

FREEDOM OF INFORMATION REQUESTS
January 2020

FOI NO: FOI 060	Date Received: 2 January 2020
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Request :

1. What is your total adult population?
2. What is your 2019/20 spend on hospice provision in your CCG?
3. Is this provision by commissioned service or grant or a combination of both?
4. Are you able to provide a copy of your service specification/grant paperwork?

Response :

1. What is your total adult population?
Bury's total adult GP registered population at November 2019 was 159,086.
2. What is your 2019/20 spend on hospice provision in your CCG?
Bury's total spend for 2019/20 for Hospice provision totals £459,938.
3. Is this provision by commissioned service or grant or a combination of both?
Bury's Hospice provision is currently funded through a grant agreement.
4. Are you able to provide a copy of your service specification/grant paperwork?
There is not currently a service specification developed for Bury Hospice. We have attached, for information, an extract taken from the grant paperwork regarding the service offer.

FOI NO: FOI 062	Date Received: 8 January 2020
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Request :

1. **How much did you spend on all medications for the following conditions in the last financial year (2018/19)?**
 - Depression
 - Treatment Resistant Depression
 - Anxiety
 - Post-Traumatic Stress Disorder
 - Obsessive Compulsive Disorder
2. **What was the total number of patients receiving medication funded by your CCG in 2018/19 for each of the following conditions?**
 - Depression
 - Treatment Resistant Depression
 - Anxiety
 - Post-Traumatic Stress Disorder
 - Obsessive Compulsive Disorder

3. Which three drugs from this list did you spend the most on in the last financial year (2018/19)? For those three drugs please specify the total amount spent.

- Ariprazole
- Buspirone
- Clomipramine
- Escitalopram
- Fluoxetine
- Mirtazapine
- Quetiapine
- Sertraline
- Venlafaxine

Response :

1. How much did you spend on all medications for the following conditions in the last financial year (2018/19)?

- Depression
- Treatment Resistant Depression
- Anxiety
- Post-Traumatic Stress Disorder
- Obsessive Compulsive Disorder

Prescribing data does not contain information with regards to specific conditions.

2. What was the total number of patients receiving medication funded by your CCG in 2018/19 for each of the following conditions?

- Depression
- Treatment Resistant Depression
- Anxiety
- Post-Traumatic Stress Disorder
- Obsessive Compulsive Disorder

We do not hold this information.

3. Which three drugs from this list did you spend the most on in the last financial year (2018/19)? For those three drugs please specify the total amount spent.

- Ariprazole
- Buspirone
- Clomipramine
- Escitalopram
- Fluoxetine
- Mirtazapine
- Quetiapine
- Sertraline
- Venlafaxine

18/19 highest drug spend from the list above

£172,227.29	Quetiapine
£156,350.39	Venlafaxine

£66,247.20	Sertraline Hydrochloride
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FOI NO: FOI 063	Date Received: 8 January 2020
Request :	
<p>I understand that Bury CCG currently codes £9.2 million of its spending on mental health as being paid to Pennine Acute Hospitals NHS Trust.</p> <p>Please would you confirm that this is correct (at least approximately), and clarify which mental health services are being provided by Pennine Acute Hospitals NHS Trust in return for this investment.</p>	
Response :	
<p>I understand that Bury CCG currently codes £9.2 million of its spending on mental health as being paid to Pennine Acute Hospitals NHS Trust.</p> <p>Please would you confirm that this is correct (at least approximately), and clarify which mental health services are being provided by Pennine Acute Hospitals NHS Trust in return for this investment.</p> <p>This is incorrect. Approximately £0.5m is spent with Pennine Acute relating to admissions for patients with a Mental Health diagnosis.</p>	

FOI NO: FOI 064	Date Received: 2 January 2020
Request :	
<ol style="list-style-type: none"> 1. Since 1 November 2018, how many Individual Funding Requests have you received regarding unlicensed Cannabis-Based Products for Medicinal Use (CBPMs)? <ol style="list-style-type: none"> a. If possible, please provide the therapeutic indication for the IFRs received e.g. chronic pain 2. Of the total number of Individual Funding Requests, how many Individual Funding Requests for unlicensed CBPMs has the CCG declined? Please provide any details as to the reason/s behind declining the requests. 3. Of the total number of Individual Funding Requests, how many Individual Funding Requests for unlicensed CBPMs has the CCG accepted? Please provide any details of the Individual Funding Requests accepted where possible, including the cost of reimbursement. <ol style="list-style-type: none"> a. If possible, please provide the therapeutic indication for the IFRs received e.g. chronic pain 4. From which budget is the CCG funding the Individual Funding Requests that have been approved, and for how long has the funding been agreed? 	
Response :	
<ol style="list-style-type: none"> 1. Since 1 November 2018, how many Individual Funding Requests have you received regarding unlicensed Cannabis-Based Products for Medicinal Use (CBPMs)? <ol style="list-style-type: none"> a) If possible, please provide the therapeutic indication for the IFRs received e.g. chronic 	

pain

None

2. Of the total number of Individual Funding Requests, how many Individual Funding Requests for unlicensed CBPMs has the CCG declined? Please provide any details as to the reason/s behind declining the requests.

