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| **FREEDOM OF INFORMATION REQUESTS APRIL 2018** |

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| **FOI NO: 1018** | **Date Received: 3 April 2018** |
| **Request :**  Please can you provide details of federations working within your CCG and contact details inc Chief Executive or Clinical Lead. | |
| **Response :**  Please see the website link for the information you have requested <https://barnsleyhealthcarefederation.co.uk/> | |

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| **FOI NO: 1019** | **Date Received: 3 April 2018** |
| **Request :**  Amount spent (£) by NHS Barnsley CCG on GPSoC (GP Systems of Choice) Lot 2  ·        By software provider (if possible)  ·        Per year  ·        Over the past 3 (calendar or NHS financial) years | |
| **Response :**  Amount spent (£) by NHS Barnsley CCG on GPSoC (GP Systems of Choice) Lot 2  The spend within Barnsley CCG is minimal as the GPSoc Lot 2 budgets are held by NHS England  ·        By software provider (if possible) - TPP  ·        Per year 16/17 only  ·        Over the past 3 (calendar or NHS financial) years 16/17 £4,463.40 System One unit merge & training | |

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| **FOI NO: 1020** | **Date Received: 3 April 2018** |
| **Request :**   1. The number of female cancer-related fertility preservation cycles funded in your CCG over the last 2 years from 1st January 2015 to 31st December 2017. 2. Could you please state your criteria which you use to make a decision on funding. 3. Does your CCG restrict funding for fertility preservation based on:    1. Age range    2. BMI    3. Previous children 4. Do you still require fertility centres to fill in an exceptional funding application form? 5. How long does it take for your CCG to process funding for fertility preservation? 6. What is the duration of storage that is funded by your CCG? | |
| **Response :**   1. The number of female cancer-related fertility preservation cycles funded in your CCG over the last 2 years from 1st January 2015 to 31st December 2017.   No requests received by SY&B IFR Panel for Barnsley CCG.   1. Could you please state your criteria which you use to make a decision on funding.   Fertility policy and the individuals is exceptional.  3)   Does your CCG restrict funding for fertility preservation based on:  a.      Age range - refer to Fertility policy attached – age 18-42  b.      BMI - refer to Fertility policy attached – BMI 19-30  c.      Previous children - Yes  4)   Do you still require fertility centres to fill in an exceptional funding application form?        No SY&B IFR Panel request a clinical letter.  5)   How long does it take for your CCG to process funding for fertility preservation?        SY&B IFR Panel is held weekly.  6)   What is the duration of storage that is funded by your CCG?              3 years, refer to Fertility policy attached. | |

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| **FOI NO: 1021** | **Date Received: 5 April 2018** |
| **Request :**   1. **Do you employ a mental health lead?** 2. **Spending on mental health (total)**    1. What was the total amount (£) allocated to mental health trusts?    2. What was the total amount of money spent (£) on mental health services by your CCG? 3. **Adult mental health: Acute hospital liaison**     1. Do you commission A&E and Ward liaison teams to operate 24/7? Are such liaison teams universally included in contracts for the provision of acute hospital services? 4. **Adult mental health: Crisis and acute care and suicide prevention**    1. Do you commission a crisis resolution home treatment (CRHT) as an alternative to acute in-patient admission? Does this service operate 24/7?    2. Response times 5. **Children’s and young people’s (CYP) mental health**     1. Do you involve CYP and parents/carers in commissioning and service design for CYP?    2. Do you commission specialist treatment for CYP with eating disorders?    3. What is the proportion of CYP with eating disorders seen within 1 week (urgent) and 4 weeks (routine)? 6. **Perinatal mental health**     1. Do you commission specialist perinatal mental health services? If so, what was the total amount (£) and total amount spent on perinatal mental health services?    2. Do you have a strategy for providing perinatal mental health services? 7. **Mental health of older persons**   Do you commission tailored, community based, physical or other activity programmes for older persons? | |
| **Response :**   1. Do you employ a mental health lead? Yes 2. Spending on mental health (total) £’000’s    1. What was the total amount (£) allocated to mental health trusts?   2015/16 £31,026,000    2016/17 £31,815,000  2017/18 £32,474,000 planned spend 2018/19 £32,877,000  What was the total amount of money spent (£) on mental health services by your CCG?  2015/16 £42,321,000     2016/17 £47,054,000      2017/18 £50,987,000   planned spend 2018/19 £51,932,000   1. Adult mental health: Acute hospital liaison    1. Do you commission A&E and Ward liaison teams to operate 24/7? Yes   Are such liaison teams universally included in contracts for the provision of acute hospital services? Yes   1. Adult mental health: Crisis and acute care and suicide prevention    1. Do you commission a crisis resolution home treatment (CRHT) as an alternative to acute in-patient admission?  Yes Does this service operate 24/7? Yes    2. Response times – within 4 hours for emergency care and 24 hours for urgent care 2. Children’s and young people’s (CYP) mental health    1. Do you involve CYP and parents/carers in commissioning and service design for CYP? Yes – we work with OASIS (Barnsley children and young people trained as Young Commissioners) who are facilitated by Chilypep (Children and young peoples’ empowerment project – a local charitable organisation)    2. Do you commission specialist treatment for CYP with eating disorders? Yes – it is a service that is collaboratively commissioned with Calderdale, Kirklees and Wakefield CCG’s    3. What is the proportion of CYP with eating disorders seen within 1 week (urgent) and 4 weeks (routine)? From March 2017 to Feb 2018 there have been 30 routine referrals, 12 urgent referrals and 4 emergency referrals. The Barnsley service has achieved the recommended access and waiting time standard in 100% of these referrals. 3. Perinatal mental health    1. Do you commission specialist perinatal mental health services? If so, what was the total amount (£) and total amount spent on perinatal mental health services? Yes – as part of a collaborative commissioning arrangement. Barnsley were part of the successful bid to the NHS England national Service Development fund programme. In total the successful bid was for £2.1m – this has led to the development of a regional Specialist Perinatal Mental Health Service operating on a hub and spoke model and a Specialist Mental Health Midwife based at Barnsley Hospital    2. Do you have a strategy for providing perinatal mental health services? Yes – it is incorporated within the Barnsley All-age Mental Health Strategy 4. Mental health of older persons   Do you commission tailored, community based, physical or other activity programmes for older persons? Yes | |

