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| **FREEDOM OF INFORMATION REQUESTS November 2017** |

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| **FOI NO: 910** | **Date Received: 1 November 2017** |
| **Request :**  1.        For each of the listed licensed Somatropin preparations in the table below (Table 1.1 – Somatropin Table) please provide information on:  (Please provide answers in the table provided)  Restrictions  i) Are there any restrictions to the prescribing of each preparation?  IF YES - Please state, where possible, the reason for the restriction and if the restriction applies to children (patients aged 18 or under)  ii) Are there any planned changes to these restrictions over the period of the rest of this financial year (2017/18) and 2018/19?  IF YES - please provide details of planned changes.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Restrictions** | | | | |  | **Restricted?**      **Yes/No** | **If restricted, please state reason given.** | **Does this restriction apply to children (patients aged 18 or under)?** | **Are there any Planned changes to Restricted status?**    **Yes/No**    **If yes please provide details** | | Genotropin |  |  |  |  | | Humatrope |  |  |  |  | | Nordiflex |  |  |  |  | | Norditropin |  |  |  |  | | Nutropin |  |  |  |  | | Omnitrope |  |  |  |  | | Saizen |  |  |  |  | | Zomacton |  |  |  |  | | |
| **Response :**  1.        For each of the listed licensed Somatropin preparations in the table below (Table 1.1 – Somatropin Table) please provide information on:  (Please provide answers in the table provided)  Restrictions  i) Are there any restrictions to the prescribing of each preparation? *I have interpreted  “restricted “ as meaning the preparation is  not available for ALL clinicians to prescribe across the locality -* *Somatropin is available for prescribing in line with NICE guidance in Barnsley. It has a Red classification meaning that patients are managed by the specialist centres and prescribing is undertaken by these specialists. It requires an initial completion of an individual funding request by the CCG prior to specialist prescribing.*  *Omnitrope and  Zomacton brands are currently non-formulary in Barnsley . Nordiflex is unclassified currently.*  IF YES - Please state, where possible, the reason for the restriction and if the restriction applies to children (patients aged 18 or under)  ii) Are there any planned changes to these restrictions over the period of the rest of this financial year (2017/18) and 2018/19? *NO*  IF YES - please provide details of planned changes.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Restrictions** | | | | |  | **Restricted?**      **Yes/No** | **If restricted, please state reason given.** | **Does this restriction apply to children (patients aged 18 or under)?** | **Are there any Planned changes to Restricted status?**    **Yes/No**    **If yes please provide details** | | Genotropin | *Yes* | *Formulary – endocrine specialist manages and prescribes - requires initial IFR request* | *Yes* | *endocrine specialist manages and prescribes - requires initial IFR request* | | Humatrope | *Yes* | *Formulary – endocrine specialist manages and prescribes - requires initial IFR request* | *Yes* | *endocrine specialist manages and prescribes - requires initial IFR request* | | Nordiflex | *Yes* | *Unclassified* | *Yes* | *endocrine specialist manages and prescribes - requires initial IFR request* | | Norditropin | *Yes* | *Formulary – endocrine specialist manages and prescribes - requires initial IFR request* | *Yes* | *endocrine specialist manages and prescribes - requires initial IFR request* | | Nutropin | *Yes* | *Formulary – endocrine specialist manages and prescribes - requires initial IFR request* | *Yes* | *endocrine specialist manages and prescribes - requires initial IFR request* | | Omnitrope | *Yes* | *Non Formulary – not to be prescribed* | *Yes* | *More cost-effective formulations are available - Not to be prescribed* | | Saizen | *Yes* | *Formulary – endocrine specialist manages and prescribes - requires initial IFR request* | *Yes* | *endocrine specialist manages and prescribes - requires initial IFR request* | | Zomacton | *Yes* | *Non Formulary – not to be prescribed* | *Yes* | *More cost-effective formulations are available - Not to be prescribed* |   Table 1.1. Somatropin Table  2.       Please provide a copy of the latest written policy, protocol, pathways, shared care agreement or other literature outlining your organisation’s recommendations for the use of licensed Somatropin preparations in children (patients aged 18 or under) in line with NICE TA 188? *We do not have a shared care agreement as prescribing is undertaken by specialists.*  If the information is already in the public domain could you please provide the direct URL to where this information is located  <http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.05.01&SubSectionID=C100#1968>  3.            Are local policies for the use or restriction of licensed Somatropin preparations in patients aged 18 or under led by specialists in hospital or medicines optimisation/medicines management pharmacists within your organisation? *Hospital specialists*  4.            Does your organisation monitor adherence or have internal audits in place to monitor adherence in patients who have been prescribed a Somatropin product?  IF YES please provide details:  *NO - The prescribing organisations would undertake these audits and not the Commissioning organisation. Barnsley Hospital Foundation Trust is the main provider within the Barnsley locality* | |

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| **FOI NO: 911** | **Date Received: 1 November 2017** |
| **Request :** | |
| **Response :**  1. Number of haemangioma diagnosis’ within your commissioning group area for the last 5 year period, split by age group of patient, as per below table:    Barnsley CCG doesn’t have information on haemangioma diagnoses.    2. Using the same table layout as above; could you then advise how many of these diagnosis’ were actually located on the patients face or classified as on their facial area?    Barnsley CCG doesn’t have information on haemangioma diagnoses.  3. Using the same table layout; of those numbers from request ‘2’; diagnosis on the facial area, could you please confirm how many were or are due to be surgically removed?  Please see attached document.  4. Using the same table layout; of those numbers from request ‘2’; could you please confirm how many were classified as on a ‘sensitive area’?    Barnsley CCG doesn’t have information on haemangioma diagnoses.  5. Again, using the same table layout; of those from request ‘4’, how many were or are due to be surgically removed?  Please see attached document.  *Please note that “Small Number Suppression” has been applied to this response.*  *'Small numbers' are defined as the numbers between 1 and 5 and in this analysis cell values from 1 to 5 have been suppressed (i.e. replaced with an asterisk ‘\*’) to prevent possible identification of individuals from small counts within the table.*  *Zeros (0) have not been suppressed.*  *Also within the analysis, if the values in cells that have been supressed could otherwise be calculated from the data presented, the next lowest cell has also been supressed (this will be a value greater than 5).* | |

