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| **FREEDOM OF INFORMATION REQUESTS AUGUST 2019** |

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| **FOI NO: 1349** | **Date Received: 1ST August 2019** |
| **Request :**Please list the pathology providers, including NHS organisations, which you used during financial year 2018/19 to provide GP direct access pathology services (list any provider with a spend in the year greater than £25,000) Please provide the amount spent with each provider on GP direct access pathology during the year 2018/19. Please state which of following methods for calculating payment best describes the contractual arrangement between the CCG and each provider-    Amount paid for direct access pathology not explicitly stated, ie included within larger overall contract-    Fixed payment amount for pathology agreed for the year-    Fixed payment amount agreed for the year, but adjusted if volumes are higher or lower than expected-    Payment calculated based on a cost per specialty, eg £X per blood science test, £Y per microbiology sample, £Z per histology case-    Payment calculated on a price per specific test, eg £X for Urea and Electrolytes, £Y for full blood count, £Z for MRSA test Have the authority undertaken a procurement advertised via OJEU for GP direct access pathology during the past five years?  If so, please provide link. |
| **Response :**Please list the pathology providers, including NHS organisations, which you used during financial year 2018/19 to provide GP direct access pathology services (list any provider with a spend in the year greater than £25,000)**Barnsley Hospital NHS Foundation Trust** Please provide the amount spent with each provider on GP direct access pathology during the year 2018/19.**£3,176,802**Please state which of following methods for calculating payment best describes the contractual arrangement between the CCG and each provider-          Amount paid for direct access pathology not explicitly stated, ie included within larger overall contract **No**-          Fixed payment amount for pathology agreed for the year **No**-          Fixed payment amount agreed for the year, but adjusted if volumes are higher or lower than expected **Yes – Contract plan agreed at beginning of financial year. Any variances +/- are paid at marginal rates** -          Payment calculated based on a cost per specialty, eg £X per blood science test, £Y per microbiology sample, £Z per histology case **Yes**-          Payment calculated on a price per specific test, eg £X for Urea and Electrolytes, £Y for full blood count, £Z for MRSA test **No** Have the authority undertaken a procurement advertised via OJEU for GP direct access pathology during the past five years?  If so, please provide link.**No** |

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| **FOI NO: 1350** | **Date Received: 5 August 2019** |
| **Request :**Please can you provide under the Freedom of Information Act a structure chart for the CCG inclusive of all 'Heads of Service,' 'Assistant Directors' and Directors with the full job titles and the names of individuals who hold these positions.  |
| **Response :** |
| **FOI NO: 1351** | **Date Received: 5 August 2019** |
| **Request :**NHS Barnsley CCG: Minor Eye Conditions ServiceThe details we require are:• Suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages\* • Contract values of each framework/contract (& any sub lots), year to date • Start date & duration of framework • Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?• Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed?• Who is the senior officer (outside of procurement) responsible for this contract? |
| **Response :**• Suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages\*  **- A contract to provide a Minor Eye Condition Service in Barnsley was awarded to Primary Eyecare Services following an open procurement. This is publicly available information, being published through Contract Finder and the Barnsley CCG website. In relation to unsuccessful bids the Commissioner feels that bidders submitted tenders in good faith and in confidence. If the CCG were to disclose commercially sensitive information about unsuccessful bidders to third parties and into the public domain, this may deter bidders from making submissions to the CCG should future tendering opportunities arise.  This would in turn have a detrimental effect on the CCG’s ability to secure the best possible services for the people of Barnsley and would have a direct commercial effect on the CCG’s finances at a time when the NHS are trying to make best use of the public purse.  We therefore withhold this information in accordance with Sections 36, 41, and 43 in Part II of the Freedom of Information Act.**• Contract values of each framework/contract (& any sub lots), year to date **- Contract is based on a fee per case with an expected contract value of £165,000. The year to date cost of this service (April to June 2019) is £29,406.00** • Start date & duration of framework  **- The contract start date was 1 October 2018 for two years**• Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension? **- The contract includes an option to extend for a further year.**• Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed? **- No decision has been made**• Who is the senior officer (outside of procurement) responsible for this contract? **- Jeremy Budd, Director of Commissioning, Barnsley CCG** |
| **FOI NO: 1352** | **Date Received: 07 August 2019** |
| **Request :**1) Please state the name of your CCG or Health Board?2) How many patients currently under the care of your CCG/ Health Board are being kept alive with clinically assisted nutrition and hydration (CANH) who are in a persistent vegetative state or minimally conscious state?3a) How many patients from Q2 have been kept alive for 1 year or more?  b) How many patients from Q2 have been kept alive for 3 years or more?   c) How many patients from Q2 have been kept alive for 5 years or more?4a)  How much money did your CCG/Health Board spend on the patients from Q2 in the years;       2015 - 2016       2016 - 2017       2017 - 2018b)  How much money does your CCG/Health Board spend per patient (from Q2) on average?5) How many next of kin of patients from Q2 have asked for the CANH to be stopped and their loved ones be moved into palliative care?6a) In how many patients cases, have you been in a legal battle, whether mediation or court, because next of kin wanted to stop CANH in the last 5 years?  b) What has been the financial cost of these legal battles/mediations? |
| **Response :**1) Please state the name of your CCG or Health Board? **Barnsley Clinical Commissioning Group** 2) How many patients currently under the care of your CCG/ Health Board are being kept alive with clinically assisted nutrition and hydration (CANH) who are in a persistent vegetative state or minimally conscious state? **1** 3a) How many patients from Q2 have been kept alive for 1 year or more?  **1**  b) How many patients from Q2 have been kept alive for 3 years or more? **1**  c) How many patients from Q2 have been kept alive for 5 years or more? **1**  4a)  How much money did your CCG/Health Board spend on the patients from Q2 in the years;       2015 – 2016  **£122,668**       2016 – 2017  **£122,668**       2017 – 2018  **£127,400**b)  How much money does your CCG/Health Board spend per patient (from Q2) on average? **Approximately £127,400 yearly**  5) How many next of kin of patients from Q2 have asked for the CANH to be stopped and their loved ones be moved into palliative care? Nil 6a) In how many patients cases, have you been in a legal battle, whether mediation or court, because next of kin wanted to stop CANH in the last 5 years? **Nil**  b) What has been the financial cost of these legal battles/mediations? **Not applicable** |

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| **FOI NO: 1353** | **Date Received: 7 August 2019** |
| **Request :**1. How many care homes are within your remit?
2. Overall, how many patients are being cared for within these care homes?
3. Do you have any Infection Prevention and Control specialist Nurses who provide expertise advice and training within these care homes? If so, i) how many of these nurses do you have and ii) in what way do they oversee infection control?
4. If not, what steps do you take to ensure minimising the risk of the spread of infection in these care homes?