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| **FOI NO: 1022** | **Date Received: 5 April 2018** |
| **Request :**  Please could you provide a structure chart of your finance department via e-mail, where possible including the names of each staff member. | |
| **Response :** | |

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| **FOI NO: 1023** | **Date Received: 9 April 2018** |
| **Request :**  Please can you confirm how much the CCG has spent on agency staff within Continuing Healthcare in 2015-2016 and 2016-2017?  If possible, please can you confirm which agencies have been used to supply the staff?  If possible, please can you also breakdown how much has been spent on clinical and non-clinical staff? | |
| **Response :**  In 2015/16 the continuing healthcare service was provided by West and South Yorkshire and Bassetlaw Commissioning Support Unit, therefore Barnsley CCG did not incur additional agency costs.  In 2016/17 the CCG spend £37k with Computer Futures on additional clinical staff. | |

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| **FOI NO: 1024** | **Date Received: 10 April 2018** |
| **Request :**  Q1. Please state the total number of Individual Funding Requests (IFRs) for knee surgery that the CCG received in each of the following years:  a) 2017-18  b) 2016-17  c) 2015-16  Q2. Please state the number of Individual Funding Requests (IFRs) for knee surgery that the CCG approved for funding in each of the three years listed in Q1.  Q3.  Please state the total number of Individual Funding Requests (IFRs) for hip surgery that the CCG received in each of the three years listed in Q1.  Q4. Please state the number of Individual Funding Requests (IFRs) for hip surgery that the CCG approved for funding in each of the three years listed in Q1.  Q5. Please provide a current list of all services and treatments the CCG commissions which require an Individual Funding Request (IFR) to be made. Please list any services or treatments that have been added to this list in the past 12 months. | |
| **Response :**    For questions 1 – 4 please see the attached document.  Q5. Please provide a current list of all services and treatments the CCG commissions which require an Individual Funding Request (IFR) to be made. Please list any services or treatments that have been added to this list in the past 12 months.  Prior approval via the IFR panel is required for:   * Grommets for Otitis Media with Effusion in Children * Grommets in Adults * Tonsillectomy for Adults and Children * Varicose Veins * Plastic and cosmetic procedures * IVF and fertility procedures including reversal of sterilisation   No new treatments have been added to this list in the last 12 months.  Further information about the services which require an IFR request can be found in the Commissioning for Outcomes Policy. <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes>  In addition for any procedure that is not routinely commissioned or where a clinical threshold applies and a GP or consultant feels that a patient’s circumstances are exceptional and may benefit from any treatments then a referral to the IFR Panel can be made. | |

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| **FOI NO: 1025** | **Date Received: 11 April 2018** |
| **Request :**  I’d like to request under the Freedom of Information Act a copy of any referral and treatment policies your CCG has for surgical repair of hernias. | |
| **Response :**  This information is published on the CCGs website under the ‘Plans & Policies’ section: <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm>  The policy regarding surgical repair of hernias is part of the South Yorkshire and Bassetlaw Commissioning for Outcome Policy. Further detailed information and the full policy is available on the following page <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes> | |

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| **FOI NO: 1026** | **Date Received: 12 April 2018** |
| **Request :**  We are writing to enquire under the Freedom of Information Act, what your eligibility criteria are for breast cancer patients who are wanting to undergo fertility preservation (for example cryopreservation), provided there is adequate time and their oncology allows.  **More specifically;**   * Is there an upper age limit (female/male)? * Is there a limit on whether the patient already has children? * Are there any restrictions, specifically smoking status or body mass index? * What fertility options are offered? For example, embryo cryopreservation and/or oocyte cryopreservation? * Is there a time limit for storage? * How many IVF cycles or embryo transfers are covered?   In addition, what information on breast cancer patients undergoing fertility preservation do you currently collate, for example, numbers referred each year, numbers undergoing treatment and successful pregnancies each year, and is this data available for us to access? | |
| **Response :**  There are no restrictions on preservation for cancer patients but that does not guarantee that when patients wish to use their stored eggs that they will be able to and the fertility policy will apply.  The response below relate to the fertility policy:   * Is there an upper age limit (female/male)? – Yes, age range is 18yrs to 42yrs. * Is there a limit on whether the patient already has children? – Yes * Are there any restrictions, specifically smoking status or body mass index? - Yes, BMI must be between 19 – 30. * What fertility options are offered?  For example, embryo cryopreservation and/or oocyte cryopreservation? – this would depend on individual circumstances * Is there a time limit for storage? – No limit for cancer patients – 3 years for any other * How many IVF cycles or embryo transfers are covered? Barnsley CCG offers two cycles of IVF | |

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| **FOI NO: 1027** | **Date Received: 12 April 2018** |
| **Request :**   1. Under the Freedom of Information Act I would like to request the access criteria and clinical criteria which varicose veins patients at your CCG have to meet in order to be referred for interventional treatment under the NHS. 2. Please could you provide me with the number of varicose veins patients at your CCG who have been referred for interventional treatment under the NHS for the calendar years of (a) 2017 (b) 2016) and (c) 2015. 3. Please could you provide me with the number of varicose veins patients who did not fulfil the clinical criteria for interventional treatment at your CCG under the NHS, and therefore were not offered interventional treatment for the calendar years of (a) 2017 (b) 2016 and (c) 2015. | |
| **Response :**  1.       Under the Freedom of Information Act I would like to request the access criteria and clinical criteria which varicose veins patients at your CCG have to meet in order to be referred for interventional treatment under the NHS.  This information is published on the CCGs website under the ‘Plans & Policies’ section: <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm>  The policy regarding varicose veins treatment is part of the South Yorkshire and Bassetlaw Commissioning for Outcome Policy. Further detailed information and the full policy is available on the following page <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes>  The full criteria are on page 16-17 of the policy. Please note for Barnsley CCG patients prior approval for funding is required via the Independent Funding Request (IFR) panel.  The policy was adopted by the CCG on 1 February 2018. Therefore any data provided below would fall under the previous commissioning guidelines which are also available online <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/August%202015/CSU%20Varicose%20Veins%20v.10.pdf>  2.       Please could you provide me with the number of varicose veins patients at your CCG who have been referred for interventional treatment under the NHS for the calendar years of (a) 2017 (b) 2016) and (c) 2015.  We do not hold this information, if the Panel approve funding it is then down to the GP as to whether they refer the patient on for treatment.  I can provide you with the numbers for the requests that received funding approval  (a) 2017 – 53  (b) 2016 - 20  (c) 2015.- 2   3.       Please could you provide me with the number of varicose veins patients who did not fulfil the clinical criteria for interventional treatment at your CCG under the NHS, and therefore were not offered interventional treatment for the calendar years of (a) 2017 (b) 2016 and (c) 2015.  (a) 2017 - 12  (b) 2016 - 3  (c) 2015 – 1 | |

