|  |
| --- |
| **FREEDOM OF INFORMATION REQUESTS MARCH 2015** |
| **Request** | **Response** |
| **FOI 252/2015 – RECEIVED 2 MARCH 2015**1. .     Did your Clinical Commissioning Group provide free hearing aids for adults with mild to moderate hearing loss in 2013/14 and 2014/15, and is it planning to provide them in 2015/16?

2.   How much has your Clinical Commissioning Group spent on hearing aids and other NHS audiology services in 2013/14 and 2014/15, and how much are you planning to spend on it in 2015/16?3.   How many a) digital and b) analogue NHS hearing aids have been fitted in your Clinical Commissioning Group in 2013/14 and 2014/15 (to date)?4.   How many people have been fitted with just one (and not two) hearing aids in your Clinical Commissioning Group in 2013/14 and 2014/15 (to date)?5.   What was the median waiting time between GP referral and the fitting of a hearing aid in 2013/14 and 2014/15 (to date) in working days? | 1. Did your Clinical Commissioning Group provide free hearing aids for adults with mild to moderate hearing loss in 2013/14 and 2014/15, and is it planning to provide them in 2015/16? Yes
2. How much has your Clinical Commissioning Group spent on hearing aids and other NHS audiology services in 2013/14 and 2014/15, and how much are you planning to spend on it in 2015/16?

|  |  |
| --- | --- |
|  | **£** |
| 13/14 | 1,101,644 |
| 14/15 FOT | 1,121,693 |

Please note that the 13/14 figures are actuals but the 14/15 figures are Forecast Outturn (as we do not have the March figures in yet) and the 15/16 contracts are still being negotiated and therefore I am unable to provide these figures.3.   How many a) digital and b) analogue NHS hearing aids have been fitted in your Clinical Commissioning Group in 2013/14 and 2014/15 (to date)? The CCG does not hold this information, this information is held by the service provider. 4.   How many people have been fitted with just one (and not two) hearing aids in your Clinical Commissioning Group in 2013/14 and 2014/15 (to date)? The CCG does not hold this information, this information is held by the service provider.5.   What was the median waiting time between GP referral and the fitting of a hearing aid in 2013/14 and 2014/15 (to date) in working days? The CCG does not hold this information, this information is held by the service provider. |
| **FOI 253/2015 – RECEIVED 2 MARCH 2015**Please provide me with financial information, on the amount of public money spent on Homeopathic Medicine. In particular, I would like to know of any expenditure towards maintaining NHS homeopathic hospitals.Please provide data by year, from 2005 onwards if possible for both the points above. | NHS Barnsley Clinical Commissioning Group, Medicines Management Team does not hold information on the amount of public money spent on the prescribing of Homeopathic Medicine in the local area.NHS Prescription Services (part of the NHS Business Services Authority) may hold the information requested. Further information, on how to request this information, may be obtained from their website <http://www.nhsbsa.nhs.uk/FreedomOfInformation.aspx>. Alternatively this type of information may be available on the Health and Social Care Information Centre website [www.hscic.gov.uk](http://www.hscic.gov.uk) We can also confirm that we have not received any individual funding requests for this treatment. |
| **FOI 254/2015 – RECEIVED 3 MARCH 2015**I would like to know the following:1. How many people have continuing healthcare funding through the CCG?2. How many of these have spinal injuries?3. How many of these have brain injuries?4. How many of these have neuromuscular or neurological conditions?5. How many of these have funding for 24/7 care in their own home?6. How many are in nursing homes or residential units? | 1. How many people have continuing healthcare funding through the CCG?

 137 people are eligible for NHS continuing healthcare funding through Barnsley CCG1. How many of these have spinal injuries?

See \* below1. How many of these have brain injuries?

            See \* below1. How many of these have neuromuscular or neurological conditions?

            See \* below\* Our database does not have the functionality of reporting on the different categories highlighted above. However, we would generally classifY Spinal and Brain injuries as a Physical Disability and for this we currently have 86 clients eligible. For Neuromuscular or Neurological these are generally classified under Mental health and there are 17 clients eligible.1. How many of these have funding for 24/7 care in their own home?

Unfortunately, the CCG is not able to provide information due to database functionality1. How many are in nursing homes or residential units?

