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| **FREEDOM OF INFORMATION REQUESTS August 2017** |

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| **FOI NO: 847** | **Date Received: 1 August 2017** |
| **Request :**Please provide data on:* The total number of staff that have been seconded over to your local STP programme since December 2015. Please provide the name of your STP and data both in total number and Full Time Equivalent if staff have only been partially seconded.
* The total pay bill of these staff seconded to the STP footprint area and the time period this covers.
* Your organisation's total spend on outsourced consultancy related to drafting and implementing the STP programme, if possible broken down by contracted company
* The total value of any further financial contributions or benefits in kind to the STP programme from your organisation with a brief description of what it constituted.
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| **Response :**The total number of staff that have been seconded over to your local STP programme since December 2015. Please provide the name of your STP and data both in total number and Full Time Equivalent if staff have only been partially seconded.   N/A See response below.The total pay bill of these staff seconded to the STP footprint area and the time period this covers. NHS Barnsley CCG contributes to the South Yorkshire and Bassetlaw (SY&B)STP, which includes all direct costs associated with STP development, staff within the CCG also support the STP development to ensure system wide developments including data and assumptions are representative and accurate for each partner CCG across the footprint.   This work is integrated into normal working practices and therefore it is not possible to split out specific costs.   Total expenditure contributed to the SY&B STP is: 2015/16 – actual £34k, 2016/17 – actual £55k, 2017-18 – Budget £114kYour organisation's total spend on outsourced consultancy related to drafting and implementing the STP programme, if possible broken down by contracted company – N/A see response above.The total value of any further financial contributions or benefits in kind to the STP programme from your organisation with a brief description of what it constituted. – N/A see response above. |

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| **FOI NO: 848** | **Date Received: 2 August 2017** |
| **Request :**Please can you help me with the following FOI request;-    **(if applicable)**Please can you provide me with a copy of the current statement of car parking charges for staff? If such a document doesn’t exists, please can you tell me how much you charge (hourly rate) for staff working at your hospital(s) -     What are the wages and job titles of your five highest paid members of staff?-    How much money has the trust spent on public relations and marketing (including staff costs) in the past two financial years (15/16 and 16/17). (If this information is easy to obtain please include – if this will take my combined request over the cost/time limit, please do not process this part of the request) |
| **Response :**Part 1: Car parking – No charge for staffPart 2: Wages and job titles of five highest paid staff Using 2016/17 finance year as reported in the annual accounts                              Job title                              £Band(5K)                        £Actual                              Chief Officer                      135-140                              136,350                              Chief Finance Officer       95-100                                97,879                              Chair                                  90-95                                   94,958                              Chief Nurse                        85-90                                   86,507                              Medical Director               75-80                                   79,000 Part 3: Public relations and marketing spend :   2015/16                                        2016/17Comms and PR Team                    £162,671                                       £137,792  Adverts in Chronicle                    £16,900                                         £3,171 |

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| **FOI NO: 849** | **Date Received: 3 August 2017** |
| **Request :**Could you please provide me the actual number of patients with a diagnosis of Parkinsons Disease (G20X) in Barnsley CCG |
| **Response :**We can confirm that there have been **661 Barnsley CCG patients** with a diagnosis of Parkinson’s disease who have had at least one admission (all providers) from April 2013 to date.  Unfortunately we have no way of knowing the number of Parkinson’s patients who have not been admitted to hospital. |

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| **FOI NO: 850** | **Date Received: 3 August 2017** |
| **Request :**I would like to gain access to the following data for your CCG specifically, and not the NHS overall:1) Number of inpatients with heart failure in the last 5 years, with heart failure being any part of the diagnosis2) Number of inpatients with heart failure in the last 5 years, with heart failure being the primary diagnosis3) Number of inpatients, regardless of condition, were treated with Furosemide (tablets or intravenous injection) in the last 5 years4) Number of inpatients that were treated with Furosemide in the last 5 years had heart failure as any part of the diagnosis5) Number of inpatients that were treated with Furosemide in the last 5 years had heart failure as the primary diagnosis |
| **Response :**1) Number of inpatients with heart failure in the last 5 years, with heart failure being any part of the diagnosisBarnsley CCG had 11,030 inpatient spells with heart failure being any part of the diagnosis.  These related to 4,703 individual patients.2) Number of inpatients with heart failure in the last 5 years, with heart failure being the primary diagnosisOf these 2,016 inpatient spells had heart failure as the primary diagnosis, relating to 1,377 individual patients.3) Number of inpatients, regardless of condition, were treated with Furosemide (tablets or intravenous injection) in the last 5 yearsBarnsley CCG does not hold the information you have requested.Barnsley CCG does not hold any information which links patients with/or diagnosis and/or the medicines they have received. The information you have requested is requesting hospital inpatient data and the hospitals/Acute Trusts would be the organisations which may hold this data however even they may not be able to link the medicine with clinical condition or by the patients CCG. 4) Number of inpatients that were treated with Furosemide in the last 5 years had heart failure as any part of the diagnosisPlease see Q3 above5) Number of inpatients that were treated with Furosemide in the last 5 years had heart failure as the primary diagnosisPlease see Q3 above |