N/A

3. Of the total number of Individual Funding Requests, how many Individual Funding Requests for unlicensed CBPMs has the CCG accepted? Please provide any details of the Individual Funding Requests accepted where possible, including the cost of reimbursement.

a) If possible, please provide the therapeutic indication for the IFRs received e.g. chronic pain

N/A

4. From which budget is the CCG funding the Individual Funding Requests that have been approved, and for how long has the funding been agreed?

N/A

FOI NO: FOI 065	Date Received: 13 January 2020
Request :	
<p>1. What is the CCG's target waiting time for adults who are urgently referred to eating disorder services to start treatment?</p> <p>2. What is the CCG's target waiting time for adults who are routinely (i.e. non-urgently) referred to eating disorder services to start treatment?</p> <p>3. How many adults were urgently referred to eating disorder services overseen by the CCG in 2018/19?</p> <p>4. How many adults were routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG in 2018/19?</p> <p>5. What was the average waiting time to start treatment for adults urgently referred to eating disorder services overseen by the CCG in 2018/19?</p> <p>6. What was the average waiting time to start treatment for adults routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG in 2018/19?</p> <p>7. How many adults urgently referred to eating disorder services overseen by the CCG are currently waiting to start treatment?</p> <p>8. How many adults routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG are currently waiting to start treatment?</p>	
Response :	
<p>1. What is the CCG's target waiting time for adults who are urgently referred to eating disorder</p>	

services to start treatment?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

2. What is the CCG's target waiting time for adults who are routinely (i.e. non-urgently) referred to eating disorder services to start treatment?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

3. How many adults were urgently referred to eating disorder services overseen by the CCG in 2018/19?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

4. How many adults were routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG in 2018/19?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

5. What was the average waiting time to start treatment for adults urgently referred to eating disorder services overseen by the CCG in 2018/19?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

6. What was the average waiting time to start treatment for adults routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG in 2018/19?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

7. How many adults urgently referred to eating disorder services overseen by the CCG are currently waiting to start treatment?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

8. How many adults routinely (i.e. non-urgently) referred to eating disorder services overseen by the CCG are currently waiting to start treatment?

NHS Bury CCG does not hold data on urgent or routine referrals. Referrals are made by GPs directly to Greater Manchester Mental Health NHS Foundation Trust Adult Eating Disorder Service.

FOI NO: FOI 066	Date Received: 14 January 2020
Request :	
We are trying to determine the variation in practice across the country regarding the collection of	

prescription charges by Urgent Care Providers to comply with NHS regulations for patients receiving a direct supply of a medicine from the provider under a Patient Group Direction (PGD) or an FP10REC prescription and what methods they use if they do collect a prescription charge.

Please could you provide us with the following information to help us with our scoping:

1. Please give the names of any providers providing urgent care services commissioned by your CCG.
2. Do any of these providers directly supply pre-labelled medication from stock against a PGD or FP10REC?
3. Do any providers take a prescription charge if medicines are directly supply pre-labelled medication from stock against a PGD or FP10REC?
4. If the answer to question 3 is YES please provide a brief description of how they collect the prescription charge.
5. Please feel free to add any comments that you think would be useful or if you would like to discuss please do so using the contact details below.

Name of urgent care provider	Medication directly supplied against a PGD or FP10REC (Y/N)	Prescription charge collected for medication directly supplied against a PGD or FP10REC (Y/N)	Method used to collect a prescription charge.	Other information

Response :

1. Please give the names of any providers providing urgent care services commissioned by your CCG.
Please see table below.
2. Do any of these providers directly supply pre-labelled medication from stock against a PGD or FP10REC?
Please see table below.
3. Do any providers take a prescription charge if medicines are directly supply pre-labelled medication from stock against a PGD or FP10REC?
Please see table below.
4. If the answer to question 3 is YES please provide a brief description of how they collect the prescription charge.
N/A.
5. Please feel free to add any comments that you think would be useful or if you would like to discuss please do so using the contact details below.
N/A.