For questions 1,2 and 4 I would like, if possible, to have comparative figures for Aug 1, 2019 and Aug 1 2014 please. |
| **Response :**1. How many care homes are within your remit?  68
2. Overall, how many patients are being cared for within these care homes? This information is not available

Do you have any Infection Prevention and Control specialist Nurses who provide expertise advice and training within these care homes? If so, i) how many of these nurses do you have and ii) in what way do they oversee infection control?  1 full time band 7 infection control nurse, 1 part time band 6. A full time band 8a provides support for both the acute and CCG/BMBC contract. As part of the contract they provide a support and advisory service. Undertake audits and work with the care homes on action plans. Provide outbreak management. Provide ad hoc training. Host a care home staff link forum and provide educational resources in the form of news bulletins. |

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| **FOI NO: 1354** | **Date Received: 8 August 2019** |
| **Request :**

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| 1. Between 1 January 2017 to 31 July 2019: |
| (a) How many NHS continuing healthcare assessments were undertaken; |
| (b) How many of the above assessments recommended eligibility for NHS continuing healthcare; and |
| (c) How many of the above eligible recommendations were overturned or granted by the CCG. |

Please provide this data in annual figures or quarters.  |
| **Response :**

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| 1. Between 1 January 2017 to 31 July 2019:  |
| (a) How many NHS continuing healthcare assessments were undertaken; 2017=144, 2018 = 289, 2019 =137 to 31/07/2019. Total = 570  |
| (b) How many of the above assessments recommended eligibility for NHS continuing healthcare; and 22 in 2017, 57 in 2018 and 14 in 2019 Total = 93  |
| (c) How many of the above eligible recommendations were overturned or granted by the CCG. All 93 were granted by the CCG. |

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| **FOI NO: 1355** | **Date Received: 8 August 2019** |
| **Request :**Has your CCG contracted out any stool antigen tests for helicobacter pylori testing as part of a block contract with a local hospital or hospitals from January 1, 2018 till December 31, 2018? If the answer is ‘yes’, could you provide me the number of stool antigen tests performed under the block contract during this period. If the CCG does not have a ‘block contract’ with a local hospital or hospitals or an external provider can you confirm this.In either case please can you send me the total stool antigen tests for helicobacter pylori testing performed within the CCG from January 1, 2018 till December 31, 2018 |
| **Response :*** Has your CCG contracted out any stool antigen tests for helicobacter pylori testing as part of a block contract with a local hospital or hospitals from January 1, 2018 till December 31, 2018?   **NO.**
* If the answer is ‘yes’, could you provide me the number of stool antigen tests performed under the block contract during this period.   **NOT APPLICABLE.**
* If the CCG does not have a ‘block contract’ with a local hospital or hospitals or an external provider can you confirm this. **C  ONFIRMED.   Barnsley Clinical Commissioning Group has a joint contract with Barnsley NHS Foundation Trust (BHNFT) and Rotherham Foundation Trust for pathology services but this is not a block contract.**
* In either case please can you send me the total stool antigen tests for helicobacter pylori testing performed within the CCG from January 1, 2018 till December 31, 2018.   **Barnsley Clinical Commissioning Group does not hold this information – BHNFT may be able to provide.**
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| **FOI NO: 1356** | **Date Received: 8 August 2019****- amended 23.8.19** |
| **Request :** *1) Summary details of all new PCNs’:**·         Member general practices (names and NHS Organisation Data Service codes);**·         Non-general practice members / other named stakeholders (names and NHS Organisation Data Service codes where relevant);**·         Clinical Director (name and contact details);**·         Maps of all PCN’s geographic area.**Information on all of the above were provided by all PCNs in Schedule 1 of their Network Agreement returns.**~~2) Additionally, please provide each networks’ written Network Agreements, covering the following Schedules, where provided:~~**~~·         Schedule 3 – Activities;~~**~~·         Schedule 4 – Financial Arrangements;~~**~~·         Schedule 5 – Workforce;~~**~~·         Schedule 7 – Arrangements with organisations outside of the Network.~~**3) In addition, please provide details of all primary care General Practices falling within your CCG footprint that have not entered into a PCN Network Agreement.”*  |
| **Response :***1) Summary details of all new PCNs’:**·         Member general practices (names and NHS Organisation Data Service codes);**·         Non-general practice members / other named stakeholders (names and NHS Organisation Data Service codes where relevant);**·         Clinical Director (name and contact details);**·         Maps of all PCN’s geographic area.***Barnsley Primary Care Network is a supra network comprising the following neighbour networks:****1: Penistone Network:** * Penistone Group                                       C85004
* Woodland Drive Medical                           C85006
* Huddersfield Road Surgery                       C85020
* Dodworth Practice (Apollo Court)             C85026
* Victoria Medical Centre                             C85033
* Kingswell Surgery                                     C85623

**2: Central Network:*** Ashville Medical Centre                            C85003
* The Dove Valley Practice                          C85007
* The Kakoty Practice                                  C85009
* Burleigh Medical Centre                            C85017
* The Grove Medical Practice                      C85019

**3: North Network:*** Royston Group Practice                            C85005
* Hill Brow Surgery                                      C85010
* High Street Practice                                  C85024
* Darton Health Centre                                C85614
* St Georges Medical Centre                       C85619

**4: North East Network:*** White Rose Medical Practice                    C85014
* Grimethorpe Surgery                                C85018
* Lundwood Medical Centre                        C85028
* Monk Bretton Health Centre                     C85622
* Caxton House Surgery                              C85628
* BHF Brierley                                              Y05248
* BHF Highgate Surgery                              Y05363
* BHF Lundwood Practice                           Y05364

