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| **FREEDOM OF INFORMATION REQUESTS April 2017** |

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| **FOI NO: 757** | **Date Received: 4 April 2017** |
| **Request :**  1. The number of elective (a) hip replacement and (b) knee replacement surgeries funded each year in 2013/14, 2014/15, 2015/16 and 2016/17    The CCG may refer to previous FOI responses it has sent me if they cover the question 1 data for 2013/14-2015/16. 2016/17 data should be provided regardless.    2. The number of successful Individual Funding Requests (or equivalent procedure) made for (a) hip replacement and (b) knee replacement surgeries each year in 2013/14, 2014/15, 2015/16 and 2016/17    3. The number of unsuccessful Individual Funding Requests (or equivalent procedure) made for (a) hip replacement and (b) knee replacement surgeries each year in 2013/14, 2014/15, 2015/16 and 2016/17    Questions 1-3 cover both full and partial replacements within each category.    4. The number of people recorded as having malnutrition (i.e undernutrition) each year by GP practices in the area in 2013/14, 2014/15, 2015/16 and 2016/17 (if this is recorded by the CCG)    5. The number of people prescribed Oral Nutritional Supplements each year in 2013/14, 2014/15, 2015/16 and 2016/17, broken down by gender    6. Please provide a list of all GP practices in the CCG area and a contact email address for each (to which FOI requests might be sent) | |
| **Response :**   1. The number of elective (a) hip replacement and (b) knee replacement surgeries funded each year in 2013/14, 2014/15, 2015/16 and 2016/17. The CCG may refer to previous FOI responses it has sent me if they cover the question 1 data for 2013/14-2015/16. 2016/17 data should be provided regardless.  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Funded procedures per year** | | | | |  | 2013/14 | 2014/15 | 2015/16 | 2016/17 | | **All hip replacements** | 371 | 402 | 324 | 325 | | **All knee replacements** | 574 | 672 | 573 | 814 |  1. The number of successful Individual Funding Requests (or equivalent procedure) made for (a) hip replacement and (b) knee replacement surgeries each year in 2013/14, 2014/15, 2015/16 and 2016/17   Hip and Knee replacements for Barnsley CCG do not come through IFR and therefore the response is nil.   1. The number of unsuccessful Individual Funding Requests (or equivalent procedure) made for (a) hip replacement and (b) knee replacement surgeries each year in 2013/14, 2014/15, 2015/16 and 2016/17   Hip and Knee replacements for Barnsley CCG do not come through IFR and therefore the response is nil.   1. The number of people recorded as having malnutrition (i.e undernutrition) each year by GP practices in the area in 2013/14, 2014/15, 2015/16 and 2016/17 (if this is recorded by the CCG)   Barnsley CCG does not hold GP Practice Data.   1. The number of people prescribed Oral Nutritional Supplements each year in 2013/14, 2014/15, 2015/16 and 2016/17, broken down by gender   The CCG does not hold this information in the form requested. The CCG has access to cost and volume prescribing data (EPACT), hosted by the NHS Business Services Authority, which covers the prescribing for the whole of Barnsley. This data is not currently linked to patients and does not include age or gender.  This data is made publicly available via NHS Digital <http://digital.nhs.uk/> which does publicise five years of data on its website and so I refer you to this organisation.  I believe the information you requested would be held by individual GP Practices.   1. Please provide a list of all GP practices in the CCG area and a contact email address for each (to which FOI requests might be sent)   The Contact details for GPs in the Barnsley CCG area are available on the NHS Choices website – ‘Find at GP’, at the following link:  <http://www.nhs.uk/Service-Search/GP/LocationSearch/4> | |