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| **FOI NO: 851** | **Date Received: 3 August 2017** |
| **Request :**I would like to request: • any data you have on the amount spent by NHS Barnsley CCG on management consultancy broken down by year from 2012/13 – 2016/2017.• any planned expenditure on management consultancy fees for 2017-18. |
| **Response :**The CCG did not become an entity until the 1 April 2013; therefore data relating to 2012/13 is not applicable.  Consultancy spend from 2013/14 is provided below.2013/14  - £56,9382014/15 - £258,6762015/16 - £189,3142016/17 - £91,1332017/18 - £0 - Forecast |

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| **FOI NO: 852** | **Date Received: 4 August 2017** |
| **Request :**This is a Freedom of Information request about losses and special payments (i.e loss of petty cash and employment tribunal payouts).1. Please provide an export from the database you use to manage losses and special payments that provides more information on these losses, including but not limited to: a) date of loss b) nature of loss c) amount paid outPlease can you provide this information for the past two financial years and this current financial year up to July 31, 2017 (i.e. 2015/16, 2016/17 and 2017/18). |
| **Response :**15/161. Date of loss – I cannot see any reference in the Audit committee mins  but it is included within the annual accounts so allocated date of 31/03/16
2. Nature of loss - 1 case £19K – Admin write off
3. Amount paid out - £0

16/171. Date of loss – N/A nil return
2. Nature of loss – N/A nil return
3. Amount paid out – £0 Nil return

17/18 (to July 2017)1. Date of loss – N/A nil return
2. Nature of loss – N/A nil return
3. Amount paid out – £0 Nil return
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| **FOI NO: 853** | **Date Received: 4 August 2017** |
| **Request :**1. Please state the total number of orthopaedic referrals from primary care in A) 2015/16 and B) 2016/17.2. Please state the total number of referrals from primary care for cataract treatment in A) 2015/16 and B) 2016/17.3. A) What are the current eligibility guidelines/criteria for referrals for orthopaedic procedures? Please cut and paste any relevant information or provide a link (and page number if relevant) to the relevant website/document. B) When were these current guidelines introduced?4. A) What are the current eligiblity guidelines/criteria for referrals for cataract treatment? Please cut and paste any relevant information or provide a link (and page number if relevant) to the relevant website/document. B) When were these current guidelines introduced? |
| **Response :**Q1:  We do not have referrals data so looked at first orthopaedic outpatient appointments with a referral source of GP.There were a) 6,841 in 2015/16 and b) 7,620 in 2016/17Q2: Again, we do not have referrals data so can only report on cataract surgery carried out, using procedure codes C71 – C75.1 inclusive.There were a) 2,006 in 2015/16 and b) 2,000 in 2016/17.Clinical Thresholds (Q3 and Q4)Having reviewed national best practice guidance from NHS England and NICE for when surgery may or may not be suitable for certain conditions, Barnsley CCG has adopted clinical thresholds to ensure that patients get the best clinical outcome for their condition. Further information about Clinical Thresholds is available on the CCGs website <http://www.barnsleyccg.nhs.uk/clinical-thresholds.htm> Orthopaedic ProceduresA range of clinical thresholds exist for orthopaedic procedures, the guidelines are published on the CCGs website in the form of a checklist here:[Carpal Tunnel syndrome](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Carpal%20tunnel%20syndrome%20surgery%20checklist.pdf)[Common hand conditions: ganglion](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Common%20hand%20conditions%20ganglion%20checklist.pdf)[Common hand conditions: trigger finger](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Common%20hand%20conditions%20trigger%20finger%20checklist.pdf)[Dupuytren's disease](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Dupuytrens%20disease%20checklist.pdf)[Hip replacement](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Hip%20replacement%20checklist.pdf)[Knee replacement](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Knee%20replacement%20checklist.pdf)These guidelines were introduced on 1 April 2017Cataract ProceduresThe guidelines are published on the CCGs website in the form of a checklist here: <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Clinical%20thresholds/Cataracts%20Checklist.pdf>These guidelines were introduced on 1 April 2017 |

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| **FOI NO: 854** | **Date Received: 7 August 2017** |
| **Request :** |
| **Response :** |

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| **FOI NO: 855** | **Date Received: 7 August 2017** |
| **Request :**Under the Freedom of Information Act 2000, please could you kindly provide me with the following information for your CCG (or if you represent a CSU, for all the CCGs you are responsible for).Please find attached an Excel spreadsheet with a table for your completion.