**5: Dearne Network:*** BHF Goldthorpe Medical Centre               C85001
* Dr Mellor & Partners                                 C85016
* Hollygreen Practice                                   C85023
* Dearne Valley Group Practice                  Y00411
* Lakeside Surgery                                      Y04809

**6: South Network** * Hoyland First (Walderslade)                     C85008
* Chapelfield Medical Centre                       C85013
* Hoyland Medical Practice                         C85022
* Wombwell Medical Centre                        C85030

**Barnsley Primary Care Network – Lead Accountable Clinical Director** – Dr M Ghani**1: Penistone Network –** Dr G Rhodes**2: Central Network –** Dr H Rainford/Dr M Dowling**3: North Network –** Dr E Czepulkowski/Dr G Eko**4: North East Network –** Dr D Shutt**5: Dearne Network –** Dr A Mellor**6: South Network –** Dr C Dales   *Information on all of the above were provided by all PCNs in Schedule 1 of their Network Agreement returns.**~~2) Additionally, please provide each networks’ written Network Agreements, covering the following Schedules, where provided:~~**~~·         Schedule 3 – Activities;~~**~~·         Schedule 4 – Financial Arrangements;~~**~~·         Schedule 5 – Workforce;~~**~~·         Schedule 7 – Arrangements with organisations outside of the Network.~~**3) In addition, please provide details of all primary care General Practices falling within your CCG footprint that have not entered into a PCN Network Agreement.”*               **Not applicable – all practices are in the PCN.** |

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| **FOI NO: 1357** | **Date Received: 9 August 2019** |
| **Request :**1.         How many PUPoC cases have been completed by or on behalf of the CCG2.         How many PUPoC cases are still open.2.         How many of the cases referred to in 1 above have been successful, (i.e redress paid) 3.         How many PUPoC cases are waiting for redress (eligibility awarded and redress to be made) 4.         Please provide the total amount paid in redress to claimants. Please provide this amount annually.5.         In relation to 4 above, please provide the total amount paid in interest to claimants. Please provide this information annually.6.         If applicable, please confirm the total amount paid by the CCG to commission third parties (CSU and/or private companies) to undertake retrospective PUPoC claims. |
| **Response :**1.         How many PUPoC cases have been completed by or on behalf of the CCG - **391**2.         How many PUPoC cases are still open.- **6**2.         How many of the cases referred to in 1 above have been successful, (i.e redress paid) - **78**3.         How many PUPoC cases are waiting for redress (eligibility awarded and redress to be made)  -  **3**4.         Please provide the total amount paid in redress to claimants. Please provide this amount annually.            cid:image004.png@01D55E70.269402C05.         In relation to 4 above, please provide the total amount paid in interest to claimants. Please provide this information annually. – **See above**6.         If applicable, please confirm the total amount paid by the CCG to commission third parties (CSU and/or private companies) to undertake retrospective PUPoC claims.-  **Doncaster CCG hosts the PUPOC team and other services on behalf of 12 CCG's and therefore costs have been shared across all CCG's. Cost relating to pre 2012 PUPOC service for NHS Barnsley CCG only cannot be reliable split out.** |

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| **FOI NO: 1358** | **Date Received: 12 August 2019** |
| **Request :**1. The contingency planning instructions and assumptions you have received from the Department of Health, and/or NHS England, and/or any other body;
2. Any separate instructions from any of the above entities you have received in respect of the release of such plans or parts thereof to the public;
3. Copies of any contingency plans or draft plans you have so far prepared.
4. If these plans are not available in full, then details will suffice covering:
	1. Estimates of likely cancelled elective surgery over the period 1 November 2019 to 31 October 2020, or the period for which you have made forecasts;
	2. Estimates in changes in waiting times over your current waiting times for:
		1. Cancer diagnosis;
		2. The commencement of cancer treatment;
	3. The impact on A&E services including changes you anticipate in meeting A&E response times;
	4. Your broad estimates of total avoidable deaths (or changes in forecast death rates) that can be attributed to your anticipated changes to service levels.
 |
| **Response :**This information is in respect of your contingency planning for a “No Deal” Brexit that is forecast for 31 October 2019.My interest is not in the efficiency of your planning. My interest lies in better understanding how you are predicting the consequences on a No Deal Brexit on 31 October. The information I request is set out below.1. The contingency planning instructions and assumptions you have received from the Department of Health, and/or NHS England, and/or any other body;

All guidance and requirements from Department of Health and/or NHS England to Clinical Commissioning Groups are included on the NHSE Preparing for EU Exit web pages at <https://www.england.nhs.uk/eu-exit/>1. Any separate instructions from any of the above entities you have received in respect of the release of such plans or parts thereof to the public;

All guidance and requirements from Department of Health and or NHS England to Clinical Commissioning Groups are included on the NHSE Preparing for EU Exit web pages at <https://www.england.nhs.uk/eu-exit/>1. Copies of any contingency plans or draft plans you have so far prepared.

EU Operational Readiness Assessment and Plan for Barnsley CCG attached.  This was completed in March 2019 as required in the original guidance.1. If these plans are not available in full, then details will suffice covering:
	1. Estimates of likely cancelled elective surgery over the period 1 November 2019 to 31 October 2020, or the period for which you have made forecasts;
	2. Estimates in changes in waiting times over your current waiting times for:
		1. Cancer diagnosis;
		2. The commencement of cancer treatment;
	3. The impact on A&E services including changes you anticipate in meeting A&E response times;
	4. Your broad estimates of total avoidable deaths (or changes in forecast death rates) that can be attributed to your anticipated changes to service levels.