Name of urgent care provider	Medication directly supplied against a PGD or FP10REC (Y/N)	Prescription charge collected for medication directly supplied against a PGD or FP10REC (Y/N)	Method used to collect a prescription charge.	Other information
A&E Pennine	Y	N		

Acute				
Urgent Care Treatment Centre Fairfield General Hospital	N	N		
Bardoc	N	N		
Walk In Centres (Moorgate & Prestwich)	Y	Not known	Not known	
Extended working hours	N	N		
Green car via NWAS	N	N		

FOI NO: FOI 067	Date Received: 16 January 2020
<p>Request :</p> <ol style="list-style-type: none"> 1. Can they provide information on how they share records between clinical systems for direct care purposes? Not limited to but for example How does the trust view information on patients from GP, Social Care when dealing patients in a direct care situation. 2. We are interested in understanding, what your organisation/s uses to share patient information between health and social care clinical systems and settings. Which suppliers are in use in your organisation/s to fulfil this purpose? (If any) examples such as Graphnet, Intersystems, MIG, Direct Integration from/between systems such as Emis, TPP, Cerner? 3. Can you provide details of the current renewal/end date of this/these contract/s? 4. Who is the main point of contact for this/these contract/s and what is their title and contact details? 5. Which board member is responsible for patient record integration/sharing between health and social care clinical systems and settings for your organisation? 	
<p>Response :</p> <ol style="list-style-type: none"> 1. Can they provide information on how they share records between clinical systems for direct care purposes? Not limited to but for example How does the trust view information on patients from GP, Social Care when dealing patients in a direct care situation. 2. We are interested in understanding, what your organisation/s uses to share patient information between health and social care clinical systems and settings. Which suppliers are in use in your organisation/s to fulfil this purpose? (If any) examples such as Graphnet, Intersystems, MIG, Direct Integration from/between systems such as Emis, TPP, Cerner? 3. Can you provide details of the current renewal/end date of this/these contract/s? NHS Bury CCG is planning to use the Greater Manchester Integrated Digital Care Record to share information for direct care purposes. At this time the project has not yet rolled out in NHS Bury CCG. 4. Who is the main point of contact for this/these contract/s and what is their title and contact details? The current lead in NHS Bury CCG for IM&T and Digital is Nia Pendleton-Watkins – Interim Chief Technology Officer; email: nia.pendleton-watkins@nhs.net. 	

5. Which board member is responsible for patient record integration/sharing between health and social care clinical systems and settings for your organisation?
The Clinical Lead for IT is Dr Sanjay Kotegaonkar and the Caldicott Guardian is Dr Jeff Schryer.

FOI NO: FOI 065	Date Received: 16 January 2020
Request :	
<p>1. The number of patient transport journeys paid out to Private/Independent Patient Transport providers in the last year i.e</p> <ul style="list-style-type: none"> - secure patient transport - non emergency patient transport <p>2. May you also provide the cost breakdown:</p> <ul style="list-style-type: none"> - the total cost - lowest cost per mile - highest cost per mile - lowest cost for the call out fee - the highest cost of call out fee <p>3. The list of your current providers</p>	
Response :	
<p>1. The number of patient transport journeys paid out to Private/Independent Patient Transport providers in the last year i.e.</p> <ul style="list-style-type: none"> - secure patient transport - non emergency patient transport <p>NHS Bury CCG have only one contract for independent/private patient transport. The charity "Transport for Sick Children" provides a non-emergency transportation service by volunteer drivers.</p> <p>The expected number of journeys in the current year is 274</p> <p>2. May you also provide the cost breakdown:</p> <ul style="list-style-type: none"> - the total cost - lowest cost per mile - highest cost per mile - lowest cost for the call out fee - the highest cost of call out fee <p>The cost per annum is a fixed amount of £4,370, provided as a grant. This equates to an estimated cost per journey of £15.95</p> <p>3. The list of your current providers Transport for Sick Children (TFSC)</p>	

FOI NO: FOI 069	Date Received: 17 January 2020
Request :	

Service user surveys or any polls, surveys or questionnaires surrounding end of life care in our borough, regionally or nationally

Response :

Service user surveys or any polls, surveys or questionnaires surrounding end of life care in our borough, regionally or nationally

NHS Bury CCG haven't conducted any surveys for Palliative and End of Life Care services within recent years. Surveys may be used locally to influence local service redesign however it's likely these would be developed and distributed specifically by providers of services, either Salford Royal Community Foundation Trust or Bury Hospice to influence their service delivery and therefore these are not held by NHS Bury CCG.