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| **FOI NO: 758** | **Date Received: 4 April 2017** |
| **Request :**   1. Please supply me with your most up to date wound care formulary (please indicate if you do not work from a formulary)? 2. Who has operational responsibility for the formulary including the addition or deletion of products? 3. Please provide information on how compliance with your formulary is enforced? 4. Please provide information on how products are evaluated prior to being accepted onto the formulary? If this is part of a clinical evaluation or clinical trial, please provide the results. 5. Please provide information on who is responsible for the cost of wound care in your setting – is it CCG or Acute? 6. Please provide information if the wound care products are on prescription FP10? 7. Please provide a list of the wound care products that you are planning to keep on prescription FP10? 8. Please provide information if you are planning to take wound care products off prescription FP10? 9. Please provide a list of the wound care products that you are planning to take off prescription FP10? 10. Do you hold information about your patient demographic? If so, please provide information on what is your patient demographic and what are the most commonly treated wounds from your patient demographic 11. Please provide any information that you have relating to the average monthly usage of each product in the formulary? 12. Please provide information on the number of wound care products used that are not currently on the formulary? 13. Please provide any information on the monthly usage levels for non-formulary wound care products in the last twelve months? 14. How often do you review your wound care formulary and when was this last undertaken? 15. Please provide information about the procedure that you use of the information you assess when reviewing your formulary? 16. Please provide a list of the suppliers that are currently on your formulary? 17. Please provide figures for your total spend on wound care products in 2015 and 2016? 18. Please provide figures for your total spend on Compression bandages in 2015 and 2016? 19. Please provide figures for your total spend on Foam dressings in 2015 and 2016? 20. Please provide figures for your total spend on Anti-Microbial wound care products in 2015 and 2016? 21. Please provide figures for your total spend on Alginate (Silver) wound care products in 2015 and 2016? 22. Please provide figures for your total spend on Hydrocolloid wound care products in 2015 and 2016? 23. Please provide figures for your total spend on Wound contact products in 2015 and 2016? 24. Please provide figures for your total spend on Exudate Absorber (Super Absorber) Dressings products in 2015 and 2016? 25. Please provide figures for your total spend on Acute Wound Care products - Post Op Film Dressing Plus Pads, Steri-Strips, Stockinette and Semi Permeable Film Dressings in 2015 and 2016? 26. Please provide figures for your total spend on Skin Integrity wound products – Barrier Films and Barrier Creams in 2015 and 2016? 27. Please provide figures for your total spend on Vascular Access wound products – Semi Permeable Film Dressings and IV Dressings in 2015 and 2016? 28. Please provide figures for your total spend on hosiery products in 2015 and 2016? 29. Are you planning on collaborating with another healthcare entity to provide wound care services? 30. Please provide information on your current supply route – DHL, wholesaler or vendor direct? 31. Do you currently have a contract in place for supply of wound care products? If so when does it expire? 32. Please provide information on how many delivery points do you have for wound care deliveries? 33. Please provide information on how many community locations are holding stock of wound care and prescribing to the community? 34. Please provide information on what software platform do you use for ordering wound care products? 35. Do you have a wound care clinic in place for your local demographic and where do your referrals come from? | |
| **Response :**  1.      Please supply me with your most up to date wound care formulary (please indicate if you do not work from a formulary)? attached    2.       Who has operational responsibility for the formulary including the addition or deletion of products? Tissue Viability Nurse (TVN) - South West Yorkshire Partnership NHS Foundation Trust and Barnsley Clinical Commissioning Group Medicines  Optimisation Team    3.       Please provide information on how compliance with your formulary is enforced? A form is produced with formulary choices, as a tick box.  Nurses choose from the list which products they require, or refer to TVN if outside the list    4.       Please provide information on how products are evaluated prior to being accepted onto the formulary? If this is part of a clinical evaluation or clinical trial, please provide the results.  The products are evaluated by TVN at South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).    5.       Please provide information on who is responsible for the cost of wound care in your setting – is it CCG or Acute?   CCG    6.       Please provide information if the wound care products are on prescription FP10?   Yes    7.       Please provide a list of the wound care products that you are planning to keep on prescription FP10?  All are included on the attached formulary    8.       Please provide information if you are planning to take wound care products off prescription FP10? No plans    9.       Please provide a list of the wound care products that you are planning to take off prescription FP10? N/A    10.   Do you hold information about your patient demographic? If so, please provide information on what is your patient demographic and what are the most commonly treated wounds from your patient demographic.    Information not held by the CCG    11.   Please provide any information that you have relating to the average monthly usage of each product in the formulary?  Information on usage is not held by the CCG.  Information on the amount prescribed may be available however if this is the information you require could you please confirm the timeframe and period over which you would like the average calculating.    12.   Please provide information on the number of wound care products used that are not currently on the formulary?   This changes on a regular basis as the formulary is updated to take account of new products – in order to provide the information requested, the time period to which you require the information would be required.    13.   Please provide any information on the monthly usage levels for non-formulary wound care products in the last twelve months?   This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    14.   How often do you review your wound care formulary and when was this last undertaken?   Ongoing when a relevent new product is available to review    15.   Please provide information about the procedure that you use of the information you assess when reviewing your formulary?   TVN and the team assess evidence of products and review the quality and cost-effectiveness of each product.  If it is deemed superior in efficacy, tolerability and cost effectiveness it is either added to the formulary or replaces an existing item.    16.   Please provide a list of the suppliers that are currently on your formulary?   There are no bespoke suppliers of products to the CCG.  They are available on prescription and therefore individual pharmacies have discretion over their suppliers.    17.   Please provide figures for your total spend on wound care products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    18.   Please provide figures for your total spend on Compression bandages in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    19.   Please provide figures for your total spend on Foam dressings in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    20.   Please provide figures for your total spend on Anti-Microbial wound care products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    21.   Please provide figures for your total spend on Alginate (Silver) wound care products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    22.   Please provide figures for your total spend on Hydrocolloid wound care products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    23.   Please provide figures for your total spend on Wound contact products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    24.   Please provide figures for your total spend on Exudate Absorber (Super Absorber) Dressings products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    25.   Please provide figures for your total spend on Acute Wound Care products - Post Op Film Dressing Plus Pads, Steri-Strips, Stockinette and Semi Permeable Film Dressings in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    26.   Please provide figures for your total spend on Skin Integrity wound products – Barrier Films and Barrier Creams in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    27.   Please provide figures for your total spend on Vascular Access wound products – Semi Permeable Film Dressings and IV Dressings in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    28.   Please provide figures for your total spend on hosiery products in 2015 and 2016? This information is not currently available and held by the CCG.  To process the information would exceed the cost limit relating to FOI (Section 12 of the FOI Act) due to the number of staff hours that would be required to extract the information from prescribing system.    29.   Are you planning on collaborating with another healthcare entity to provide wound care services? Barnsley CCG are not providers of wound care services.  NHS commissioned providers are responsible for the provision of services    30.   Please provide information on your current supply route – DHL, wholesaler or vendor direct?   No direct supply to Barnsley CCG    31.   Do you currently have a contract in place for supply of wound care products? If so when does it expire? No contract at Barnsley CCG.  Barnsley CCG are not providers of wound care services.  NHS commissioned providers are responsible for the provision of services    32.   Please provide information on how many delivery points do you have for wound care deliveries?  No direct supply to Barnsley CCG    33.   Please provide information on how many community locations are holding stock of wound care and prescribing to the community?  Please re-direct your request to South West Yorkshire Partnership NHSFT  34.   Please provide information on what software platform do you use for ordering wound care products? Barnsley CCG does not order wound care products and are not providers of wound care services.    35.   Do you have a wound care clinic in place for your local demographic and where do your referrals come from?  Barnsley CCG are not providers of wound care services. | |

