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| **FREEDOM OF INFORMATION REQUESTS SEPTEMBER** |

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| **FOI NO: 599** | **Date Received: 5 September 2016** |
| **Request :**  How much was spent by your CCG on temporary agency staff under “Admin and other” during   2015/16 and also 2014/2015. | |
| **Response :**  2014/15  Of which contract and agency staff                                 £222,000  2015/16  Of which contract and agency staff                                   £87,000 | |

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| **FOI NO: 600** | **Date Received: 5 September 2016** |
| **Request :**  1) Who is the named person / commissioner responsible for commissioning Tier 3 obesity services within your organisation?    2) In the most recent year where figures are available, how many patients were referred to Tier 3?    3) Who currently provides your Tier 3 services? | |
| **Response :**  1) Who is the named person / commissioner responsible for commissioning Tier 3 obesity services within your organisation? – Patrick Otway    2) In the most recent year where figures are available, how many patients were referred to Tier 3? – indicative activity assumptions for 16/17 – 360.  However, in the first quarter of this year (April, May and June) the service has already seen 212 clients.    3) Who currently provides your Tier 3 services? – South West Yorkshire Partnership NHS Foundation Trust | |

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| **FOI NO: 601** | **Date Received: 8 September 2016** |
| **Request :**  \* Total expenditure on external consultancy agencies relating to co-design and PPI. | |
| **Response :**  Barnsley CCG has not engaged any consultancy on this area during 2015/16 or 2016/17. | |

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| **FOI NO: 602** | **Date Received: 13 September 2016** |
| **Request :**   |  |  |  | | --- | --- | --- | |  | **Questions** | **Answer** | | 1 | Which CCG are you? |  | | 2 | What is the generic email address for the CHC team? Or alternatively CHC Lead? |  | | 3 | What is your CCG GP list size? |  | | 4 | What are your age demographics i.e. % aged 65+? |  | | 5 | How many people receive CHC? |  | | 6 | How many people receive FNC? |  | | 7 | Does your CCG have an in-house CHC team or have you outsourced? |  | | 8 | If outsourced, please request CSUs (or other) still answer the questions below in relation to your CCG’s CHC service. |  | | 9 | If managed in-house, how many people are in your CHC team? |  | | 10 | What is the model of your CHC team?  i.e. do clinicians complete both new referrals and reviews? Or are your split into smaller teams? |  | | 11 | Do you commission packages of care/care home placements or hand over to another organisations/team? |  | | 12 | What does your community service do to support the CHC process? i.e. DNs |  | | 13 | What do your acutes do to support the CHC process? |  | | 14 | Do you have a ‘discharge to assess’ model in place? |  | | 15 | Do any other providers support the CHC process? i.e. DNs completing reviews? |  | | 16 | Do you manage PUPoC in-house? |  | | 17 | Have you seen an increasing number of (a) new referrals for CHC funding (b) fast tracks?  If so, what % since 2015/16? |  | | 18 | Do you have any issues accessing social care for their involvement with the MDT/DST?  If so, have you tried any alternative approaches i.e. CHC employing their own social worker or using another health professional? |  | | 19 | Do you have a CHC ‘Equity and Choice’ policy to support patient and family expectations around the provision of care? |  | | 20 | How to you manage any disagreement between CHC and social care at the point of recommending eligibility? |  | | 21 | Do you have sufficient staff to manage the flow into the service? If not, what else do you need? |  | | 22 | Do you have sufficient staff to review all fast tracks at 3 months and CHC eligible annually? If not, what else do you need? |  | | 23 | DO you have any best practice to share? |  | | 24 | Do you have any other issues or concerns around CHC, that you’d like to raise? |  | | |
| **Response :** | |

