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| **FREEDOM OF INFORMATION REQUESTS MAY 2018** |

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| **FOI NO: 1045** | **Date Received: 1 May 2018** |
| **Request :**  1. Has your CCG paid one off fee increases specifically for changes to sleep in liabilities to providers for existing care packages (i.e outside of, and additional to, inflationary annual uplifts)?    2. If yes, please provide whether this has applied to both supported living and residential services. Where possible, please separate out for categories of LD & ASD, and MH    3. Please supply a list of supported living providers mentioned in Q2. Where possible, please separate out for categories of LD & ASD, and MH    4. Please supply a list of residential provider mentioned in Q2. Where possible, please separate out for each category of LD, MH, & ASD.  5. Please provide whether the CCG has provided funds for backpay liabilities to providers for historic sleep ins.    6. If yes, please provide whether this has applied to both supported living and residential services. Where possible, please separate out for categories of LD & ASD, and MH  7. Please supply a list of supported living providers mentioned in Q6. Where possible, please separate out for categories of LD & ASD, and MH  8. Please supply a list of residential provider mentioned in Q6. Where possible, please separate out for each category of LD, MH, & ASD.    9. If no, please provide whether the CCG is planning on providing funds for backpay liabilities to providers for historic sleep ins. | |
| **Response :**   1. Has your CCG paid one off fee increases specifically for changes to sleep in liabilities to providers for existing care packages (i.e outside of, and additional to, inflationary annual uplifts)?      No     2. If yes, please provide whether this has applied to both supported living and residential services. Where possible, please separate out for categories of LD & ASD, and MH    3. Please supply a list of supported living providers mentioned in Q2. Where possible, please separate out for categories of LD & ASD, and MH    4. Please supply a list of residential provider mentioned in Q2. Where possible, please separate out for each category of LD, MH, & ASD.  5. Please provide whether the CCG has provided funds for backpay liabilities to providers for historic sleep ins.     No    6. If yes, please provide whether this has applied to both supported living and residential services. Where possible, please separate out for categories of LD & ASD, and MH  7. Please supply a list of supported living providers mentioned in Q6. Where possible, please separate out for categories of LD & ASD, and MH  8. Please supply a list of residential provider mentioned in Q6. Where possible, please separate out for each category of LD, MH, & ASD.    9. If no, please provide whether the CCG is planning on providing funds for backpay liabilities to providers for historic sleep ins.   Individual requests being considered as received and with supporting evidence. | |

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| **FOI NO: 1046** | **Date Received: 2 May 2018** |
| **Request :**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Year | Locally commissioned services budget for general practice | Locally commissioned services spend on general practice | Other budget on general practice - not including core contract\* | Other spend on general practice - not including core contract\* | | 2014/15 |  |  |  |  | | 2015/16 |  |  |  |  | | 2016/17 |  |  |  |  | | 2017/18 |  |  |  |  | | 2018/19 |  |  |  |  | |  |  |  |  | \*eg, capitation, DESs, QOF, etc | | |
| **Response :** | |

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| **FOI NO: 1047** | **Date Received: 2 May 2018** |
| **Request :**  Organisation Name  Name of Computer Software used to record Salary Overpayments  Are names of people stored in the software?  Is the amount of the Salary Overpayment stored in the software?  Does the software have an audit trail automatically recording the logon name of the user and the records added, accessed and changed by each user, including the data before the change and the data after the change?  Does the audit trail include the date and time of any additions / changes to data as well as when data was accessed?  Software Provider (Company Name)  Annual Cost (£) of Software  License Expiry Date  Name of the Organisation Responsible for Recording Salary Overpayments if you use another organisation (e.g. a CSU)  Name of Manager Responsible for Recording Salary Overpayments  Email address of Manager Responsible for Recording Salary Overpayments  Telephone Number of Manager Responsible for Recording Salary Overpayments  Name of Data Protection Officer  Email Address of Data Protection Officer  Telephone Number of Data Protection Officer  Name of Chief Executive  Email Address of Chief Executive  Telephone Number of Chief Executive  Name of Finance Director  Email Address of Finance Director  Telephone Number of Finance Director | |
| **Response :**  Organisation Name NHS Barnsley Clinical Commissioning Group  Name of Computer Software used to record Salary Overpayments  None – Microsoft excel  Are names of people stored in the software?  Yes  Is the amount of the Salary Overpayment stored in the software?  Yes  Does the software have an audit trail automatically recording the logon name of the user and the records added, accessed and changed by each user, including the data before the change and the data after the change?  N/A  Does the audit trail include the date and time of any additions / changes to data as well as when data was accessed?  N/A  Software Provider (Company Name)  N/A  Annual Cost (£) of Software  Nil  License Expiry Date  N/A  Name of the Organisation Responsible for Recording Salary Overpayments if you use another organisation (e.g. a CSU) HR Shared Service hosted by NHS Sheffield CCG  Name of Manager Responsible for Recording Salary Overpayments  Samantha Oliver, HR Business Partner  Email address of Manager Responsible for Recording Salary Overpayments  [sam.oliver@nhs.net](mailto:sam.oliver@nhs.net)  Telephone Number of Manager Responsible for Recording Salary Overpayments  0114 3051482  Name of Data Protection Officer  The CCG is currently finalising its arrangements for a Data protection Officer under contract from eMBED  Email Address of Data Protection Officer   As per comment above  Telephone Number of Data Protection Officer  As per comment above  Name of Chief Executive  Lesley Smith  Email Address of Chief Executive  [angela.turner29@nhs.net](mailto:angela.turner29@nhs.net)  Telephone Number of Chief Executive  01226 433730  Name of Finance Director   Roxanna Naylor  Email Address of Finance Director  [Katie.popple@nhs.net](mailto:Katie.popple@nhs.net)  Telephone Number of Finance Director   01226 433709 | |