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| Table 1 |   |   |   |
| Spending Programme | 2017/18 | 2016/17 | 2015/16 |
|   | £m | £m | £m |
| Acute |   |   |   |
| Primary Care |   |   |   |
| Community |   |   |   |
| Mental Health |   |   |   |
| Continuing Care |   |   |   |
| Ambulance |   |   |   |
| Running Costs |   |   |   |
| All Other |   |   |   |
|   |   |   |   |
| Total CCG Funding |   |   |   |

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| **Response :** |

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| **FOI NO: 856** | **Date Received: 7 August 2017** |
| **Request :**Please find attached an Excel spreadsheet with a table for your completion, as well as an additional question below. Please complete the table to reflect financial years. What was your total spend on all mental health, learning disability and dementia services in 2016/17?What is your total planned spend on all mental health, learning disability and dementia services in 2017/18?Please breakdown the total spend figures in Q1 and Q2 as follows:

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| **CCG Spend on Mental Health, Learning Disability and Dementia Services** | **2016/17** | **2017/18** |
|  | **£'000** | **%** | **£'000** | **%** |
| **NHS Providers: \*** |   |   |   |   |
| Please list each provider |   |   |   |   |
| CAMHS provider |   |   |   |   |
|   |   |   |   |   |
| **Non-NHS Providers: \*\*** |   |   |   |   |
| Please list each provider |   |   |   |   |
| CAMHS provider |   |   |   |   |
|   |   |   |   |   |
| Prescribing |   |   |   |   |
| Other (please specify) \*\*\* |   |   |   |   |
| **Total Spend** | **0** | **0%** | **0** | **0%** |

Has your Clinical Commissioning Group signed agreements with its local Mental Health Trusts that meets the mental health investment standard for each of the years 2017/18, 2018/19 and 2019/20? |
| **Response :**

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| **CCG Spend on Mental Health, Learning Disability and Dementia Services** |  |  |  |  |  |
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| On the basis of the Freedom of Information Act 2000, please may I request a response to the following questions.  |  |
|  |  |  |  |  |  |  |
| Q1. What was your total spend on all mental health, learning disability and dementia services in 2016/17? | **£47,054,000** |  |  |
|  |  |  |  |  |  |  |
| Q2. What is your total planned spend on all mental health, learning disability and dementia services in 2017/18? | **£51,361,000** |  |
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| Q3. Please breakdown the total spend figures in Q1 and Q2 as follows: |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **CCG Spend on Mental Health, Learning Disability and Dementia Services** | **2016/17** |  | **2017/18** |  |  |  |
|  | **£'000** | **%** | **£'000** | **%** |  |  |
| **NHS Providers: \*** |  |  |  |  |  |  |
| Please list each provider |  |  |  |  |  |  |
| **SWYPFT** | **31,091** | **66%** | **31,405** | **61%** |  |  |
| **RDASH** | **606** | **1%** | **395** | **1%** |  |  |
| **SHSC** | **88** | **0%** | **114** | **0%** |  |  |
| **MH NCA** | **30** | **0%** | **560** | **1%** |  |  |
| CAMHS provider |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Non-NHS Providers: \*\*** |  |  |  |  |  |  |
| **Other Non NHS** | **588** | **1%** | **862** | **2%** |  |  |
| **Barnsley Metropolitan Council** | **7,499** | **16%** | **10,183** | **20%** |  |  |
| CAMHS provider |  |  |  |  |  |  |
| **Barnsley Metropolitan Council** | **4,077** | **9%** | **3,728** | **7%** |  |  |
| Prescribing | **3,075** | **7%** | **4,114** | **8%** |  |  |
| Other (please specify) \*\*\* |  |  |  |  |  |  |
| **Total Spend** | **47,054** | **100%** | **51,361** | **100%** |  |  |
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| **Notes:** |  |  |  |  |  |  |
| \* Please list all NHS providers and show CAMHS providers separately. |  |  |  |  |  |
| \*\* Please list all Non-NHS providers and show CAMHS providers separately. List to include local authorities, private and voluntary sector. |
| \*\*\* Please list any other organisation providing services not listed above. |  |  |  |  |  |
| Enter financial values only, rounded to the nearest £000. |  |  |  |  |  |  |