The CCG does not provide direct healthcare in relation the specific questions above in relation to service changes and is therefore unable to answer this question.  This question should be directed to NHS provider organisations. |

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| **FOI NO: 1359** | **Date Received: 12th August 2019** |
| **Request :**I would like to make an FOI request for information on the number of times doctors attempted to get patients treatment through the exceptional cases system in each of the last 5 years? (Exceptional cases as defined by this BBC article: <https://www.bbc.co.uk/news/health-40485724> ) Please could I also have the information for the number of times these were accepted? |
| **Response :** |

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| **FOI NO: 1360** | **Date Received: 13th August 2019** |
| **Request :**Please could we request answers to the following based upon the December 2018 MHRA report on emollient flammability:  1.     Has this information provided by the MHRA been implemented across your CCG to advise healthcare professionals?  2.     How has this been implemented? Please also provide details of any future intentions. 3.     Has this information provided by the MHRA been implemented across your CCG to advise the public on how to use emollient skin products safely?  4.     How has this been implemented? Please also provide details of any future intentions.  |
| **Response :**1.     Has this information provided by the MHRA been implemented across your CCG to advise healthcare professionals?  Yes. Barnsley Clinical Commissioning Group, via its Area Prescribing Committee, disseminated the guidance and its key points to all Barnsley service providers , including primary  care;  NHS hospitals, community services, community pharmacy, GP practices, hospice2.     How has this been implemented? Please also provide details of any future intentions.                Publicised by bulletin ,  newsletter and formulary link:-Links to the MHRA guidance are included in the emollient section of the formulary <http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=13&SubSectionRef=13.02.01&SubSectionID=A100> Information was also included in the September 2018 and January 2019 newsletters<http://best.barnsleyccg.nhs.uk/news/newsletters/MMT/2018/MMT_Newsletter_September_2018.pdf> <http://best.barnsleyccg.nhs.uk/news/newsletters/MMT/2019/MMT_Newsletter_January_2019.pdf> and in the January 2019 APC memo<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/Members/Medicines%20management/Area%20prescribing%20committee/201901%20-%20APC%20Memo%20-%20January%202019.pdf> 3.     Has this information provided by the MHRA been implemented across your CCG to advise the public on how to use emollient skin products safely?                Not yet 4.     How has this been implemented? Please also provide details of any future intentions. Planned to identify and provide information to patients who are high users of emollients within the 20/21 year.Our oxygen provider is working to provide information to patients advising of additional risks to those using Oxygen. |

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| **FOI NO: 1361** | **Date Received: 13 August 2019** |
| **Request :**1. Over the past three financial years (2016/17 to 2018/19 inclusive), in instances where your CCG has awarded contracts to private providers (i.e. non-NHS, independent sector providers, excluding charities and social enterprise) to provide NHS services, how many have been ended by the private providers before the end of the contracted period? Please provide the following details where possible:a. The name of the provider b. The length and value of the contract, and the nature of the service being provided c. The reason for the premature termination d. The amount of time left to run on the contract at the point at which it was terminatede. How continuity of service was guaranteed following the terminationf. If any termination payment was paid, and how much that payment was (i.e. was any money paid to compensate for the premature cancellation of the contract)2. Over the same period, has the CCG prematurely terminated any contracts with private providers to provide NHS services before the end of the contracted period? As before, please provide details where possible.3. How many contracts in total has the CCG awarded to private providers over the same period? |
| **Response :**1. Over the past three financial years (2016/17 to 2018/19 inclusive), in instances where your CCG has awarded contracts to private providers (i.e. non-NHS, independent sector providers, excluding charities and social enterprise) to provide NHS services, how many have been ended by the private providers before the end of the contracted period? Please provide the following details where possible:**NOT APPLICABLE**a. The name of the provider b. The length and value of the contract, and the nature of the service being provided c. The reason for the premature termination d. The amount of time left to run on the contract at the point at which it was terminatede. How continuity of service was guaranteed following the terminationf. If any termination payment was paid, and how much that payment was (i.e. was any money paid to compensate for the premature cancellation of the contract)2. Over the same period, has the CCG prematurely terminated any contracts with private providers to provide NHS services before the end of the contracted period? As before, please provide details where possible.NO3. How many contracts in total has the CCG awarded to private providers over the same period?**ONE**  |

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| **FOI NO: 1362** | **Date Received: 14 August 2019** |
| **Request :**1. Do you operate a referral triage service, referral triage centre, referral management service or referral management centre?
2. If so, who is the named contact for this service?
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| **Response :**1. Do you operate a referral triage service, referral triage centre, referral management service or referral management centre?Barnsley CCG does not operate a referral triage service, referral triage centre, referral management service or referral management centre.
2. If so, who is the named contact for this service?

n/a |

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| **FOI NO: 1363** | **Date Received: 14 August 2019** |
| **Request :**1. Do you currently commission vision screening in school of children aged 4-5 years old? Y / NIf YES, would you please:2. List the key features of your commissioned screening service:a. Settings (e.g. school).b. Screening personnel (e.g. orthoptist, school nurse or other health professional).c. The onward care pathway for children who fail the vision screening.d. The quality assurance (QA) processes (audit) and identified clinical lead for the vision screening service 3. Tell us how you monitor if every child in your Local Authority has been tested (including those in private schools or those who are home-schooled).4. Tell us whether the programme will be commissioned again in the next financial year5. If NO- you do not currently commission a vision screening service in your area, would you please tell us :a. why you do not commission vision screening?b. whether a service is planned for the next financial year (2020/21)?c. whether an existing service in your area has been recently decommissioned? |
| **Response :**Barnsley CCG is not the commissioner of Vision Screen for 4-5 year olds. The organisation that commissions this service in Barnsley is the Public Health Team at Barnsley Metropolitan Borough Council. Please re-direct your request to their FOI team via informationrequests@barnsley.gov.uk |

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| **FOI NO: 1364** | **Date Received: 15 August 2019** |
| **Request :**I would like to make an FOI request for a list of procedures/treatments that were funded by the NHS in your CCG in 2014, however no longer receive NHS funding today.  |
| **Response :**The following procedures are no longer routinely commissioned or offered by Barnsley CCG:* Snoring Surgery (in the absence of Obstructive Sleep Apnoea)
* Dilation and Curettage for heavy menstrual bleeding in women
* Knee arthroscopy for patients with osteoarthritis
* Injection for non-specific lower back pain (spinal joint injection)
* Acupuncture (except for chronic tension type headaches and migraine)
* Vasectomy under General Anaesthetic (non-scapel vasectomy is routinely commissioned)
* Specialist plastic surgery for cosmetic purposes -The Specialist Plastic Surgery Policy was in place in 2015. This covered
* 1.Abdominoplasty
* 2.1       breast augmentation
* 2.2       breast reduction
* 2.3       breast asymmetry
* 2.4       breast reduction for gynaecomastia (male)
* 2.5       breast lift (mastopexy)
* 2.6       nipple inversion
* 3.1       hair removal
* 3.2       correction of male pattern baldness
* 3.3       hair transplantation
* 4.         Acne scarring
* 5.         Benign skin lesions
* 6.         Blepharoplasty
* 7.         Buttock, thigh and arm lift surgery
* 8.         Congenital vascular abnormalities
* 9.         Correction of prominent ears
* 10.       Facelift
* 11.       Labiaplasty
* 12.       Liposuction
* 13.       Rhinoplasty
* 14.       Rhinophyma
* 15.       Surgical scars
* 16.       Thread veins/telangectasias
* 17.       Tattoo removal