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| **FOI NO: 759** | **Date Received: 5 April 2017** |
| **Request :**  1. Number of mental health beds for CAMHS Tier 4 inpatients every year from 2010-present.    2. Your procedure for dealing with CAMHS Tier 4 inpatients if no beds are available.    3. If/when beds are unavailable how many times from 2010-present have CAMHS Tier 4 inpatients been admitted to:                  a) adult psychiatric wards                  b) prison cells    Please provide the information broken down per year where available. | |
| **Response :**  CAMHS Tier 4 beds are commissioned by NHS England. Please redirect your request to Rita Thomas, NHS England, Specialised Commissioning at [england.contactus@nhs.net](mailto:england.contactus@nhs.net) | |

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| **FOI NO: 760** | **Date Received: 5 April 2017** |
| **Request :**  1. Total planned spending by the CCG on general practice services for 2017/18, and a breakdown of how this figure is made up.  2. Total spending by the CCG on general practice services in 2016/17, and a breakdown of how this figure is made up. | |
| **Response :** | |

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| **FOI NO: 761** | **Date Received: 6 April 2017** |
| **Request :**  As of March 31st, 2017, can you tell me how many children were on the waiting list to visit the CCG children's dental hospital?  If the CCG does not have a dedicated dental hospital, how long is the wait as of March 31st, 2017, for children's dental services?    How long is the present waiting list, in terms of months/weeks to be seen?    How long is the wait for teeth extractions?    How many children are affected by the wait for teeth extractions?    Is there a wait for youngsters to be added to the waiting list? if, so how many children are waiting to be placed on to the waiting list?    How many dental nurses does the CCG employ for children's dental services?    How many vacancies does it have at present?    How many children were on the waiting list to visit the CCG's children's dental hospital on:    a) March 31st, 2016?  b) March 31st 2015?  c) March 31st 2014?  d) March 31st 2013?    If the CCG does not have a dental hospital, how many children were on the waiting list to visit the CCG's children's dental services on:    a) March 31st, 2016?  b) March 31st 2015?  c) March 31st 2014?  d) March 31st 2013?    How many children received treatment at the children's dental services between January 1, 2016 and December 31, 2016? | |
| **Response :**  Redirected to NHS England | |

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| **FOI NO: 762** | **Date Received: 7 April 2017** |
| **Request :**  1. How much in total has your CCG spent on providing patients with homeopathy services and medicine in (i) 2014/15 and (ii) 2015/16?  2. Please provide me with a list of the products/services that you sanctioned in relation to Question 1. | |
| **Response :**   1. How much in total has your CCG spent on providing patients with homeopathy services and medicine in (i) 2014/15 and (ii) 2015/16   Homeopathy is not routinely commissioned by NHS Barnsley CCG.   1. Please provide me with a list of the products/services that you sanctioned in relation to Question 1.   Not Applicable | |