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| **FOI NO: 857** | **Date Received: 8 August 2017** |
| **Request :**We would be grateful if you could respond to the following questions:1. How many people are living with type 1 diabetes in your CCG? (Total number)
2. How many type 1 diabetic patients in your CCG currently use CGM? (Total number)
3. Does your CCG have a policy on the use and funding of CGM? (Yes/No)
4. How is CGM currently funded within your CCG? (e.g. routinely commissioned/ routinely commissioned within the scope of the NICE guidance/ Individual Funding Request/patient self-funded/ Hospital funded etc.)
5. Does your CCG specify specific CGM systems? (Yes/No)
6. Does your CCG differentiate between CGM and flash glucose monitoring (FGM)? (Yes/No)
7. How many IFR applications were received between 1st April 2016 and 31st March 2017 for CGM? (Total number)
8. How many IFR applications were received between 1st April 2016 and 31st March 2017 for FGM? (Total number)
 |
| **Response :**1. How many people are living with type 1 diabetes in your CCG? (Total number) there are 1095 people registered as having type 1 diabetes in Barnsley. (children and adults)
2. How many type 1 diabetic patients in your CCG currently use CGM? (Total number) This information is not available to the CCG. The majority of patients who use CGM will be self-funded and therefore not registered users
3. Does your CCG have a policy on the use and funding of CGM? (Yes/No) No
4. How is CGM currently funded within your CCG? (e.g. routinely commissioned/ routinely commissioned within the scope of the NICE guidance/ Individual Funding Request/patient self-funded/ Hospital funded etc.)
5. Commissioned within the scope of NICE guidance for limited numbers of patients only
6. Individual Funding Request – if request made by hospital and doesn’t meet scope of NICE guidance
7. patient self-funded – if IFR declined (or not applied for) and doesn’t meet scope of NICE guidance
8. Does your CCG specify specific CGM systems? (Yes/No) No
9. Does your CCG differentiate between CGM and flash glucose monitoring (FGM)? (Yes/No) No
10. How many IFR applications were received between 1st April 2016 and 31st March 2017 for CGM? (Total number) 0
11. How many IFR applications were received between 1st April 2016 and 31st March 2017 for FGM? (Total number) 0
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| **FOI NO: 858** | **Date Received: 9 August 2017** |
| **Request :**1) To provide the target allocation funding figure that the CCG has been allocated based on the national funding formula for the following financial years: 2012-13; 2013-14; 2014-15; 2015-16; 2016-17; 2017-18.2) To provide the actual allocation the CCG has been given for the following financial years: 2012-13; 2013-14; 2014-15; 2015-16; 2016-17; 2017-18.3) To provide the figure for the financial gap between target and actual funding for the CCG for the financial years: 2012-13; 2013-14; 2014-15; 2015-16; 2016-17; 2017-18. |
| **Response :**\*\* Information from NHSE website

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|   | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
| CCG Target | 372,544,000  | 314,527,000  | 325,873,000  | 345,928,000  | 353,056,000  |
| CCG Allocation | 339,766,000  | 346,989,000  | 353,721,000  | 367,042,000  | 372,801,000  |
| Gap |  32,778,000  | 32,462,000  | 27,848,000  | 21,114,000  | 19,745,000  |

Please note the above figures do not include delegated primary care commissioning |

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| **FOI NO: 859** | **Date Received: 10 August 2017** |
| **Request :**Under the principles and process of Freedom of Information can we request information around commissioner spend and also weighted population for the following services within your area:A Copy of your Community Nursing Specification A Copy of your Community Matron Specification A copy of your Night Nursing Specification |
| **Response :**The CCG commissions one service that meets the description in your request which is the Community Nursing Specification which in Barnsley is referred to as the Neighbourhood Nursing Service.  The service is not commissioned on a weighted population basis but a block basis for the entire registered population. Please find attached the specification in relation to this service. This contract is commissioned under a Block arrangement at an annual value of £7,038,555 (2017-18). |

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| **FOI NO: 860** | **Date Received: 11 August 2017** |
| **Request :**I’m writing to you under the Freedom of Information Act to ask whether your CCG (/any of the CCGs you are responsible for managing the FOI requests of) employs a maximum BMI restriction on any type of surgery or procedure, ie prevents a patient with a BMI over a certain number from having certain types of surgery. Please provide me with the following information:1. Do you, or have you at any point since 2010, employed a maximum BMI limit above which someone is not allowed to have a procedure? (please specific whether still in force and, if not, when it was introduced and ended)