 78 CHC eligible patients are in a nursing home inclusive of Residential Units. |
| **FOI 255/2015 – RECEIVED 3 MARCH 2015**1. **How many tenders for NHS-funded services the Clinical Commissioning Group has run, or plans to run, in the financial year 2014/15, and how many you expect to run in the financial year 2015/16?**

**Please could you provide the response in the format set out below:** ANSWERS Number of tenders for NHS-funded services the CCG has run, or plans to run, in 2014/15: \_\_\_\_\_\_\_ Number of tenders for NHS-funded services the CCG expects to run in 2015/16: \_\_\_\_\_\_­\_ **2) What was the cost for the CCG of running the last tender that you did?**  If you cannot provide an exact figure, please provide an estimate to the nearest £10,000. We are interested in the costs (or indicative costs) of all of the activities in preparing and running a tender, including scoping, stakeholder engagement, project planning, advertising, judging and interviewing, legalities, etc. Please include staff costs expenses, administrative costs, and the costs of any external advice, consultancy or support (including legal advice and support from Commissioning Support Units or other NHS organisations). | 1. **How many tenders for NHS-funded services the Clinical Commissioning Group has run, or plans to run, in the financial year 2014/15, and how many you expect to run in the financial year 2015/16?**

Number of tenders for NHS-funded services the CCG has run, or plans to run, in 2014/15: 8Number of tenders for NHS-funded services the CCG expects to run in 2015/16: Currently 5**2) What was the cost for the CCG of running the last tender that you did?** The cost (or an estimate of the cost) for the CCG of running the last tender that you did: £8000 |
| **FOI 256 – RECEIVED 5 MARCH 2015****Freedom Of Information Enquiry****Q1. In last 2 years has your organisation used external recruitment agencies to hire for permanent or contract roles?****Q2. In list format what are the five highest paid external recruitment agencies with the total amount paid in the last 2 years?****Q3. What is the fee structure charged for the five highest paid vacancies by the above five external recruitment agencies and the roles that were hired for? Example: Office Manager - Salary £20,000 Fees paid 15% of salary = Total recruitment fees paid £3000.** **Q4. For the coming year what live vacancies does the organisation currently have for permanent or contract roles, please list these vacancies with the following;****• Current or future positions and an exact salary figure****• What type of positions are they? (Contract or Permanent)****• Who is the hiring manager, please provide their full details: Full name, Telephone number, Email, Job Title and Department****Q5. On which websites are these jobs advertised? Please clearly provide a link/list to where these jobs are advertised.****Q6. What is the process to selecting new recruitment agencies? Please provide the procurement process for selecting new recruitment agencies and what date is this conducted and by whom? Please provide full contact details.****Q7. Is there a purchase threshold below which allows the organisation to use external recruitment agencies which are not on any preferred supplier arrangements or contracts without going through a formal tender process?** | Q1. In last 2 years has your organisation used external recruitment agencies to hire for permanent or contract roles?YesQ2. In list format what are the five highest paid external recruitment agencies with the total amount paid in the last 2 years?Data available from the formation of the organisation in April 2013 to Present.Network Ventures £61kMaxxima Ltd £57kVenn Group £56kBadenock & Clark £49kSonal Ltd £42kQ3. What is the fee structure charged for the five highest paid vacancies by the above five external recruitment agencies and the roles that were hired for? Example: Office Manager - Salary £20,000 Fees paid 15% of salary = Total recruitment fees paid £3000.  Not all information available, able to provide a couple of examples on the highlighted companies above.Maxxima Ltd –  Pharmacy Technician - If Employed permanently £17.5 per hour , through recruitment £37.0 per HourSonal Ltd – Pharmacist - If Employed permanently £29 per hour, through recruitment £49.0 per hourQ4. For the coming year what live vacancies does the organisation currently have for permanent or contract roles, please list these vacancies with the following;* Current or future positions and an exact salary figure

Currently 3 vacancies across the organisation which are in the process of being filled:-* Head of Quality for Commissioning Primary Care Medical Services – Permanent – £54,998 to £67,805 per annum – Dr Mehrban Ghani – Medical Director – Mehrban.ghani@nhs.net – 01226 433742
* BEST Lead Administrator – Permanent - £21,478 to £27,901 per annum – Jayne Sivakumar – Head of Service Development – j.sivakumar@nhs.net – 01226 433784
* Administrative Assistant / Best Support Officer – Fixed term - £16,271 to £19,268 per annum - Jayne Sivakumar – Head of Service Development – j.sivakumar@nhs.net – 01226 433784