Please note in some circumstances, GPs, Consultants or NHS clinicians may consider an individual has exceptional clinical circumstances and may benefit from a treatment which is not routinely provided. Requests for such treatments must be made through an Individual Funding Request (IFR) by the clinician. This request will then be considered by an independent panel. the following procedures have been excluded as there have been commissioning policies in place since October 2013:* Infertility & IVF including Reversal of male / female sterilisation
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| **FOI NO: 1365** | **Date Received: 16 August 2019** |
| **Request :**Please could you provide me with the following information regarding NHS continuing health care (CHC) payments in the five years up to the end of the 2018-2019 financial year (April 6): ·    The amount of funding the CCG has paid out as a result of retrospective CHC claims, broken down by year·    The number of people who have had their CHC funding withdrawn, broken down by year·    The number of people who have undergone reassessments for their CHC funding, broken down by year If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide assistance, under your Section 16 obligations, as to how I can refine my request to be included in the scope of the Act. In any case, if you identify ways that my request could be refined please provide assistance to indicate this. |
| **Response :**Please could you provide me with the following information regarding NHS continuing health care (CHC) payments in the five years up to the end of the 2018-2019 financial year (April 6): ·         The amount of funding the CCG has paid out as a result of retrospective CHC claims, broken down by year

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| **Year 14-15** | **£27,257.42** |
| **Year 15-16** | **£136,471.34** |
| **Year 16-17** | **£127.527.45** |
| **Year 17-18** | **£146,299.52** |
| **Year 18-19** | **£46,110.94** |

·         The number of people who have had their CHC funding withdrawn, broken down by year

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| **Year 14-15                                                0**  |
| **Year 15-16                                                1** |
| **Year 16-17                                                0** |
| **Year 17-18                                                3** |
| **Year 18-19                                              18**  |

These figures include Joint Packages of care and Funded Nursing Care.·         The number of people who have undergone reassessments for their CHC funding, broken down by year

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| **Year 14-15                                                2**  |
| **Year 15-16                                                2** |
| **Year 16-17                                                3** |
| **Year 17-18                                              48** |
| **Year 18-19                                            224** |

These figures include Joint Packages of care and Funded Nursing Care. |

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| **FOI NO: 1366** | **Date Received: 16 August 2019** |
| **Request :**please can you provide me with the number of applications for prior approval made for Procedures of Limited Clinical Effectiveness, and the number refused, in each of the following financial years (2014/15, 2015/16, 2016/17, 2017/18, and 2018/19 (year from April to March), broken down by procedure.Please can you provide me with the number of individual funding requests made and refused in each of the following financial years (2014/15, 2015/16, 2016/17, 2017/18, and 2018/19 (year from April to March), broken down by procedure.   |
| **Response :****Please see the attached spreadsheet.  Page 1 refers to Procedures of Limited Clinical Effectiveness and Page 2 refers to Individual Funding Requests.** |

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| **FOI NO: 1367** | **Date Received: 19 August 2019** |
| **Request :**Please confirm the existence or otherwise of financial arrangements with an NHS Trust or Trusts to compensate them for providing enoxaparin either generic(biosimilar) or as a brand from the Trust rather than it being continued in primary care. We are not requesting the exact terms of such an arrangement.Please confirm the number of days medicine commissioned or expected to be supplied by NHS trusts on discharge for the CCGs patients.Please indicate any arrangements for the supply of in Tariff drug courses longer than this standard period.Please indicate how the CCG compensates NHS Trusts for providing an ongoing course of in Tariff Drugs it deems to be unsuitable for CCG continuation. |
| **Response :**Please confirm the existence or otherwise of financial arrangements with an NHS Trust or Trusts to compensate them for providing enoxaparin either generic(biosimilar) or as a brand from the Trust rather than it being continued in primary care. We are not requesting the exact terms of such an arrangement. We do not have any incentive with any NHS Trust or other Trusts for prescribing of Enoxaparin biosimilar medications Please confirm the number of days medicine commissioned or expected to be supplied by NHS trusts on discharge for the CCGs patients. We would expect Trusts to prescribe the course of Enoxaparin. This is from a safety perspective to reduce risk of patients with responsibility for prescribing lying with clinician overseeing the patient care for a condition. Depending on length of treatment for some patients on extended therapy who are stable, then primary care may pick up prescribing but this is at the discretion of the GP practice. Please indicate any arrangements for the supply of in Tariff drug courses longer than this standard period. CCG does not hold this information. Request should be made to the Trusts. Trusts do have homecare arrangements in place.Please indicate how the CCG compensates NHS Trusts for providing an ongoing course of in Tariff Drugs it deems to be unsuitable for CCG continuation. It does not compensate. It maximises shared care where this is appropriate, however where not appropriate would expect the hospital to provide the medications. Not all patients with a condition may require therapy and many patients may require therapy below the PBR Tariff price (which I believe you are referring) and some above. The PBR Tarrif is a mean cost which covers all hospital prescribing for management of a condition including cost of medications unless these are excluded from PBR Tarrif.  |

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| **FOI NO: 1368** | **Date Received: 20 August 2019** |
| **Request :** Please can you provide the names and catchment areas served of the mental health crisis resolution / home treatment teams (a mental health service that provides rapid response and/or intensive home treatment for people in crisis) that you commission? Please include services that are only available to specific demographics (children and young people, working age adults, older adults, and dementia).  |
| **Response :****We commission the following services:-*** **all-age mental health crisis teams**
* **all-age mental health liaison team in Emergency Department at Barnsley Hospital**
* **Intensive Home Based Treatment Teams.**