IF YES:                                                                                                                                                                                                                            1. What is the BMI limit?
2. To which procedures does this apply (for example, routine hip and knee surgery, breast reduction, cataract removal)- please list all types of procedure where a BMI limit is in force.
3. How many people have been stopped from having a procedure because their BMI was too high since the restriction came into force? Please also break this information down by calendar year.
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| **Response :**Barnsley CCG has adopted clinical thresholds to ensure that patients get the best clinical outcome for their condition.  Further information about Clinical Thresholds is available on the CCGs website <http://www.barnsleyccg.nhs.uk/clinical-thresholds.htm>  Having reviewed national best practice guidance from NHS England and NICE for when surgery may or may not be suitable for certain conditions, the CCG has adopted a commissioning position which includes consideration of BMI (amongst other criteria) for 3 procedures.* Asymptomatic inguinal hernias in adults\*
* Hip Replacement for patients with osteoarthritis
* Knee Replacement for patients with osteoarthritis

In these cases, a clinical threshold applies for patients who have a BMI greater than 35.  The CCG selected a BMI of 35 having considered its local population.  Patients should demonstrate attempts to lose weight for 6 months before being listed for surgery.  For patients with a BMI greater than 35 an individual funding request may be considered via an independent panel where exceptionality exists.For these procedures / conditions, things that can make a difference include being more active or reducing your weight.  We know that this is not always easy, especially if people are experiencing problems so the CCG is clear that support does need to be in place to help people, one example is free weight management services such as Be Well Barnsley. The CCG does not collect the data in relation to question 4 as BMI is not a restriction, if a patient demonstrate attempts to lose weight and other conservative treatments are considered then procedures may take place.\*For Hernia’s it is recommended that GPs advise patients that surgery may not be appropriate for them as the risk of surgery outweigh benefits (poor healing/ higher complication rate). BMI is a recommendation and not part of referral criteria. |

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| **FOI NO: 861** | **Date Received: 11 August 2017** |
| **Request :**1. Please confirm or deny that the clinical commissioning group received financial payments or benefits in kind from private sector companies or charities in 2015. 2. If the clinical commissioning group received any financial payments or benefits in kind from private sector companies or charities in 2015, please state:(a) how much each payment was for, and whether this value is exclusive or inclusive of VAT(b) the date of the payment(c) the organisation or individual from which the payment was received(d) what was funded through the payment or benefit3. Please confirm or deny that the clinical commissioning group received financial payments or benefits in kind from private sector companies or charities in 2016. 4. If the CCG received any financial payments or benefits in kind from private sector companies or charities in 2016, please state:(a) how much each payment was for, and whether this value is exclusive or inclusive of VAT(b) the date of the payment(c) the organisation or individual from which the payment was received(d) what was funded through the payment or benefitFor all questions, if this information is usually collected by tax year, rather than calendar year, please provide data for the tax years 2015/16 and 2016/17, rather than the calendar years 2015 and 2016. |
| **Response :**Please confirm or deny that the clinical commissioning group received financial payments or benefits in kind from private sector companies or charities in 2015. –No payments received2. If the clinical commissioning group received any financial payments or benefits in kind from private sector companies or charities in 2015, please state: - N/A(a) how much each payment was for, and whether this value is exclusive or inclusive of VAT(b) the date of the payment(c) the organisation or individual from which the payment was received(d) what was funded through the payment or benefit3. Please confirm or deny that the clinical commissioning group received financial payments or benefits in kind from private sector companies or charities in 2016.  –No payments received 4. If the CCG received any financial payments or benefits in kind from private sector companies or charities in 2016, please state: -N/A(a) how much each payment was for, and whether this value is exclusive or inclusive of VAT(b) the date of the payment(c) the organisation or individual from which the payment was received(d) what was funded through the payment or benefit |

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| **FOI NO: 862** | **Date Received: 14 August 2017** |
| **Request :**1. What criteria, if any, has been stipulated by your CCG in relation to the provision of bariatric surgery? (e.g surgery restricted to BMI over 45 and/or other co-morbidities, surgery only for those with BMI over 50)
2. When was the criteria introduced?
3. How many patients have been refused bariatric surgery since the criteria was introduced?
4. How many patients have received bariatric surgery since the criteria was introduced and how much has this cost the CCG?
 |
| **Response :*** What criteria, if any, has been stipulated by your CCG in relation to the provision of bariatric surgery? (e.g surgery restricted to BMI over 45 and/or other co-morbidities, surgery only for those with BMI over 50) – The CCG still currently follows NHS England’s policy, no CCG policy as yet.