The Bury locality is currently undertaking work across Palliative and End of Life services to improve outcomes for users of these services. The method being used for this to generate insight is, via case studies and lessons learnt, experienced based design, having a panel of users with lived experience that can influence and contribute to ongoing conversations.

Healthwatch have also supported this piece of work through collating previous experiences from local people.

FOI NO: FOI 070

Date Received: 20 January 2020

Request :

1. Do you have a continuous glucose monitoring (CGM) system policy in place? If so please provide.
2. Which continuous glucose monitoring (CGM) systems are currently approved for use?
3. What is your system/process to administer the funding approval and use of continuous glucose monitoring (CGM) systems?

Response :

1. Do you have a continuous glucose monitoring (CGM) system policy in place? If so please provide.
Yes.
2. Which continuous glucose monitoring (CGM) systems are currently approved for use?
See link below.
3. What is your system/process to administer the funding approval and use of continuous glucose monitoring (CGM) systems?
See link below:

[https://gmeurnhs.co.uk/Docs/Summary%20Docs%20\(Form%20link\)/Continuous%20Glucose%20Monitoring%20Summary%20Doc%20LINK.pdf](https://gmeurnhs.co.uk/Docs/Summary%20Docs%20(Form%20link)/Continuous%20Glucose%20Monitoring%20Summary%20Doc%20LINK.pdf)

FOI NO: FOI 071

Date Received: 16 January 2020

Request :

1. What is the population that the CCG serves
2. What was the total spend on ophthalmology (excluding high cost drugs) in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019
3. Can you please break down the spend (in ophthalmology) based on payments to each **provider** (in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)
4. What is the total FCE; new appointment; follow up appointment. For each of the **providers** (the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)
5. Please state the specific services commissioned for ophthalmology which are “not standard tariff”.... (for example: referral refinement; MECS; PEARS; glaucoma refinement; etc.)
6. Please provide a breakdown of the “Non-standard tariff” services by (special commissioned services) (for the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)
 - a. Activity in each year (total)
 - b. Total **spend** in each year for each activity
 - c. **Tariff** for each activity (for example £10 tariff for referral management; £20 for glaucoma repeat iop etc.)

Response :

1. What is the population that the CCG serves
Approximately 190,000
2. What was the total spend on ophthalmology (excluding high cost drugs) in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019
Please see breakdown below:

2014/2015	4,346,438
2015-2016	6,430,793
2017-2018	6,984,649
2018-2019	7,706,723
3. Can you please break down the spend (in ophthalmology) based on payments to each **provider** (in the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)
Please see attached exemption explanation.
4. What is the total FCE; new appointment; follow up appointment. For each of the **providers** (the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)
Please see attached exemption explanation.
5. Please state the specific services commissioned for ophthalmology which are “not standard tariff”.... (for example: referral refinement; MECS; PEARS; glaucoma refinement; etc.)
The only service commissioned for ophthalmology which are “not standard tariff” are MECS.
6. Please provide a breakdown of the “Non-standard tariff” services by (special commissioned services) (for the financial years, 2014-2015; 2015-2016; 2017-2018; 2018-2019)
 - a. Activity in each year (total)
 - b. Total **spend** in each year for each activity

c. **Tariff** for each activity (for example £10 tariff for referral management; £20 for glaucoma repeat iop etc.)
Please see attached exemption explanation.

FOI NO: FOI 072	Date Received: 29 January 2020
Request :	
<p>I have an inquiry about the use of what are often called referral management services. For clarity, I am asking about private firms which assess hospital referrals made by GPs and decide which patients should receive a hospital appointment or treatment and which should not. If your CCG calls this service by a different name, I would still like to know:</p> <ol style="list-style-type: none"> 1. Does your CCG use a private referral management service? 2. If so, which company provides it? 3. How long has your CCG used this company? 4. How much are they paid? 5. Is payment based on how many patients are turned down for a referral to hospital? 6. If yes, what is the amount paid per refusal? 7. Does the referral service focus only on specific patients with certain conditions/those being referred for particular procedures or do they look at all hospital referrals? 8. If certain conditions, what are those conditions? 9. How many patients were considered by those referral management companies in the last year (or whatever period of time you keep figures for)? 10. How many were then referred on to hospital (or how many were not)? 11. What is the reason for using the private referral management service? 12. If money, how much money has this saved the NHS? 	
Response :	
<ol style="list-style-type: none"> 1. Does your CCG use a private referral management service? 2. If so, which company provides it? 3. How long has your CCG used this company? 4. How much are they paid? 5. Is payment based on how many patients are turned down for a referral to hospital? 6. If yes, what is the amount paid per refusal? 7. Does the referral service focus only on specific patients with certain conditions/those being referred for particular procedures or do they look at all hospital referrals? 8. If certain conditions, what are those conditions? 9. How many patients were considered by those referral management companies in the last year (or whatever period of time you keep figures for)? 10. How many were then referred on to hospital (or how many were not)? 11. What is the reason for using the private referral management service? 12. If money, how much money has this saved the NHS? <p style="text-align: center;">NHS Bury CCG do not use a private referral management service as this service is undertaken "in house".</p>	