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| **FOI NO: 603** | **Date Received: 13 September 2016** |
| **Request :**   1. Are you responsible for commissioning out of hours GP services in your area? (if not please disregard the rest of the FOI) 2. What organisation has the CCG contracted to provide out of hours GP services? 3. What is the size of the patient population covered by the contracted out of hours provider? 4. How many occasions has there been no GP cover in the OOH service provided because of a lack of available GPs, in:    1. 2014/15    2. 2015/16    3. April 2016 to date   Could you also provide a link to the OOH provider’s National Quality Requirement (NQR)  achievement reports (or however their contractual Key Performance Indicators are reported), or, if time permits provide these reports for the past 12 months. | |
| **Response :**   1. Are you responsible for commissioning out of hours GP services in your area? (if not please disregard the rest of the FOI)   Yes – However, we are an associate to a lead provider contract, which is provided by Rotherham CCG.   1. What organisation has the CCG contracted to provide out of hours GP services?   Care UK   1. What is the size of the patient population covered by the contracted out of hours provider?   Circa 257,000   1. How many occasions has there been no GP cover in the OOH service provided because of a lack of available GPs, in:    1. 2014/15 – No occasions    2. 2015/16 – No occasions    3. April 2016 to date – No occasions | |

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| **FOI NO: 604** | **Date Received: 14 September 2016** |
| **Request :**  Please advise whether you currently pay for GP direct access pathology on a block contract basis, an average price per test, or a specific price per test. If the latter, please advise the price currently paid for each of the following tests:  Full blood count  U&E profile\*  Liver function test profile\*  Parathyroid hormone  Ferritin, or TSAT  Hepatitis B Surface Antigen  Hepatitis C  HIV  Aluminium  Cholesterol  HBa1c  Folate deficiency  Vitamin B12  Vitamin D  Blood culture  IV antibiotic tests  \* if parameters priced separately:  Urea  Electrolytes  Creatinine  Bicarbonate  Calcium  Phosphate  Alkaline Phosphatase  Albumin | |
| **Response :**  Further to your request for information regarding direct access pathology prices we are unable to answer this FOI as the details are commercially sensitive so this is a nil return from Barnsley CCG. | |

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| **FOI NO: 605** | **Date Received: 19 September 2016** |
| **Request :**  Please can you provide the following information **AS AT THE DATE OF YOUR RETURN** (or estimates, if appropriate) on:  -          the volume of continuing healthcare funded by your CCG across NHS and non-NHS providers; and  -           the **GROSS\* AVERAGE\*\* WEEKLY FEE RATES** currently being paid by your CCG for **continuing healthcare** provided by non-NHS providers only  If you are unable to provide disaggregated information for each setting / age group, please complete the TOTAL All Ages row only.  **CONTINUING HEALTHCARE**   |  |  |  |  | | --- | --- | --- | --- | | **NAME OF CCG:** | | | | | **DATE OF RETURN:** | | | | | *Settings* | ***Age group*** | **Number of Continuing Healthcare patients** | **Gross\* Average\*\* weekly fee rates per Continuing Healthcare patient** | | Nursing Care in Non-NHS care homes (independent sector and local authority, if any) | 65+ |  |  | | All Ages |  |  | | Residential care in Non-NHS care homes (independent sector and local authority, if any) | 65+ |  |  | | All Ages |  |  | | Care in Non-NHS non-residential settings | 65+ |  |  | | NHS in-house provision of continuing healthcare | 65+ |  |  | | All Ages |  |  | | TOTAL | 65+ |  |  | | All Ages |  |  |   \*Gross means the fees paid to providers, gross of any income or contribution from another funding source such as a local authority  \*\*There may different ways of calculating an average. Use the Notes box, below, if you think an explanation would be helpful | |
| **Response :**  **CONTINUING HEALTHCARE**   |  |  |  |  | | --- | --- | --- | --- | | **NAME OF CCG:  BARNSLEY** | | | | | **DATE OF RETURN:** | | | | | *Settings* | ***Age group*** | **Number of Continuing Healthcare patients** | **Gross\* Average\*\* weekly fee rates per Continuing Healthcare patient** | | Nursing Care in Non-NHS care homes (independent sector and local authority, if any) | 65+ | 44 | £661.00 | | All Ages | 59 | £924.00 | | Residential care in Non-NHS care homes (independent sector and local authority, if any) | 65+ | 11 | £408.00 | | All Ages | 20 | £1193.00 | | Care in Non-NHS non-residential settings | 65+ | 58 | £456.00 | | NHS in-house provision of continuing healthcare | 65+ | 0 |  | | All Ages | 0 |  | | TOTAL | 65+ | 113 | £538.00 | | All Ages | 137 | £927.00 |   \*Gross means the fees paid to providers, gross of any income or contribution from another funding source such as a local authority  \*\*There may different ways of calculating an average. Use the Notes box, below, if you think an explanation would be helpful    Notes: please use this space to provide any explanatory notes you think may be helpful in interpreting the data   |  | | --- | | 1.      Please note BCCG do not have any NHS in house provision for CHC.  2.      Number of Nursing Care in Non NHS Care Homes excludes FNC – Funded Nursing Care clients.  3.       Please note TOTAL all ages excludes clients under 65 for care in Non - NHS non -residential settings as this figure was not requested on the return. | | |