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| **FOI NO: 1028** | **Date Received: 12 April 2018** |
| **Request :**  I would like to make a request for the full name, contact number and contact email for the following roles listed below within your CCG;  Roles:  Chief Executive Officer  Chief Financial Officer  Medicines Management Lead | |
| **Response :**  Chief Officer – Lesley Smith ([angela.turner29@nhs.net](mailto:angela.turner29@nhs.net)) 01226 433730  Chief Finance Officer  - Roxanna Naylor ([katie.popple@nhs.net](mailto:katie.popple@nhs.net)) 01226 433709  Medicines Management Lead – Christine Lawson ([Nicola.brazier@nhs.net](mailto:Nicola.brazier@nhs.net)) 01226 433669 | |

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| **FOI NO: 1029** | **Date Received: 13 April 2018** |
| **Request :**  I wish to know if there is a pen needle (Drug tariff part IXA appliances – Hypodermic equipment - **Needles for Pre-filled and Reusable Pen Injectors**) formulary covering the CCG community area.  What is the preferred/ recommended pen needle for the area?  What is the review date for the formulary/recommendation?  Who is the contact lead for the formulary/ recommendation review? | |
| Response :  What is the preferred/ recommended pen needle for the area? Please see the link below for Diabetes Guidance which has details of recommendations on pens and needles – see  page 66 .  No other guidance has been issued  This is on the CCG’s Public website  <http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Barnsley%20Diabetes%20Guidelines.pdf>  What is the review date for the formulary/recommendation? About January 2019 we shall be looking at this again  Who is the contact lead for the formulary/ recommendation review? Chris Lawson, Head of Medicines Optimisation | |

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| **FOI NO: 1030** | **Date Received: 13 March 2018** |
| **Request :**  1. Payments the CCG has made to GP surgeries in the borough of Barnsley 2. A breakdown of when these payments were made 3. A breakdown of the reasons these payments were made 4. Correspondence between the CCG and GP surgeries which refers or relates to these payments. | |
| **Response :**  In response to your request for information please see the attached document which provides aggregate payments made to the 33 GP Practices in Barnsley each year since 2013/14. The CCG is unable to provide payments or correspondence broken down to individual practice level due to commercial confidentiality. | |

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| **FOI NO: 1031** | **Date Received: 13 April 2018** |
| **Request :**  • What criteria does the CCG use to select which inhalers should be prescribed for Asthma and COPD?  • How does the CCG compare the cost-effectiveness , efficacy, safety and patient usability of different inhalers when selecting which COPD and Asthma inhalers should be included on its local guidance?  • Over the past three years, has the CCG introduced a planned programme of care which resulted in the medicines optimisation team, contractors or GP practices proactively reviewing patients and aligning their COPD and/or Asthma inhalers to alternative options?  • Please list the alternative asthma and COPD inhalers that were introduced by the CCGs medicines optimisation team, contractors or GP practices during any planned programme of care that proactively reviewed the use of asthma and/or COPD inhalers over the past 3 years  • Over the past three years, has the CCG used a QIPP scheme to introduce a planned programme of care which resulted in the medicines optimisation team, contractors or GP practices proactively reviewing patients and aligning their COPD and/or Asthma inhalers to alternative options?  • Please list the alternative asthma and COPD inhalers that were introduced by the CCGs medicines optimisation team, contractors or GP practices when using a QIPP scheme to introduce a planned programme of care that proactively reviewed the use of asthma and/ or COPD inhalers over the past 3 years? | |
| **Response :**  • What criteria does the CCG use to select which inhalers should be prescribed for Asthma and COPD?  Area Prescribing Committee considers effectiveness ( evidence base), safety and cost in relation to the present formulary choices. Also some other factors e.g clinician preference ( which involves engagement with clinicians ) and type / range of inhaler formulation.  • How does the CCG compare the cost-effectiveness , efficacy, safety and patient usability of different inhalers when selecting which COPD and Asthma inhalers should be included on its local guidance?  APC receive a standardised  independent evidence based template summarising evidence based, safety, costs etc.. with a summary report produced from this information and also additional information including discussions and engagement with local clinicians.  • Over the past three years, has the CCG introduced a planned programme of care which resulted in the medicines optimisation team, contractors or GP practices proactively reviewing patients and aligning their COPD and/or Asthma inhalers to alternative options?  Yes  • Please list the alternative asthma and COPD inhalers that were introduced by the CCGs medicines optimisation team, contractors or GP practices during any planned programme of care that proactively reviewed the use of asthma and/or COPD inhalers over the past 3 years  ​  Braltus  Soltel  AirFluSal MDI  Duaklir Genuair  Ultibro Breezhaler  Spiolto Respimat  • Over the past three years, has the CCG used a QIPP scheme to introduce a planned programme of care which resulted in the medicines optimisation team, contractors or GP practices proactively reviewing patients and aligning their COPD and/or Asthma inhalers to alternative options?  Yes  • Please list the alternative asthma and COPD inhalers that were introduced by the CCGs medicines optimisation team, contractors or GP practices when using a QIPP scheme to introduce a planned programme of care that proactively reviewed the use of asthma and/ or COPD inhalers over the past 3 years?    Braltus  Soltel  AirFluSal MDI  Duaklir Genuair  Ultibro Breezhaler  Spiolto Respimat | |