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| **FOI NO: 912** | **Date Received: 1 November 2017** |
| **Request :**  1. Provide a copy of the CCGs hernia commissioning guidance.  2. Provide a list of names of those who contributed to the guidance and their email addresses.  3. Who is the lead clinical advisor for hernia (if application) at your CCG? What is their email address? | |
| **Response :**  **1.       Provide a copy of the CCGs hernia commissioning guidance.**  A copy of the CCGs care pathway is attached to this reply.  Please note that the CCG has adopted clinical threshold for asymptomatic inguinal hernias in adults to ensure that patients get the best clinical outcome for their condition. The CCG has adopted this position having reviewed national best practice guidance from NHS England and NICE for when surgery may or may not be suitable for certain conditions.  Further information is available on the CCGs website <http://www.barnsleyccg.nhs.uk/clinical-thresholds.htm>  **2.       Provide a list of names of those who contributed to the guidance, and their email addresses.** There are a range of officers from the CCG support the commissioning of these services. If you have further queries then the CCG can be contacted in the following ways:   * Call the central switchboard on 01226 730000 and ask for Barnsley CCG or Hillder House. * Email your enquiry [barnsleyccg.barccg@nhs.net](mailto:barnsleyccg.barccg@nhs.net) * Write to us at: NHS Barnsley Clinical Commissioning Group, 49/51 Gawber Road, Barnsley, South Yorkshire S75 2PY.   **3.       Who is the lead clinical advisor for hernia (if application) at your CCG? What is their email address?**  Not applicable. | |

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| **FOI NO: 913** | **Date Received:** |
| **Request :**  Please confirm the Heads of Departments for each of the following categories?  • Dental Consumables (“E Class Code: IKB”);  • Dental Laboratory Consumables (“E Class Code: IRB”);  • Dental Implants (“E Class Code IKA);  • Orthodontic Materials/Consumables (“E Class Code: GGB”);  • Dental Equipment (“E Class Code: IBB”); and  • Dental Laboratory Equipment (“E Class Code: ITL”).  Please confirm if the same person you have identified above is also responsible for the procurement of goods and services in each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Please indicate how decisions are made to procure goods and services in the following categories? Are they evaluated prior to being accepted? Would this be part of a clinical evaluation or clinical trial? Please provide the detail?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Please could you advise who is responsible for the cost of your Dental Practices/Dental Care Services Provider(s) in your setting? Is it the CCG or is it the NHS Acute Trust/NHS Foundation Trust/NHS Health and Care Service?  Please identify who the main decision maker/influencer is, in either of the settings stated above, for each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Please provide any reports you hold which include or illustrate your patient demographic and the most common treatments provided by your Dental Practices/Dental Care Services Provider(s), for your patient demographic?  Please list and confirm, as far as possible, what your average monthly usage is, for each product used, in each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Please confirm, what your total spend has been, during the last financial year (1st April 2016 to 31st March 2017), in each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Please provide a list of the suppliers that you currently purchase goods and services from in each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Are you intending to collaborate with another healthcare entity to procure your goods and services in the following categories for your Dental Practices/Dental Care Services Provider(s)?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Can you please provide information on your current supply route for the following categories (e.g. NHS Supply Chain also known as DHL, Direct from a Third-Party Distributor; or Direct from a Manufacturer)?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Do you currently have a contract in place for any of the following categories? If so when does each expire?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Can you provide information on how many delivery points you have for each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Can you provide information on how many locations you have that are holding stock in each of the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Can you provide information on what software platform you use for ordering goods and services in the following categories?  • Dental Consumables;  • Dental Laboratory Consumables;  • Dental Implants;  • Orthodontic Materials/Consumables  • Dental Equipment; and  • Dental Laboratory Equipment.  Please classify against the three bullet points below, which of those Dental Practices/Dental Care Service Provider(s), you are directly responsible for (within your setting/locality); what proportion provides:  • A service to NHS patients only?  • A service to both NHS and Private patients?  • A service to Private patients only? | |
| **Response :**  Re-directed to NHS England | |

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| **FOI NO: 914** | **Date Received: 3 November 2017** |
| **Request :**   1. How much did your Trust spend on purchasing drugs and medical equipment from suppliers located abroad in the financial years 2016/17, 2015/16 and 2014/15? 2. What are the five largest purchases of drugs and medical equipment from overseas since July 2016, please could you provide the total amount spent, the date of the purchase and the country they were purchased from? 3. Has your Trust produced any estimate of the impact of the fall in the value of the pound on supply costs and if so has this affected procurement strategy? | |
| **Response :**  Requestor withdrew FOI request due to it doesn’t fall within the remit of a CCG | |

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| **FOI NO: 915** | **Date Received: 3 November 2017** |
| **Request :**  I would like to make a Freedom of Information request regarding referrals from the Children and young people's mental health services within your Clinical Commissioning group during the last three financial years.  How many referrals for help did your children and young people’s mental health services (CAMHS) receive in the year October 2016 - October 2017 and in the year October 2015- October 2016?    How many of those referrals were refused between October 2016 to October 2017? How many were refused between October 2015 and October 2016?    What were the reasons for turning down those referrals in that period of October 2016-2017?    How many children with mental health problems did you admit to adult NHS wards between October 2016 and October 2017 and in October 2015-October 2016 and from October 2014 to October 2015? | |
| **Response :**  How many referrals for help did your children and young people’s mental health services (CAMHS) receive in the year October 2016 - October 2017 and in the year October 2015- October 2016?  April 2016 - March 2017 there were 1,393 referrals to CAMHS  April 2017 - OCT 2017 (7 months of data) there was 883 referrals to CAMHS  How many of those referrals were refused between October 2016 to October 2017? How many were refused between October 2015 and October 2016?  April 2016 - March 2017 - of the 1,393 referrals received, 339 referrals were deemed inappropriate  April 2017 - October 2017 (7 months of data) - of the 883 referrals received, 264 referrals were deemed inappropriate    What were the reasons for turning down those referrals in that period of October 2016-2017?  Reasons as to why each referral is deemed inappropriate are not provided to the CCG, however, as a general guide, the main reason is that there is insufficient information on the referral for an informed decision to be made. Of the 339 inappropriate referrals received in 2016/17, 230 of those referrals were signposted to other, more appropriate services and in the first 7 months of 2017/18, of the 264 referrals deemed to be inappropriate, 192 of those referrals were signposted to other, more appropriate services.    How many children with mental health problems did you admit to adult NHS wards between October 2016 and October 2017 and in October 2015-October 2016 and from October 2014 to October 2015?  0 (although 2 17 year olds had been admitted to adult NHS wards at their request). | |

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| **FOI NO: 916** | **Date Received: 6 November 2017** |
| **Request :**  Could you please provide me figures under the Freedom of Information Act of how much each CCG is paying to GP at hand 2017 to provide this service - <https://www.gpathand.nhs.uk/our-nhs-service> | |
| **Response :**  This is a pilot scheme currently provided by Greater London and has not not yet been rolled out to Barnsley residents. | |