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| **FOI NO: 1048** | **Date Received: 4 May 2018** |
| **Request :**   1. How many applications for Continuing Care funding were received by the CCG? 2. How many of those applications were successful – as in funding was either fully or partially granted? 3. How many applicants for funding (i.e. the intended recipient) died before a final decision was made on their case? 4. What was the mean time period for a decision to be made – please supply the answer in number of days. | |
| **Response :**  1.      How many applications for Continuing Care funding were received by the CCG? 686 Checklists received.    2.      How many of those applications were successful – as in funding was either fully or partially granted? 143 successful applications.    3.      How many applicants for funding (i.e. the intended recipient) died before a final decision was made on their case? 21 applicants.    4.      What was the mean time period for a decision to be made – please supply the answer in number of days.  98 days. | |

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| **FOI NO: 1049** | **Date Received: 11 May 2018** |
| **Request :**  Please list all services that you have previously commissioned within the last eight financial years (since 2010/11) and no longer do related to:  a.      the promotion of children and young people’s mental health and wellbeing  b.      the prevention of children and young people's mental health difficulties  c.      interventions for children and young people with mental health difficulties | |
| **Response :**  The CCG formed on 1 April 2013. There have been no services decommissioned in relation to children and young people’s mental health services/interventions since that time. There are however a number of services that we now commission that were not commissioned previously and these have significantly improved (and continue to do so) the emotional health and wellbeing of children and young people living in Barnsley. | |

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| **FOI NO: 1050** | **Date Received: 14 May 2018** |
| **Request :**  1-     The number of AliveCor Kardia devices that your organisation has received under the Innovation technology Tariff.  2-     The estimated usage of these devices, how many readings per device per month to date.  3-     The number of cases of true positive Atrial Fibrillation that devices have found.  4-     The Guidance information that you have received with regards their usage from your AHSN | |
| **Response :**   1. The number of AliveCor Kardia devices that your organisation has received under the Innovation Technology Tariff.   ZERO. NHS Barnsley CCG have received no AliveCor Kardia devices under the Innovation Technology tariff   1. The estimated usage of these devices, how many readings per device per month to date.   N/A   1. The number of cases of true positive Atrial Fibrillation that devices have found.   N/A   1. The Guidance information that you have received with regards their usage from your AHSN.   Please see attached guidance document produced by the AHSN Network: ‘Mobile ECG device project AHSN guidance Document’, January 2018.  In addition, we also attach a copy of a response letter shared with Barnsley CCG, 11.06.18.  The letter provides a coordinated response on behalf of Eastern Academic Health Science Network and the National Network of AHSNs. | |

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| **FOI NO: 1051** | **Date Received: 9 May 2018** |
| **Request :**  I am wanting to gain full disclosure of any information/communication and involvement from the CCG including 3rd parties communications regarding our family | |
| **Response :**  Thank you for your enquiry which came into the CCG's FOI inbox on 9 May 2018.  We are unable to provide you with the information as requested because the CCG does not hold medical information relating to Barnsley residents.   May we suggest that you get in touch with the local provider organisations you wish to obtain information/records from such as Barnsley Hospital NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust. | |

