

FREEDOM OF INFORMATION REQUESTS
April 2019

FOI NO: 13699-13704

Date Received: 1 April 2019

Request :

1. How many individuals with a diagnosis of mental illness have been placed in Nursing Homes who are funded wholly by Greater Manchester CCGs.
 - a. How many of these individuals have been placed in specialist mental health nursing home?
 - b. How many of these individuals have challenging behaviour?
 - c. What is the average cost of these placements?

2. How many individuals with a diagnosis of mental illness have been placed in Nursing Homes who are partially funded by Greater Manchester CCGs.
 - d. How many of these individuals have been placed in specialist mental health nursing home?
 - e. What is the average contribution to the cost of these placements?

3. How many individuals with a diagnosis of dementia have been placed in Nursing Homes who are funded either wholly or partially by Greater Manchester CCGs.
 - f. How many of these individuals have been placed in specialist mental health nursing home?
 - g. What is the average cost of these placements?

4. How many individuals with a diagnosis of mental illness or dementia have been placed in Nursing Homes outside of the Greater Manchester CCGs area?
 - h. What is the average cost of these placements?

5. How many individuals with ABI/Neurological conditions e.g. MND Huntington's Disease etc. who are wholly or partially by Greater Manchester CCGs have been placed in specialist Nursing Homes?
 - i. What is the average financial contribution made by Greater Manchester CCGs?
 - j. How many of these placements are in Nursing Homes outside of the Greater Manchester area.?

Response :

01/04/16 – 31/03/17

1

a) 16

b) CHC is not diagnosis led therefore we do not hold this information

c) CHC nursing home placements are the standard rate for that financial year therefore no average is required – the cost for this financial year was £601.73.

2

d) 16

e) 50 / 50 funded through Local Authority and Health – funding splits agreed at the joint funding panel

3

f) CHC is not diagnosis led therefore we do not hold this information

g) Unable to provide due to above reason

4

h) Unable to provide as CHC is not diagnosis led therefore do not hold this information.

5

i) CHC is not diagnosis led therefore I cannot provide this information

j) Cannot answer for the above reason.

01/04/17 – 31/03/18

1

a) 14

b) CHC is not diagnosis led therefore we do not hold this information

c) CHC nursing home placements are the standard rate for that financial year therefore no average is required – the cost for this financial year was £615.09.

2

d) 14

e) 50 / 50 funded through Local Authority and Health – funding splits agreed at the joint funding panel

3

f) CHC is not diagnosis led therefore we do not hold this information

g) Unable to provide due to above reason

4

h) Unable to provide as CHC is not diagnosis led therefore do not hold this information.

5

i) CHC is not diagnosis led therefore I cannot provide this information

j) Cannot answer for the above reason.

FOI NO: 13709 - 13714

Date Received: 2 April 2019

Request :

For each of the three financial years; a) 2018-19, b) 2017-18 c) 2016-17, please provide:

1. the number of Individual Funding Requests (IFRs) and/or prior approval (PA) requests that the CCG **received** for cataract surgery
2. the number of Individual Funding Requests (IFRs) and/or prior approval (PA) requests that the CCG **approved** for cataract surgery
3. the CCG's **total activity** for cataract surgery (i.e. the total number of procedures carried

out)

4. Please state the CCG's **projected 12 month activity** for cataract surgery in **2019-20**.

Please supply this information in an Excel Spreadsheet. I have attached a template to this request.

Response :



FOIR Report
13709-13714.xlsx

FOI NO: 13715	Date Received: 2 April 2019
Request : Please can I have a contact email address for Lisa Featherstone Please can I have a contact email address for: Carol Shannon-Jarvis – Associate CFO at Bury CCG Please can I have a contact email address for Karen Richardson – Deputy Director of Commissioning at Bury CCG	
Response : <ol style="list-style-type: none">1. lisafeatherstone@nhs.net2. carol.shannon-jarvis@nhs.net3. karen.richardson11@nhs.net	

FOI NO: 13718-13723	Date Received: 3 April 2019
Request : <ol style="list-style-type: none">1. Could you please confirm the name and contact details of the individuals who work within the areas below:2. Who is responsible for Transformation within the CCG? (They may hold the title of Head of Transformation)3. Who is responsible for Commissioning within the CCG? (They may hold the title of Head of Commissioning)4. Who is responsible for Finance within the CCG? (They may hold the title of Head of Finance)5. Who is responsible for Continuing Health Care within the CCG?	