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| **FOI NO: 917** | **Date Received:** |
| **Request :**  1. Total Number of GP Appointments per GP Practice years 2008, 2009, 2010, 2011, 2012,2013, 2014, 2015, 2016, 2017  2. Total Number of GP Appointments per CCG years 2008, 2009, 2010, 2011, 2012,2013, 2014, 2015, 2016, 2017 | |
| **Response :**  Barnsley CCG does not collect or have access to the number of GP Appointments per practice. This information would be contained within each practices clinical system and the CCG is not able to extract or see any data that is contained within GP practices clinical systems. | |

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| **FOI NO: 918** | **Date Received:** |
| **Request :**  Do you have a formulary used by primary care prescribers? If so, what is the current status of nitrofurantoin and trimethoprim with respect to urinary tract infections (e.g. first line, second line, etc)  Has the status of either nitrofurantoin or trimethoprim changed in the formulary since November 2014? If so, can you please provide the previous status(es) and details of the date(s) of change.  Have you had any work plans in place with respect to nitrofurantoin and trimethoprim prescribing since 2014? If so, can you please provide documents and start date.  Have you had any GP prescribing incentive schemes or similar which relate to trimethoprim or nitrofurantoin prescribing since November 2014? If so, can you please provide the documents. | |
| **Response :**  Do you have a formulary used by primary care prescribers? Yes  If so, what is the current status of nitrofurantoin and trimethoprim with respect to urinary tract infections (e.g. first line, second line, etc)  I have attached a copy of the NHS Barnsley antibiotic formulary ( August 2017)  Also a link to the antibiotic poster which summarises first line choices:-  <http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Barnsley%20Antibiotic%20Choices%20Poster.pdf>  Has the status of either nitrofurantoin or trimethoprim changed in the formulary since November 2014?  If so, can you please provide the previous status(es) and details of the date(s) of change. Yes. I have attached a copy of the previous antibiotic formulary. Yes in line with national guidance  We do not hold the explicit detail of changes made which you have requested, however :-  At April 2015 review no changes were made to the formulary section on management of UTI.  At  August 2015 review no changes were made to the formulary section on management of UTI.  At August 2017 review the latest amendment in respect of management of UTI and first line Nitrofurantoin prescribing was made in line with national guidance. I have attached the previous version (August 2015) of the antibiotic guidance. See Page 14.  Have you had any work plans in place with respect to nitrofurantoin and trimethoprim prescribing since 2014?  If so, can you please provide documents and start date. None specific to Nitrofurantoin and Trimethorprim. Every year we have had primary care work around use of antibiotics in line with national antimicrobial stewardship targets and guidance.  Have you had any GP prescribing incentive schemes or similar which relate to trimethoprim or nitrofurantoin prescribing since November 2014? No None specific to Nitrofurantoin and Trimethorprim. Every year we have had primary care  incentives around use of antibiotics in line with local formulary and national antimicrobial stewardship targets and guidance.  If so, can you please provide the documents. Not applicable | |

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| **FOI NO: 919** | **Date Received: 8 November 2017** |
| **Request :**  Under the Freedom of Information Act we would like to request information on the **total number of MSK  initial referrals made to each secondary care provider (NHS Trusts  / Independent Sector Providers) during the periods:**  1 April  2016 - 31 March 2017  1 April 2017 - 30 September 2017  If possible please could this information could be split into:  Hips  Knees  Should and Elbow  Hand and Wrist  Foot and Ankle | |
| **Response :**  Barnsley CCG does not have referral data and therefore we are unable to provide the information requested. | |

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| **FOI NO: 920** | **Date Received: 9 November 2017** |
| **Request :**  1.       Who is the person responsible for GP telephony within your CCG, please could you include their name, job title and email address.  2.       If responsibility does not lie within your CCG, please could you tell me the organization e.g. individual GP practices, GP federations or the CSU that holds this responsibility?  3.       If responsibility lies with CSU please could you confirm the name of the CSU  4.       If responsibility lies at the GP Federations, please provide a list of these within your CCG remit  5.       If responsibility lies at the GP practices, please provide a list of these within your CCG remit | |
| **Response :**  1.      Who is the person responsible for GP telephony within your CCG, please could you include their name, job title and email address. C Wormstone, Senior Primary Care Commissioning Manager, [Catherine.wormstone@nhs.net](mailto:Catherine.wormstone@nhs.net)  2.       If responsibility does not lie within your CCG, please could you tell me the organization e.g. individual GP practices, GP federations or the CSU that holds this responsibility? Individual GP Practices for all other than LIFT Buildings,  3.       If responsibility lies with CSU please could you confirm the name of the CSU – n/a  4.       If responsibility lies at the GP Federations, please provide a list of these within your CCG remit n/a  5.       If responsibility lies at the GP practices, please provide a list of these within your CCG remit – these are available on the CCG Website <http://www.barnsleyccg.nhs.uk/> | |