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| **FOI NO: 606** | **Date Received: 21 September 2016** |
| **Request :**  What number and value of contracts were let by competitive tender for NHS clinical services over each of the last three years (2013/14, 2014/15 and 2015/16)? Where a contract is let for multiple years, please provide the appropriate value for that year.    b)    Of the services awarded by competitive tender, what number and percentage were awarded to an incumbent provider?    c)     Of the services awarded by competitive tender, what was their percentage financial value in relation to total CCG spend on NHS clinical services in each of these three years.    d)    For these contracts, how was the requirement under the National Health Service Act 2006 – to record information about how the award of all contracts let by the CCG complies with statutory duties under that Act – met?    For the first two questions, please also specify the number and value of contracts awarded to either NHS or non-NHS providers | |
| **Response :**  a)    What number and value of contracts were let by competitive tender for NHS clinical services over each of the last three years (2013/14, 2014/15 and 2015/16)? Where a contract is let for multiple years, please provide the appropriate value for that year.    There was no requirement for CCG’s to maintain a register of procurements until statutory guidance changed in December 2014.  The CCG’s Primary Care Commissioning Committee awarded one contract for delivering Primary Medical Services which commenced in 2015/16.  b)    Of the services awarded by competitive tender, what number and percentage were awarded to an incumbent provider?  0  c)     Of the services awarded by competitive tender, what was their percentage financial value in relation to total CCG spend on NHS clinical services in each of these three years. Less than 1%    d)    For these contracts, how was the requirement under the National Health Service Act 2006 – to record information about how the award of all contracts let by the CCG complies with statutory duties under that Act – met?    We meet our requirements by publishing a contracts register on a quarterly basis on our website for all contracts above £25k, please follow link <http://www.barnsleyccg.nhs.uk/about-us/contracts.htm> .  We also complete a Register of Procurement Decisions which is published on the CCG’s website, please follow link <http://www.barnsleyccg.nhs.uk/our-information/lists-and-registers.htm> | |

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| **FOI NO: 607** | **Date Received: 22 September 2016** |
| **Request :**  I would like to know if you have delayed care or refused any form of treatment, procedure or surgery, for patients on the grounds that they smoke or because they are obese.  Please let me know if this has happened during this current financial year, and also if this has happened in the 2015/2016 financial year. | |
| **Response :**  The Individual Funding Request Panel for Barnsley CCG has never declined funding for patients who smoke.  However, certain restricted procedures (i.e. cosmetic or varicose veins) are subject to BMI limits. | |

