

**FREEDOM OF INFORMATION REQUESTS**  
**March 2020**

**FOI NO:** FOI 091

**Date Received:** 3 March 2020

**Request :**

Please tell me how long women in your area wait for a referral to a consultant for endometriosis in calendar days in each calendar or financial year (depending on how you collect the data) for the last 10 years.

**Response :**

Please tell me how long women in your area wait for a referral to a consultant for endometriosis in calendar days in each calendar or financial year (depending on how you collect the data) for the last 10 years.

**The NHS Bury CCG does not hold this information. Patients would be referred into a Gynaecology clinic and the patient would then get the diagnosis once seen at the hospital of choice.**

**Please redirect your FOI to specific providers of Gynaecological Services. Some of the providers include Pennine Acute NHS Hospitals Trust, Bolton NHS Foundation Trust, Salford Royal NHS Foundation and Manchester University NHS Foundation Trust.**

**FOI NO:** FOI 092

**Date Received:** 11 March 2020

**Request :**

1- Please can you complete the following table splitting the number of CHC nursing home patients by the weekly rate that the CCG is charged by the nursing home for the patient's care:

CHC Nursing home rates

Weekly rate charged by the nursing home	Number of CHC Patients	% of Patients
£0-£719	131	86.75%
£720-£750	12	7.95%
£750-£800	2	1.32%

£800-£850	2	1.32%
£850-£900	1	0.66%
£900-£950	0	0%
£950-£1,000	0	0%
£1,000-£1,300	1	0.66%
£1,300-£3,000	2	1.32%
£3,000+	0	0%
<b>Total</b>	<b>151</b>	<b>100%</b>

2- Please can you complete the following table splitting the number of CHC domiciliary care patients by the hourly rate that the CCG is charged by the care provider for the patient's care:

CHC Home care rates

Hourly rate charged by the care provider	Number of CHC Patients	% of Patients
£0-£15	0	0%
£15-£15.50	0	0%
£15.50-£16	120	90.91%
£16-£16.50	0	0%
£16.50-£17	6	4.55%
£17-£17.50	0	0%
£17.50-£18	0	0%
£18-£18.50	4	3.03%
£18.50-£19	0	0%
£19-£19.50	0	0%
£19.50-£20	0	0%
£20+	2	1.52%
<b>Total</b>	<b>132</b>	<b>100%</b>

**Response :**

**As per completed tables above.**

**FOI NO:** FOI 093

**Date Received:** 11 March 2020

**Request :**

Does your CCG commission a community VTE clinic?

In the last 12 months how many patients have been treated at the clinic?

How many patients have been treated with a DOAC within the clinic?

Of these patients how many were treated with:

- Xarelto
- Lixiana
- Pradaxa
- Eliquis

**Response :**

**Bury CCG does not commission a specific community VTE clinic.**

**A community anticoagulation service is commissioned by the CCG – patients with Venous Thromboembolism can access this service if required and appropriate.**

**FOI NO:** FOI 095

**Date Received:** 11 March 2020

**Request :**

As part of the Patient Association's ongoing commitment to address the challenge posed by antimicrobial resistance, we are carrying out a follow-up investigation into the uptake and implementation of several key antimicrobial stewardship policy initiatives by Clinical Commissioning Groups.



CCGs Antimicrobial  
Stewardship Program

Antimicrobial resistance has been identified by the Government as one of the most significant challenges facing our society and represents a growing threat to the foundations of modern medicine.

**As part of the Patient Association's ongoing commitment to address the challenge posed by antimicrobial resistance, we are carrying out a follow-up investigation into the uptake and implementation of a number of key antimicrobial stewardship policy initiatives by Clinical Commissioning Groups.**

**1. Please state the name of your CCG**

**Local antimicrobial stewardship (AMS) programmes**

**2. Does your Clinical Commissioning Group have a named individual responsible for the implementation of a local antimicrobial stewardship (AMS) programme?**

Yes  No

If Yes, please provide the name and the job title of the individual here:

**3. Is your Clinical Commissioning Group part of any local wider partnership group addressing antimicrobial resistance (AMR) (eg involving public health in Local Authority and/or any other organisations)?**

Yes  No

If Yes, please indicate:

- a) the membership of the partnership group (job titles/ organisations)
- b) who provides systems leadership of the partnership group

**Length of time AMR Stewardship has been in place**

**4. How long has your local antimicrobial stewardship programme been in place for?**

- 0 - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months  Over a year

We do not have a local antimicrobial stewardship programme

**RCGP TARGET Toolkit**

**5. Which of the following components of the RCGP TARGET Antibiotics toolkit and training have you used or implemented within your Clinical Commissioning Group area:**

Interactive workshop presentation and clinical eModule

Leaflets shared with patients

Audit toolkits and action planning

Antibiotic and diagnostic quick reference tools

Training Resources

Resources for clinical and waiting areas

Self assessment checklists

Resources for commissioners  All of the above

None of the above

Please include any further information you may wish to provide here:

## NICE guideline 15 Antimicrobial Stewardship: Systems and Processes for Antimicrobial Use

If your CCG has or is a member of an Antimicrobial Stewardship programme, please answer **Yes** or **No** to the following statements, drawn from NG15, about the recommended **membership** and **actions** of Antimicrobial Stewardship programmes.