6. Who is responsible for Personal Health Budgets within the CCG?
7. Who is your Director of Nursing/Chief Nurse?

Response :

1. **Transformation – Tony Bruce, Interim Director of Transformation ,**
Tony.bruce@bury.gov.uk
2. **Commissioning- Margaret O’Dwyer, Director of Commissioning & Business Delivery,**
Margaret.o’dwyer@nhs.net
3. **Finance – Mike Woodhead, Chief Finance Officer,** Mike.woodhead@nhs.net
4. **CHC Continuing Healthcare - Catherine Jackson, Executive Nurse,**
Catherine.Jackson2@nhs.net
5. **Personal Health Budgets – Catherine Jackson, Executive Nurse,**
Catherine.jackson2@nhs.net
6. **Nursing – Catherine Jackson, Executive Nurse,** Catherine.jackson2@nhs.net

FOI NO: 13724-13729

Date Received: 3 April 2019

Request :

I am preparing a research bid about school readiness in GM and children’s communication difficulties. I appreciate that children’s speech, language and communication is the responsibility of health and education, but I’m hoping you have info relating to the following areas.

1. What speech, language and communication support is commissioned by the Health and Social Care Partnership for children 1-5years?
 - a. Type of services available
 - b. Staffing
 - c. Number of speech and language therapists employed for pre-school service
 - d. Services commissioned from the voluntary and independent sector
2. What services are available/commissioned for parents of pre-school children to prepare them to be school ready?

What is spent by the CCG on speech, language and communication support for parents/pre-school children?

Response :

- 1a. **Bury CCG commissions Speech and Language Therapy Services for children and young people (0-18) from Pennine Care Foundation Trust.**
- b. **The CCG does hold a staffing breakdown for the service.**
- c. **The CCG does not hold this information.**
- d. **The CCG does not commission speech, language or communication support from the community, voluntary and faith or independent sector.**

In line with their core offer, the local health visiting service would also offer first line advice **and support for families around speech and communication development. Please**

note that the health visiting service is commissioned by Public Health within the Bury Local Authority (not the CCG).

2. The CCG does not commission direct support for parents of children to enable them to be school ready. The CCG commissions community paediatric services from the Northern Care Alliance (Pennine Acute Hospitals Trust). This service provides neurodevelopmental assessment for pre-school children, child development assessment, medical assessments for education, health and care plan applicants and medical assessments for children in foster care or as part of the adoption process.

3. The CCG does not hold this level of detail. The speech and language service is commissioned for 0-18 years and is part of a larger block contract with Pennine Care Foundation Trust.

FOI NO: 13731 – 13736

Date Received: 04 April 2019

Request :

Ambitious About Autism have recently embarked on a programme of research to gain a better understanding of parents' experience of the autism pathway for children under the age of 5 years old. Under the terms of the Freedom of Information Act, we would therefore like to respectfully ask for information about the pathway in your locality. Could you please provide answers to the questions at the bottom of this e-mail. This information will only be used to inform our understanding of the autism landscape for very young children and to assist in our internal planning and programme design. It will not be published and, if used publicly (i.e. in a conference presentation) will not refer to individual CCGS by name.

Autism in the early years is an increasingly challenging area and we hope that, with this information, we will be able to support you in the future in this complex area of work.

Information requested:

1. For a child under-5 with suspected autism in your CCG areas, what is the duration in weeks or months from receipt of referral to a diagnosis appointment?
2. What was the number of children aged 0 - 5 receiving a formal diagnosis of autism in your CCG areas in the last full year for which records are available?
3. How many children aged 0-5 are currently on the waiting list for an ASD diagnostic assessment in your CCG areas?
4. Does your CCG area have a local autism strategy group as recommended by the NICE guidelines (Autism spectrum disorder in under 19s: recognition, referral and diagnosis).