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| **FOI NO: 608** | **Date Received: 21 September 2016** |
| **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.       Please can you outline how compliance with your formulary is enforced?  3.       Please indicate where possible what your average monthly usage of each product is.  4.       Can you list the number of wound care products used that are not currently on the formulary?  5.       Can you provide usage levels for non-formulary wound care products in each of the last twelve months?  6.       How often do you review your wound care formulary and when was this last undertaken?  7.       Can you provide an overview of the information you assess when reviewing your formulary?  8.       Can you supply the number of tissue viability nurses employed in  i.                     2016  ii.                   2015  iii.                  2014  iv.                 2013  v.                   2012  9.       Can you supply the number of leg ulcer nurses employed in  i.                     2016  ii.                   2015  iii.                  2014  iv.                 2013  v.                   2012  10.   What percentage of your practice nurses received specialist training in wound management in:                                         i.                   2016                                        ii.                   2015                                      iii.                   2014                                      iv.                   2013                                       v.                   2012  11.   Can you supply us with the figures for your total spend on wound care products in  i.                     2015  ii.                   2014  iii.                  2013  iv.                 2012  v.                   2012  12.   Can you supply us with the figures for your total spend on compression bandages in  i.                     2015  ii.                   2014  iii.                  2013  iv.                 2012  v.                   2012  13.   Can you supply us with the figures for your total spend on Anti-Microbial wound care products in  i.                     2015  ii.                   2014  iii.                  2013  iv.                 2012  v.                   2012    14.   Can you supply us with the figures for your total spend hosiery products in  i.                     2015  ii.                   2014  iii.                  2013  iv.                 2012  v.                   2012    15.   Do you have a strategy in place to implement NICE Guideline 179- Pressure ulcers: prevention and management of pressure ulcers    16.   Can you provide details on how the NICE Guidelines is implemented and how you monitor compliance?    17.   Can you supply the total number of patients in each of the last five calendar years that had  i.                     Level 1 pressure ulcers  ii.                   Level 2 pressure ulcers  iii.                  Level 3 pressure ulcers  iv.                 Level 4 pressure ulcers | |
| **Response :**   1. Please see attached document 2. Prescribing is monitored by the CCG Medicines Optimisation Scheme with support from the Tissue Viability Nurse Specialists on a quarterly to 6 monthly basis depending on growth in prescribing, also time and capacity of staff.  Prescribers are contacted who prescribe outside of the formulary to enquire reasons for use of non-formulary products. 3. We do not monitor the average monthly usage of each product. 4. We do not collate a list use of wound care products not on the formulary.  If when monitoring we identify one we just ask prescribers why they have used an off-formulary product? 5. Answer as per Q3, we do not quantify. 6. Every two years, Review dates on formulary, current formulary will be reviewed before May 2017. 7. Products are reviewed by a wound care group (sub group of Area Prescribing Committee).  We assess different aspects depending on dressing type.  All based on quality cost-effectiveness and also experience in usage of TVN's and selected staff (asked to use/sample products) which are compared with current formulary products. 8. The CCG do not collate this information.  Both the BHNFT (Acute Trust) and SWYFT (Community Trust) employ TVN's who work in the Barnsley locality would be able to advise on staffing. 9. The CCG do not collate this information.  Both the Barnsley Hospital NHS Foundation Trust (Acute Trust) and South West Yorkshire Partnership Foundation Trust (SWYFT) (Community Trust) employ TVN's who work within the Barnsley locality.  They would be able to advise on staffing. 10. All nurses are offered some training every two years when the wound care formulary is reviewed.  All nurses would be expected to undertake / access training as health care professionals in order to remain up to date within their scope of practice.  Not all GP practice nurses would routinely undertake wound care management. Wound care management is primarily undertaken by  community trust nurses.  The Community Trust nurses receive training as part of their role from the SWYFT TVN service.  This service would be best placed to advise on detail of training. 11. We do not hold the data you are requesting.  We would have to interrogate the data held by NHS digital via NHA Business services Authority Systems. NHS digital would be able to provide the information you are requesting on behalf of all CCG's. <http://digital.nhs.uk/gpprescribingdata> 12. As per question 11 13. As per question 11 14. As per question 11 15. Yes - please see attached Woundcare Policy / Formulary.  The CCG asks Providers of the services which it commissions to assure it complies with current best practice in respect of pressure ulcer management. 16. NICE guidance is implemented via the Woundcare policies of each of the Providers (see policy attached) and is monitored and reported at provider level.  The CCG would see only those pressure ulcers reported as a serious incident and the RCA are reviewed which provide evidence whether the pressure ulcer pathway has been followed. 17. The CCG would see only those pressure ulcers reported as a serious incident. Each provider monitors and reports on pressure ulcer incidence to their Trust Board. | |