FOI NO: FOI 073	Date Received: 29 January 2020
Request :	

1. Which organisation(s) currently deliver the CCGs IAPT Service?
2. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?
3. On what date does the CCGs current IAPT Service expire?
4. Is there an optional contract extension in place for this IAPT service? If so, for how long?
5. Does the CCG have current plans to go out to tender for a new IAPT service and if so, when?
6. What is the current annual value of the CCGs current IAPT Service?
7. Have any of the CCGs current IAPT providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?

8. Which organisation(s) currently deliver the CCGs community musculoskeletal (MSK) Service?
9. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?
10. On what date does the CCGs current community MSK Service expire?
11. Is there an optional contract extension in place for this community MSK service? If so, for how long?
12. Does the CCG have current plans to go out to tender for a new community MSK service and if so, when?
13. What is the current annual value of the CCGs current community MSK Service?
14. Have any of the CCGs current community MSK providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?

Response :

1. Which organisation(s) currently deliver the CCGs IAPT Service?
Pennine Care Foundation Trust.
2. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?
You will have to contact the Provider for this information.
3. On what date does the CCGs current IAPT Service expire?
31st March 2020.
4. Is there an optional contract extension in place for this IAPT service? If so, for how long?
No.
5. Does the CCG have current plans to go out to tender for a new IAPT service and if so, when?
No decision has been made.
6. What is the current annual value of the CCGs current IAPT Service?
Part of the overall block contract.
7. Have any of the CCGs current IAPT providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?
No.
8. Which organisation(s) currently deliver the CCGs community musculoskeletal (MSK) Service?
Pennine Acute Hospitals Trust.
9. Which Patient Administration System/Clinical Recording System does the provider(s) use within service delivery?
NHS Bury CCG does not have this information.

10. On what date does the CCGs current community MSK Service expire?
31st March 2020 – part of the acute contract.
11. Is there an optional contract extension in place for this community MSK service? If so, for how long?
Part of the main acute contract so is in line with this.
12. Does the CCG have current plans to go out to tender for a new community MSK service and if so, when?
No current plans.
13. What is the current annual value of the CCGs current community MSK Service?
The current annual value of community MSK is £1,120,433.
14. Have any of the CCGs current community MSK providers been issued with a performance notice during the lifetime of the contact and/or the last 12-months?
There have been no performance notices relating to the community MSK service during the lifetime (1st April 2019 to present) of the Pennine Acute contract for 2019/20 and in the last 12 months.

FOI NO: FOI 074	Date Received: 30 January 2020
Request :	
<p>Please could I request the following information for financial year 2018/2019 and 2019/2020 current figures:</p> <ol style="list-style-type: none"> Spend in £ value by staff group of permanent spend on recruitment of permanent via agencies Staff groups: <ul style="list-style-type: none"> • Management / Operations • Nursing • Allied Health Professionals 2. Who are the responsible hiring managers for permanent recruitment of the above staffing groups? <ul style="list-style-type: none"> • Management / Operations • Nursing • Allied Health Professionals Which agencies do you currently use and what fee's do they charge per placement? Number of current open vacancies across the above staffing groups 	
Response :	
<ol style="list-style-type: none"> Spend in £ value by staff group of permanent spend on recruitment of permanent via agencies Staff groups: 	

- Management / Operations
 - Nursing
 - Allied Health Professionals - **£2,107**
2. Who are the responsible hiring managers for permanent recruitment of the above staffing groups?
- Management / Operations – **managers vary as a vacancy arises**
 - Nursing – **N/A**
 - Allied Health Professionals – **N/A**
3. Which agencies do you currently use and what fee's do they charge per placement? **Any agency used in on the CCS <https://www.crowncommercial.gov.uk/agreements> with capped NHS agreed fees**
4. Number of current open vacancies across the above staffing groups
- Management / Operations – **1**
 - Nursing – **0**
 - Allied Health Professionals – **0**