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| **FOI NO: 1032** | **Date Received: 16 April 2018** |
| **Request :**  1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in supported living.  2. Please provide the number of supported living services the CCG currently contract with, for adults with LD, MH and ASD. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.  3. Please provide a list of the names of those supported living services mentioned in Q2, with the name of the provider that provides the care in them. Where possible, please separate out for each category of LD, MH, and ASD.  4. Please provide the highest hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD.  5. Please provide the lowest hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD.  6. Please provide the average hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD.  7. Please provide the average weekly fee the CCG pays to providers of supported living services for adults with LD, MH and ASD.  8. Please provide the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.  9. Of the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD, (q.8) please provide the number that are male and the number that are female. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.  10. Of the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD, (q.8) please provide the number that were placed ‘in area’ and the number that were placed ‘out of area'. By 'out of area', I mean people that are funded by the CCG, but placed outside the CCG boundaries. | |
| **Response :**  The CCG purchase from a framework contract held by the Joint Commissioning Team.  The contract is a framework for support to vulnerable adults rather than a supported living service.  Other spot purchases do occur on an as and when basis.   1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in supported living.   Adult Joint Commissioning  [adultjointcommissioning@barnsley.gov.uk](mailto:adultjointcommissioning@barnsley.gov.uk)  01226 775636   1. Please provide the number of supported living services the CCG currently contract with, for adults with LD, MH and ASD. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.   LD – 6 PROVIDERS  ASD – 5 PROVIDERS  MH – 4 PROVIDERS  The Adult Joint Commissioning Team hold a Framework contract with 6 providers to support vulnerable adults to live independently in their own home.  Other spot purchased arrangements exist on an as and when required basis.   1. Please provide a list of the names of those supported living services mentioned in Q2, with the name of the provider that provides the care in them. Where possible, please separate out for each category of LD, MH, and ASD.   Services are commissioned under a framework contract rather than by property. Providers are:  Sun Healthcare - LD/ASD/MH  Mencap - LD/ASD  Turning Point - LD/ASD  Lifeways - LD/ASD  Dimensions - LD/ASD  Affinity Trust - LD/ASD   1. Please provide the highest hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD.   Under the above framework contract the highest hourly rate is £15.17 for standard support and £16.21 for complex.   1. Please provide the lowest hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD.   The lowest rate is £13.91.   1. Please provide the average hourly rate the CCG pays to providers of supported living services for adults with LD, MH and ASD.   Average rate £14.49 standard and £15.81 complex.   1. Please provide the average weekly fee the CCG pays to providers of supported living services for adults with LD, MH and ASD.   Average weekly fee is 1497.37   1. Please provide the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.   9 clients in total. 6x LD supported living clients, 3x MH supported living clients.  9. Of the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD,     (q.8) please provide the number that are male and the number that are female. Where possible, please separate out for each category of LD, MH, and ASD, as shown in the attached spreadsheet.  6x LD supported living clients (5 male, 1 female), 3x MH supported living clients (all male).  10. Of the total number of adults funded by the CCG in supported living services for adults with LD, MH and ASD, (q.8) please provide the number that were placed ‘in area’ and the number that were placed ‘out of area'. By 'out of area', I mean people that are funded by the CCG, but placed outside the CCG boundaries.        All 9 supported living patients are placed in area. | |

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| **FOI NO: 1033** | **Date Received: 16 April 2018** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 1034** | **Date Received: 16 April 2018** |
| **Request :**  1. Please tell me whether the CCG has updated its cataract referral guidelines - stating the criteria for referring patients for cataracts - in the last 12 months?  2. Please attach a link to the latest cataract referral guidelines.  3. Please tell me whether the guidelines apply to more than one CCG. | |
| **Response :**  1. Please tell me whether the CCG has updated its cataract referral guidelines - stating the criteria for referring patients for cataracts - in the last 12 months?  Having reviewed national best practice guidance from NHS England and NICE for when surgery may or may not be suitable for certain conditions, Barnsley CCG has adopted clinical thresholds to ensure that patients get the best clinical outcome for their condition.  A clinical threshold for Cataract surgery was adopted on 1 April 2017 as part of the CCGs Clinical Threshold Policy. This policy was subsumed by the Commissioning for Outcomes Policy at the end of 2017.  This is a common set of policies across South Yorkshire and Bassetlaw.  As part of a regular review process the threshold for Cataracts is currently under review following a recent revision to the NICE guidance. This change happened along the same timescales as the Commissioning for Outcomes Policy was adopted.  2. Please attach a link to the latest cataract referral guidelines.  <http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes>  3. Please tell me whether the guidelines apply to more than one CCG.  The revised guidelines will be adopted across South Yorkshire and Bassetlaw once agreed. | |

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| **FOI NO: 1035** | **Date Received: 16 April 2018** |
| **Request :**   * A full list of services in which NHS GPs may refer patients within your CCG locality * The addresses and contact information of each of the services. * Any services which are not available to NHS patients within your locality. | |
| **Response :**   * A full list of services in which NHS GPs may refer patients within your CCG locality & The addresses and contact information of each of the services.   **Secondary Care**  A full list of available Secondary Care services and referral criteria can be accessed via NHS Choices website (<https://www.nhs.uk/service-search>) and the CCGs website (<http://www.barnsleyccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes>).  In relation to Barnsley CCG the contracts register found at <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> will provide a comprehensive list of which providers the CCG contracts with. However, please note that referrals to secondary care, especially those to a consultant led, first appointment are governed by the NHS Choice Agenda and as such referrals can be made to these as long as an NHS contract is held by the receiving organisation.  **Community, Learning Difficulty and Mental Health services**  The majority of Community, Learning Difficulty and Mental Health services in the Barnsley locality are commissioned from South West Yorkshire Partnership Foundation Trust. A comprehensive list of available services can be found at: <http://www.southwestyorkshire.nhs.uk/our-services/directory/?qmt%5Blocation%5D%5B%5D=344&orderby=title&order=ASC>.  In addition NHS Choices (<https://www.nhs.uk/service-search#B>) also provides a comprehensive list of available services along with any addresses required.  In relation to services available for referral these can be accessed via the NHS Electronic Referral Service (ERS) which will have all the details available to eligible referring clinicians. This is reflective of the lists available at the above websites.   * Any services which are not available to NHS patients within your locality.   The CCG commissions NHS services for its locally registered population and as such only has a record of services available to NHS Patients. These can be found by following the links above. | |

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| **FOI NO: 1036** | **Date Received: 18 April 2018** |
| **Request :** | |
| **Response :**  Barnsley CCG does not hold the contract for Pathology courier/transport services.  Please re-direct your FOI to Barnsley Hospital NHS FT [barnsley@infreemation.co.uk](mailto:barnsley@infreemation.co.uk) | |