**As part of these services there are specific crisis teams for young people under 18 years of age and for older people over 75 years of age.  These services cover the whole of the Barnsley Borough.** |

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| **FOI NO: 1369** | **Date Received: 20 August 2019** |
| **Request :** |
| **Response :** |

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| **FOI NO: 1370** | **Date Received: 21 August 2019** |
| **Request :**1)  Do you have contracts in place for the diagnosis, and monitoring of glaucoma? 2)  Can you please confirm the providers who are currently accredited to deliver this service?3)  Can you please confirm whether the CCG paid any 'non-contracted' providers for the delivery of the service? 4)  Can you please confirm the service pathway and requirements for the current diagnosis and monitoring of Glaucoma pathways?5)  Can you please confirm the tariffs that the CCG currently pays for each part of the Glaucoma Diagnosis and Monitoring Pathway? 6)  Can the CCG please confirm the number of episodes that they paid for under each part of the Glaucoma Diagnosis and Monitoring Pathway during the following periods? * April 2017-March 2018
* April 2018 - March 2019
* April 2019 - July 2019

7)  Can the CCG please provide a copy of the service specification for each part of the Glaucoma Diagnosis and Monitoring Pathway?8)  Can the CCG please confirm when the current contracts for Glaucoma Diagnosis and Monitoring Pathways both started, and are due to expire? 9) Can you please confirm if the current contract has an option to further extend? If so, for how long? 10)  Can the CCG please confirm their intentions on what happens with the Glaucoma Diagnosis and Monitoring when they expire?  |
| **Response :**1)  Do you have contracts in place for the diagnosis, and monitoring of glaucoma?  **We commission Secondary Care Ophthalmology services from a number of providers for all Glaucoma activity that cannot be managed in Primary Care**2)  Can you please confirm the providers who are currently accredited to deliver this service?  **Please see link to contracts register which notes our Acute Providers:** [**http://www.barnsleyccg.nhs.uk/about-us/contracts.htm**](http://www.barnsleyccg.nhs.uk/about-us/contracts.htm)3)  Can you please confirm whether the CCG paid any 'non-contracted' providers for the delivery of the service?  **None**4)  Can you please confirm the service pathway and requirements for the current diagnosis and monitoring of Glaucoma pathways?  **Where patients cannot be managed in Primary Care, they are referred to a Secondary Care provider in line with patient choice guidelines**5)  Can you please confirm the tariffs that the CCG currently pays for each part of the Glaucoma Diagnosis and Monitoring Pathway?  **We do not have separate tariffs for this – Glaucoma activity forms part of overall outpatient activity**6)  Can the CCG please confirm the number of episodes that they paid for under each part of the Glaucoma Diagnosis and Monitoring Pathway during the following periods?  **We do not hold this information*** April 2017-March 2018
* April 2018 - March 2019
* April 2019 - July 2019

7)  Can the CCG please provide a copy of the service specification for each part of the Glaucoma Diagnosis and Monitoring Pathway?  **We do not hold this information**8)  Can the CCG please confirm when the current contracts for Glaucoma Diagnosis and Monitoring Pathways both started, and are due to expire?  **Please see link to contracts register which notes our Acute Providers:**9) Can you please confirm if the current contract has an option to further extend? If so, for how long?  **Please see link to contracts register which notes our Acute Providers:**10)  Can the CCG please confirm their intentions on what happens with the Glaucoma Diagnosis and Monitoring when they expire?  **No intentions have been outlined at this point in time** |

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| **FOI NO: 1371** | **Date Received: 21 August 2019** |
| **Request :**-          What is the nominated payee within each primary care network.-          Who is the key person/Clinical Director within each primary care network. |
| **Response :**We requested information in June and only received/could find partial information. Please may I request information for the below queries:-          What is the nominated payee within each primary care network. We have 1 PCN with 6 Neighbourhood Networks.  The Barnsley Healthcare Federation is the nominated payee for the PCN.-          Who is the key person/Clinical Director within each primary care network.   The Accountable Clinical Director of our Barnsley Primary Care Network is Dr Mehrban Ghani.  Dr Ghani will be supported by six Local Clinical Network Clinical Directors:* Network one – Penistone – Withdrawn and awaiting a new nominee
* Network two – Central – Dr Helen Rainford/ Dr Matt Dowling
* Network three – North – Dr Edward Czepulkowski
* Network four – North East – Dr David Shutt
* Network five – Dearne - Dr Andrew Mellor
* Network six – South – Dr Carolyn Dales
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| **FOI NO: 1372** | **Date Received: 22 August 2019** |
| **Request :****Q1** The name of each PCN within the CCG**Q2** The name of each member GP practice within each PCN**Q3** The practice code of each member practice **Q4** The size of each member practice |
| **Response :****Q1** The name of each PCN within the CCG – Barnsley CCG has one Supra Network with 6 Neighbourhood Networks**Q2** The name of each member GP practice within each PCN – see attached spreadsheet**Q3** The practice code of each member practice – see attached spreadsheet**Q4** The size of each member practice – see attached spreadsheet |

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| **FOI NO: 1373** | **Date Received: 23 August 2019** |
| **Request :**For your information, POLCE refers to Procedures of Limited Clinical Effectiveness, but is previously known as ‘low priority treatments’. Please treat POLCE in this request as referring to ‘Procedures of Limited Clinical Effectiveness’ and what was previously called ‘low priority treatments’. If the CCG **does** follow a POLCE policy, please could you provide answers to each following question covering the following time periods: The first covering the time period **1st January 2015 – 31st December 2015;** The second covering the time period **1st January 2016 – 31st December 2016;** The third covering the time period **1st January 2017 – 31st December 2017;**and the fourth covering the time period **1st January 2018 – 31st December 2018;**and the fifth covering the time period **1st January 2019 – 1st August 2019.**1. For each time period, how many applications were approved and referred?
2. For each time period, how many applications were rejected?
 |
| **Response :**