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| **FOI NO: 1052** | **Date Received: 14 May 2018** |
| **Request :**  1.       The supplier who provides the software to the organisation?  2.       The cost associated with the software. Please provide me with the annual spend.  3.       What is the brand of the software?  4.       What is the duration of the contract?  5.       When does this contract expires?  6.       When does the organisation plan to review this contract?  7.       Can you please provide me with the contract description of the services provided under the agreement with the supplier? This also includes potential extensions and support and maintenance services.    8.       What is the organisation’s annual energy spend for the following:  a.       Electricity  b.      Gas  c.       Water  9.       What is the total number of meter points for Electricity for:  a.       Non Half Hourly (NHH) meter points  b.      Half Hourly (HH) meter points  10.   What is the total number of Gas meter points?  11.   What is the total number of Water meter points?  12.   What is the total number of meter points for specialist gases and liquids?  13.   Can you please provide me with the contact details of the key person responsible for this contract or around energy management.  14.    Can you please send me the organisations’ energy management strategy/plan that covers 2018? | |
| **Response :**  Barnsley CCG do not hold the information you have requested therefore it would be best to redirect your request to NHS Property Services who will be able to answer your FOI at [customer.service@property.co.uk](mailto:customer.service@property.co.uk) | |
| **FOI NO: 1053** | **Date Received: 15 May 2018** |
| **Request :**  Please can I have a copy of all your Data Protection/Information Governance policies and procedures- including but not exhaustive   * Emails/Internet * Passwords * Information Security/Cyber Security * Information Governance/Data Protection * GDPR * Incident Reporting * Access to ICT systems * Subject Access Requests * Freedom of Information * Information Asset Register * Data flows * Fair Processing Notices   Please can I have a copy of your GPDR Action plan  Please can I have a copy of your Data Sharing Agreement template  Please can I have a copy of your training package/presentation if you do not use the NHS Digital one  Please can I have a copy of your incident reporting form - if you use Datix or another computer system, please can I have a list of the fields required  Please can I have a copy of any Data Protection/GDPR/Subject Access leaflets you have  Please can I have a copy of the template for your Information Asset Register or a list of types of data gathered  Please can I have a copy of any Fair Processing Notices/Transparency Notices that you have  Please can I have a copy of your Subject Access Request application form, and template response letters  Please can I have a copy of your consent forms-with regards to sharing information  Please can I have a copy of your template for Privacy Impact Assessments. | |
| **Response :**  Please can I have a copy of all your Data Protection/Information Governance policies and procedures- including but not exhaustive  All our Ig Policies are available on our website via [this link.](http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm)   * Emails/Internet * Passwords * Information Security/Cyber Security * Information Governance/Data Protection * GDPR * Incident Reporting * Access to ICT systems * Subject Access Requests * Freedom of Information * Information Asset Register * Data flows * Fair Processing Notices   Please can I have a copy of your GPDR Action plan – Our readiness assessment was reported to our Governing Body in May 2018 – see paperwork attached.  Please can I have a copy of your Data Sharing Agreement template.  The CCG is a signatory to a multi-agency Information Sharing Protocol which includes a template ISA – attached.  Please can I have a copy of your training package/presentation if you do not use the NHS Digital one – The CCG uses NHS Digital’s Data Security Awareness packages to train its staff.  Please can I have a copy of your incident reporting form - if you use Datix or another computer system, please can I have a list of the fields required – The CCH uses a local incident reporting system, IR1 and IR2 forms attached.  Please can I have a copy of any Data Protection/GDPR/Subject Access leaflets you have – The CCG does not hold any leaflets on these issues.  Please can I have a copy of the template for your Information Asset Register or a list of types of data gathered Template Information Asset register attached  Please can I have a copy of any Fair Processing Notices/Transparency Notices that you have. Privacy Notice is on our website [via this link.](http://www.barnsleyccg.nhs.uk/about-us/privacy-notice.htm)  Please can I have a copy of your Subject Access Request application form, and template response letters. Please see our SAR Policy (attached).  Please can I have a copy of your consent forms-with regards to sharing information. The CCG only makes limited use of consent as a basis for sharing. We are currently reviewing all our processes to ensure that where appropriate consent is appropriately recorded.  Please can I have a copy of your template for Privacy Impact Assessments. Template attached. | |

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| **FOI NO: 1054** | **Date Received: 15 May 2018** |
| **Request :**  Please will you send me the Terms of Reference for the Integrated Care  System for the local area, Barnsley?  In addition, can you tell me if you are intending to use the 'aligned  incentives contract' for commissioning services from Barnsley Hospital in the future, or if an aligned incentives contract has already been agreed and signed. | |
| **Response :**  The terms of reference for the Barnsley Health and Care Together Delivery Board  (formerly named accountable care shadow delivery board) are available on the CCG website: <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/About%20Us/Accountable%20Care%20Shadow%20Delivery%20Board/Combined%20-%20ACSDB%20Agenda%20Papers%2025.1.18.pdf>  The South Yorkshire and Bassetlaw Integrated Care System, of which Barnsley is a part of, has governance information relating to it and the role Barnsley plays on this website: <https://www.healthandcaretogethersyb.co.uk/index.php/about-us/how-were-run>  The CCG does not have an aligned incentive contract in place with Barnsley Hospital and at this time we do not plan to have an aligned incentives contract with Barnsley Hospital | |