### 6. The antimicrobial stewardship (AMS) programme

clearly defines members' roles, responsibilities and accountabilities

Yes

No

core members include an antimicrobial pharmacist and a medical microbiologist

monitors and evaluates antimicrobial prescribing

can co-opt additional members as required

involves lead health and social care practitioners

provides AMR education and training to health and social care practitioners

integrates audit into existing quality improvement programmes

provides regular feedback to

individual prescribers in all care settings

Please add any further information you may wish to provide here:

### Implementation of C-Reactive Protein Point of Care guidance, CG191

CG191 recommends considering a point of care C-reactive protein test for people presenting with symptoms of lower respiratory tract infection in primary care, if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed.

7. What proportion of GP practices in your Clinical Commissioning Group area offer point of care C- reactive protein tests for patients with an uncertain diagnosis of pneumonia, as recommended by CG191:

None  All

Some - indicate the approximate percentage:

\* 8. Does your CCG have a policy to promote the use of point of care C-reactive protein tests in primary care settings?

Yes  No

Please add any further information you may wish to provide here:

**Optional additional questions**

9. Do you collaborate with any other CCGs around AMR, or do you have any plans to do so?

Yes  No

10. Do you have a ring-fenced budget for your CCG AMR strategies?

Yes  No

11. Are you currently achieving your antibiotics reaction target?

Yes  No

Don't have reduction target

12. Do you believe that your CCG could practically do more to achieve the aims of its AMS programme?

Yes

13. **Please add any further information you may wish to provide here:**

**Response :**

1. Please state the name of your CCG

**NHS Bury CCG**

2. Does your Clinical Commissioning Group have a named individual responsible for the implementation of a local antimicrobial stewardship (AMS) programme?

**Yes**

If Yes, please provide the name and the job title of the individual here:

**Salina Callaghan, Head of Medicines Optimisation**

3. Is your Clinical Commissioning Group part of any local wider partnership group addressing antimicrobial resistance (AMR) (eg involving public health in Local Authority and/or any other organisations)?

**Yes**

If Yes, please indicate:

the membership of the partnership group (job titles/ organisations)

**GMHSCP Antimicrobial Stewardship Group**

who provides systems leadership of the partnership group

**Greater Manchester Health and Social Care Partnership (GMHSCP)**

Length of time AMR Stewardship has been in place

4. How long has your local antimicrobial stewardship programme been in place for?

**Over a year**

RCGP TARGET Toolkit

5. Which of the following components of the RCGP TARGET Antibiotics toolkit and training have you used or implemented within your Clinical Commissioning Group area:

**Leaflets shared with patients**

**Antibiotic and diagnostic quick reference tools**

**Resources for clinical and waiting areas**

**Resources for commissioners**

NICE guideline 15 Antimicrobial Stewardship: Systems and Processes for Antimicrobial Use

If your CCG has or is a member of an Antimicrobial Stewardship programme, please answer **Yes** or **No** to the following statements, drawn from NG15, about the recommended membership and actions of Antimicrobial Stewardship programmes.

6. The antimicrobial stewardship (AMS) programme

core members include an antimicrobial pharmacist and a medical microbiologist - **NO**

clearly defines monitors and evaluates antimicrobial prescribing – **YES**

can co-opt additional members as required – **YES**

involves lead health and social care practitioners – **NO**

Provides AMR education and training to health and social care practitioners – **YES**

integrates audit into existing quality improvement programmes – **YES**

provides regular feedback to individual prescribers in all care settings -**YES**

Implementation of C-Reactive Protein Point of Care guidance, CG191

CG191 recommends considering a point of care C-reactive protein test for people presenting with symptoms of lower respiratory tract infection in primary care, if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed.

7. What proportion of GP practices in your Clinical Commissioning Group area offer point of care C-reactive protein tests for patients with an uncertain diagnosis of pneumonia, as recommended by CG191:

Some - indicate the approximate percentage:

**4%**

8. Does your CCG have a policy to promote the use of point of care C-reactive protein tests in primary care settings?

**No**

Optional additional questions

9. Do you collaborate with any other CCGs around AMR, or do you have any plans to do so?

**Yes**

10. Do you have a ring-fenced budget for your CCG AMR strategies?

**No**

11. Are you currently achieving your antibiotics reaction target?

**No**

12. Do you believe that your CCG could practically do more to achieve the aims of its AMS programme?

**Yes**

13. Please add any further information you may wish to provide here:

**None**

**FOI NO:** FOI 098

**Date Received:** 20 March 2020

**Request :**

1. What are the name(s) of the organisation(s) which are contracted by Bury CCG to deliver care in Urgent Treatment Centres (UTCs)?
2. When is each of the existing UTC contracts due to renew?
3. Does the CCG have plans to transition any existing Minor Injuries Units (MIUs) into UTCs? If so, which MIUs? Will there be a procurement process to identify providers and when is this planned to happen?
4. What are the name(s) of the organisation(s) which are contracted by the CCG to deliver GP Out of Hours (OOH) services?
5. When is each of the existing OOH contracts due to renew?
6. What are the name and contact details of the IUC service development lead for the CCG?