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| **NHS Barnsley CCG - POLCE** |  |
| **Period** | **Approved** | **Declined** |
| 01/01/2015-31/12/2015 | 6 | 1 |
| 01/01/2016-31/12/2016 | 34 | 24 |
| 01/01/2017-31/12/2017 | 48 | 18 |
| 01/01/2018-31/12/2018 | 221 | 65 |
| 01/01/2019-01/08/2019 | 86 | 38 |
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We do not hold information of how many POLCE were referred on. |

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| **FOI NO: 1374** | **Date Received: 23 August 2019** |
| **Request :**Please provide the information requested for your CCG. I request a full list of ALL instances of:1.) any hospital services that have been centralised, ie relocated in to a single unit or into fewer units (planned and those that have happened since 2012)2.) any losses of community beds (planned and those that have happened since 2012) plus losses of beds in district general hospitals (planned and those that have happened since 2012)3.) any closures of GP surgeries (planned and those that have happened since 2012)4.) instances where hospital units have been downgraded (planned and those that have happened since 2012)5.) Any closures of walk-in centres and MIUs (planned and those that have happened since 2012)6.) any A&E units that are facing closure, centralisation, relocation or downgrade (planned and those that have happened since 2012)7.) any Maternity units that are facing closure, centralisation, relocation, downgrade or will no longer be consultant-led (planned and those that have happened since 2012)8.) any Cancer wards or units that are to be closed, downgraded, centralised or relocated (planned and those that have happened since 2012)9.) any Stroke wards/units that have been closed, downgraded, centralised or relocated (planned and those that have happened since 2012)10.) any closures of Urgent Care Centres or Urgent Treatment Centres - please also include downgrades and relocations. (planned and those that have happened since 2012)11.) The change in spend in spend on mental health (total and as a % of overall spend) between 2010 and the current time. Please also list any closures of NHS mental health facilities (planned and those that have happened since 2012)12.) please provide a list of any other reductions of service that doe not fit into the above categories.By 'planned', I mean at the planning stage, due for a public consultation, planned but yet to be implemented, or at pre-consultation stage. |
| **Response :**1.) any hospital services that have been centralised, ie relocated in to a single unit or into fewer units (planned and those that have happened since 2012)**Regional Stroke Services, South Yorkshire and Bassetlaw – Hyper Acute Stroke Model:**[**https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service**](https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service)2.) any losses of community beds (planned and those that have happened since 2012) pluslosses of beds in district general hospitals (planned and those that have happened since 2012)* **Initially - 48 IC beds in Mount Vernon Hospital, 21 IC beds in two Care Homes and up to 50 ‘virtual’ IC beds in patients homes.**
* **Following transformation and reconfiguration - 24 intensive rehab IC beds in Barnsley Hospital (Acorn Unit), 28 IC beds in three care homes and up to 80 ‘virtual’ IC beds in patients homes.  Also, money available to ‘spot purchase’ extra IC beds if required for rehabilitation, recuperation and respite.**

3.) any closures of GP surgeries (planned and those that have happened since 2012)**NHS Barnsley CCG has not had any GP practices that have ‘closed’ since the CCG formed in 01 April 2013. However, there are a number of practices that have merged with another practice.** **These details are below:** * **Furlong Road Surgery – merged with Dearne Valley Group Practice on 30 June 2016**
* **Cope Street Surgery – merged with and became a branch of Park Grove Surgery on 05 January 2017 (These premises have now re-located to Burleigh Medical Centre in a new build)**
* **Rotherham Road – merged with Hillbrow Practice and became a branch surgery on 01 April 2017**

4.) instances where hospital units have been downgraded (planned and those that have happened since 2012)**Regional Stroke Services, South Yorkshire and Bassetlaw – Hyper Acute Stroke Model:**[**https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service**](https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service)5.) Any closures of walk-in centres and MIUs (planned and those that have happened since 2012)**None**6.) any A&E units that are facing closure, centralisation, relocation or downgrade (planned and those that have happened since 2012)**None**7.) any Maternity units that are facing closure, centralisation, relocation, downgrade or will no longer be consultant-led (planned and those that have happened since 2012)**None**8.) any Cancer wards or units that are to be closed, downgraded, centralised or relocated (planned and those that have happened since 2012)**None**9.) any Stroke wards/units that have been closed, downgraded, centralised or relocated (planned and those that have happened since 2012)**Regional Stroke Services, South Yorkshire and Bassetlaw – Hyper Acute Stroke Model:**[**https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service**](https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service)10.) any closures of Urgent Care Centres or Urgent Treatment Centres - please also include downgrades and relocations. (planned and those that have happened since 2012)**None**11.) The change in spend in spend on mental health (total and as a % of overall spend) between 2010 and the current time. Please also list any closures of NHS mental health facilities (planned and those that have happened since 2012)**MH spend            Total Spend        Total Spend       % of Total Spend****2013-14                49,693  342,330              0.15****2014-15               48,620  358,121              0.14****2015-16               44,364  405,048              0.11****2016-17               47,054  404,651              0.12****2017-18               50,987  410,681              0.12****2018-19               52,967  422,649              0.13****2013-14 was the first operating year for Barnsley CCG.** **Using non ISFE MH spend and Published Accounts for total spend** **There have been no closures since 2012**                12.) please provide a list of any other reductions of service that doe not fit into the above categories.By 'planned', I mean at the planning stage, due for a public consultation, planned but yet to be implemented, or at pre-consultation stage.[**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)[**http://www.barnsleyccg.nhs.uk/get-involved/rapid-access-clinic-service-review.htm**](http://www.barnsleyccg.nhs.uk/get-involved/rapid-access-clinic-service-review.htm) |

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| **FOI NO: 1375** | **Date Received: 28.8.19** |
| **Request :**1. Does the CCG fund IVF treatment?
2. If no, when did the CCG stop offering funding for IVF treatment?
3. What are the current criteria set out by the CCG that women under the age of 40 must meet in order to successfully qualify for NHS-funded IVF treatment?
4. How many full cycles of IVF will the CCG fund if a woman under the age of 40 meets all of these criteria?
5. What are the current criteria set out by the CCG that women aged 40 to 42 must meet in order to successfully qualify for NHS-funded IVF treatment?
6. How many full cycles of IVF will the CCG fund if a woman aged 40 to 42 meets all of these criteria?
7. Does the CCG fund IVF treatment for women over the age of 42? If so, what are the current criteria set out by the CCG that women must meet in order to successfully qualify for NHS-funded IVF treatment?
8. How many full cycles of IVF will the CCG fund if a woman over the age of 42 meets all of these criteria?
 |
| **Response :**1. Does the CCG fund IVF treatment? **Yes**

 1. If no, when did the CCG stop offering funding for IVF treatment? **N/A**

  1. What are the current criteria set out by the CCG that women under the age of 40 must meet in order to successfully qualify for NHS-funded IVF treatment?