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| **FOI NO: 1055** | **Date Received: 16 May 2018** |
| **Request :**  1.       What was your CCG’s total attributable budget for weight management services/interventions for 2016/2017? Please break this down by:  -          Tier 1  -          Tier 2  -          Tier 3  -          Tier 4  2.       What was your CCG’s total attributable budget for weight management services/interventions for 2017/2018? Please break this down by:  -          Tier 1  -          Tier 2  -          Tier 3  -          Tier 4 | |
| **Response :**  1.       What was your CCG’s total attributable budget for weight management services/interventions for 2016/2017? Please break this down by:  -          Tier 1 – do not commission  -          Tier 2– do not commission  -          Tier 3 - £196,140  -          Tier 4 - did not commission  2.       What was your CCG’s total attributable budget for weight management services/interventions for 2017/2018? Please break this down by:  -          Tier 1– do not commission  -          Tier 2– do not commission  -          Tier 3- £196,338  -          Tier 4- £135,006 | |

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| **FOI NO: 1056** | **Date Received: 17 May 2018** |
| **Request :**  A – For the Financial Year 2017/2018    Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your **CCG during the financial year 2017/18**?    Please answer the questions below:    1.       Primary Care Prescribing Rebate Schemes 2017/18     |  |  |  | | --- | --- | --- | | Name of Scheme | Drug(s) covered | Companies involved in the scheme | |  |  |  |     2.       What was the total income for the CCG from rebates during 2017/18?  3.       QIPP Prescribing Schemes 17/18     |  |  | | --- | --- | | Name of Scheme | Drug(s) covered | |  |  |     **B – For the Financial Year 2018/2019**    Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your CCG **for the current financial year 2018-19 (as they currently stand)**?    1         Current Primary Care Prescribing Rebate Schemes 18/19     |  |  |  | | --- | --- | --- | | Name of Scheme | Drug(s) covered | Companies involved in the scheme | |  |  |  |     2         Current QIPP Prescribing Schemes 18/19     |  |  | | --- | --- | | Name of Scheme | Drug(s) covered | |  |  |      1. What is the current year 18/19 CCG QIPP/efficiency savings plan target?      1. What is the value of the prescribing element for the current year 18/19 CCG QIPP/efficiency savings plan target? | |
| **Response :**  1.       Primary Care Prescribing Rebate Schemes 2017/18    The Barnsley CCG was signed up to the following rebate schemes in 2017/18:-     |  |  | | --- | --- | | **Manufacturer** | **Drug** | | Aspire Pharma Ltd | Biquelle XL | | Aspire Pharma Ltd | Repinex XL (ropinirole XL) | | AstraZeneca | Eklira | | AstraZeneca | Formoterol (Oxis Turbohaler) | | AstraZeneca | Goserelin (Zoladex) | | AstraZeneca | Symbicort | | Aymes | Aymes Complete | | Boehringer Ingelheim Limited | Spiolto Respimat | | Daiichi-Sankyo | Lixiana (Edoxaban) | | Ethypharm (formerly DB Ashbourne) | Ebesque XL (quetiapine MR) | | Ethypharm (formerly DB Ashbourne) | Fencino (fentanyl patches) | | Fontus | Luventa XL (galantamine XL) | | GlucoRx | GlucoRx | | Intra-Pharm | Carbocisteine sachets | | Merck Sharp & Dohme Ltd | Sitagliptin (Januvia) | | Sandoz | AirFluSal Forspiro | | Sandoz | AirFluSal MDI | | Sandoz | Reletrans (Buprenorphine) | | Takeda | Leuprorelin (Prostap) |     2.       What was the total income for the CCG from rebates during 2017/18?    The CCG has not yet received all income form rebates it was signed up to in 2017/18 and so a final figure cannot be provided. The expected income is £127,328K    3.       QIPP Prescribing Schemes 17/18    Primary Care Medicines Optimisation Work was undertaken under the Primary Care Practice Delivery Agreement. I have attached a copy of the Medicines Optimisation section of the 17/18 PDA.      **B – For the Financial Year 2018/2019**    Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your CCG **for the current financial year 2018-19 (as they currently stand)**?    1         Current Primary Care Prescribing Rebate Schemes 18/19     |  |  | | --- | --- | | **18/19** |  | | Sandoz | **AirFluSal Forspiro** | | Aymes | **Aymes Complete** | | Aspire Pharma Ltd | **Biquelle XL** | | Intra-Pharm | **Carbocisteine sachets** | | Ethypharm (formerly DB Ashbourne) | **Ebesque XL (quetiapine MR)** | | AstraZeneca | **Eklira** | | Ethypharm (formerly DB Ashbourne) | **Fencino (fentanyl patches)** | | AstraZeneca | **Formoterol (Oxis Turbohaler)** | | GlucoRx | **GlucoRx** | | AstraZeneca | **Goserelin (Zoladex)** | | Fontus | **Luventa XL (galantamine XL)** | | Sandoz | **Reletrans (Buprenorphine)** | | Aspire Pharma Ltd | **Repinex XL (ropinirole XL)** | | MSD | **Sitagliptin (Januvia)** | | Boehringer Ingelheim Limited | **Spiolto Respimat** |     2         Current QIPP Prescribing Schemes 18/19    Primary Care Medicines Optimisation Work will be undertaken under the Primary Care Practice Delivery Agreement. I have attached a copy of the Medicines Optimisation section of the 18/19 PDA.     1. What is the current year 18/19 CCG QIPP/efficiency savings plan target?   The total QIPP target for Barnsley CCG in 2018/19 is £11.5m     1. What is the value of the prescribing element for the current year 18/19 CCG QIPP/efficiency savings plan target?   For all the Medicines Optimisation element of the CCG QIPP delivery plan amounts to a £4.2m saving target. | |