 * When was the criteria introduced? Barnsley CCG has been following NHS England’s policy since 2017

 * How many patients have been refused bariatric surgery since the criteria was introduced?  We have not received any request for Barnsley CCG patients
* How many patients have received bariatric surgery since the criteria was introduced and how much has this cost the CCG?  We have not received any request for Barnsley CCG patients
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| **FOI NO: 863** | **Date Received: 17 August 2017** |
| **Request :**The information refers to the General Practice Forward View delivery plans submitted by NHS Barnsley CCG to NHS England in December 2016 and February 2017. - Please send me the rating (of either red/amber/green) received from NHS England for NHS Barnsley CCG’s phase 1 GPFV delivery plan submitted to NHS England in December 2016.- Please send me the rating (of either red/amber/green) received from NHS England for NHS Barnsley CCG’s phase 2 GPFV delivery plan which was submitted in February 2017. - Please send me a copy of the phase 1 and phase 2 delivery plans submitted to NHS England. |
| **Response :**1. Please send me the rating (of either red/amber/green) received from NHS England for NHS Barnsley CCG’s  phase 1 GPFV delivery plan submitted to NHS England in December 2016.

Please find the assurance template attached to this email, Barnsley CCG received an overall rating of green for its Phase 1 GPFV plan submitted in December 2016.1. Please send me the rating (of either red/amber/green) received from NHS England for NHS Barnsley CCG’s phase 2 GPFV delivery plan which was submitted in February 2017.

The CCG submitted plans to NHS England in December 2016 and since that time have continued to work with the local NHS England office to ensure plans for access, workforce and other GPFV commitments are strengthened1. Please send me a copy of the phase 1 and phase 2 delivery plans submitted to NHS England.

Please find attached to this email the Phase 1 Delivery Plan which was submitted in December 2016. I have also attached an update to the ratings received on the Phase 1 plan to address and provide information on areas rated as Amber or blank. As described above the CCG did not submit phase 2 plans but continue to work within NHSE to implement and strengthen the Barnsley GPFV plan. |

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| **FOI NO: 864** | **Date Received: 18 August 2017** |
| **Request :**1. How many GP practices in NHS Barnsley CCG ’s area had to shut down any IT systems in response to the ransomware attack, known as WannaCry, on or after 12 May, 2017?2.      How many computers/servers/devices in GP practices were infected in the ransomware attack, known as WannaCry, on 12 May, 2017?3.      How many planned appointments and did the GP practices have to cancel/postpone/reschedule as a result, either direct or indirect, of the WannaCry ransomware attack?4.      How many patients had to be recalled for tests by GP practices, as a result, either direct or indirect of the WannaCry ransomware attack?  |
| **Response :**1. How many GP practices in NHS Barnsley CCG ’s area had to shut down any IT systems in response to the ransomware attack, known as WannaCry, on or after 12 May, 2017?

7 GP Practices had to shut down computers (1 or 2 maximum) within their practice, this did not affect all of the computers within each practice therefore appointments and clinics continued to run as planned. 1. How many computers/servers/devices in GP practices were infected in the ransomware attack, known as WannaCry, on 12 May, 2017?

The CCG is aware of 10 computers over the 33 practices which displayed a warning message and were therefore unplugged from the mains and server until IT were able to visit the practice to fix the computers.1. How many planned appointments and did the GP practices have to cancel/postpone/reschedule as a result, either direct or indirect, of the WannaCry ransomware attack?

None1. How many patients had to be recalled for tests by GP practices, as a result, either direct or indirect of the WannaCry ransomware attack?

           None |

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| **FOI NO: 865** | **Date Received: 21 August 2017** |
| **Request :**A list of individual funding request applications made during the 2015/16 and 2016/17 financial years.Please break each record down by:a) the procedure requested (e.g. tattoo removal)b) the outcome of the decisionc) financial year |
| **Response :** |

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| **FOI NO: 866** | **Date Received: 23 August 2017** |
| **Request :**Is your CCG routinely funding the provision of bisphosphonates for all eligible women to reduce the risk of their primary breast cancer spreading to other parts of the body? Eligible women are defined as all postmenopausal women with primary breast cancer diagnosed within the last 6 months.*NB: This question does not apply to the provision of bisphosphonates for other indications, whether in breast cancer or another disease.*2.       If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but have not defined your eligible population as all postmenopausal women with primary breast cancer diagnosed within the last 6 months, how have you defined your eligible population? For example, is it risk stratified?3.       If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body:a.       Which drug or drugs are you funding (e.g. zoledronic acid, ibandronate, clodronate)?b.      What proportion of patients receiving treatment with bisphosphonates are receiving zoledronic acid (regardless of whether they have received it once, or for the whole course of the treatment)?4.       If you are not routinely funding the provision of bisphosphonates to reduce the risk of primary  breast cancer spreading to other parts of the body:a.       What are your reasons for not doing so?b.      Who was involved in this decision-making process? |
| **Response :**As far as Barnsley CCG are aware there has been no change to the response in the question. The CCG is still in the process of considering commissioning bisphosphonates for all eligible women to reduce the risk of their primary breast cancer spreading to other parts of the body. |