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| **FOI NO: 1037** | **Date Received: 18 April 2018** |
| **Request :**  1. What is the name of your CCG/Trust/Health board?  2. How many of the people in your community are diagnosed with diabetes? (Please indicate numerical value):  ·      Type 1 Diabetes:  ·      Type 2 Diabetes:  If unknown differentiation, please indicate total amount:    3. What role does your CCG/Trust/Health board play in the reimbursement process for digital solutions?  3.1 If you are not the direct decision maker of reimbursement, can your CCG/Trust/Health board still pay for medical products to give access to patients?    4. Who affects the decision-making process of reimbursement decisions for digital health solutions in the UK? Please specify what power they hold in the process. (If more than one, please rank them by influence, 1 being the most influential).    4.1. How would you describe the interest of the stakeholders you identified above? (e.g. cost reduction, care improvement,…)?    5. What criteria are most important for your CCG/Trust/Health board when commissioning digital solutions (e.g. cost, newness, effectiveness,…)? Please rank the criteria, 1 being the most important.    6. Are you interested in partnerships with pharmaceutical companies? If yes, please what you are seeking from such partnerships.  7.  How does your CCG/Trust/Health board evaluate whether to commission a product for diabetes care?    8. Does your CCG/Trust/Health board have a policy on the use of health apps?  If yes, please specify the health policy(ies):  If no, please provide if and when this will be established:    9. Does your CCG/Trust/Health board currently have a budget to use for health apps?  If no, please provide if and when this will be established: | |
| **Response :**  1. What is the name of your CCG/Trust/Health board?  Barnsley Clinical Commissioning Group  2. How many of the people in your community are diagnosed with diabetes? (Please indicate numerical value):  ·      Type 1 Diabetes:  ·      Type 2 Diabetes:  If unknown differentiation, please indicate total amount:  The National Diabetes Audit identifies the number of people diagnosed in Barnsley as follows:   |  |  |  | | --- | --- | --- | |  | Type 1 Diabetes | Type 2 Diabetes | | 2015/16 | 932 | 11,681 | | 2016/17 | 980 | 12,555 |   3. What role does your CCG/Trust/Health board play in the reimbursement process for digital solutions?  All commissioned services, including digital solutions would be considered on the basis of business case / benefits realisation. Three examples were the CCG has funded digital solutions are provided below.  A. The CCG has commissioned The Sound Doctor to provide patients with access to a library of online films aimed at effective self-management in Primary Care. The types of conditions covered by The Sound Doctor include:  •          Diabetes  •          Coronary Obstructive Pulmonary Disorder (COPD)  •          Heart failure  •          Dementia  •          Back pain  •          Weight management surgery  B. The CCG utilised Eclipse Live application (Education & Cost-analysis Leading to Improved Prescribing Safety & Efficiency.) to support cost effective prescribing  <http://ccg.eclipsesolutions.org.uk/EclipseInfo/AboutEclipse/>  C. NHS England provides National Diabetes Transformation Funding; as part of the work to deliver structured education we tell the participants about  diabetes apps that are available. We do not fund any of these.  3.1 If you are not the direct decision maker of reimbursement, can your CCG/Trust/Health board still pay for medical products to give access to patients?   The CCG would not usually reimburse directly patients for digital solutions – this would be subject to individual health budgets or individual funding requests by independent panel on the basis of exceptionality. This would not prevent the CCG from providing from free access to a digital solution via service, a GP or healthcare professional.  4. Who affects the decision-making process of reimbursement decisions for digital health solutions in the UK? Please specify what power they hold in the process. (If more than one, please rank them by influence, 1 being the most influential).  We do not hold information relating to the above.  4.1. How would you describe the interest of the stakeholders you identified above? (e.g. cost reduction, care improvement,…)?   Please see above response.  5. What criteria are most important for your CCG/Trust/Health board when commissioning digital solutions (e.g. cost, newness, effectiveness,…)? Please rank the criteria, 1 being the most important.   The CCG would place value on evidence based solutions e.g. Test Beds <https://www.england.nhs.uk/ourwork/innovation/test-beds/>  or where supplier are listed on a national framework, or if the information was in line with NICE guidelines.  6. Are you interested in partnerships with pharmaceutical companies? If yes, please what you are seeking from such partnerships.  Subject to managing conflicts of interests and procurement rules the CCG would consider the benefits / outcomes from any business case for digital technologies. These would not be limited to pharmaceutical companies.  7.  How does your CCG/Trust/Health board evaluate whether to commission a product for diabetes care?   As per question 3 all commissioned services, including digital solutions would be considered on the basis of business case / benefits realisation / outcomes.  8. Does your CCG/Trust/Health board have a policy on the use of health apps?  If yes, please specify the health policy(ies):  If no, please provide if and when this will be established:   The CCG commissions in line with NICE guidance. This includes where a health app would benefit a pathway / long term condition. We do not have a separate policy or a timescale for establishing one. Should a policy be published in the future then it would be published on the plans and policies section of the CCGs website here:  <http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm>  9. Does your CCG/Trust/Health board currently have a budget to use for health apps?  If no, please provide if and when this will be established:  Yes – we are considering funding from the National Diabetes Transformation Funding we have received. | |