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| **FOI NO: 609** | **Date Received: 26 September 2016** |
| **Request :**  I would like to request the list of pharmaceutical products/medicines/drugs that your CCG currently holds rebate agreements for. If possible, can you also provide the corresponding rebate start dates please? I understand that the financial details of the rebates would be considered commercially confidential but have been advised that the existence of a rebate with a product does not fall within a section 42 exemption. So, I am only requesting the product names, and if possible the rebate start dates. | |
| **Response :**   |  |  |  |  | | --- | --- | --- | --- | | **Drug** | **Manufacturer** | **Start Date** | **Length of Agreement** | | Leuprorelin (Prostap) | Takeda | 01/05/2015 | 2 years | | Ebesque XL (Quetiapine MR) | DB Ashbourne | 01/08/2015 | Fixed term of 8 months and will continue thereafter until CCG/ DB Ashbourne give notice | | Fencino (Fentanyl patches) | DB Ashbourne | 01/08/2015 | Fixed term of 8 months and will continue thereafter until CCG/ DB Ashbourne give notice | | Luventa XL (Galantamine XL) | Fontus | 01/08/2015 | No end date given | | Repinex XL (Ropinirole XL) | Aspire Pharma Ltd | 01/09/2015 | one year (1st September 2015 - 31 August 2016) | | Goserelin (Zoladex) | AstraZeneca | 01/07/2015 | 12 months from 1 July 2015 | | Formoterol (Oxis Turbohaler) | AstraZeneca | 01/07/2015 | 24 months from 1 July 2015 | | Lixiana (Edoxaban) | Daiichi-Sankyo | 01/01/2016 | (3 years) Until 31st December 2018 | | Carbocisteine sachets | Intra-Pharm | 01/03/2016 | 2 years | | **Expired Rebate Scheme** |  |  |  | | Rivaroxaban (Xarelto) | Bayer PLC | 01/08/2014 | Finished Dec 2015. | | |

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| **FOI NO: 610** | **Date Received: 23 September 2016 (by letter)** |
| **Request :** | |
| **Response :**  **Q1**. The number of current and active personal health budgets and integrated personal commissioning budgets issued by the CCG.  **A1**.  24. (23 as a direct payment), 16 Fully Funded, (15 as a direct payment) and 8 Joint Funded.​  **Q2.** The combined value of active personal health budgets and integrated personal commissioning budgets issued by the CCG as identified in point 1:  **A2.** For Direct Payments, the charge to the CCG in Q1 2016/17 is £161,623. the full year effect for this cohort of PHBs, should they all continue for the year will be c.£646,492.  **Q3.**​The percentage of Budgets identified in point 1 managed as a  a. Direct Payment  b. Managed Account  c. Notional Budget  **A3.**Direct payment –23          Managed account – 6 – (All funded via a Direct Payment)          Notional budget – 11 – (Only 1 client identified as a Notional Budget only)​​  Please note some of these budgets are mixed direct / notional and therefore a % for each is not possible.  **Q4.**​Details of how budget support is provided (e.g. through the Local Authority, main contract brokerage and support agency, framework of brokerage and support agencies etc).  **A4.**Currently, care and support planning for PHBs support is provided through the Local Authority.  **​**  **Q5** The Name of the 3 Brokerage and Support providers which support the most Personal Health Budget and Integrated Commissioning Budget Holders in the CCG area. If there is no main provider please state this.  **A5** Barnsley Metropolitan Borough Council Brokerage service is the only provider currently in Barnsley.  **Q6**How many / what value of PHBs and Integrated Personal Commissioning Budgets is the CCG budgeting to be released in each of the next 5 years?  **A6**​The CCG is aiming to deliver 470 Personal Health budgets by 2018. The IPC programme is currently working to understand the needs for Personal Budgets and how to release the appropriate funding to support the demand, choice and need. At this point in time the information requested is not available.  **Q7**The name and contact details of the CCGs Personalisation /Personal Health Budgets /Integrated Personalised Commissioning Budget Lead  **A7**Julia King, Personalisation Programme Manager [julia.king15@nhs.net](mailto:julia.king15@nhs.net) | |