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| **FOI NO: 867** | **Date Received: 24 August 2017** |
| **Request :**1. Which company(s) holds the contract to supply your current patient transport services. 2. Please state if this service was procured through a framework agreement with other CCGs / NHS Trusts (if so please provide the names of the other CCG’s / NHS Trusts) 3. Please state the contract start date and end date of your current transport services.4. What is your annual budget for patient transport services?5. Are there provisions for contract extensions (including how many years and the extension terms)6. How many patients are transported annually by your patient transport providers? 7. What would the procurement model be for future contracts?8. What are the performance standards the current service provider(s) operate under? (e.g. Discharge - 90% of patients to be collected in 4 hours of ready time. Categories for performance usually being Discharge from inpatient, Travel Time, Arrival time & Departure time)9. What is the current provider’s performance against these standards in the last 12 months? (e.g. Discharge – 70% of have patients have been collected in 4 hours of ready time) |
| **Response :**1. Which company(s) holds the contract to supply your current patient transport services. Information on the contracts held by Barnsley CCG can be found on The CCG’s Internet site: <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>
2. Please state if this service was procured through a framework agreement with other CCGs / NHS Trusts (if so please provide the names of the other CCG’s / NHS Trusts) This service was procured through a Competitive Dialogue OJEU tender with 3 other South Yorkshire CCG’s – Rotherham, Sheffield and Doncaster
3. Please state the contract start date and end date of your current transport services. Information on the contracts held by Barnsley CCG can be found on The CCG’s Internet site:

<http://www.barnsleyccg.nhs.uk/about-us/contracts.htm>1. What is your annual budget for patient transport services? £2,077,861
2. Are there provisions for contract extensions (including how many years and the extension terms) Yes the option to extend by 12 months
3. How many patients are transported annually by your patient transport providers? The measure for Non-Emergency transport varies for each provider and therefore – I am unable to provide this information.
4. What would the procurement model be for future contracts? The procurement would be conducted by South Yorkshire Procurement Service hosted by Sheffield CCG.
5. What are the performance standards the current service provider(s) operate under? (e.g. Discharge - 90% of patients to be collected in 4 hours of ready time. Categories for performance usually being Discharge from inpatient, Travel Time, Arrival time & Departure time) Please see attached Service specification
6. What is the current provider’s performance against these standards in the last 12 months? (e.g. Discharge – 70% of have patients have been collected in 4 hours of ready time) – No information provided as the Contract commenced on 1 September 2017
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| **FOI NO: 868** | **Date Received: 24 August 2017** |
| **Request :** |
| **Response :** |

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| **FOI NO: 869** | **Date Received: 25 August 2017** |
| **Request :**1.    With the exception of IVF, do you have any commissioning policies which delay access to surgery based on alcohol consumption? 2.    If so, please provide a copy of these policies. |
| **Response :**With the exception of IVF, Barnsley CCG does not have any commissioning policies which delay access to surgery based on alcohol consumption.The CCG’s policies are published on its website http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm |

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| **FOI NO: 870** | **Date Received: 25 August 2017** |
| **Request :** 1)     Do your member practices use prescribing decision support systems?2)     If yes, how many practices (or what % of practices) use the following systems:

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| **Number (or %) of practices** |
| **ScriptSwitch** | **Eclipse** | **FDM Optimise RX** | **DXS** | **Other** **(please specify)** |
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3)     **Request for Re-use**Please can you confirm whether we are permitted to reuse any information provided under the Open Government Licence?  |
| **Response :** We would like to request the following information regarding the prescribing decision support systems used by GP practices within Barnsley CCG:1)     Do your member practices use prescribing decision support systems? Yes 2)     If yes, how many practices (or what % of practices) use the following systems:

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| **Number (or %) of practices** |
| **ScriptSwitch** | **Eclipse** | **FDM Optimise RX** | **DXS** | **Other** **(please specify)** |
|  100% | 95% |   |   |   |
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 3)     **Request for Re-use** Please can you confirm whether we are permitted to reuse any information provided under the Open Government Licence? *We (QuintilesIMS) request permission to re-use as a part of an independent analysis into the use of prescribing decision support software, which has been commissioned by one of our clients. The contents of the report****will not****be made available publically, but may be used by other QuintilesIMS Health Group entities and service suppliers. The information in the report will be presented in a factual manner with all publication details staying true to the publisher.**We acknowledge that information provided may be protected by copyright and will include a copyright statement to this effect at the end of any information we publish if requested by you.* Yes can re-use this information if it is made clear this is only current as of 25th August 2017 |