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| **FOI NO: 1038** | **Date Received: 19 April 2018** |
| **Request :**   1. Do you have local clinical pathways or standard operating procedures (SOPs) for the use of MabThera? If so are you able to share these? For instance, is one cycle of MabThera intravenous (IV) always used before initiating the patients on MabThera subcutaneous (SC) in oncology indications? 2. Number of patients treated\* using MabThera subcutaneous versus MabThera intravenous in oncology indications between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:  |  |  |  | | --- | --- | --- | | **Oncology** | | | | **Financial Year** | Number of patients treated using **MabThera Intravenous**  *(if possible, please provide number of patients excluding those who were switched to MabThera subcutaneous)* | Number of patients treated using **MabThera Subcutaneous** | | **FY 2016-17** |  |  | | **FY 2017-18** |  |  |   *\*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*   1. Total number of patients treated\* with MabThera (intravenous and subcutaneous) vs Rixathon vs Truxima in oncology and rheumatology indications between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:  |  |  |  |  | | --- | --- | --- | --- | | **Financial Year** | **Drug** | **Number of patients treated in Oncology** | **Number of patients treated in Rheumatology** | | **FY 2016-17** | MabThera |  |  | | Truxima |  |  | | Rixathon |  |  | | **FY 2017-18** | MabThera |  |  | | Truxima |  |  | | Rixathon |  |  |   *\*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*   1. Do you have local clinical pathways or standard operating procedures (SOPs) for the initiation of new patient treatment regimens? If so are you able to share these? 2. Specifically, are new patients directly prescribed biosimilar rituximab (i.e. Truxima or Rixathon) instead of MabThera? 3. Are existing patients being switched from MabThera intravenous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed? 4. Are any existing patients being switched from MabThera subcutaneous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed? 5. Number of patients treated\* using rituximab biosimilars (Truxima and Rixathon) instead of MabThera (intravenous and subcutaneous) between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Financial Year** | **Drug** | **Oncology** | | **Rheumatology** | | | **New patients treated directly with the biosimilar instead of MabThera** | **Existing patients switched from MabThera to the biosimlar** | **New patients treated directly with the biosimilar instead of MabThera** | **Existing patients switched from MabThera to the biosimlar** | | **FY 2016-17** | Truxima |  |  |  |  | | Rixathon |  |  |  |  | | **FY 2017-18** | Truxima |  |  |  |  | | Rixathon |  |  |  |  |   *\*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*   1. As an organisation, are you aware of any financial savings made by using biosimilar rituximab (i.e. Truxima or Rixathon) vs MabThera between 2017-2018, if only partial data is available please indicate the timeframe or geography the data refers to and the methods used to calculate the financial savings.  |  |  |  | | --- | --- | --- | | **Year** | **Scheme** *(e.g. discounting, gainshare…)* | **Approximate saving (£)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. Please provide information for the current contracts for Truxima, Rixathon, MabThera intravenous (IV) or subcutaneous (SC):  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Drug** | **Contract value (£)\*** | **Volume of contract** (number of vials) | **Is price tiered by volume?**  (Yes/No) | **Length of contract** | | **Renewal frequency** | **Services included** | | | **Date of contract initiation** | **Date of contract expiry** | **Yes/No** | **Which services**  *(e.g. biosimilar education, patient support program…)* | | Rixathon |  |  |  |  |  |  |  |  | | Truxima |  |  |  |  |  |  |  |  | | MabThera IV |  |  |  |  |  |  |  |  | | MabThera SC |  |  |  |  |  |  |  |  |   *\*if the total contract value is not available, please provide the price range for each drug*   1. Related to question 10, if contracts are tiered by volume, could you please provide the thresholds for each tier and what is the price percentage difference between tiers? | |
| **Response :**   1. Do you have local clinical pathways or standard operating procedures (SOPs) for the use of MabThera? If so are you able to share these? For instance, is one cycle of MabThera intravenous (IV) always used before initiating the patients on MabThera subcutaneous (SC) in oncology indications?   Hospitals which the CCG commission services from advise and assure us that they have clinical pathways in place for the use of Biopharmaceuticals , which would include Mabthera. The CCG do not currently hold a copy of any of these pathways. These would be obtained from the respective hospital trust.   1. Number of patients treated\* using MabThera subcutaneous versus MabThera intravenous in oncology indications between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:   The CCG do not currently hold this information. This information can be obtained from the respective hospital trust.   |  |  |  | | --- | --- | --- | | **Oncology** | | | | **Financial Year** | Number of patients treated using **MabThera Intravenous**  *(if possible, please provide number of patients excluding those who were switched to MabThera subcutaneous)* | Number of patients treated using **MabThera Subcutaneous** | | **FY 2016-17** |  |  | | **FY 2017-18** |  |  |   *\*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*     1. Total number of patients treated\* with MabThera (intravenous and subcutaneous) vs Rixathon vs Truxima in oncology and rheumatology indications between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:   The CCG do not currently hold this information. This information can be obtained from the respective hospital trust.   |  |  |  |  | | --- | --- | --- | --- | | **Financial Year** | **Drug** | **Number of patients treated in Oncology** | **Number of patients treated in Rheumatology** | | **FY 2016-17** | MabThera |  |  | | Truxima |  |  | | Rixathon |  |  | | **FY 2017-18** | MabThera |  |  | | Truxima |  |  | | Rixathon |  |  |   *\*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*     1. Do you have local clinical pathways or standard operating procedures (SOPs) for the initiation of new patient treatment regimens? If so are you able to share these?   Hospitals which the CCG commission services from advise and assure us that they have clinical pathways in place for the use of Biopharmaceuticals , which would include Mabthera. The CCG do not currently hold a copy of any of these pathways. These would be obtained from the respective hospital trust.​   1. Specifically, are new patients directly prescribed biosimilar rituximab (i.e. Truxima or Rixathon) instead of MabThera?   Response as Q 4   1. Are existing patients being switched from MabThera intravenous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?   Yes we are aware from NHS Dashboard <https://apps.nhsbsa.nhs.uk/MOD/AtlasTrustsMedsOp/atlas.html> that in line with national commissioning guidance patients are being currently changed over to Biosimilar Rituximab.  The CCG  not currently hold any detailed information as to the process. This would be obtained from the respective hospital Trust   1. Are any existing patients being switched from MabThera subcutaneous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?   Yes we are aware from NHS Dashboard <https://apps.nhsbsa.nhs.uk/MOD/AtlasTrustsMedsOp/atlas.html> that in line with national commissioning guidance patients are being currently changed over to Biosimilar Rituximab.  The CCG  not currently hold any detailed information as to the process. This would be obtained from the respective hospital Trust   1. Number of patients treated\* using rituximab biosimilars (Truxima and Rixathon) instead of MabThera (intravenous and subcutaneous) between 2016-2018, if only partial data is available please indicate the timeframe or geography the data refers to:   The CCG do not currently hold this information. This information can be obtained from the respective hospital trust.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Financial Year** | **Drug** | **Oncology** | | **Rheumatology** | | | **New patients treated directly with the biosimilar instead of MabThera** | **Existing patients switched from MabThera to the biosimlar** | **New patients treated directly with the biosimilar instead of MabThera** | **Existing patients switched from MabThera to the biosimlar** | | **FY 2016-17** | Truxima |  |  |  |  | | Rixathon |  |  |  |  | | **FY 2017-18** | Truxima |  |  |  |  | | Rixathon |  |  |  |  |   *\*if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations…)*     1. As an organisation, are you aware of any financial savings made by using biosimilar rituximab (i.e. Truxima or Rixathon) vs MabThera between 2017-2018, if only partial data is available please indicate the timeframe or geography the data refers to and the methods used to calculate the financial savings.   The CCG do not currently hold the information you are requesting. The CCG only holds 2017/18 £ spend ( invoice) information for Rituximab which was not  linked to volume of Rituximab used.  This information can be obtained from the respective hospital trust.  The CCG spent £23K greater  than its set target budget in 2017/18 for Rituximab.   |  |  |  | | --- | --- | --- | | **Year** | **Scheme** *(e.g. discounting, gainshare…)* | **Approximate saving (£)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |      1. Please provide information for the current contracts for Truxima, Rixathon, MabThera intravenous (IV) or subcutaneous (SC):   The CCG do not currently hold this information. This information can be obtained from the respective hospital trust.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Drug** | **Contract value (£)\*** | **Volume of contract** (number of vials) | **Is price tiered by volume?**  (Yes/No) | **Length of contract** | | **Renewal frequency** | **Services included** | | | **Date of contract initiation** | **Date of contract expiry** | **Yes/No** | **Which services**  *(e.g. biosimilar education, patient support program…)* | | Rixathon |  |  |  |  |  |  |  |  | | Truxima |  |  |  |  |  |  |  |  | | MabThera IV |  |  |  |  |  |  |  |  | | MabThera SC |  |  |  |  |  |  |  |  |   *\*if the total contract value is not available, please provide the price range for each drug*     1. Related to question 10, if contracts are tiered by volume, could you please provide the thresholds for each tier and what is the price percentage difference between tiers?   The CCG do not currently hold this information. This information can be obtained from the respective hospital trust. | |