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| **FOI NO: 611** | **Date Received: 28 September 2016** |
| **Request :**  This request concerns patients supported through the continuing healthcare budget in your Clinical Commissioning Group. We are interested in patients who fall within the clinical group, regardless of which particular sub-section of the budget is involved.  1) Considering all patients supported by the continuing healthcare budget in your Clinical Commissioning Group.  i) How many current patients fall into a group with a prolonged disorder of consciousness? Please include patients which have the following labels.  a) Vegetative state  b) Minimally Conscious State or Minimal Awareness State or similar  c) Prolonged disorder of consciousness  d) Is obviously in one of those states as recorded in the assessment tool  ii) How many current patients fall into a group with a prolonged disorder of consciousness where the state has been present for at least six months (not necessarily funded for all that time)?  Please include patients in categories listed in 1 i) a-d.  There is no need to separate out the different categories. The person may be of any age, and may have any underlying diagnosis including no clear diagnosis.  We recognise that there will be uncertainty in some cases. You should make a ‘best guess’ about the diagnosis if uncertain.  2) For patients in the categories set out in 1 i) a-d, please break the total number of patients down by where the patient is cared for using the following categories:  i) An NHS hospital or other NHS facility  ii) A nursing home or residential home  iii) Own home  iv) Other  We recognise that there are different types of residential care but do not expect a further differentiation.  3) For each patient currently being treated by your group in the categories listed in 1 i) a-d, how long has the patient been in this state of prolonged consciousness disorder?  If total length of state is unavailable, please provide the length of time that you have been funding care.  4) Considering all the patients you in the categories listed in 1 i) a-d  i) What was the total cost of supporting these patients in the 2015/16 financial year?  ii) Please express this as a proportion of your total annual budget for the 2015/16 financial year. | |
| **Response :**  1)      Considering all patients supported by the continuing healthcare budget in your Clinical Commissioning Group.  i)                    How many current patients fall into a group with a prolonged disorder of consciousness? Please include patients which have the following labels.   a)         Vegetative state  b)         Minimally Conscious State or Minimal Awareness State or similar   1  c)         Prolonged disorder of consciousness  d)         Is obviously in one of those states as recorded in the assessment tool  ii)                  How many current patients fall into a group with a prolonged disorder of consciousness where the state has been present for at least six months (not necessarily funded for all that time)?  Please include patients in categories listed in 1 i) a-d.  There is no need to separate out the different categories.  The person may be of any age, and may have any underlying diagnosis including no clear diagnosis.  We recognise that there will be uncertainty in some cases.  You should make a ‘best guess’ about the diagnosis if uncertain.  2)      For patients in the categories set out in 1 i) a-d, please break the total number of patients down by where the patient is cared for using the following categories:  i)                    An NHS hospital or other NHS facility  ii)                  A nursing home or residential home  iii)                Own home  iv)                Other  We recognise that there are different types of residential care but do not expect a further differentiation.  3)      For each patient currently being treated by your group in the categories listed in 1 i) a-d, how long has the patient been in this state of prolonged consciousness disorder?   2 years  If total length of state is unavailable, please provide the length of time that you have been funding care.  4)      Considering all the patients you in the categories listed in 1 i) a-d  i)                    What was the total cost of supporting these patients in the 2015/16 financial year? £123,342  ii)                  Please express this as a proportion of your total annual budget for the 2015/16 financial year.    0.08% (Based on the total annual budget for Continuing Healthcare) | |

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| **FOI NO: 612** | **Date Received: 28 September 2016** |
| **Request :**  To which providers were onward Orthopaedic referrals sent that were initially referred through Barnsley MSK service.  Please can you split this information by subspecialty E.g. (Hip, knee, spine etc) | |
| **Response :**   |  |  | | --- | --- | | **Provider** | **Count** | | **NTP13 - Barlborough** |  | | Hip | 1 | | Spine | 1 | | **NTX - One Health** |  | | Foot | 1 | | Hand | 1 | | Hip | 1 | | Knee | 5 | | **RFF - Barnsley** |  | | Arm | 1 | | Foot | 3 | | Hand | 4 | | Hip | 7 | | Knee | 8 | | Other | 4 | | Shoulder | 2 | | Spine | 1 | | Unknown | 6 | | **RFR - Rotherham** |  | | Elbow | 1 | | Hand | 1 | | **Grand Total** | **48** |   The above information is for April 2016 to June 2016 only.  We do not normally hold info on referrals but due to a MSK project that the CCG is currently working on, we happen to have the data available. | |

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| **FOI NO: 613** | **Date Received: 29 September 2016** |
| **Request :**  1 How many individual GP practices are there in your CCG?  2 How many of them have an **active** (meets regularly; feeds back to the practice regularly) patient participation group (PPG) **with a named chair**?  3 Who is responsible for checking how well run these PPGs are/how members are appointed/whether membership reflects the diversity of the patient list, etc?  4 Given that practices were allocated dedicated funds for PPGs up to April 2015, what did those practices that had not set one up by then do with this money? | |
| **Response :**  1. How many individual GP practices are there in your CCG?  There are 35 GP practices within Barnsley CCG.  2. How many of them have an **active** (meets regularly; feeds back to the practice regularly) patient participation group (PPG) **with a named chair**?  All GP Practices within Barnsley have a requirement as part of the 2016/17 Practice Delivery Agreement with Barnsley CCG to have a Patient Reference Group. It is the Patient Reference Groups decision on how often they meet and in what format (either virtual or face to face meetings) and if they chose to elect a Chair, the CCG does not routinely record this information.  3 Who is responsible for checking how well run these PPGs are/how members are appointed/whether membership reflects the diversity of the patient list, etc?  This is the responsibility of the individual practice.  4 Given that practices were allocated dedicated funds for PPGs up to April 2015, what did those practices that had not set one up by then do with this money?  The CCG does not hold this information however, from 1 April 2015, it became a contractual requirement for all practices to form a patient participation group (PPG). During 2014/15 the CCG was working closely with all practices to ensure that each GP Practices established a Patient Reference Group for the 01 April 2015. If the practice did not have a functioning group prior to April 2015, they may have been using the funds as a recourse to try to establish a Patient Reference Group. | |