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| **FOI NO: 763** | **Date Received: 7 April 2017** |
| **Request :**  What is the longest amount of time in days a patient had been kept in hospital due to delayed transfer in the past 12 months?  Could you give me details for the three longest delayed transfer stays, the name of the hospital concerned and if possible the age and sex of the patients concerned and the department they were in (ie elderly care/general surgery, paediatrics etc)?  Are you also able to give a brief reason for the delay in each instance (ie lack of beds in care facility/delay equipping home etc)? | |
| **Response :**  What is the longest amount of time in days a patient had been kept in hospital due to delayed transfer in the past 12 months?  There is no 12 month consecutive data set available. However, the below table shows April 16 – January 2017 delayed transfers of care, the longest delay being 105 days:   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Delayed Transfers of Care - Days by Reason** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Total** | | A) Completion of Assessment | 21 | 4 | 16 | 12 | 10 | 0 | 15 | 5 | 1 | 14 | **98** | | B) Public Funding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | C) Waiting Further NHS Non-Acute Care | 67 | 105 | 40 | 104 | 77 | 73 | 54 | 33 | 30 | 39 | **622** | | DI) Awaiting Residential Home Placement or Availability | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | DII) Awaiting Nursing Home Placement or Availability | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 6 | **10** | | E) Awaiting Care Package in Own Home | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | **3** | | F) Awaiting Community Equipment and Adaptions | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** | | G) Patient or Family Choice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 8 | **12** | | H) Disputes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | I) Housing - Patients Not Covered by NHS and Community Care Act | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | | **Total** | **88** | **110** | **56** | **116** | **87** | **76** | **69** | **38** | **36** | **70** | **746** |   Could you give me details for the three longest delayed transfer stays, the name of the hospital concerned and if possible the age and sex of the patients concerned and the department they were in (ie elderly care/general surgery, paediatrics etc)?  The above table represents the data we hold in relation to delayed transfers of care.  Are you also able to give a brief reason for the delay in each instance (ie lack of beds in care facility/delay equipping home etc)?  Please see the above table. | |

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| **FOI NO: 764** | **Date Received: 7 April 2017** |
| **Request :**  Please give the amounts spent and number of referrals made by the CCG/health board for the following treatments or services in each of the last three financial years (2014/15, 2015/16 and 2016/17):    ·         Iscador aka Mistletoe Therapy  ·         Chiropractic/Spinal Manipulation  ·         Osteopathy/Cranial Osteopathy/Craniosacral Therapy  ·         Herbal remedies  ·         Reflexology  ·         Traditional Chinese Medicine | |
| **Response :**  ·         Iscador aka Mistletoe Therapy - Used for treatment of cancer – not routinely commissioned by the CCG  ·         Chiropractic/Spinal Manipulation – Maybe used by physiotherapy services Muscular Skeletal Therapy – not something that the CCG commissions separately.  ·         Osteopathy/Cranial Osteopathy/Craniosacral Therapy – As above  ·         Herbal remedies – not routinely commissioned by the CCG  ·         Reflexology – part of complimentary therapy for cancer  ·         Traditional Chinese Medicine – not routinely commissioned by the CCG. | |

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| **FOI NO: 765** | **Date Received: 10 April 2017** |
| **Request :**  1. Please provide a list of all the organisations that have held contracts (or other formal agreement) for the delivery of community health services since the creation of the CCG (plus any predecessor CCGs), together with the start and end dates of each contract  2. Please state what services were covered by each contract | |
| **Response :**   1. Please provide a list of all the organisations that have held contracts (or other formal agreement) for the delivery of community health services since the creation of the CCG (plus any predecessor CCGs), together with the start and end dates of each contract   Please see link to NHS Barnsley CCG’s contracts register: <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>  Please note: Contracts have been in place since April 2013 on a rollover basis where noted. Locally commissioned Optometry  services commenced on 19th January 2015.     1. Please state what services were covered by each contract   Please access the individual provider’s website for details of the services provided | |