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| **FOI NO: 1039** | **Date Received: 23 April 2018** |
| **Request :**  1.    The number of people deemed ineligible for continuing healthcare for each financial year since 2011/12 and the reasons these applications were turned down.  2.    The number of Continuing Healthcare (CHC) appeals since 2011/12, broken down by financial year.  3.    The number of successful CHC appeals for each financial year since 2011/12 and the reason these appeals were successful. | |
| **Response :**  1. The number of people deemed ineligible for continuing healthcare for each financial year since 2011/12 and the reasons these applications were turned down.  We are currently unable to access this data prior to 2015.  Apr 15 – March 16:          88 patients were deemed not eligible for CHC Funding (this figure does not include patients who were found to be eligible for either a  Joint Package of Care or FNC).  Apr 16 – March 17:          66 patients were deemed not eligible for CHC Funding (this figure does not include patients who were found to be eligible for either a  Joint Package of Care or FNC).  Apr 17 – March 18:          145 patients were deemed not eligible for CHC Funding (this figure does not include patients who were found to be eligible for either a  Joint Package of Care or FNC).  Apr 18:                             13 patients were deemed not eligible for CHC Funding (this figure does not include patients who were found to be eligible for either a  Joint Package of Care or FNC).  The above patients were found to be not eligible for CHC funding as during the course of the DST, as per the process for NHS CHC, assessors initially consider whether the patient is eligible for NHS CHC funding by determining whether or not he or she is presenting with a Primary health Need prior to considering whether she is eligible for NHS FNC.  Assessors will consider the patients’ needs in isolation and also in totality and determine whether or not their nursing and/or health needs can or cannot be met with care which is ancillary or incidental to the provision of accommodation and social care.  This patients above did not demonstrate with what the Department of Health refer to as a Primary Health Need or a Funded Nursing Care Need. This conclusion has been reached using the 4 key indicators : Nature, Intensity, Complexity, and Unpredictability.  2.    The number of Continuing Healthcare (CHC) appeals since 2011/12, broken down by financial year.  With regards to CHC Appeal data for year 2011 to 2012 and 2012 to April 2013 we do not hold this information as this was prior to the commencement of the CCG.  The information below has been collated from the data which is electronical held by the CHC Appeals Shared Services Team.  1st April 2013 - 31st March 2014  Total number of Continuing Health Care Appeals received   = 12  1st April 2014 - 31st March 2015  Total number of Continuing Health Care Appeals  = 38  1st April 2015 - 31st March 2016  Total number of Continuing Health Care Appeals = 19  1st April 2016 - 31st March 2017  Total number of Continuing Health Care Appeals = 12  1st April 2017 - 31st March 2018  Total number of Continuing Health Care Appeals = 2  3.    The number of successful CHC appeals for each financial year since 2011/12 and the reason these appeals were successful.  As previously explained above the CHC Appeal Shared Services do not hold information prior to the commencement of the CCG in 2013.  1st April 2013 - 31st March 2014  Total number of Continuing Health Care Successful Appeals = 0  1st April 2014 - 31st March 2015  Total number of Continuing Health Care Successful Appeals = 0  1st April 2015 - 31st March 2016  Total number of Continuing Health Care Successful Appeals = 0  1st April 2016 - 31st March 2017  Total number of Continuing Health Care Successful Appeals = 0  1st April 2017 - 31st March 2018  Total number of Continuing Health Care Successful Appeals = 0 | |