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| **FOI NO: 921** | **Date Received: 10 November 2017** |
| **Request :**  Please could you provide me the number of funding requests for positional plagiocephaly treatment in the last 5 years | |
| **Response :**  Barnsley CCG has not received any funding requests for positional plagiocephaly treatment in the last 5 years. | |
| **FOI NO: 922** | **Date Received: 10 November 2017** |
| **Request :**   1. How many cycles of IVF has the authority funded in each of the financial years:   (a) 2014/15  (b) 2015/16  (c) 2016/17   1. What was the total amount paid by the authority in each of these years to providers in payment for IVF services?   (a) 2014/15  (b) 2015/16  (c) 2016/17   1. How many of the cycles stated in each year in answer to question 1 above were provided by NHS providers, and how many were provided by private or third sector providers?   (a) 2014/15  (b) 2015/16  (c) 2016/17   1. Are individuals for whom the authority funds IVF services given any choice of provider? For example, does the authority procure a list of qualified providers and allow individuals eligible for IVF to choose from this list, or does the authority require individuals to use a provider nominated by the authority? 2. How, if at all have the authorities funding criteria for IVF services changed between the financial year 2014/15 and 01/11/2017. For example    1. Has the number of cycles funded changed (if so, from what to what)    2. Has the minimum age changed (if so, from what to what)    3. Has the maximum age changed (if so, from what to what)    4. Has the time trying to conceive criteria changed (if so, from what to what)    5. Have criteria relating to previous children changed (if so, from what to what)    6. Have any other criteria changed or been introduced in this period, eg BMI | |
| **Response :**   1. How many cycles of IVF has the authority funded in each of the financial years:   (a) 2014/15  -not available to the CCG  (b) 2015/16  - not available to the CCG  (c) 2016/17  - not available to the CCG   1. What was the total amount paid by the authority in each of these years to providers in payment for IVF services?   (a) 2014/15         £328,530  (b) 2015/16         £303,534  (c) 2016/17          £271,814   1. How many of the cycles stated in each year in answer to question 1 above were provided by NHS providers, and how many were provided by private or third sector providers?   (a) 2014/15  - not available to the CCG  (b) 2015/16  - not available to the CCG  (c) 2016/17  - not available to the CCG   1. Are individuals for whom the authority funds IVF services given any choice of provider? For example, does the authority procure a list of qualified providers and allow individuals eligible for IVF to choose from this list, or does the authority require individuals to use a provider nominated by the authority?   *There is a choice of providers that are available within contract via the choose & book system (CHOICE). The patient may see a private provider if there is evidence of exceptionality and IFR funding approval has been granted*   1. How, if at all have the authorities funding criteria for IVF services changed between the financial year 2014/15 and 01/11/2017. For example    1. Has the number of cycles funded changed (if so, from what to what)   NO    2. Has the minimum age changed (if so, from what to what)   NO    3. Has the maximum age changed (if so, from what to what)   NO    4. Has the time trying to conceive criteria changed (if so, from what to what)  NO    5. Have criteria relating to previous children changed (if so, from what to what)   NO    6. Have any other criteria changed or been introduced in this period, eg BMI    NO | |

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| **FOI NO: 923** | **Date Received: 13 November 2017** |
| **Request :** | |
| **Response :**  **Part 1**  1. Does your Trust/CCT currently use a private company to undertake any of the following services:  • Public Relations - No  • Social Media Communications - No  • External Stakeholder Communications - No  • Internal Stakeholder Communications. - No  2. If yes, can you please confirm:  • When the current contract(s) was/were last let - N/A  • When the current contract(s) expires/expire - N/A  • Whether the current contract(s) has/have options to extend its length - N/A  • When you expect to retender the contract(s). - N/A  3. If no (to question 1 above), are you considering letting such a contract(s) in the future and if so, do you have an approximate timetable for engaging the market? We have no current plans although this does not exclude a need arising in the future.  **Part 2**  4. Have you used a private company to help you with any other marketing or public information campaigns in the past 2 years? No. All campaigns delivered in house or via partners organisations.  5. If so, could you please provide a brief overview of what those campaigns were about and approximately how long your contract with the company was for to support the campaign(s)? All campaigns delivered in house or via partners organisations. | |

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| **FOI NO: 924** | **Date Received: 13 November 2017** |
| **Request :**  **1.** Please state the name, job title and contact details of the person completing this form.    We will only use these details if we have queries about your responses and will not share your details with anyone outside the National Deaf Children’s Society.   |  | | --- | | Name:  Job title:  Email address:  Phone number: |     **2.** Please list the locations where secondary tier **paediatric audiology services**, commissioned by your CCG, are carried out (services which carry out hearing assessments but do not carry out any treatment or re/habilitation services. Children found to have a hearing loss would be referred to the ENT clinic or tertiary paediatric audiology service for hearing aid fitting).    Please use full names, with no abbreviations and add further rows or continue on a further sheet of paper if necessary.   |  |  |  |  | | --- | --- | --- | --- | | Name of NHS Trust or Provider | Hospital or Clinic or site name | Address | Postcode | |  |  |  |  |     **3.** Please list the locations where tertiary **paediatric audiology services**, commissioned by your CCG, are carried out (services which carry out both hearing assessments and re/habilitation services, including hearing aid fitting).    Please use full names, with no abbreviations and add further rows or continue on a further sheet of paper if necessary.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name of NHS Trust or Provider | Hospital or Clinic or site name | Address | Postcode | Are hearing assessments carried out at this site? Y/N | Is hearing aid fitting carried out at this site? Y/N | Does this site provide tinnitus and balance services? Y/N |     **4.** Is there anything else you’d like to tell us about the sites where paediatric audiology services are commissioned or details of the commissioning arrangements?   |  | | --- | |  |     **5.** Do you use the [*Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups*](https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf)*?* when commissioning services for deaf children in your area? Please put a cross next to the most relevant option.   |  |  |  |  | | --- | --- | --- | --- | | Yes | No | Not sure | Not aware of it |     **6.** Do you use the [model service specification for children’s audiology services](https://www.england.nhs.uk/wp-content/uploads/2016/07/P37-CYP-Service-Specification-Template.pdf) that forms part of the *Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups?* (section 8.5)? Please put a cross next to the most relevant option.   |  |  |  | | --- | --- | --- | | Yes | No | Not sure |     **7.** When commissioning paediatric audiology services (via a contract or service specification etc.) do you require them to: (Please put a cross next to the most relevant option)   |  |  |  | | --- | --- | --- | | Have gained IQIPS (Improving Quality in Physiological Services) accreditation for paediatric audiology | Be working towards IQIPS accreditation for paediatric audiology | Neither of these options |     **8.** Is there anything else you’d like to tell us about the paediatric audiology services that you commission?   |  | | --- | |  | | |
| **Response :**  **1.** Please state the name, job title and contact details of the person completing this form.    We will only use these details if we have queries about your responses and will not share your details with anyone outside the National Deaf Children’s Society.   |  | | --- | | Name: Patrick Otway  Job title: Head of Commissioning (Mental Health, Childrens and Maternity and Specialised Services)  Email address: [p.otway@nhs.net](mailto:p.otway@nhs.net)  Phone number: 01226 433627 |     **2.**Please list the locations where secondary tier **paediatric audiology services**, commissioned by your CCG, are carried out (services which carry out hearing assessments but do not carry out any treatment or re/habilitation services. Children found to have a hearing loss would be referred to the ENT clinic or tertiary paediatric audiology service for hearing aid fitting).    Please use full names, with no abbreviations and add further rows or continue on a further sheet of paper if necessary.   |  |  |  |  | | --- | --- | --- | --- | | Name of NHS Trust or Provider | Hospital or Clinic or site name | Address | Postcode | | SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) | Paediatric Audiology  New St Health Centre  Barnsley  S70 1LP | Trust HQ  Fieldhead, Ouchthorpe Lane  Wakefield  WF1 3SP |  | |  |  |  |  |     **3.**Please list the locations where tertiary **paediatric audiology services**, commissioned by your CCG, are carried out (services which carry out both hearing assessments and re/habilitation services, including hearing aid fitting).    Please use full names, with no abbreviations and add further rows or continue on a further sheet of paper if necessary.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name of NHS Trust or Provider | Hospital or Clinic or site name | Address | Postcode | Are hearing assessments carried out at this site? Y/N | Is hearing aid fitting carried out at this site? Y/N | Does this site provide tinnitus and balance services? Y/N | | SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) | Paediatric Audiology  New St Health Centre  Barnsley  S70 1LP | Trust HQ  Fieldhead, Ouchthorpe Lane  Wakefield  WF1 3SP |  | Y | Y | N | | Barnsley Hospital NHS Foundation Trust | Barnsley Hospital | Gawber Road  Barnsley  S75 2EP |  | Y | Y | Y |     **4.**Is there anything else you’d like to tell us about the sites where paediatric audiology services are commissioned or details of the commissioning arrangements?   |  | | --- | | Community Paediatric audiology is commissioned as part of the SWYPFT contract and this covers screening and identification of ear/hearing problems and some forms of therapeutic treatment and takes referrals from a variety of health care professionals and educational institutions. The service will then refer where outside the scope of the community paediatric audiology service and if required and to ENT services. ENT is provided by BHNFT but also by other acute Trusts and patient choice will determine where this is delivered. |     **5.** Do you use the [*Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups*](https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf)*?* when commissioning services for deaf children in your area? Please put a cross next to the most relevant option.   |  |  |  |  | | --- | --- | --- | --- | | Yes X | No | Not sure | Not aware of it |     **6.**Do you use the [model service specification for children’s audiology services](https://www.england.nhs.uk/wp-content/uploads/2016/07/P37-CYP-Service-Specification-Template.pdf) that forms part of the *Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups?* (section 8.5)? Please put a cross next to the most relevant option.   |  |  |  | | --- | --- | --- | | Yes X | No | Not sure |     **7.**When commissioning paediatric audiology services (via a contract or service specification etc.) do you require them to: (Please put a cross next to the most relevant option)   |  |  |  | | --- | --- | --- | | Have gained IQIPS (Improving Quality in Physiological Services) accreditation for paediatric audiology       X | Be working towards IQIPS accreditation for paediatric audiology | Neither of these options |     **8.**Is there anything else you’d like to tell us about the paediatric audiology services that you commission?   |  | | --- | | **As per answer to Q4.** | | |