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| **FOI NO: 1057** | **Date Received: 18 May 2018** |
| **Request :**  **Total numbers of IFRs** received for treatment at an **adult** national and specialist **OCD service** in the periods **2015/16**, **2016/17**, **2017/18** AND the **number** of those that were **successful**.  **Total numbers of IFRs** received for treatment at a **child and adolescent** national and specialist **OCD service** in the periods **2015/16**, **2016/17**, **2017/18** AND the **number** of those that were **successful**. | |
| **Response :**  2015/16 : 0 adult, 0 children  2016/17 : 1 adult case CLOSED, no response from GP, 0 children  2017/18 : 1 adult APPROVED, 0 children | |

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| **FOI NO: 1058** | **Date Received: 21 May 2018** |
| **Request :**  Please can you advise me if your CCG is planning to commission one or more Hyper Acute Stroke Units (HASU) for your patients?  Has a business case been prepared for HASUs in your area? If so, please list any organisations who were paid to support the preparation of the business case and how much they were paid?  Please can you send me a copy of the business case.  If you already have one or more HASUs in place, please can you send me any internal or external evaluations that have taken place? | |
| **Response :**  We are one of a partnership of CCGs in the region who came together to review hyper acute stroke services across South and Mid Yorkshire, Bassetlaw and North Derbyshire. All background information, including partners, clinical case for change and the final business case, which was developed internally by Commissioners Working Together, can be found here: <https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients> and here: <http://www.healthandcaretogethersyb.co.uk/index.php/about-us/commissioners-working-together/hyper-acute-stroke-services>    In November 2017, the Joint Committee of Clinical Commissioning Groups  (JC CCG) [made a decision to change the way hyper acute stroke services were delivered in the region](http://www.healthandcaretogethersyb.co.uk/index.php/about-us/whychange/latest-news/working-together-better-stroke-patients) with an agreement to no longer provide hyper acute stroke services in Barnsley or Rotherham, though the implementation of this decision is currently subject to judicial review proceedings.    For further information on the work of the JCCCG, now part of the South Yorkshire and Bassetlaw Shadow Integrated Care System, please contact [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net) | |