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| **FOI NO: 766** | **Date Received: 11 April 2017** |
| **Request :**  1. The number of (a) adults and (b) children receiving Continuing Healthcare (CHC)/Continuing Care in your area.  2. The number of those from 1(a) and 1(b) who receive a Personal Health Budget (PHB)?  3. The number of those from 1(a) and 1(b) who receive (a) care in their home and (b) care in a residential or nursing home.  4. The number of those from 2(a) and 2(b) who receive (a) care in their home and (b) care in a residential or nursing home.  5. The smallest and largest weekly budgets in £’s for 1(a), 1(b), 2(a) and 2(b).  6. The indicative hourly rate paid for Personal Assistants/carers (PAs) under a PHB for (a) standard care and (b) complex care.  7. The indicative hourly rate paid for Personal Assistants/carers (PAs) under CHC/CC for (a) standard care and (b) complex care.  8. The maximum amount used under a PHB to fund social activities per annum?  9. The maximum amount used under a PHB to fund respite per annum?  10. The maximum amount used under a CHC/CC to fund respite per annum?  11. Whether you permit ‘close family members’ who do not live with the ‘service user’ to be employed under (a) CHC and (b) PHB? | |
| **Response :**  1.    The number of (a) adults and (b) children receiving Continuing Healthcare (CHC)/Continuing Care in your area.  (a) 200  (b) 32  2.    The number of those from 1(a) and 1(b) who receive a Personal Health Budget (PHB)?  (a) 28  (b) 22  3.    The number of those from 1(a) and 1(b) who receive (a) care in their home and (b) care in a residential or nursing home.  (a) own home 120               care home 80  (b) School 11             Own home 23  4.    The number of those from 2(a) and 2(b) who receive (a) care in their home and (b) care in a residential or nursing home.  (a) own home 19              care home 0  (b) 22  5.    The smallest and largest weekly budgets in £’s for 1(a), 1(b), 2(a) and 2(b).  (1a) smallest £32.25              largest £5043.67  (1b) Smallest £41.00               Largest £2370.00    (2a) smallest £54.69               largest £1734.24  (2b) Smallest £41.00  Largest £2370.00  6.    The indicative hourly rate paid for Personal Assistants/carers (PAs) under a PHB for (a) standard care and (b) complex care.  We do not have a set hourly rate    7.    The indicative hourly rate paid for Personal Assistants/carers (PAs) under CHC/CC for (a) standard care and (b) complex care.  We do not have a set hourly rate    8.    The maximum amount used under a PHB to fund social activities per annum?  This is not capped it is about meeting the individuals assessed eligible needs of  the service    9.    The maximum amount used under a PHB to fund respite per annum?  As above    10. The maximum amount used under a CHC/CC to fund respite per annum?           As above  11. Whether you permit ‘close family members’ who do not live with the ‘service user’ to be employed under (a) CHC and (b) PHB?  Yes | |

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| **FOI NO: 767** | **Date Received: 12 April 2017** |
| **Request :**  1) All in-patient and out-patient eating disorder services currently provided for CAMHS and adult services in your area  2) The budget and monies promised to deliver the CAMHS access and waiting time standards on Eating Disorders  3) The budget and monies received to deliver the CAMHS access and waiting time standards on Eating Disorders  4) Your total budget and expenditure for all CAMHS eating disorder services (please include any additional monies received to deliver access and waiting time standards, as specified in Question 3)  5) Your total budget and expenditure for all adult eating disorder services  6) Your average and range of waiting times for CAMHS eating disorder services for both severe and non-severe cases  7) Your average and range of waiting times for adult eating disorder services for both severe and non-severe cases  We are requesting information for Question 2-7 in the financial years: 2014/15, 2015/16, 2016/17 and 2017/18. | |
| **Response :**  1)      *All in-patient and out-patient eating disorder services currently provided for CAMHS and adult services in your area – these services are provided in Barnsley by South and West Yorkshire Partnership NHS Foundation Trust.  Specialist placements are commissioned as and when the need arises*  2)      *The budget and monies promised to deliver the CAMHS access and waiting time standards on Eating Disorders – for 2017/18 this is £143, 000; for 2016/17 this was £143,000 and for 2015/16 was £146,000*  3)      *The budget and monies received to deliver the CAMHS access and waiting time standards on Eating Disorders – as per the response to Q2*  4)      *Your total budget and expenditure for all CAMHS eating disorder services (please include any additional monies received to deliver access and waiting time standards, as specified in Question 3) – Prior to Future in Mind investment there was no specifc Eating Disorder Service for Children and Young People in  Barnsley – prior to 2016 therefore children and young people with Eating Disorders were treated as part of the CAMHS Crisis pathway – an element of the overall CAMHS budget will therefore be utilised in addition to the monies invested via Future In Mind but this is not allocated as being for ‘Eating Disorders.’*    *In addition to the above, Future in Mind investment is also being utilised to provide all teaching staff in secondary schools with awareness training in relation to children and young people with Eating Disorder issues – this training also covers Youth Mental Health First Aid training, self-harm, depression and anxiety.  The training with regards to Eating Disorders is delivered by South Yorkshire Eating Disorder Association (SYEDA)*  5)      *Your total budget and expenditure for all adult eating disorder services – we do not commission a separate adult eating disorder service – this is commissioned as part of the overarching community mental health contract – the budget is not broken down*  6)      *Your average and range of waiting times for CAMHS eating disorder services for both severe and non-severe cases – emergency referrals are seen within 24 hours; urgent referrals are seen within 2 weeks; non-urgent referrals are seen within 5 weeks*  7)      *Your average and range of waiting times for adult eating disorder services for both severe and non-severe cases – these are not reported on / requested as part of the routine monitoring performance data* | |