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| **FOI NO: 925** | **Date Received: 14 November 2017** |
| **Request :**  1) Broken down by year since 2011, how much in pound sterling has NHS Barnsley CCG been allocated to fund children's mental health services?  2) broken down by year since 2011, how much in pound sterling did NHS Barnsley CCG spend on children's mental health services? | |
| **Response :**   |  |  | | --- | --- | | **Year** | **Funding Allocation (£000s)** | | 2010/11 | **CCG not in existence pre-2013** | | 2011/12 | **CCG not in existence pre-2013** | | 2012/13 | **CCG not in existence pre-2013** | | 2013/14 | **£3,784,000** | | 2014/15 | **£3,689,000** | | 2015/16 | **£4,713,699** | | 2016/17 | **£4,661,220** | | |

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| **FOI NO: 926** | **Date Received: 14 November 2017** |
| **Request :** | |
| **Response :**   1. Please provide a list of contracts that are in place relating to ‘transport’ for your organisation. Please note, ‘transport’ includes all patient transport and ancillary services (i.e. movement of medical records, equipment etc.).   A list of all contracts can be found on NHS Barnsley CCG website, please see the link below:  <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   1. Please provide a list of providers for each contract.   A list of all contracts can be found on NHS Barnsley CCG website, please see the link below:  <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   1. Please provide the contractual start and end date for each of the contracts.   A list of all contracts can be found on NHS Barnsley CCG website, please see the link below:  <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   1. Please provide a brief description of the services provided under each contract (patient facing or not).   A list of all contracts can be found on NHS Barnsley CCG website, please see the link below:  <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>         Non-Emergency Patient Transport Services  Non-emergency Health Care Transport Service (NUHCTS) activity is typified by the non-urgent, planned transportation of patients, with a medical need for transport, to and from a premises providing NHS healthcare and between NHS healthcare providers  Yorkshire Ambulance Service – Core PTS service for South Yorkshire and Ad hoc Journeys  This specification covers patients with all mobility’s therefore their requirements will vary. The Provider will accommodate all their needs and provide the most appropriate vehicle and workforce to undertake the journey irrespective of the patient’s mobility. This service covers the provision of short notice/on the day non-emergency transport services for patients  TASL – Additional Patient Discharge Service for Barnsley, Rotherham, Doncaster         This service covers the provision of short notice/on the day non-emergency transport services for patients as defined below:   * Discharge – The patient will be conveyed home or to another appropriate location * Transfer – The patient will be transported from the local District Generals to their associated sites within South Yorkshire or respite unit. This will also include if necessary the transfer of any patient that is suitable to another local hospital in order to reduce the use of emergency resources. * A&E Take Homes- The patient will travel from the District Generals and associated sites within South Yorkshire A&E department to their “Home Address” or to another appropriate location as outlined above.         PCD – Dedicated transport service for Renal patients   * Patients are escorted to their dialysis clinic (including the specific clinic or other area as specified on the booking) and handed over to a responsible person; * Patients must only be taken to the address on the booking and no other destination without consultation with the dialysis unit * Patients are escorted to their door for homebound journeys and handed over to a relative or carer if one is available; and, * Access to the Patient’s home is safely gained.  Patients who live alone should be taken into their home and settled before being left. * Where a vehicle includes a driver and attendant, patients should be accompanied by the attendant in the rear of the vehicle during the journey. * Appointment times will not be changed without prior agreement of the dialysis unit.   Yorkshire Ambulance Service - Emergency & Urgent Response Services  Emergency and Urgent Response Service for patients of Barnsley  South West Yorkshire Partnership FT  Transportation of good and services to include:  Delivery of sterile equipment from Barnsley District General Hospital (BHNFT) to General Practice (GP)and return of used equipment to BHNFT.  Transportation and receipt of delivery of mail  Transportation of the receipt and delivery of stores to GPs  Transportation of the retina Camera to GPs   1. Please provide the contract value for each contract.   A list of all contracts can be found on NHS Barnsley CCG website, please see the link below:  <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   1. If you are unable to provide the contract value for each contract for reason of an applicable exemption, please provide the total value of all contracts combined. Not applicable. | |