  [hyperlink to the access to infertility treatment policy](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Policies/2019/15.2%20-%20Access%20to%20infertility%20treatment%20Commissioning%20Policy%20Document%20Appendix%20B.pdf)1. How many full cycles of IVF will the CCG fund if a woman under the age of 40 meets all of these criteria?

 **2** 1. What are the current criteria set out by the CCG that women aged 40 to 42 must meet in order to successfully qualify for NHS-funded IVF treatment?

 **As above.  Please also refer to the policy.** 1. How many full cycles of IVF will the CCG fund if a woman aged 40 to 42 meets all of these criteria?  **One.**

  1. Does the CCG fund IVF treatment for women over the age of 42? **No.**If so, what are the current criteria set out by the CCG that women must meet in order to successfully qualify for NHS-funded IVF treatment? **N/A**

 1. How many full cycles of IVF will the CCG fund if a woman over the age of 42 meets all of these criteria?  **N/A**
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| **FOI NO: 1376** | **Date Received: 28 September 2019** |
| **Request :**1.       Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices?a.)  If Yes - Does this service involve payments for the administration of the following LHRHA’s, please indicate which?                                                               i.      Zoladex (Goserelin)                                                             ii.      Prostap (Leuprorelin)                                                           iii.      Lutrate (Leuprorelin)                                                           iv.      Decapeptyl (Triptorelin)b.) If Yes - What is the frequency of payment?  Where possible please provide breakdown by drug name.c.) If Yes - What is the payment amount? Where possible please provide breakdown by drug name. For the above (a-c) please use the table below to capture.

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| --- | --- | --- |
| Drug name | Frequency of payment | Payment amount |
| Zoladex (Goserelin) |   |   |
| Prostap (Leuprorelin) |   |   |
| Lutrate (Leuprorelin) |   |   |
| Decapeptyl (Triptorelin) |   |   |

 2.       If you do have a service, does the service include payment for other activities, specifically:·         PSA – Y/N·         symptom questionnaires – Y/N·         patient review follow ups – Y/N·         Other  - (please specify)a.)     What is the payment amount for these activities?  Please where possible provide a breakdown by activity name. |
| **Response :**1.  Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices? Yes LHRH analoguesa.)  If Yes - Does this service involve payments for the administration of the following LHRHA’s, please indicate which?                  i.   Zoladex (Goserelin) Yes as covers Leuprorelin , Goserelin and Triptorelin ii.  Prostap (Leuprorelin) Yes as covers Leuprorelin , Goserelin and Triptorelin                 iii. Lutrate (Leuprorelin) This brand is not in the formulary and so wouldn’t be used but theoretically Yes as covers Leuprorelin , Goserelin and Triptorelin                  iv. Decapeptyl (Triptorelin) Yes as covers Leuprorelin , Goserelin and Triptorelinb.) If Yes - What is the frequency of payment?  Where possible please provide breakdown by drug name. Quarterly. We do not hold the information drug specific - one payment is calculated across all specialist drug lines ( many other drug lines in addition to LHRH analogues) for each practice each quarter. I have provided the rate of payment for each drug per annum per patient in the table below. Payment are calculated each quarter per patient per month ( dividing the annual rate by 12)c.) If Yes - What is the payment amount? Where possible please provide breakdown by drug name. For the above (a-c) please use the table below to capture.

|  |  |  |
| --- | --- | --- |
| Drug name | Frequency of payment | Payment amount |
| Zoladex (Goserelin) |  Quarterly |  See table below |
| Prostap (Leuprorelin) |  Quarterly |  See table below |
| Lutrate (Leuprorelin) |  Non –formulary N/A theoretically quarterly |  See table below |
| Decapeptyl (Triptorelin) |  Quarterly |  See table below |

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|   | **Drug** | **GP\* Minutes** | **Nurse\*\* Minutes** | **Admin\*\*\* Minutes** | **HCA\*\*\*\* (Bloods) Minutes** | **Total cost per patient per annum** |
| Goserelin 3.6mg- monthly | 20 | 120 | 60 | 20 | £81.66 |
| Goserelin 10.8mg- 3 monthly | 20 | 40 | 20 | 20 | £48.32 |
| Leuprorelin 3.75mg- monthly | 20 | 60 | 60 | 20 | £61.66 |
| Leuprorelin 11.25mg - 3 monthly | 20 | 40 | 20 | 20 | £48.32 |
| Triptorelin 3mg & 3.75mg- monthly injection | 20 | 120 | 60 | 20 | £81.66 |
| Triptorelin 11.25mg- 3 monthly injection | 20 | 40 | 20 | 20 | £48.32 |
| Triptorelin 22.5mg- 6 monthly injection | 20 | 20 | 10 | 20 | £39.99 |
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2.  If you do have a service, does the service include payment for other activities, specifically:·         PSA – Y/N N·         symptom questionnaires – Y/N N·         patient review follow ups – Y/N Yes·         Other  - (please specify) N/Aa.)     What is the payment amount for these activities?  Please where possible provide a breakdown by activity name. It is all included in the payment rate per month per patient for patients being managed under shared care. |

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| **FOI NO: 1377** | **Date Received: 30.8.19** |
| **Request :**1. The total number of Continuing Health Care (CHC) packages delivered in the individuals own homes (not care homes or residential facilities), that were managed in the financial year 18/19 (excluding any individual packages under £1,000 per week).
2. The total value of CHC spend in the financial year 18/19 and for this to be broken down to show spend with third-party providers (Non-NHS bodies)
3. Total number and value of emergency funded care (outside of CHC funded) packages.
4. Who is the main point of contact at the CCG responsible for commissioning Continuing Health Care packages in the following areas:
	* + Mental Health
		+ Paediatrics
		+ Adult

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| **Response :** |