsheet | |

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| **FOI NO: 1262** | **Date Received: 28th March 2019** |
| **Request :**  1. On the Executive Management Board of your organisation what is the role/job title of the person with responsibility of digital technology and information within your organisation?  2. What other responsibilities does the role identified in question 1 have in addition to digital technology?  3. If the board level role has digital technology as part of their portfolio, please ask them to estimate what percentage of their time is spent on their digital technology role.  4. Does the person in the current board level digital leadership role hold any professional qualifications in digital technology?  5. What is the NHS pay band for the board role with responsibility for digital technology?  6. Within your organisation what is the Job title of the person with day to day management responsibility for Digital technology.  7. What is the agenda for change pay band for the role identified in question 4.  8. If the role identified in question 4 is a Board member are they a full member with executive voting rights? Yes/No/NA 9. What is the role title of the person who is the Senior Information Risk Owner (SIRO) within your organisation?  10. In the light of the Secretary of State for Health and Social Care, Matt Hancock’s statement on 28th November 2018 “So if you’re a chief executive, I don’t expect you to know everything about tech, but I do expect you to have a chief information officer on the board who does”  Has your board formally discussed changes to the board in relation to digital technology?  11. Has your organisation got plans in place to discuss changing digital technology leadership at the board level?  12. Has your organisation got a plan to change technology leadership at board level and if so what are the time scales for this to be achieved.  13. On average over the past 3 years what is the total annual revenue spending on digital technology systems and services within your organisation? I am looking for a total figure for all of the recurring revenue spending on staff, systems, licensing, 3rd party support etc.  14. On average over the past 3 years what is the total annual capital spending on digital technology systems and services within your organisation. Again, I am looking for a total figure for spending on hardware, software, systems, 3rd parties, project management and implementation etc. | |
| **Response :**  1. On the Executive Management Board of your organisation what is the  role/job title of the person with responsibility of digital technology  and information within your organisation? **Director of Commissioning**  2. What other responsibilities does the role identified in question 1  have in addition to digital technology? **Strategic oversight of CCG commissioning and integration of services in Barnsley**  3. If the board level role has digital technology as part of their  portfolio, please ask them to estimate what percentage of their time is  spent on their digital technology role. **0.05 WTE**  4. Does the person in the current board level digital leadership role  hold any professional qualifications in digital technology? **No**  5. What is the NHS pay band for the board role with responsibility for  digital technology? **Very Senior Manager**  6. Within your organisation what is the Job title of the person with day  to day management responsibility for Digital technology. **Head of Governance & Assurance (Corporate); Senior Primary Care Commissioning Manager (GPIT)**  7. What is the agenda for change pay band for the role identified in  question 4. **I assume this actually relates to Q6 – Band 8B**  8. If the role identified in question 4 is a Board member are they a  full member with executive voting rights? Yes/No/NA **N/A**  9. What is the role title of the person who is the Senior Information  Risk Owner (SIRO) within your organisation? **Head of Governance & Assurance**  10. In the light of the Secretary of State for Health and Social Care,  Matt Hancock’s statement on 28th November 2018  “So if you’re a chief executive, I don’t expect you to know everything  about tech, but I do expect you to have a chief information officer on  the board who does”                  Has your board formally discussed changes to the board in  relation to digital technology? **Yes**  11. Has your organisation got plans in place to discuss changing digital  technology leadership at the board level? **No firm plans at present but digital leadership responsibility is kept under continual review**  12. Has your organisation got a plan to change technology leadership at  board level and if so what are the time scales for this to be achieved. **As per Q11**  13. On average over the past 3 years what is the total annual revenue  spending on digital technology systems and services within your  organisation? I am looking for a total figure for all of the recurring  revenue spending on staff, systems, licensing, 3rd party support etc.  **Total cost of digital technology, including licenses, systems, outsourced services and GP Practice IT services are:**    **2016/17                £    1,426,997.19**  **2017/18                £    1,769,918.30**  **2018/19                £    1,464,986.89**    14. On average over the past 3 years what is the total annual capital  spending on digital technology systems and services within your  organisation. Again, I am looking for a total figure for spending on  hardware, software, systems, 3rd parties, project management and  implementation etc.  **No Capital expenditure incurred in 2016/17, 2017/18 and 2018/19.** | |

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| **FOI NO: 1263** | **Date Received: 28th March 2019** |
| **Request :**  Please could you provide a structure chart of your Finance & Procurement department via e-mail, where possible including the names of each staff member. | |
| **Response :** | |

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| **FOI NO: 1264** | **Date Received: 29th March 2019** |
| **Request :**  1. Please state the unlicensed cannabis based medical products you have approved for prescription by consultants (on the General Medical Council’s specialist register), in your Care Commissioning Group’s area on an NHS prescription to their patients. ('Unlicensed' refers to the medicine not having received Market Approval in the UK by the Medicines and Healthcare products Regulatory Agency and it not being listed in Schedule 4 of the Misuse of Drugs Regulations 2001).    2. Please state the number of prescriptions that have been issued for the following cannabis based medical products since 01/11/2018:   - Nabiximols (Sativex). Product code: PL 18024/0009.   - Cannabidiol (Epidiolex). Product code: N/A. | |
| **Response :**   1. There are currently no unlicensed cannabis based medicinal products included on the Barnsley formulary.     The CCG does not hold information on consultant prescribing, this would be held by the respective hospital trust within which the consultant prescribes. 2. The CCG does not hold this information but have interrogated the NHS Business Service Authority information systems on your behalf. The  following prescriptions have been prescribed and dispensed within primary care in Barnsley: Sativex – 1 prescription (November 2018 to January 2019 prescribing data).   Epidiolex – no prescriptions.   If in the future further primary care prescribing information is required , this can be obtained through the NHS Digital website  <https://digital.nhs.uk/>  or  via the open prescribing website <https://openprescribing.net/> | |