Response :

1. **The CCG does not hold this level of data. This data is available by contacting our commissioned provider of autism spectrum conditions assessment – the Northern Care Alliance (Pennine Acute Hospitals trust).**
2. **The CCG does not hold this level of data. This data is available by contacting our commissioned provider of autism spectrum conditions assessment – the Northern Care Alliance (Pennine Acute Hospitals trust).**

3. **The CCG does not have this specific breakdown. However, as at 13th January 2019, there were 174 children up to the age of 9 awaiting the outcome of diagnostic assessment.**
4. **The CCG does not have a local autism strategy group. However, the CCG and Local Authority are jointly leading strategic transformation of neurodevelopment assessment and support services. This is supported by a stakeholder group, which meets regularly.**

FOI NO: 13738 – 13743	Date Received: 05 April 2019
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Request :

Mental health services for people with Parkinson's
 I am writing on behalf of Parkinson's UK to request information about mental health services for people with Parkinson's in NHS Bury CCG.

Please could you answer the following questions about your CCG's approach? Many thanks in advance.

Group 1

1. Has your Clinical Commissioning Group (CCG) commissioned an Improving Access to Psychological Therapies (IAPT) long term conditions service?
2. If yes, is this service open to people with Parkinson's experiencing anxiety and/or depression?

Group 2

3. Does your CCG commission or provide a Parkinson's or neurological conditions multi-disciplinary team? (please specify which)
4. If yes, A) does this team include a psychologist or psychiatrist? or
 B) does the Parkinson's multi-disciplinary team have dedicated sessional time from psychology and or psychiatry? Or
 C) are these provided as standalone services?

Group 3

5. Does your CCG commission an integrated mental and physical health service for people with neurological conditions?
6. Does your CCG commission an integrated mental and physical health service for people with long term health conditions?

Response :

1. **Yes**
2. **Yes**
3. **There is currently a Neuro Rehab offer being worked up.**
- 4a. **Neuropsychologist and assistant psychologist posts will be included.**
- 4b. **Community Neuro Rehab service will include a Neuropsychologist and assistant psychologist.**
- 4c. **These will be integrated with Stroke services.**
5. **The CCG is establishing a community Neuro-rehab service.**
6. **Yes – LTC IAPT Service and Bury Integrated Pain Service**

FOI NO: 13744 – 13749

Date Received: 08 April 2019

Request :

- 1) Please provide us with a full copy of any bundle of public papers relating to the most recent meeting of your Primary Care Committee.
 - 2) Please identify up to three examples of specific areas where GP Patient Survey data has been used to inform the planning, development, and innovation of local primary care services within your area.
- We are most grateful for your help and look forward to hearing from you within the next 20 working days

Response :

- 1) Please note that public papers for the Primary Care Commissioning Committee are also available on the CCG website at <http://www.buryccg.nhs.uk/your-local-nhs/primary-care-commissioning/primary-care-commissioning-papers/>
- 2) The GP Patient Survey data has been used to inform planning, development and innovation across local primary care services in Bury CCG as follows:

Improving access to general practice

The CCG has incentivised Practices via the Quality in Primary Care Contract (Standard 1 – Improving Access to General Practice), ensuring Practices are open Monday to Friday, 8am to 6.30pm and offer 75/1000 appointments as standard.

Central funding allocated to Bury CCGs has been used to ensure each Practice has a Care Navigator and staff trained to undertake enhanced roles in correspondence management. These roles provide patients with a first point of contact who can direct them to the most appropriate source of help. This innovation frees up GP time and makes it easier for patients to get an appointment with the GP when they need one and shortens the wait to get the right help.

Primary Care Quality Visits

The Primary Care Quality Visit process raises awareness of the GP Patient Survey alongside any patient experience triggers. The Team provide outlying practices with targeted action plans to increase uptake/results and improve the quality of care and quality of service experienced by all patient groups across Bury.

Friends & Family Test

Practice across Bury CCG are tasked with increasing patient satisfaction and experience levels through the use of near patient and real time data provided by encouraging the update and participation in completion of the Friend and Family test. The CCG will continue to monitor Friends & Family Test submissions addressing “nil returns” or “no data” submissions directly with practices.