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| **FOI NO: 927** | **Date Received: 14 November 2017** |
| **Request :**   * Have referral policies changed for elective procedures for patients who are obese (with a BMI of 30 or above)? * Have referral policies changed for elective procedures for patients who smoke? * Are you considering changing referral policies for elective procedures for patients who are obese? * Are you considering changing referral policies for elective procedures for patients who smoke? * If yes to any of the above what has the change been or what change are you considering? * What is the current average wait from referral to treatment for elective hip replacements for patients who are obese or smoke? * What is the current average wait from referral to treatment for elective hip replacements for patients who are not obese and do not smoke? | |
| **Response :**   * Have referral policies changed for elective procedures for patients who are obese (with a BMI of 30 or above)?  No * Have referral policies changed for elective procedures for patients who smoke?  No * Are you considering changing referral policies for elective procedures for patients who are obese?  Yes – see below * Are you considering changing referral policies for elective procedures for patients who smoke?  Yes – see below * If yes to any of the above what has the change been or what change are you considering?  NHS Barnsley Clinical Commissioning Group (CCG) is considering proposals that adults who have a body mass index (BMI) of 30 or above, or who smoke, will be asked to spend a period of time getting fit first, before being referred for routine surgery and will be offered support to help them to do so. This will support patients being in the best shape they can be before surgery.  The CCGs Governing Body will be considering the proposal in December 2017. * GPs will ask patients to lose weight and stop smoking over a maximum six-month period.  Switching to vaping or using e-cigarettes would count as stopping smoking for the purposes of this policy. * If at any time the harm of waiting for a referral for surgery outweighs the benefit of losing weight or stopping smoking, the patient will be referred to a consultant * If at the end of the six-month period a patient doesn’t lose the required weight or continues to smoke, then their individual circumstances will be considered by their clinicians and a referral and treatment will go ahead if it is clinically safe and appropriate. * Our policy is designed to improve patient safety and people’s  health before, during and immediately after non-urgent surgery under general anaesthetic. * The council in Barnsley funds weight management and stop smoking services which GPs can refer patients to, at no cost to the patient. There are also additional specialist support measures in place for those who require more help to lose weight.   We have pulled together a draft patient information leaflet and we are currently asking members of the public for comments. The information can be found at <http://www.barnsleyccg.nhs.uk/get-involved/consultations.htm> and details of the benefits of getting in the best shape before surgery and how GPs will talk to patients to support them to do this, in a way which support them.   * What is the current average wait from referral to treatment for elective hip replacements for patients who are obese or smoke?  The CCG does not collect waiting times by obesity/smoking status. * What is the current average wait from referral to treatment for elective hip replacements for patients who are not obese and do not smoke?  The CCG does not collect waiting times by obesity / smoking status. | |

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| **FOI NO: 928** | **Date Received: 15 November 2017** |
| **Request :**  Who provides your current Wheelchair Service  a. Is your provider an NHS organisation or a contracted-out, non-NHS organisation?  b. What is the name of your current provider?  c. What is the name of the Wheelchair Service Manager?  2. How your wheelchair services are provided  a. Do you combine your Wheelchair Service with any other service, such as Prosthetics or Community Equipment? If so, please provide a list of the other services.  b. Is your Wheelchair Service exclusive to your CCG?  c. If you service is combined with another please provide a list of the CCGs that share this Wheelchair Service and confirm who is the lead CCG?  d. Is the Repair and Maintenance element of the service “integrated” or contracted out to a 3rd party Approved Repairer?  e. If you have an externally provided Approved Repairer, what is the name of your current provider?  3. About your wheelchair service  a. What is the size of the population covered by your Wheelchair Service?  b. How many registered service users are served by the Wheelchair Service?  4. About the Integrated (Combined service and Repair & Maintenance) contract with your provider  a. What is the contract spend in the last financial year for the Integrated Wheelchair Service?  b. Please state the dates of your last financial year.  c. When was the Integrated Wheelchair Service last tendered?  d. When does the current contract expire please provide details of any potential contract extension?  e. Please provide the date this Wheelchair Service will be next tendered  5. About the Repair and Maintenance (R&M) sub-contract with your wheelchair provider (where appropriate)  a. What is the contract spend in the last financial year for the R&M Wheelchair Service?  b. Please state the dates of your last financial year.  c. When was the R&M Wheelchair Service last tendered?  d. When does the current R&M sub-contract expire please provide details of any potential contract extension  e. Please provide the date that R&M Wheelchair Service sub-contract will be next tendered. | |
| **Response :**  1.            **Who provides your current Wheelchair Service**  South West Yorkshire Partnership Foundation Trust (SWYPFT)  a.            Is your provider an NHS organisation or a contracted-out, non-NHS organisation? NHS Provider  b.            What is the name of your current provider? South West Yorkshire Partnership Foundation Trust (SWYPFT)  c.            What is the name of the Wheelchair Service Manager? Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  2.            **How your wheelchair services are provided**  a.            Do you combine your Wheelchair Service with any other service, such as Prosthetics or Community Equipment?  If so, please provide a list of the other services. The wheelchair service is part of the Community Equipment Service  b.            Is your Wheelchair Service exclusive to your CCG? The service is commissioned for Barnsley registered patients.  c.            If you service is combined with another please provide a list of the CCGs that share this Wheelchair Service and confirm who is the lead CCG? N/A?  d.            Is the Repair and Maintenance element of the service “integrated” or contracted out to a 3rd party Approved Repairer? Integrated as we do not have any separate agreements. However, the provider may have an external agreement.  e.            If you have an externally provided Approved Repairer, what is the name of your current provider? Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  3**.            About your wheelchair service**  a.            What is the size of the population covered by your Wheelchair Service? Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  b.            How many registered service users are served by the Wheelchair Service? Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  4.            **About the Integrated (Combined service and Repair & Maintenance) contract with your provider**  a.            What is the contract spend in the last financial year for the Integrated Wheelchair Service? Community Equipment service commissioned by the CCG costs £415,629 pa  b.            Please state the dates of your last financial year. 1 April 2016 – 31 March 2017  c.            When was the Integrated Wheelchair Service last tendered? Unknown  d.            When does the current contract expire please provide details of any potential contract extension? 31 March 2019  e.            Please provide the date this Wheelchair Service will be next tendered - Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  5.            **About the Repair and Maintenance (R&M) sub-contract with your wheelchair provider (where appropriate)**  a.            What is the contract spend in the last financial year for the R&M   Wheelchair Service? Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  b.            Please state the dates of your last financial year. Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  c.            When was the R&M Wheelchair Service last tendered? Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  d.            When does the current R&M sub-contract expire please provide details of any potential contract extension Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk)  e.            Please provide the date that R&M Wheelchair Service sub-contract will be next tendered Barnsley CCG does not hold this information, please redirect your request to South West Yorkshire Partnership Foundation Trust at  [foi@swyt.nhs.uk](mailto:foi@swyt.nhs.uk) | |