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| **FOI NO: 614** | **Date Received: 20 September 2016** |
| **Request :**   1. Whether you consider financial difficulties in your local health needs assessment? 2. Whether your mental health service users (for both primary and secondary care) are routinely asked about their financial circumstances or difficulties? 3. Whether you commission, either solely or in partnership with any other agency (such as local government), any specialist services such as those listed above, for people who have both financial difficulties and mental health problems? 4. Whether you have a formal and/or informal working arrangement with any external organisations (e.g. Citizens’ Advice Bureaux) providing financial, welfare or debt advice, and if so which one(s)?   How many people using your primary and secondary mental health services are referred to or provided with a specialist service that addresses financial needs? | |
| **Response :**   1. Whether you consider financial difficulties in your local health needs assessment? Yes 2. Whether your mental health service users (for both primary and secondary care) are routinely asked about their financial circumstances or difficulties? Yes 3. Whether you commission, either solely or in partnership with any other agency (such as local government), any specialist services such as those listed above, for people who have both financial difficulties and mental health problems? Social Prescribing service recently tendered – Recovery college model in operation since 2013 –Barnsley IAPT service 4. Whether you have a formal and/or informal working arrangement with any external organisations (e.g. Citizens’ Advice Bureaux) providing financial, welfare or debt advice, and if so which one(s)? Informal arrangement with Voluntary Action Barnsley – nothing commissioned formally 5. How many people using your primary and secondary mental health services are referred to or provided with a specialist service that addresses financial needs? Not known as the ‘financial need’ aspect may not be the primary concern recorded | |

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| **FOI NO: 615** | **Date Received: 28 September 2016** |
| **Request :**   * 1. What activities has your CCG undertaken to increase cervical screening attendance over the last 2 years (August 2014 - August 2016)?   (We are looking for an outline of any activities that the CCG has been involved in or led, for example, working with GPs to increase uptake rates in their surgeries, general awareness raising activities to highlight the importance of cervical screening or targeted outreach activities to increase uptake amongst groups who are highly represented amongst non-attenders (e.g. BAME groups, disadvantaged communities, women aged 25-29 or women over 50).  We do not need any documentation, but would be grateful for as high level of detail as you are able to give.)     * 1. What were the outcomes of those activities?   2. Are women able to attend cervical screening tests outside of usual working hours (i.e. before 9am or after 5pm) at every GP surgery in your area?   3. If not, please could you tell us:      1. The number of GP services where women are able to attend cervical screening tests outside of usual working hours (i.e. before 9am and after 5pm)      2. The total number of GP services in your area. | |
| **Response :**  *As a CCG we have carried out ad hoc general awareness raising promotion of cervical screening on our social media accounts. This is a continuation of the                                   Jo’s Trust award we won in Barnsley for the Fear or Smear campaign. Our promotion work is linked with that which the council and the local screening                             service undertakes.*   * 1. What were the outcomes of those activities?                           The CCG has not undertaken a review of the outcomes of raising the promotion of cervical screen on our social media accounts.   * 1. Are women able to attend cervical screening tests outside of usual working hours (i.e. before 9am or after 5pm) at every GP surgery in your area?   The CCG does not collect this information, this level of detail would need to be obtained by contacting each individual GP practice to identify if the practice offers cervical cancer screening outside of usual working hours.   * 1. If not, please could you tell us:      1. The number of GP services where women are able to attend cervical screening tests outside of usual working hours (i.e. before 9am and after 5pm) As above.      2. The total number of GP services in your area. There are 35 GP practices within Barnsley CCG. | |