Breach notices are issued to those practice who fail to make a data submission for three consecutive months and advice letters submitted to those who submit nil returns. In order to increase FFT returns across Bury, FFT returns have been included as a contractual requirement of the Combined Locally Commissioned Service in Bury CCG.

FOI NO: 13750	Date Received: 09 April 2019
<p>Request :</p> <p>Under the Freedom of information act please could I ask for the following information to be provided:</p> <ol style="list-style-type: none"> 1. How many ECG and separately Ultrasound referrals are delivered for Bury patients? 2. What is the tariff for ECG and Ultrasound as commissioned by Bury CCG? 3. How much does the CCG spend in total on ECG's and Ultrasound? 4. What are the areas of strain in the system for Ultrasound, for example, MSK, cardio etc 	
<p>Response :</p> <ol style="list-style-type: none"> 1. 2018-19 estimate based on M11 data - ECG 4,316, Ultrasound 20,869 2. ECG (AQP) £81.17, Ultrasound NOUS less than 20 mins £41, 20 mins and over £49, Other ranges from £37 – 1350. 3. 2018-19 estimated spend based on M11 data - ECG 309k, Ultrasound £1,080k 4. Based on AQP data Abdominal, followed by Pelvis 	

FOI NO: 13752-13757	Date Received: 10 April 2019
<p>Request :</p> <p><u>Triage of outpatient referrals</u></p> <p>The CCG (the requestor is involved in which does not come under GM) currently has a referral management system with clinical triage for GP referrals. The CCG wishes to identify other models of clinical triage and is contacting CCGs to source information. We are particularly interested in models where the referrals are triaged by secondary care staff.</p> <p>The focus is on referrals to secondary care consultants on the 18 week RTT pathway from all types of referrers.</p> <p>Questions to CCG</p> <ol style="list-style-type: none"> 1. Has your organisation entered into any formal agreement with an NHS hospital or private hospital where the staff in the hospital triage referrals at the point of receipt? <p>Definition of formal - ***Formal means that a payment is made directly to the organisation to carry out triage or some sort of local tariff or payment scheme has been agreed.</p> <p>YES NO delete as applicable, if No go to question 8</p> <ol style="list-style-type: none"> 2. What are the names of the hospital/s, are they NHS trusts or private? 3. For each hospital: <ol style="list-style-type: none"> a. When did the arrangement begin? b. What specialties are being triaged? c. Which type of staff triage the referrals eg consultant etc 	

4. Supply any flow charts which show how referrals flow in your triage model.
5. How is a patient offered choice?
6. Give details of the financial or payment arrangements
7. What type of referrals are being triaged, see list below:

Referrer	Definition
GP	General Medical Practitioner & General Dental Practitioner
Other Primary Care	Direct Access, National Screening Programme, MCAS, Optometrist, Community Dental, GP With Specialist Interest & Orthoptist
A&E	A&E (including MIU and WiC)
Trust:	Consultant Other Than A&E, Specialist Nurses (Secondary Care), AHP & Prosthetist
Other	Other - Not initiated by Consultant responsible for Consultant OP Episode

8. Do the consultants in your main NHS provider/s systematically triage referrals and deflect them back to the referrer for any reasons eg incomplete referral, can be managed in primary care, etc with no financial payment?

We would expect all CCGs to be aware of how their main provider operates.

Delete as applicable YES **GO TO Q9**

NO or DON'T KNOW GO TO 15

9. Name of main provider trust and contact details, is it NHS or Private

For each hospital:

10. When did the arrangement begin?
11. What specialties are being triaged?
12. Supply any flow charts which show how referrals flow in your triage model.
13. How is a patient offered choice?
14. What type of referrals are being triaged, see list below:

Referrer	Definition
GP	General Medical Practitioner & General Dental Practitioner
Other Primary Care	Direct Access, National Screening Programme, MCAS, Optometrist, Community Dental, GP With Specialist Interest & Orthoptist
A&E	A&E (including MIU and WiC)
Trust:	Consultant Other Than A&E, Specialist Nurses (Secondary Care), AHP & Prosthetist
Other	Other - Not initiated by Consultant responsible for Consultant OP Episode