Q5. On which websites are these jobs advertised? Please clearly provide a link/list to where these jobs are advertised.[www.jobs.nhs.uk](http://www.jobs.nhs.uk) Q6. What is the process to selecting new recruitment agencies? Please provide the procurement process for selecting new recruitment agencies and what date is this conducted and by whom? Please provide full contact details.Standard public sector procurement process dependent on total contract cost.Q7. Is there a purchase threshold below which allows the organisation to use external recruitment agencies which are not on any preferred supplier arrangements or contracts without going through a formal tender process? Limit currently set at £15k |
| **FOI 257/2015 – RECEIVED 6 MARCH 2015****In (a) 2013/14, and (b) the first three quarters of the financial year 2014/15, how many NHS-funded services were competitively tendered by your Clinical Commissioning Group, and of these: (i) how many went to the lowest bidder; (ii) how many changed from being previously provided by an NHS provider to being provided by a private provider; and, (iii) of those that went to the lowest bidder, how many changed from being previously provided by an NHS provider to being provided by a private provider?**ANSWER**Number of NHS-funded services that were competitively tendered by your CCG:**In 2013/14 \_\_\_\_\_\_ and in Q1-Q3 2014/15 \_\_\_\_\_\_\_**Number that went to the lowest bidder:**In 2013/14 \_\_\_\_\_\_ and in Q1-Q3 2014/15 \_\_\_\_\_\_\_**Number that changed from being previously provided by an NHS provider to being provided by a private provider:**In 2013/14 \_\_\_\_\_\_ and in Q1-Q3 2014/15 \_\_\_\_\_\_\_**Of those that went to the lowest bidder, number that changed from being previously provided by an NHS provider to being provided by a private provider:**In 2013/14 \_\_\_\_\_\_ and in Q1-Q3 2014/15 \_\_\_\_\_\_\_ | **Number of NHS-funded services that were competitively tendered by your CCG:**In 2013/14 \_\_\_0\_\_\_ and in Q1-Q3 2014/15 \_\_\_4\_\_\_\_**Number that went to the lowest bidder:**In 2013/14 \_\_\_0\_\_\_ and in Q1-Q3 2014/15 \_\_\_2\_\_\_\_**Number that changed from being previously provided by an NHS provider to being provided by a private provider:**In 2013/14 \_\_\_0\_\_\_ and in Q1-Q3 2014/15 \_\_\_0\_\_\_\_**Of those that went to the lowest bidder, number that changed from being previously provided by an NHS provider to being provided by a private provider:**In 2013/14 \_\_0\_\_\_\_ and in Q1-Q3 2014/15 \_\_\_0\_\_\_\_ |
| **Foi 258/2015 Received 06 March 2015****1** What range does the CCG insist a patient’s BMI must be in before they are eligible for bariatric surgery? Please provide details.**2** Does the CCG insist that a patient must have diabetes, high blood pressure, sleep apnoea or any other conditions before they are eligible for bariatric surgery? Please provide details.**3** Does the CCG impose any other restrictions on which patients are eligible to receive bariatric surgery? Please provide details.**4** If the answer to any of the above is yes, please explain why this is the case. | Thank you for your Freedom of Information Request to Barnsley Clinical Commissioning Group. Unfortunately, Barnsley CCG do not commission Bariatric Surgery, this is done by NHS England. Therefore please redirect your request to england.contactus@nhs.net |
| **FOI 259/2015 received 09 March 2015**Does you CCG use a hospital admission avoidance scheme?If yes does your CCG use an external provider? If so which provider?How many patients have been contacted under the scheme and how many are currently 'enrolled' in the scheme?Which diagnostic groups of patients have been targeted? | Does you CCG use a hospital admission avoidance scheme?Barnsley CCG has not implemented a specific scheme, but it has supported the development of a number of initiatives/services which will contribute to avoiding admissions.If yes does your CCG use an external provider? If so which provider? N/AHow many patients have been contacted under the scheme and how many are currently 'enrolled' in the scheme? N/AWhich diagnostic groups of patients have been targeted? N/A |
| **FOI 260/2015 – RECEIVED 13 MARCH 2015****1. How much your Clinical Commissioning Group spent on support from Commissioning Support Units in (a) the financial year 2013/14 and (b) the first three quarters of the financial year 2014/15, including spending on advice, consultancy and services from the CSU?****2. Of this spending on support from Commissioning Support Units in (a) the financial year 2013/14 and (b) the first three quarters of the financial year 2014/15, how much of this spending related to support with putting NHS services out to tender? (Here, I am interested in the costs of all activities in preparing and running a tender, including scoping, stakeholder engagement, project planning, service specification, advertising, judging, interviewing, legalities, and so on.)** For both questions, if you cannot provide an exact figure, please provide an estimate to the nearest £10,000. Please could you provide the response in the format set out below.