**Response :**

1. What are the name(s) of the organisation(s) which are contracted by Bury CCG to deliver care in Urgent Treatment Centres (UTCs)?  
**UTC is currently delivered through a partnership between Northern Care Alliance (Fairfield General Hospital/BARDOC (OOHs provider) /Bury GP Federation. Northern Care Alliance (FGH) are the lead provider.**
2. When is each of the existing UTC contracts due to renew?

**Current arrangements were due to finish in 31<sup>st</sup> March 2020 but arrangements have been extended until October 2020 to allow for service planning to take place as part of a wider urgent care review.**

3. Does the CCG have plans to transition any existing Minor Injuries Units (MIUs) into UTCs? If so, which MIUs? Will there be a procurement process to identify providers and when is this planned to happen?

**The urgent care review is underway and we are planning to transition a number of existing services including minor injuries into the new urgent treatment centre.**

4. What are the name(s) of the organisation(s) which are contracted by the CCG to deliver GP Out of Hours (OOH) services?

**BARDOC**

5. When is each of the existing OOH contracts due to renew?

**Current arrangements were due to finish in 31<sup>st</sup> March 2020 but current arrangements have been extended until 31<sup>st</sup> March 2021 to allow for service planning to take place as part of a wider urgent care review.**

6. What are the name and contact details of the IUC service development lead for the CCG?

**Programme Manager, Urgent Care, NHS Bury CCG, 07973 782996, [david.latham@nhs.net](mailto:david.latham@nhs.net)**

**FOI NO:** FOI 001

**Date Received:** 25 March 2020

**Request :**

I am trying to establish what provisions there are within each CCG area for women who are going through or about to go through menopause please. The aim is to get a clear picture of what NHS services are available for women across the country.

It's a complicated picture because some menopause services are provided by GP surgeries whilst some are provided by hospitals or alternatively there are also specialist NHS menopause clinics in some areas. And of course there may be other services, although I'm not sure in what format yet.

With that in mind please feel free to come back to me with suggestions on how I can best access the required information if my questions below are unclear or insufficient.

1. Are you, as the local CCG, responsible for commissioning all services related to diagnosis and treatment of menopause in your area? If not, then can you please provide details of who does commission menopause services in your area?
2. What services for diagnosis and treatment of menopause are available in your area? This could include specialist menopause primary health care providers within GP surgeries or in local hospitals or in specialist clinics.
3. Is there a waiting list for specialist menopause services in your area and if so, roughly how long for?
4. Have any services related to diagnosis and treatment of menopause been closed in your area? If yes, can you provide details of what that service was and when it closed please?

5. Does the CCG have plans to open any new menopause services? If yes please provide details.
6. What is the first line of treatment recommended by the CCG for women with peri and menopause symptoms? i.e. what is directed on the Formulary?
7. What is the second line of treatment recommended by the CCG for women with peri and menopause symptoms? i.e. what is directed on the Formulary?

**Response :**

1. Are you, as the local CCG, responsible for commissioning all services related to diagnosis and treatment of menopause in your area? If not, then can you please provide details of who does commission menopause services in your area?  
**Yes**
2. What services for diagnosis and treatment of menopause are available in your area? This could include specialist menopause primary health care providers within GP surgeries or in local hospitals or in specialist clinics.  
**Menopause is managed in primary care. If secondary care support is required GPs can refer to General Gynae outpatients clinic. Any specialist type cases – are referred to menopause clinic within the gynae services – based at Royal Oldham Hospital**
3. Is there a waiting list for specialist menopause services in your area and if so, roughly how long for?  
**Due to COVID-19 all waiting times have been removed from e-RS.**
4. Have any services related to diagnosis and treatment of menopause been closed in your area? If yes, can you provide details of what that service was and when it closed please?  
**No**
5. Does the CCG have plans to open any new menopause services? If yes please provide details.  
**No**
6. What is the first line of treatment recommended by the CCG for women with peri and menopause symptoms? i.e. what is directed on the Formulary?  
**Prescribing in line with Greater Manchester Medicines Management Group formulary <http://gmmmg.nhs.uk/docs/formulary/ch/Ch6-complete.pdf> please refer to Subsection 6.4.1.1 Oestrogens and HRT page 17 which refers to menopause management.**
7. What is the second line of treatment recommended by the CCG for women with peri and menopause symptoms? i.e. what is directed on the Formulary?  
**Prescribing in line with Greater Manchester Medicines Management Group formulary <http://gmmmg.nhs.uk/docs/formulary/ch/Ch6-complete.pdf> please refer to Subsection 6.4.1.1 Oestrogens and HRT page 17 which refers to menopause management.**