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| **FOI NO: 1059** | **Date Received: 22 May 2018** |
| **Request :**  The NHS England Document entitled “Conditions for which over the counter items should not routinely be prescribed in primary care“, is a guidance document for all CCG’s.  I would like to know what your plans are with regards to this document. I have the following points that I would like confirmation on please.   * How much of a focus is this document for your CCG and how much resource will you be assigning to dealing with it?   + Answer on a scale of 1-5, 5 being maximum effort assigned to it and then why specifically? * Which of the approx. 36 conditions/diseases will be a focus for your CCG to implement change.   + Please list the conditions which are the main or primary focus   + Please list the top five conditions/diseases/areas that your CCG will want to work in this document * For the conditions that are not a focus for you, when will they be?   + When do you expect to complete working through all 36 conditions, or do you? What month and what year specifically? * When you are looking to implement change on this guidance document for some conditions or all, what procedures and systems will you use and how?   + For things like Optimise Rx, what will the instruction be on this system? * For the area of dry/sore tired eyes in this document, will secondary care involvement be required before looking to make any of these changes? | |
| **Response :**   * How much of a focus is this document for your CCG and how much resource will you be assigning to dealing with it?   + Answer on a scale of 1-5, 5 being maximum effort assigned to it and then why specifically?   The question is unclear as “effort “ scale referred to in the question is not defined  e.g. is 1 on the scale equal to 2-3 days of one person’s time  or 15 minutes.  The CCG is therefore unable to answer this question by providing a score.  The CCG has acknowledged production of the guidance in bulletins and briefings as it does with the outcome of all/other national guidance.   * Which of the approx. 36 conditions/diseases will be a focus for your CCG to implement change.   + Please list the conditions which are the main or primary focus   + Please list the top five conditions/diseases/areas that your CCG will want to work in this document   The Barnsley CCG will be undertaking a “ local “ consultation on the guidance and the CCG Governing Body (GB) will make a decision on what if any parts of the guidance will be implemented based on responses to that consultation.   * For the conditions that are not a focus for you, when will they be? As Q2 response above   + When do you expect to complete working through all 36 conditions, or do you? What month and what year specifically? As Q2 response above.   We are anticipating the consultation will be completed for the Governing Body to consider the guidance  in August 2018.   * When you are looking to implement change on this guidance document for some conditions or all, what procedures and systems will you use and how?   As Q2 response above. The CCG Governing Body decisions would be referred to the Barnsley Area Prescribing Committee (APC) for local implementation who will make the decision as to what procedures and systems would best to be used.   * + For things like Optimise Rx, what will the instruction be on this system? As Q2 response above . The Barnsley CCG practices use Scriptswitch decision support software and this system could be used to communicate any recommended changes for prescribers. * For the area of dry/sore tired eyes in this document, will secondary care involvement be required before looking to make any of these changes?   It will be the for the CCG Governing Body and CCG Area Prescribing Committee to decide if any additional involvement is required from local clinicians and  APC has representatives from the acute hospital trust on the Committee. However as the guidance is referring to self management of minor conditions not being managed by specialists then it is unlikely that secondary care specialists would be involved. | |
| **FOI NO: 1060** | **Date Received: 23 May 2018** |
| **Request :**  Wherever possible, please include the name and the version number of all systems:   • Main suppliers for technology and information solutions  • Main informatics solutions used  • Practices covered by the CCG | |
| **Response :**  Main suppliers for technology and information solutions.  Our main provider of IT and information solutions is eMBED Health Consortium  Main informatics solutions used.  Dr Forster is our main informatics solution.  Practices covered by the CCG – Please see the link for Practices covered by the CCG [**http://www.barnsleyccg.nhs.uk/about-us/membership.htm**](http://www.barnsleyccg.nhs.uk/about-us/membership.htm)  If you know your current EPR level, or CMDI score please can you include this as well, and any supporting information.  Barnsley CCG does not hold patient data so EPR level does not apply. | |

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| **FOI NO: 1061** | **Date Received: 29 May 2018** |
| **Request :**  Question 1  Please could you send us your current policies for treatment (surgical and/or injection) of base of thumb arthritis including any funding criteria.  Question 2  Please could you send us any older policies including funding criteria for treatment of base of thumb arthritis from 1998 to present day.  Question 3  If not included in the policy what criteria are used to categorise severity of base of thumb arthritis into mild moderate or severe. | |
| **Response :**  Question 1  Please could you send us your current policies for treatment (surgical and/or injection) of base of thumb arthritis including any funding criteria.  Barnsley Clinical Commissioning Group does not have specific policies for treatment of base of thumb arthritis.  All referrals for orthopaedics are triaged by our community MSK service.  Question 2  Please could you send us any older policies including funding criteria for treatment of base of thumb arthritis from 1998 to present day.  Barnsley Clinical Commissioning Group came into existence on 1 April 2013.  The CCG has never had any specific funding criteria for the treatment of base of thumb arthritis.  Question 3  If not included in the policy what criteria is used to categorise severity of base of thumb arthritis into mild moderate or severe.  Not applicable. | |