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| **FOI NO: 1040** | **Date Received: 23 April 2018** |
| **Request :**  1.       The number of adults currently receiving NHS Continuing Healthcare.  2.       The number of adults currently receiving NHS Continuing Healthcare who are currently in receipt of a Personal Health Budget.  3.       The number of adults not currently receiving NHS Continuing Healthcare who are currently in receipt of a Personal Health Budget.  4.       The number of adults currently receiving NHS Continuing Healthcare who have requested Personal Health Budgets and are awaiting a decision on their request.  5.       The number of adults not currently receiving NHS Continuing Healthcare who have requested Personal Health Budgets and are awaiting a decision on their request.  6.       The total number of adults who received Personal Health Budgets during 2015/16  7.       The total value of Personal Health Budgets awarded to adults during 2015/16 for that financial year  8.       The total number of adults who received Personal Health Budgets during 2016/17  9.       The total value of Personal Health Budgets awarded to adults during 2016/17 for that financial year  10.   The total number of adults who received Personal Health Budgets during 2017/18  11.   The total value of Personal Health Budgets awarded to adults during 2017/18 for that financial year | |
| **Response :**  1.       The number of adults currently receiving NHS Continuing Healthcare. 107 CHC Patients and 92 Fast Tracks  2.       The number of adults currently receiving NHS Continuing Healthcare who are currently in receipt of a Personal Health Budget. 35 CHC Patients  3.       The number of adults not currently receiving NHS Continuing Healthcare who are currently in receipt of a Personal Health Budget. 1  4.       The number of adults currently receiving NHS Continuing Healthcare who have requested Personal Health Budgets and are awaiting a decision on their request. 0 Currently  5.       The number of adults not currently receiving NHS Continuing Healthcare who have requested Personal Health Budgets and are awaiting a decision on their request.  0 Currently  6.       The total number of adults who received Personal Health Budgets during 2015/16.  33  7.       The total value of Personal Health Budgets awarded to adults during 2015/16 for that financial year. £1,148k  8.       The total number of adults who received Personal Health Budgets during 2016/17. 59  9.       The total value of Personal Health Budgets awarded to adults during 2016/17 for that financial year. £1,302k  10.   The total number of adults who received Personal Health Budgets during 2017/18. 82  11.   The total value of Personal Health Budgets awarded to adults during 2017/18 for that financial year. £2,362k | |

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| **FOI NO: 1041** | **Date Received: 24 April 2018** |
| **Request :**  1) How many doctors surgeries are covered under the CCG?  2) What percentage of those surgeries are fully covered under your managed service, i.e you provide a replacement printer if broken/faulty?  3) What clinical software is used within those surgeries for printing prescriptions, by percentage?  4) Which printer manufacture is your current chosen option for those consultation rooms?  5) What is the name of the person responsible for providing the Printers to those surgeries? | |
| **Response :**  How many doctors surgeries are covered under the CCG?   33  2)            What percentage of those surgeries are fully covered under your managed service, i.e you provide a replacement printer if broken/faulty?   100%  3)            What clinical software is used within those surgeries for printing prescriptions, by percentage?                 EMIS     55%  TPP        42%  INPS      3%  4)            Which printer manufacture is your current chosen option for those consultation rooms? BROTHER  5)            What is the name of the person responsible for providing the Printers to those surgeries?                 IT Contract managed by  eMBED Health Consortium  Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR | |

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| **FOI NO: 1042** | **Date Received: 24 April 2018** |
| **Request :**  In the annual accounts *for each CCG that you deal with*, the amount spent on the ‘Purchase of healthcare from non-NHS bodies’ is provided.   1. Please can you confirm that ‘Purchase of healthcare from non-NHS bodies’ includes any healthcare purchased from ISTCs (independent sector treatment centres), private providers (e.g. Bupa, Virgin Care), social enterprises, GP provider companies, as well as other company structures? 2. Please can you provide a breakdown of the contracts, including the sum of money spent on each contract, that make up the ‘Purchase of healthcare from non-NHS bodies’ category in the annual accounts ***for each CCG that you deal*** with for the financial year 2017-18? In the breakdown, please provide the organisation name and type of service provided for each contract. | |
| **Response :**   1. The ‘Purchase of healthcare from Non-bodies’ will include healthcare purchased for a range of bodies such as from the independent/private sector, voluntary sector and local authorities, devolved administrations, government departments and their agencies. 2. The CCG cannot provide a breakdown to individual contract level due to commercial confidentiality with providers for Non-NHS Healthcare spend but we have provided below a breakdown by category. In addition, the CCG’s contracts register can be found on our website at <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> which details where we hold a contract direct with a provider, an indication of the service provided and the contract value.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Purchase of Non NHS Healthcare** | **Independent/ Private** | **Voluntary / Not-for-Profit** | **Local Authorities** | **Devolved Administrations** | **Total** | |  | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | |  | **N46A** | **N46B** | **N46C** | **N46D** | **N46E** | | **Total Primary Healthcare Purchased** | 1,146 | - | - | - | **1,146** | |  |  |  |  |  |  | | **Purchase of Secondary Healthcare** |  |  |  |  |  | | Social Care (Learning Difficulties) | 1,761 | 84 | 542 | - | **2,387** | | Mental Health | 669 | 403 | 1,477 | - | **2,549** | | Maternity | - | 205 | - | - | **205** | | General and Acute | 5,820 | 33 | - | 141 | **5,994** | | Community Health Services | 1,436 | 1,952 | 4,495 | - | **7,883** | | Continuing Health Care | 7,148 | 207 | 5,600 | - | **12,955** | | **Total Secondary Healthcare Purchased** | 17,980 | 2,884 | 12,114 | 141 | 33,119 | | Social Care including Better Care Fund, DAT etc | 306 | - | 10,671 | - | 10,977 | | **TOTAL** | 18,286 | 2,884 | 22,785 | 141 | 44,096 | | |

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| **FOI NO: 1043** | **Date Received: 30 April 2018** |
| **Request :**  Please inform us of the services currently commissioned by Barnsley CCG to support patients with lymphoedema related to  -cancer treatment  -non cancer related causes  Please inform us of the commissioner/commissioning department responsible for commissioning these services.  Please inform us of the arrangements made to support such people if no specific lymphoedema service is commissioned | |
| **Response :**  - cancer treatment – If people were affected the services the CCG commissions ( i.e. local  hospital, hospice, primary care  etc) would provide the appropriate care and support ,as per their standards of professional practice for e.g. NICE guidelines etc. The CCG has commissioned a 2 year living with and beyond cancer (LWABC) improvement programme . As  part of this programme people LWABC can have a holistic care planning assessment and would be signposted to local services if affected.  Also the CNS at Barnsley hospital can refer a person to the ‘The Well’ internal service at the hospital, that provides psychological support and sign posting for people who need it.    -non cancer related causes – If people were affected the services we commission ( i.e. local  hospital, primary care  etc.) would provide the appropriate care, as per their standards of professional practice for e.g. as per NICE guidelines etc.  Please inform us of the commissioner/commissioning department responsible for commissioning these services.- Barnsley CCG  Commissioning and Transformation Team  Please inform us of the arrangements made to support such people if no specific lymphoedema service is commissioned. If people were affected the services the CCG commissions currently ( i.e. local  hospital, hospice, primary care, Community services etc) would provide the care, as per their standards of professional practice for e.g. as per NICE guidelines. | |