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| **FOI NO: 871** | **Date Received: 30 August 2017** |
| **Request :**1. According to your current IVF treatment policy:a. How many cycles of IVF do you offer to eligible patients?b. What is your upper age limit that female patients must meet in order to qualify for treatment?c. Do you have any criteria which may preclude women aged below 40 from receiving nhs funding for IVF?2. When will the CCG review its assisted conception policy?3. Is the assisted conception policy available on the CCG’s website? If so please provide a link to the policy or provide me with a copy? |
| **Response :**1. According to your current IVF treatment policy:a. How many cycles of IVF do you offer to eligible patients? 2 cyclesb. What is your upper age limit that female patients must meet in order to qualify for treatment? 42 yearsc. Do you have any criteria which may preclude women aged below 40 from receiving nhs funding for IVF? BMI should be between 18 and 30.  Neither partner should have any living children (including adopted children but not fostered children) from that or a previous relationship.2. When will the CCG review its assisted conception policy? Policy was reviewed in March 2017 but Barnsley CCG have not yet adopted it.3. Is the assisted conception policy available on the CCG’s website? If so please provide a link to the policy or provide me with a copy?  <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Fertility%20Policy%202014%20-%20Barnsley.pdf> |

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| **FOI NO: 872** | **Date Received: 31 August 2017** |
| **Request :**1. Does your CCG currently use MIQUEST software to extract GP data?2. If Your CCG does not use MIQUEST, please could you give me thename of the software or process you use?3. Please could I have the name of the person within your CCG whowould be responsible for this? |
| **Response :**1. Does your CCG currently use MIQUEST software to extract GP data?

            Yes1. If Your CCG does not use MIQUEST, please could you give me the name of the software or process you use?

            N/A1. Please could I have the name of the person within your CCG who would be responsible for this?

           Sarah Pollard CVD Nurse Barnsley CCG & Laura Fisher, Clinical Application Support Officer, eMBED |

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| **FOI NO: 873** | **Date Received: 31 August 2017** |
| **Request :**1.       Are there any gainshare agreements in place between you the CCG and a provider (e.g. hospital trust)?A gain share agreement is one where the benefits associated with more efficient us of medicines not reimbursed through national prices is shared between the provider and the clinical commissioning group party to the agreementIf “Yes”, then please provide the following details:

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| **Agreement** | **Disease Area** | **Provider included in the gainshare agreement** | **Name of specific drugs involved** | **Savings apportioned between CCG and the provider** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
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2.       Do you have any other agreements with a provider to switch from branded to biosimilar products?If "Yes", then please provide details;

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| **Agreement** | **Disease Area** | **Provider included in the agreement** | **Name of specific drugs involved** | **Savings apportioned between CCG and the provider** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |

 3.       Are there any other agreements between you the CCG and a provider, not included in the above, for the following services? If “Yes”, then please provide the following details:

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|  **Agreement** | **Disease Area** | **Provider included in the agreement** | **Name of specific drugs involved** | **Type of agreement with the Provider** |
| 1 | Ophthalmology services [eg wet macular degeneration] |   |   |   |
| 2 | Multiple Sclerosis |   |   |   |
| 3 | Prostate cancer |   |   |   |
| 4 | Breast Cancer |   |   |   |
| 5 | Haemophilia |   |   |   |

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| **Response :**1. Are there any gainshare agreements in place between you the CCG and a provider (e.g. hospital trust)? NO
2. Do you have any other agreements with a provider to switch from branded to biosimilar products? NO
3. Are there any other agreements between you the CCG and a provider, not included in the above, for the following services? NO
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| **FOI NO: 874** | **Date Received: 31 August 2017** |
| **Request :****Question 1**Does your CCG have a system in place or auditing the use of the Fast Track Pathway tool for Continuing Healthcare?**Question 2**How many packages of Continuing Healthcare did you approve in the financial year 2016/17 (including fast track packages)**Question 3**How many Fast Track Pathway packages of Continuing Healthcare did you fund in the financial year 2016/17?**Question 4**How many people are there in your Continuing Healthcare team?**Question 5**How many people are there in your Continuing Healthcare team dedicated to processing Fast Track Pathway packages of care? |
| **Response :****Question 1**Does your CCG have a system in place or auditing the use of the Fast Track Pathway tool for Continuing Healthcare?  **Yes there is a system in place and the duty nurse screens all fast tracks** **Question 2**How many packages of Continuing Healthcare did you approve in the financial year 2016/17 (including fast track packages)  **164 new packages in 2016/2017** **Question 3**How many Fast Track Pathway packages of Continuing Healthcare did you fund in the financial year 2016/17? **663** **Question 4**How many people are there in your Continuing Healthcare team? **14 both clinical and business support** **Question 5**How many people are there in your Continuing Healthcare team dedicated to processing Fast Track Pathway packages of care? **1/2 duty nurse on each day who screens fast tracks** |