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| **FOI NO: 1062** | **Date Received: 29 May 2018** |
| **Request :**   1. Is the continuing healthcare and funded nursing care process managed in-house, or is part or all of the process outsourced to a 3rd party (CSU, Council, Independent provider etc.). If outsourced, please state the name of the company and the services outsourced (all CHC, assessment, brokerage, invoice validation etc.)      1. What software, (e.g. QA Plus, CHS Care Track, BroadCare), is currently utilised by the CHC team to manage:   2.1) Referrals into the service  2.2) Scheduling of Assessments / Reviews  2.3) Assessments  2.4) Procurement of Care packages/placements  2.5) Personal Health Budgets  2.6) Activity and financial reporting  2.7) Invoicing   1. How many whole time equivalent members of staff are involved with the continuing healthcare process by job role as below:   3.1) Business support / administrator  3.2) Nurse assessor  3.3) Contracting / procurement  3.4) Finance  3.5) Senior management  4) Does the CCG or any contracted provider managing CHC have a connection to the Exeter System and regularly check this? If not how does the CCG become aware of patient deaths?  5) Please state how many referrals were made to the service for full consideration of CHC in the period 01/04/2017 – 31/03/2018. This is based on the national framework standard of a checklist outcome.  6) Please state how many referrals were made to the service for service users not requiring full consideration of CHC in the period 01/04/2017 – 31/03/2018. This is based on the national framework standard of a checklist outcome.  7) Please state how many service users were due to have a 12 month CHC review in the period 01/04/2017-31/03/2018  8) Please state how many service users had a 12 month CHC review in the period 01/04/17-31/03/2018 | |
| **Response :**  1)     Is the continuing healthcare and funded nursing care process managed in-house, or is part or all of the process outsourced to a 3rd party (CSU, Council, Independent provider etc.). If outsourced, please state the name of the company and the services outsourced (all CHC, assessment, brokerage, invoice validation etc.) The CHC service is managed in house    2)    What software, (e.g. QA Plus, CHS Care Track, BroadCare), is currently utilised by the CHC team to manage: Broadcare    2.1) Referrals into the service  2.2) Scheduling of Assessments / Reviews  2.3) Assessments  2.4) Procurement of Care packages/placements  2.5) Personal Health Budgets  2.6) Activity and financial reporting  2.7) Invoicing    3)   How many whole time equivalent members of staff are involved with the continuing healthcare process by job role as below:    3.1) Business support / administrator 4  3.2) Nurse assessor 5.8 WTE  3.3) Contracting / procurement joint commissioning team lead by Barnsley Metropolitan Borough Council  3.4) Finance 0.5 WTE  3.5) Senior management 3  4) Does the CCG or any contracted provider managing CHC have a connection to the Exeter System and regularly check this? If not how does the CCG become aware of patient deaths? Yes  5) Please state how many referrals were made to the service for full consideration of CHC in the period 01/04/2017 – 31/03/2018. This is based on the national framework standard of a checklist outcome. 686 Checklists received.    6) Please state how many referrals were made to the service for service users not requiring full consideration of CHC in the period 01/04/2017 – 31/03/2018. This is based on the national framework standard of a checklist outcome. 114    7) Please state how many service users were due to have a 12 month CHC review in the period 01/04/2017-31/03/2018 Unfortunately our data collection system cannot currently provide this info.    8) Please state how many service users had a 12 month CHC review in the period 01/04/17-31/03/2018 Unfortunately our data collection system cannot currently provide this info. | |

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| **FOI NO: 1063** | **Date Received: 29 May 2018** |
| **Request :**  1. Which mental health groups, projects and services is your CCG giving less money to in 2018-19, and how much less is it giving to each of them?    2. Can you please send me a copy of the minutes of whichever meeting(s) these cuts to mental health groups, projects and services were agreed?    3. How much money in total does your CCG hope to save through these reductions in financial support to mental health groups, projects and services? | |
| **Response :**  1. Which mental health groups, projects and services is your CCG giving less money to in 2018-19, and how much less is it giving to each of them?  There are no mental health groups, projects or services that we are giving less money to in 2018/19    2. Can you please send me a copy of the minutes of whichever meeting(s) these cuts to mental health groups, projects and services were agreed? None exist as we are not making any such cuts in our mental health service provision    3. How much money in total does your CCG hope to save through these reductions in financial support to mental health groups, projects and services? ​Not applicable - see answers above | |