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| **FOI NO: 929** | **Date Received: 16 November 2017** |
| **Request :**  *How many patients have been referred by their GP for elective care but have been unable to receive treatment because of a) being a smoker, and b) having a BMI over 30 for each of the following periods:*  -          *2014/15;*  -          *2015/16;*  -          *2016/17;*  -          *and the first two quarters of 2017/18.* | |
| **Response :**  Barnsley CCG only receives data on the patients who have been treated, therefore cannot provide an answer to your request. | |

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| **FOI NO: 930** | **Date Received: 17 November 2017** |
| **Request :**   1. What was your total CCG 2015/16 outturn? 2. What was your total CCG 2016/17 outturn? 3. What was your planned spend as a proportion of overall CCG allocation in 2015/16 on mental health? 4. What was your planned spend as a proportion of overall CCG allocation in 2016/17 on mental health? 5. What was your total planned spending for mental health 2016/17? 6. What was your total planned spending for mental health 2015/16? 7. What was your mental health 2015/16 outturn? 8. What was your mental health 2016/17 outturn? | |
| **Response :**  **Figures are in £’000**   1. What was your total CCG 2015/16 outturn? **£405,048** 2. What was your total CCG 2016/17 outturn? **£404,651** 3. What was your planned spend as a proportion of overall CCG allocation in 2015/16 on mental health?**9%** 4. What was your planned spend as a proportion of overall CCG allocation in 2016/17 on mental health?**8%** 5. What was your total planned spending for mental health 2016/17? **£33,111** 6. What was your total planned spending for mental health 2015/16? **£35,346** 7. What was your mental health 2015/16 outturn? **£36,600**   What was your mental health 2016/17 outturn? **£32,308** | |

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| **FOI NO: 931** | **Date Received: 20 November 2017** |
| **Request :**  1) A list of all GP Federations (alliance, network, social enterprise, collaboration or any other associative name) etc. that operate through your CCG.    The list will include:    -Name of the Federation  -Number and list of names of practices  -Structure of each Federation (whether a LTD company, LLP, coop, CIC etc.)  -Main point of contact for each Federation  -Population covered | |
| **Response :**  Name of the Federation  Barnsley Healthcare Federation CIC    -Number and list of names of practices – the CCG does not hold this information. Please approach Barnsley healthcare Federation directly for this information.  -Structure of each Federation (whether a LTD company, LLP, coop, CIC etc.)  Barnsley Healthcare Federation is a community interest company (CIC)  -Main point of contact for each Federation  Barnsley Healthcare Federation CIC – – the CCG does not hold this information. Please approach Barnsley healthcare Federation directly for this information.  Population covered  – The CCG does not hold this information. Please approach Barnsley healthcare Federation directly for this information. | |

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| **FOI NO: 932** | **Date Received: 20 November 2017** |
| **Request :**  1.     How much money was spent in total on the management of diabetic wounds (A: clinician hourly rates, B: cost of materials) effecting the sole of the foot between January 2015 and January 2017?  2.     How much money was spent on offloading orthoses (insoles that reduce high pressure points of the foot) for patients with diabetes between January 2015 and January 2017?  3.     How much money was spent on TTCs (Total Contact Casts) used in the management of foot wounds in diabetic patients between January 2015 and January 2017?  4.     How much money was spent on bespoke footwear (customised shoes) made for patients with diabetes-related foot complications between January 2015 and January 2017?  5.     How many home visits were there related to the care for patients with diabetic neuropathic ulcers in 2015-2017 by:  a)    District nurses; and  b)    Podiatrists?  6.     What is the total cost of routine podiatry appointments for patients with diabetic neuropathic ulcers? | |
| **Response :**  Barnsley CCG does not hold this level of information and you should therefore re-direct your request to South West Yorkshire Partnership on the web link below  <http://www.southwestyorkshire.nhs.uk/about-us/contact-us/freedom-of-information/> | |

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| **FOI NO: 933** | **Date Received: 20 November 2017** |
| **Request :**   1. How many patients within your CCG were deemed eligible for NHS Continuing Healthcare packages in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? 2. How many patients within your CCG died in hospital while awaiting the start of a NHS Continuing Healthcare care and support package in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? 3. How many patients in the last four financial years have waited more than a) one week b) one month c) one year to receive a care and support package after being found eligible for NHS Continuing Healthcare? Please could I have this information broken down by year? 4. What was the longest wait between a patient being found eligible for NHS Continuing Healthcare and receiving a care and support package in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? | |
| **Response :**   1. How many patients within your CCG were deemed eligible for NHS Continuing Healthcare packages in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year?               2014-2015: 31              2015-2016: 61              2016-2017: 72   1. How many patients within your CCG died in hospital while awaiting the start of a NHS Continuing Healthcare care and support package in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year?  Barnsley CCG CHC does not hold this information. 2. How many patients in the last four financial years have waited more than a) one week b) one month c) one year to receive a care and support package after being found eligible for NHS Continuing Healthcare? Please could I have this information broken down by year? Barnsley CCG CHC does not hold this information. 3. What was the longest wait between a patient being found eligible for NHS Continuing Healthcare and receiving a care and support package in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? Barnsley CCG CHC does not hold this information. | |