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| **FOI NO: 768** | **Date Received: 12 April 2017** |
| **Request :**  1: How many of the GP practices within your CCG have switched on ‘Enhanced Data Sharing’ from TPP?  2: How is patient data being protected from being viewed by individuals who are not involved with that patient’s care?  3: How do patients with sensitive medical issues eg. Mental Health, HIV positive, early pregnancy, prevent their data being shared?  4: How is the CCG working to ensure data protection compliance and the avoidance of misuse of the data?  5 a): Does SystmOne have the capability to identify unauthorised access to a patient record by a user not involved with the patient’s care?  5 b): If so, how is this unauthorised access to patient data reported to the CCG?  6: How is the CCG planning to report unauthorised access to the patient?  7: What plans does the CCG have to handle data protection claims from patients whose data has been illegally accessed? | |
| **Response :**  NOTE: As independent providers of primary medical services GP Practices are the data controllers for their own patient records and are therefore responsible for the security of those records as well as ensuring data protection requirements are complied with. In most cases your request should therefore be directed to the relevant Practices. Clinical systems are delivered to practices under the GP SoC programme details here: <https://digital.nhs.uk/GP-Systems-of-Choice> .  1: How many of the GP practices within your CCG have switched on ‘Enhanced Data Sharing’ from TPP? Not known by the CCG, however for your information there are currently 16 Practices in Barnsley using TPP SystmOne:   |  |  | | --- | --- | | **CCG** | **Practice** | | Barnsley | Ashville Medical Practice | | Barnsley | Barnsley Healthcare Federation (BHF) Highgate | | Barnsley | Barnsley Healthcare Federation (BHF) Lundwood | | Barnsley | Caxton House Surgery | | Barnsley | Chapelfield Medical Centre | | Barnsley | Cope Street Surgery | | Barnsley | Dearne Valley Group Practice | | Barnsley | Goldthorpe Medical Centre | | Barnsley | Hill Brow Surgery | | Barnsley | Hollygreen Practice | | Barnsley | Lakeside Surgery | | Barnsley | Park Grove Surgery | | Barnsley | Rotherham Road PMS | | Barnsley | Royston Group Practice | | Barnsley | St Georges Medical Practice | | Barnsley | The Kakoty Practice |   2: How is patient data being protected from being viewed by individuals who are not involved with that patient’s care? See note above – this should be requested from the Practices directly.  3: How do patients with sensitive medical issues eg. Mental Health, HIV positive, early pregnancy, prevent their data being shared? See note above – this should be requested from the Practices directly.  4: How is the CCG working to ensure data protection compliance and the avoidance of misuse of the data? See note above – it is the responsibility of Practices to ensure data protection compliance.  5 a): Does SystmOne have the capability to identify unauthorised access to a patient record by a user not involved with the patient’s care? See note above – this should be requested from the Practices directly.  5 b): If so, how is this unauthorised access to patient data reported to the CCG? Unauthorised access to patient data is not reported to the CCG.  6: How is the CCG planning to report unauthorised access to the patient? Unauthorised access to patient data is not reported to the CCG.  7: What plans does the CCG have to handle data protection claims from patients whose data has been illegally accessed? See note above – any data protection claims from patients would be the responsibility of the relevant Practice as the data controller. | |