|  |  |  |
| --- | --- | --- |
|  | **2013/14** | **First three quarters of 2014/15** |
| Expenditure on support from CSUs  |   |   |
| Expenditure on support from CSUs related to putting NHS services out to tender |   |   |

  |

|  |  |  |
| --- | --- | --- |
|  | **2013/14** | **First three quarters of 2014/15** |
| Expenditure on support from CSUs  |  £2,461k |  £1,961k |
| Expenditure on support from CSUs related to putting NHS services out to tender |  £65.1k |  £48.8k |

 |
| **FOI 261/2015 Received 18 March 2015**1/The number of adult learning disability, mental health and autism NHS and third Sector hospital beds commissioned by your organisation.2/ The number of learning disability NHS and third Sector hospital beds for adults aged 18 plus you are planing to close or decommission in line with the Government recommendations following the publication of the Winterborne Report? 3/ The location and the identity of the sites where the bed closures are to be made.4/ The proposed timescale for closure of the beds | 1/The number of adult learning disability, mental health and autism NHS and third Sector hospital beds commissioned by your organisation.**1 assessment and treatment LD bed as part of block contract with RDASH together with 5 spot purchased complex continuing case and rehab beds/forensic rehab beds with 3 different providers on four different sites.**2/ The number of learning disability NHS and third Sector hospital beds for adults aged 18 plus you are planing to close or decommission in line with the Government recommendations following the publication of the Winterborne Report? **There is no intention to ‘close beds’ – the contracts for the spot purchased beds will end when the patients are discharged**3/ The location and the identity of the sites where the bed closures are to be made.**Not applicable**4/ The proposed timescale for closure of the beds**Not applicable** |
| **FOI 262 – RECEIVED 23 March 2015**Please provide the following information in relation to people who have a learning disability and or autism, based upon the Governments Winterbourne Concordat reporting. 1.    (a) How many people with a Learning Disability and/or autism were in an in-patient in an Assessment and Treatment Unit (ATU) on the 1st March 2013. (b) Of this number how many were in local beds (within the CCG geographical area) and how many were placed out of area. 2.    (a) How many people with a Learning Disability and or autism were an in-patient in an Assessment and Treatment Unit (ATU) on the 1st June 2014. (b) Of this number how many were in local beds (within the CCG geographical area) and how many were placed out of area. (c) How many patients on the Winterbourne register had been returned to local community services by 1st June 2014. 3.    (a) Do you have a joint (CCG Health and Local Authority) commissioning strategy for people with a Learning Disability and/or autism who have challenging behaviours (b) If so does this commissioning strategy include pooled budgets. (c) Was this commissioning strategy in place on the 1st April 2014. (d) Do you have a local challenging behaviour pathway for people with a Learning Disability and/or autism (e) Do you have a fully integrated health and social services community team for people with a learning disability and/or autism who have challenging behaviours. | (a) How many people with a Learning Disability and/or autism were in an in-patient in an Assessment and Treatment Unit (ATU) on the 1st March 2013. 5 (b) Of this number how many were in local beds (within the CCG geographical area) and how many were placed out of area. 1 local , 4 OOA 2.    (a) How many people with a Learning Disability and or autism were an in-patient in an Assessment and Treatment Unit (ATU) on the 1st June 2014. 6 (b) Of this number how many were in local beds (within the CCG geographical area) and how many were placed out of area. 2 local and  4 OOA (c) How many patients on the Winterbourne register had been returned to local community services by 1st June 2014. 0 3.    (a) Do you have a joint (CCG Health and Local Authority) commissioning strategy for people with a Learning Disability and/or autism who have challenging behaviours we have a joint LD transformation programme   (b) If so does this commissioning strategy include pooled budgets. Budgets are aligned (c) Was this commissioning strategy in place on the 1st April 2014. yes (d) Do you have a local challenging behaviour pathway for people with a Learning Disability and/or autism  We have some aspects of a pathway. The transformation programme seeks improvements to pathways to ensure care is in the least intensive setting to meet need and is local.  (e) Do you have a fully integrated health and social services community team for people with a learning disability and/or autism who have challenging behaviours. We have a specialist health learning disability team (nurses, psychology, allied health professionals and psychiatry) who work very closely with Specialist social care team.   |