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| **FOI NO: 934** | **Date Received: 21 November 2017** |
| **Request :**   1. Which company(s) holds the contract to supply your current patient transport services. 2. Please state the full name of your CCG 3. Please state if this service was procured through a framework agreement with other CCGs / NHS Trusts (if so please provide the names of the other CCG’s / NHS Trusts). If yes, please also state which CCG 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. What is your annual budget for patient transport services? 7. Are there provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded 8. Please state the names of the organisations who bid for the contract 9. How many patients are transported annually by your patient transport providers, and how many journeys are undertaken? 10. What would the procurement model be for future contracts? E.g. will the contract be procured jointly with another CCG? 11. 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) 12. 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. Which company(s) holds the contract to supply your current patient transport services. All contracts held are published on our contract register <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> 2. Please state the full name of your CCG NHS Barnsley Clinical Commissioning Group 3. Please state if this service was procured through a framework agreement with other CCGs / NHS Trusts (if so please provide the names of the other CCG’s / NHS Trusts). If yes, please also state which CCG holds the contract. The Patient Transport Services were procured on a South Yorkshire basis. Lead commissioners are as follows:  * Yorkshire Ambulance Service – Sheffield CCG * Thames Ambulance Service (TASL) – Barnsley CCG * Premier Care Direct – Doncaster CCG  1. Please state the contract start date and end date of your current transport services All contracts held are published on our contract register <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>. 2. What is the expected total value of the contract? All contracts held are published on our contract register   <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>   1. What is your annual budget for patient transport services? £2,207,340 budget for 17/18 2. Are there provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded These contracts have a 5 year term which started in 2017. They can be extended by 1 year if appropriate at the end of the contractual term. 3. Please state the names of the organisations who bid for the contract.                   Amval Medical Transport Limited              Northern Taxis Ltd              Permier Care Direct Ltd              Yorkshire Ambulance Service  St John Ambulance   1. How many patients are transported annually by your patient transport providers, and how many journeys are undertaken? 82,659 2. What would the procurement model be for future contracts? E.g. will the contract be procured jointly with another CCG? The CCG expects to enter into the same procurement process going forward for Patient Transport Services 3. 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) Please see attached 4. 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) Not know, the new contracts commenced 1 September for Yorkshire Ambulance Service and TASL and 1 October for Premier Care Direct. | |

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| **FOI NO: 935** | **Date Received: 23 November 2017** |
| **Request :**  Under Freedom of Information I would like to ask the following questions:   * Do you hold the budget for Mental Health Transport or is it held by the Trusts in your area? * Who currently provides your NEPTS (Non-Emergency Patient Transport Services)? * When is your NEPTS contract up for renewal? * Are your mental health services commissioned within a wider Patient Transport Service? * Do you make use of providers other than your main contracts for Adhoc journeys or repatriations? * Do you use caged vehicles for your mental health journeys? * Do you commission a courier services and if so when does the contract expire? | |
| **Response :**   * Do you hold the budget for Mental Health Transport or is it held by the Trusts in your area? The budget is held by South West Yorkshire Partnership NHS Foundation Trust * Who currently provides your NEPTS (Non-Emergency Patient Transport Services)? All details of our contracts can be found on the NHS Barnsley CCG website <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> * When is your NEPTS contract up for renewal? All details of our contracts can be found on the NHS Barnsley CCG website <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> * Are your mental health services commissioned within a wider Patient Transport Service? No * Do you make use of providers other than your main contracts for Adhoc journeys or repatriations? No * Do you use caged vehicles for your mental health journeys? Not known by the CCG * Do you commission a courier services and if so when does the contract expire? Yes All details of our contracts can be found on the NHS Barnsley CCG website <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> | |

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| **FOI NO: 936** | **Date Received: 23 November 2017** |
| **Request :** | |
| **Response :**  Barnsley CCG currently have a policy called ‘Access to infertility treatment’ and this is on our website <http://www.barnsleyccg.nhs.uk> (Version 2 Draft 4 October 2013 (Review period January - March 2016) and there is no reference in this policy to fertility preservation for men or women with medical conditions that may impact on their future fertility (eg. Cancer).  This is our current policy and note that it was reviewed by Governing Body in April 2017 and remains under review and further consideration is required.  We are not able to answer each question from 2 -74 other than to say:  Clinicians make decisions appropriate to the circumstances of the individuals needs/preferences in partnership with them as part of the cancer pathway and providers ensure referral pathways are in place to treat/support people who are preparing to have treatment for cancer that is likely to result in fertility problems. | |
| **FOI NO: 937** | **Date Received: 28 November 2017** |
| **Request :**  Under the Freedom of Information Act I would like to request the following information. The names of the individuals who hold the following positions:  Chief Clinical Information Officer  IT Director  Chief Nursing Information Officer  Chief Operating Officer  Medical Director  Finance Director  Senior Information Risk Officer  Chief Information Officer  Please could you also include contact email addresses | |
| **Response :**  Chief Clinical Information Officer – Not applicable  IT Director - Not applicable  Chief Nursing Information Officer – Brigid Reid     [Brigid.reid@nhs.net](mailto:Brigid.reid@nhs.net)  Chief Operating Officer – Chief Officer Lesley Smith            [lesleyjane.smith@nhs.net](mailto:lesleyjane.smith@nhs.net)  Medical Director – Dr Mehrban Ghani       [Mehrban.ghani@nhs.net](mailto:Mehrban.ghani@nhs.net)  Acting Finance Director – Roxanna Naylor              [Roxanna.naylor@nhs.net](mailto:Roxanna.naylor@nhs.net)  Senior Information Risk Officer – Richard Walker                [Richard.walker@nhs.net](mailto:Richard.walker@nhs.net)  Chief Information Officer – Richard Walker            [Richard.walker@nhs.net](mailto:Richard.walker@nhs.net) | |

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| **FOI NO: 938** | **Date Received: 28 November 2017** |
| **Request :**  **Information request – 1**  Does **Barnsley CCG** currently have a guideline in place for the use of Ursodeoxycholic acid **250mg TABLETS**?  **Information request – 2**  If the answer is ‘yes’ to request 1, could you send me details of this guideline. | |
| **Response :**  Does **Barnsley CCG** currently have a guideline in place for the use of Ursodeoxycholic acid **250mg TABLETS**?  No  <http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=1&SubSectionRef=01.09.01&SubSectionID=A100#974>  Cholurso® is the brand of choice in Barnsley as agreed by the APC  **Information request – 2**  If the answer is ‘yes’ to request 1, could you send me details of this guideline.   Not applicable | |

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| **FOI NO: 939** | **Date Received: 29 November 2017** |
| **Request :**  1. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to assessment in a Tier 2 CAMHS service?  2. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to first point of treatment in a Tier 2 CAMHS service?    3. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to assessment in a Tier 3 CAMHS service?  4. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to first point of treatment in a Tier 3 CAMHS service?    If differentiation between Tier 2 and Tier 3 services proves difficult, please feel free to collate the numbers into a single statistic. | |
| **Response :**  Prior to October 2017 there was no discernible Tier 2 service within Barnsley therefore the figures provided below are for access to the NHS CAMHS service:  2014/15 2015/16 2016/17 Current year  Average wait to initial assessment (in days) 95 15 26 8  Average wait to treatment (in days) 326 284 312 227 | |

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| **FOI NO: 940** | **Date Received: 30.11.2017** |
| **Request :**  Please may you take this email as a freedom of information request.  I am looking to obtain a current list of AQP’s that is commissioned by your CCG, NHS Barnsley CCG. | |
| **Response :**  Please see link below that will provide you with an up to date list of our contracts register for 2017/18 <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> | |