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| **FOI NO: 769** | **Date Received: 13 April 2017** |
| **Request :**  will future intermediate care services be at least equivalent to what exists at present - is the level of investment being maintained and how will numbers of beds compare with present - how many beds of different types are there at present and how many will there be in future?  will the 24-hour staffed NHS beds facility be Mount Vernon - if not where will it be?  if the 24-hour staffed NHS beds facility is not Mount Vernon, what are the plans and the timetable for the re-provision of all the services on the Mount Vernon site?  why were we not consulted about any of these changes? | |
| **Response :**  Will future intermediate care services be at least equivalent to what exists at present?  The CCG intends for the future Intermediate Care Service to build upon the current provision with the emphasis being on rehabilitation. The Alliance (BHNFT, SWYPFT, BHF, BMBC and CCG) will ensure there is sufficient provision for the population of Barnsley and that that improvements are made in relation to activity, outcomes and costs to better benchmark with similar services in areas similar to Barnsley.  Is the level of investment being maintained? How will numbers of beds compare with present?  How many beds of different types are there at present and how many will there be in future?  The resource available for therapists will be increased by savings in estate and overhead costs.  The current ‘bed base’ consists of 48 beds at Mount Vernon and 17 beds at Thornhill care home (with the flexibility of a further 4 elsewhere if required) but rehabilitation via therapists is also delivered in people’s own place of residence (currently called ‘hospital at home’).  The number of’ beds’ is currently being worked up based on previous usage, known potential demand and reduced lengths of stay. Initially we anticipate an equivalence but as the service transforms The Alliance will review this regularly  Will the 24-hour staffed NHS beds facility be Mount Vernon - if not where will it be?  The Alliance are planning for having some NHS delivered ‘beds’ described as transition beds (‘halfway home’) which are likely to be at Barnsley Hospital  If the 24-hour staffed NHS beds facility is not Mount Vernon, what are the plans and the timetable for the re-provision of all the services on the Mount Vernon site?  The CCG does not run services from, or own, Mount Vernon Hospital and therefore does not have this information.  A transition plan will be part of the mobilisation of the future Intermediate Care Service and will be shared through the Alliance.  Why were we not consulted about any of these changes?  Engagement work took place in 2014 to help re-specify the service.   The subsequent revised specification approved in 2016 did not make any material changes on the original 2014 service specification but instead built on it with greater clarification of certain terms (e.g. how rehabilitation differs from respite and recuperation).  It also outlines certain requirements (e.g. a dedicated leader) to ensure effective delivery of the service. | |

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| **FOI NO: 770** | **Date Received: 19 April 2017** |
| **Request :**   1. At the time of responding to this request, has the CCG’s financial plan for **2017/18** and **2018/19** been agreed by NHS England? 2. In the CCG’s financial plan for **2017/18**, or latest draft of this plan if this has not been finalised by NHS England at the time of responding to this request, has the Mental Health Investment Standard (formerly Parity of Esteem) been achieved? 3. If the Mental Health Investment Standard (formerly Parity of Esteem) has not been achieved for **2017/18**, please indicate the reason using the codes below:   1 - Commissioners in deficit, not achieving 1% plan metric or with very low growth.  2 - Mental Health Investment Standard (Parity of Esteem) achieved across health economy.  3 - Historically high investment in mental health.  4 - Other.   1. If answering ‘Other’, please provide further explanation as to why the Mental Health Investment Standard (Parity of Esteem) has not been achieved for **2017/18**. 2. In the CCG’s financial plan for **2018/19**, or latest draft of this plan if this has not been finalised by NHS England at the time of responding to this request, has the Mental Health Investment Standard (formerly Parity of Esteem) been achieved? 3. If the Mental Health Investment Standard (formerly Parity of Esteem) has not been achieved for **2018/19**, please indicate the reason using the codes below:   1 - Commissioners in deficit, not achieving 1% plan metric or with very low growth.  2 - Mental Health Investment Standard (Parity of Esteem) achieved across health economy.  3 - Historically high investment in mental health.  4 - Other.   1. If answering ‘Other’, please provide further explanation as to why the Mental Health Investment Standard (Parity of Esteem) has not been achieved for **2018/19**. 2. At the time of responding to this request, has the Chief Executive of your main mental health provider signed a letter stating that the CCG’s mental health planned spend for 2017/18 and 2018/19 is an accurate reflection of health economy investment in mental health, as requested by NHS England? | |
| **Response :**   1. At the time of responding to this request, has the CCG’s financial plan for **2017/18** and **2018/19** been agreed by NHS England?   We have submitted our financial plans to NHS England and as far as we are aware have no outstanding queries but have not yet had final sign off from NHS England.     1. In the CCG’s financial plan for **2017/18**, or latest draft of this plan if this has not been finalised by NHS England at the time of responding to this request, has the Mental Health Investment Standard (formerly Parity of Esteem) been achieved?   Yes.   1. If the Mental Health Investment Standard (formerly Parity of Esteem) has not been achieved for **2017/18**, please indicate the reason using the codes below:   1 - Commissioners in deficit, not achieving 1% plan metric or with very low growth.  2 - Mental Health Investment Standard (Parity of Esteem) achieved across health economy.  3 - Historically high investment in mental health.  4 - Other.  N/A.   1. If answering ‘Other’, please provide further explanation as to why the Mental Health Investment Standard (Parity of Esteem) has not been achieved for **2017/18**.   N/A.   1. In the CCG’s financial plan for **2018/19**, or latest draft of this plan if this has not been finalised by NHS England at the time of responding to this request, has the Mental Health Investment Standard (formerly Parity of Esteem) been achieved?   Yes.   1. If the Mental Health Investment Standard (formerly Parity of Esteem) has not been achieved for **2018/19**, please indicate the reason using the codes below:   1 - Commissioners in deficit, not achieving 1% plan metric or with very low growth.  2 - Mental Health Investment Standard (Parity of Esteem) achieved across health economy.  3 - Historically high investment in mental health.  4 - Other.  N/A.   1. If answering ‘Other’, please provide further explanation as to why the Mental Health Investment Standard (Parity of Esteem) has not been achieved for **2018/19**.   N/A.   1. At the time of responding to this request, has the Chief Executive of your main mental health provider signed a letter stating that the CCG’s mental health planned spend for 2017/18 and 2018/19 is an accurate reflection of health economy investment in mental health, as requested by NHS England?   Yes. | |