| **FOI 263/2015 – received 23 march 2015**[**..\..\ALL REQUESTS\2014-15\Medicines Management - Chris Lawson\FOI 263 - chase 15 April 2015\23.03.15 - initial request.pdf**](../../ALL%20REQUESTS/2014-15/Medicines%20Management%20-%20Chris%20Lawson/FOI%20263%20-%20chase%2015%20April%202015/23.03.15%20-%20initial%20request.pdf) | The Area Prescribing Committee manage the introduction of new medicinal products which includes some medical devices (e.g. eye drops) on to the local formulary.   This process involves an evalation and assessment of the evidence base to look at the comparative efficacy, safety and potential place in therapy of the new product following the submission of a completed new product application form.  The Wound Care Group has received delegated responsibility from the Area Prescribing Committee to manage the wound care formulary.   Any decision on Accel-Heal would be made by this group. The Area Prescribing Committee is in the process of revising and updating the new product application process and this will be shared with the Wound Care Group when it has been finalised*.* |
| **FOI 264/2015 – RECEIVED 24 MARCH 2015**•           The number of abortions performed by your local commissioning group•           Eligibility conditions to receive an abortion•           Your procedures for disposing of the fetus and medical waste after abortions | * The number of abortions performed by your local commissioning group – please see attached information.  You may also need to contact the local Hospitals as well.
* Eligibility conditions to receive an abortion – To obtain this information you will need to contact the local Hospitals.
* Your procedures for disposing of the fetus and medical waste after abortions –  To obtain this information you will need to contact Local Hospitals.
 |
| **FOI 265 -recd 26 March 2015**Please confirm the value of the contracts Dr John Harban holds with the CCG to supply vasectomy, carpal tunnels and nerve conduction studies within the CCG?Please also confirm how you manage the conflict of interests as he is also on the board. | The contracts that Dr Harban holds with the CCG for Vasectomy and Carpal Tunnel (including Nerve Conduction Study) are cost per case contracts so there is no annual value.  For vasectomy service Dr Harban is funded per procedure.Please also confirm how you manage the conflict of interests as he is also on the board.The Carpal Tunnel service was procured under ‘Any Qualified Provider’ during 2011/12 for a 1 April 2012 start.  This procurement was undertaken by Doncaster Primary Care Trust on behalf of South Yorkshire Commissioners and a contract was awarded to Dr Harban for 3 years.   This was before the introduction of Clinical Commissioning Groups and before Dr Harban was a Governing Body Member.  Barnsley CCG intends to re-procure this service under ‘Any Qualified Provider’ during the early part of 2015/16 and Dr Harban, along with any other suitably qualified provider, will have the opportunity to apply to provide this service as part of this process.Similarly with the Vasectomy Service.  This was a ‘GP with a Special Interest’ service awarded by Barnsley Primary Care Trust  in 2010 to 2 GPs in Barnsley, one of which was Dr Harban.  Again, this was prior to the introduction of Clinical Commissioning Groups and before Dr Harban was a member of the Governing Body.  This service has proven to be successful and has been rolled forward year on year.  Barnsley CCG intends to re-procure this service under ‘Any Qualified Provider’ during the early part of 2015/16 and Dr Harban, along with any other suitably qualified provider, will have the opportunity to apply to provide this service as part of this process.In line with the CCG’s Conflicts of Interest Policy Dr Harban has declared these Conflicts of Interest. The Conflicts of Interests register is updated regularly and overseen by the CCG’s Audit Committee. |