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| **FOI NO: 1064** | **Date Received: 29 May 2018** |
| **Request :**   1. How many diagnoses of ADHD were there in the CCG in each of the last 10 years 2. How many children and adults are currently waiting for an ADHD diagnosis 3. What is the average wait for an ADHD diagnosis for Children 4. What is the average wait for an ADHD diagnosis for Adults 5. What is the CCG target time for an ADHD waiting time | |
| **Response :**   1. How many diagnoses of ADHD were there in the CCG in each of the last 10 years We don’t collect the numbers of people diagnosed with ADHD – we collect referral numbers and conversion rate (approximately 60%) – Prevalence of ADHD in a population the size of Barnsley is suggested as being 57 per annum 2. How many children and adults are currently waiting for an ADHD diagnosis –For children the ADHD and ASD pathways are not separated – there is a 0 – 5 ASD / ADHD pathway and a 5 – 16 ASD / ADHD Pathway – there are ? on the 0 – 5 pathway, ? on the 5 – 11 pathway and 69 on the Adult ADHD pathway 3. What is the average wait for an ADHD diagnosis for Children  - wait on ASD 0 – 5 pathway is 10 months, wait on ASD 5 – 16  pathway is 28 months 4. What is the average wait for an ADHD diagnosis for Adults – 18 months 5. What is the CCG target time for an ADHD waiting time – CCG specifies adherence to NICE guidance which suggests 6 months from referral to diagnosis | |

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| **FOI NO: 1065** | **Date Received: 30 May 2018** |
| **Request :**   |  |  | | --- | --- | | **Name of the Pulmonary Rehabilitation service** |  | | **Name of contact lead for this service** |  | | **Email address of contact lead** |  | | **Telephone number of contact lead** |  | | |
| **Response :**   |  |  | | --- | --- | | **Name of the Pulmonary Rehabilitation service** | Barnsley Cardiac and Pulmonary Rehabilitation | | **Name of contact lead for this service** | Jill Young, Clinical team leader  South West Yorkshire Partnership NHS Foundation Trust  Dorothy Hyman Sports Centre  Snydale Road  Cudworth  Barnsley  S72 8LH | | **Email address of contact lead** | Jill.Young@swyt.nhs.uk | | **Telephone number of contact lead** | 01226 719781 / 07979705381 | | |

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| **FOI NO: 1066** | **Date Received: 30 May 2018** |
| **Request :**  Q1 What services does the CCG currently commission from community pharmacies in your area?(Please note, services may include minor ailments, smoking cessation, homeopathy, gluten-free prescriptions, vascular risk checks, Chlamydia screening, vaccinations etc.).    Q2 Has the CCG decommissioned any health services provided by community pharmacies in your area in the last year (April 2017 – April 2018)? If so, which ones?    Q3 Where a meeting was held to discuss stopping funding for any community pharmacy services, please could you give me the following details:    a) The date of the meeting  b) A full list of the services discussed  c) A full list of the attendees  d) A copy of the minutes of the meetings    Q4 Have there been any discussions around future plans to decommission health services currently provided by community pharmacies in the CCG’s area? If so, which services?    Q5 Where such a discussion has been held, please could you give me the following details:    a) The date of the meeting  b) A full list of the services discussed  c) A full list of the attendees  d) A copy of the minutes of the meetings | |
| **Response :**  Q1 What services does the CCG currently commission from community pharmacies in your area?(Please note, services may include minor ailments, smoking cessation, homeopathy, gluten-free prescriptions, vascular risk checks, Chlamydia screening, vaccinations etc.).    The CCG currently commission the follow services/ schemes:-  Minor Ailments ( Pharmacy First Service) which includes PEARS ( Optical Meds Supply)  On Demand Availability of Specialist Drugs ( Palliative Care Stockist)  Medicines Management Service – supporting domiciliary care  Advice to Care Homes service  Payment Not to Supply (Not Dispensed) scheme  Smoking Cessation Service  I have provided a link to the LPC website which lists all additional services currently being provided by Community Pharmacies , including the additional national services such as vaccination.  <http://psnc.org.uk/barnsley-lpc/dispensing-and-supply/>  Q2 Has the CCG decommissioned any health services provided by community pharmacies in your area in the last year (April 2017 – April 2018)? If so, which ones?No    Q3 Where a meeting was held to discuss stopping funding for any community pharmacy services, please could you give me the following details:  No .. there have been service review meetings but no meetings to discuss stopping services.  There is a local consultation planned for  “Self Care “,  following receipt of the national recommendations, this will include feedback on the local Minor ailments Scheme. This may restrict significantly the medicines which can be supplied by the pharmacies depending on the outcome of the consultation ( if national recommendations are adopted locally) but there has been no discussion about decommissioning the service.  a) The date of the meeting  b) A full list of the services discussed  c) A full list of the attendees  d) A copy of the minutes of the meetings    Q4 Have there been any discussions around future plans to decommission health services currently provided by community pharmacies in the CCG’s area? If so, which services?    No    Q5 Where such a discussion has been held, please could you give me the following details:    a) The date of the meeting  b) A full list of the services discussed  c) A full list of the attendees  d) A copy of the minutes of the meetings | |