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| **FOI NO: 771** | **Date Received: 24 April 2017** |
| **Request :**  1.       Contract Type: Maintenance, Managed, Shared (If so please state orgs)  2.       Existing Supplier: If there is more than one supplier please split each contract up individually.  3.       Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider  4.       Number of Users:  5.       Hardware Brand: The primary hardware brand of the organisation’s telephone system.  6.       Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.  7.       Telephone System Type: PBX, VOIP, Lync etc  8.       Contract Duration: please include any extension periods.  9.       Contract Expiry Date: Please provide me with the day/month/year.  10.   Contract Review Date: Please provide me with the day/month/year.  11.   Contract Description: Please provide me with a brief description of the overall service provided under this contract.  12.   Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.  If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.  If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract.  If the maintenance for telephone systems is maintained in-house please can you provide me with:  1.       Number of Users:  2.       Hardware Brand: The primary hardware brand of the organisation’s telephone system.  3.       Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.  4.       Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address.  Also if the contract is due to expire please provide me with the likely outcome of the expiring contract.  If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract? | |
| **Response :**  1.       Contract Type: Maintenance, Managed, Shared (If so please state orgs) Maintenance  2.       Existing Supplier: If there is more than one supplier please split each contract up individually. Unify (previously Siemans)  3.       Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider        £8720  4.       Number of Users: 1600  5.       Hardware Brand: The primary hardware brand of the organisation’s telephone system. Highpath DX  6.       Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. PBX/VOIP  7.       Telephone System Type: PBX, VOIP, Lync etc PBX/VOIP  8.       Contract Duration: please include any extension periods. 12 Months with options to extend annually  9.       Contract Expiry Date: Please provide me with the day/month/year. 30 March 2018  10.   Contract Review Date: Please provide me with the day/month/year. 30 November 2017  11.   Contract Description: Please provide me with a brief description of the overall service provided under this contract. Maintenance only  12.   Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address. Richard Wright [Richard.wright@nhs.net](mailto:Richard.wright@nhs.net) ICT Infrastructure Manager 01226 432771  If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.  N/A  If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract. N/A  If the maintenance for telephone systems is maintained in-house please can you provide me with:  1.       Number of Users: N/A  2.       Hardware Brand: The primary hardware brand of the organisation’s telephone system. N/A  3.       Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. N/A  4.       Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address. N/A  Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. N/A  If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract? N/A | |

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| **FOI NO: 772** | **Date Received: 27 April 2017** |
| **Request :** | |
| **Response :** | |

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| **FOI NO: 773** | **Date Received: 27 April 2017** |
| **Request :**  Could you please provide me with a list of the Notional Rent paid to each GP Practices within NHS Barnsley CCG? | |
| **Response :** | |

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| **FOI NO: 774** | **Date Received: 28 April 2017** |
| **Request :**  Today I am writing to you under the Freedom of Information Act 2000 to ask that you supply me with a list of names and business email addresses of the non-clinical members who sit on the Governing Body of the NHS Barnsley CCG. | |
| **Response :**   * Lay Member for Patient and Public Engagement and Primary Care Commissioning - Mr Chris Millington Email; [barnsleyccg.barccg@nhs.net](mailto:barnsleyccg.barccg@nhs.net) * Lay Member for Accountable Care - Sarah Tyler Email; [barnsleyccg.barccg@nhs.net](mailto:barnsleyccg.barccg@nhs.net) * Practice Manager Member - Marie Hoyle Email; [barnsleyccg.barccg@nhs.net](mailto:barnsleyccg.barccg@nhs.net) * Chief Officer – Ms Lesley Smith Email; [barnsleyccg.barccg@nhs.net](mailto:barnsleyccg.barccg@nhs.net) * Chief Finance Officer – Ms Heather Wells; Email [barnsleyccg.barccg@nhs.net](mailto:barnsleyccg.barccg@nhs.net) | |