| **FOI 266 – RECEIVED 27 MARCH 2015**I would like to know -whether your CCG, or individual practices responsible to your CCG, have used, in full or part, funding from the pharmaceutical industry to fund any individuals or individuals working in your area in order to change or optimise medicines management.  | NHS Barnsley CCG **have NOT** used, in full or part, funding from the pharmaceutical industry to fund any individuals or individuals working in our area in order to change or optimise medicines management .GP practice services are currently commissioned by NHS England. The CCG provides medicines management /optimisation support to all Barnsley GP practices and we have no knowledge of any GP practice in Barnsley which uses additional medicines optimisation staff funded directly by medical industry. However, there is no requirement that the CCG must be informed and so there may be instances of which we are currently unaware. There is one Barnsley practice which has medicines management staff working within the practice, other than those from the CCG team, but we do not know if any of these staff are funded directly by the medical industry. This practice is managed by the Sheffield Health and Social Care NHS Foundation Trust.If there is any local practice which you wish to query, could you please direct your concerns to the  Head of Medicines Optimisation, NHS Barnsley CCG Medicines Management Team  on 01226 433798. |
| **FOI 267/2015 – RECEIVED 30 MARCH 2015**1.  The Contact details for the Medicines Management and/or Optimisation team includinga.Full Nameb.Contact Telephone Numberc. nhs email address.d. or departmental email address.2. The contact details of Interface or locality pharmacists working for the above named CCG includinga.Full Nameb.Contact Telephone Numberc.nhs email address.3.  The commissioning intentions of the above named CCG in 2015/16 relating toa. A Formulary of approved cost effective Blood Glucose Metersb. A Formulary of approved cost effective / low cost Insulin Pen NeedlesIf there are already guidelines in place relating to question 3 then a publicly accessible weblink where these guidelines can be viewed | The contact details for the NHS Barnsley CCG  team is :- Medicines Management TeamHillder House49-51 Gawber RdBarnsley South YorkshireS75 2PY01226 433798 Interface and/or locality team pharmacists can be contacted via the Medicines Management team office ( above). The secretary to the team is currently Nicola Brazier who can be contacted at nicola.brazier@nhs.net.  If you state the area which you wish to discuss then she can direct your query to the most appropriate person within the team. I have attached a web link to the Barnsley Diabetes Guidance, which includes reference to recommended glucose meters and pen needles available. The  lists are recent but are currently being reviewed . Information regarding meters or pens which you wish to be considered in the review should be sent to richard.staniforth@nhs.net.  |
| **FOI 268/2015 – RECEIVED 30 MARCH 2015**1. No. of patients diagnosed with Barrett’s oesophagus (Specify time period)a. Of those diagnosed with Barrett’s oesophagus, the number with high grade dysplasiab. Of those diagnosed with Barrett’s oesophagus, the number with low grade dysplasia2. No. of patients under surveillance with Barrett’s oesophagusa. Of those under surveillance, the number with high grade dysplasiab. Of those under surveillance, the number with low grade dysplasia3. No. of patients diagnosed with oesophageal adenocarcinoma4. No. of patients diagnosed with Barrett’s oesophagus who had an endoscopic mucosal resection (EMR)a. Of those who had EMR, the number for low grade dysplasiab. Of those who had EMR, the number for high grade dysplasiac. Of those who had EMR, the number for intramucosal cancer5. No. of patients diagnosed with Barrett’s oesophagus who had radiofrequency ablation (RFA) without EMRa. Of those who had RFA, the number for low grade dysplasiab. Of those who had RFA, the number for high grade dysplasiac.  Of those who had RFA, the number for intramucosal cancer6. No. of patients diagnosed with Barrett’s oesophagus who had EMR followed by radiofrequency ablation (RFA)a. Of those who had RFA, the number for low grade dysplasiab. Of those who had RFA, the number for high grade dysplasiac.  Of those who had RFA, the number for intramucosal cancer7. No. of patients diagnosed with Barrett’s oesophagus treated with photodynamic therapy8. No. of patients diagnosed with Barrett’s oesophagus treated with cryotherapy9. No. of patients diagnosed with Barrett’s oesophagus who had an antireflux operation10. No. of patients diagnosed with Barrett’s oesophagus who had an Oesophagectomy11. Total no. of patients treated for oesophageal cancera. Adenocarcinomab. Squamous cell carcinomac. Other cancer types12. Total no. of patients treated for oesophageal cancer who had previously been diagnosed with Barrett’s oeosophagus13. No. of patients with high grade dysplasia put back into surveillance without any other treatment14. Number of patients with HGD in surveillance who developed adenocarcinoma15. No. of people with adenocarcinoma treated with endoscopic therapies16. No. of people with stage T1A are treated with a) endoscopic therapies b) resection c) other treatments17. No. of people with stage T1B are treated with a) endoscopic therapies b) resection c) other treatments18. How many people with stage T2 are treated with a) endoscopic therapies b) resection c) other treatments |  |