Response :

1. Has your organisation entered into any formal agreement with an NHS hospital or private hospital where the staff in the hospital triage referrals at the point of receipt?
Yes
2. What are the names of the hospital/s, are they NHS trusts or private?
CCG
Pennine Acute Hospitals Trust (PAHT)
3. For each hospital:
 - a. When did the arrangement begin?
CCG
Gastroenterology – April 2019
Paediatrics – August 2011
Ophthalmology – August 2011
PAHT
Virtual Clinics : Clinical Haematology – February 2019
 - b. What specialties are being triaged?
CCG
Gastroenterology – GP Clinical Lead
Paediatrics – GP Clinical Lead
Ophthalmology – Optometrist
PAHT
Clinical Haematology
 - c. Which type of staff triage the referrals eg consultant etc
GP Clinical Lead, Consultant, Optometrist
4. Supply any flow charts which show how referrals flow in your triage model.
These are currently under review.
5. How is a patient offered choice?
The Bury RBMS Team offer patients choice of provider and location of care when booking appointments.
6. Give details of the financial or payment arrangements
CCG
Gastroenterology service – Clinical Lead rate, £252/session.
Paediatrics – Clinical Lead Rate , £252/session.
Ophthalmology - £31,000/annum
PAHT
Virtual Clinics - Under discussion.
7. What type of referrals are being triaged, see list below:
All

Referrer	Definition
GP	General Medical Practitioner & General Dental Practitioner
Other Primary Care	Direct Access, National Screening Programme, MCAS, Optometrist, Community Dental, GP With Specialist Interest & Orthoptist
A&E	A&E (including MIU and WiC)
Trust:	Consultant Other Than A&E, Specialist Nurses (Secondary Care), AHP & Prosthetist
Other	Other - Not initiated by Consultant responsible for Consultant OP Episode

8. Do the consultants in your main NHS provider/s systematically triage referrals and deflect them back to the referrer for any reasons eg incomplete referral, can be managed in primary care, etc with no financial payment?

No not all NHS Providers systematically triage all their referrals, we have listed the Specialties that do at the moment.

We would expect all CCGs to be aware of how their main provider operates.

Delete as applicable YES **GO TO Q9**

NO or DON'T KNOW GO TO 15

9. Name of main provider trust and contact details, is it NHS or Private

Pennine Care NHS Foundation Trust (PCFT)

Salford Royal NHS Foundation Trust (SRFT)

For each hospital:

10. When did the arrangement begin?

Pennine Care NHS Foundation Trust

Diabetes – Ongoing, pre-2018

Urology – Continenence Service – ongoing, pre-2018

Cardiology - 2018

MSK Service – Ongoing, pre-2018

SRFT

Dermatology CAT – Ongoing, pre-2018

11. What specialties are being triaged?

Pennine Care NHS Foundation Trust

Diabetes

Urology – Continenence Service

PAHT

Cardiology

MSK

SRFT

Dermatology

12. Supply any flow charts which show how referrals flow in your triage model.

These are currently under review.

13. How is a patient offered choice?

The Bury RBMS Team offer patients choice of provider and location of care when booking appointments.

14. What type of referrals are being triaged, see list below:

All.

Referrer	Definition
GP	General Medical Practitioner & General Dental Practitioner
Other Primary Care	Direct Access, National Screening Programme, MCAS, Optometrist, Community Dental, GP With Specialist Interest & Orthoptist
A&E	A&E (including MIU and WiC)
Trust:	Consultant Other Than A&E, Specialist Nurses (Secondary Care), AHP & Prosthetist
Other	Other - Not initiated by Consultant responsible for Consultant OP Episode

FOI NO: 13759 - 13764

Date Received: 10 April 2019

Request :

I would like to request the following information relating to your CCGs commissioning of providers for musculoskeletal and physiotherapy services. (If multiple CCGs overseen please specify for each)

1. Within your CCG, do you currently outsource your community based musculoskeletal (MSK) service or physiotherapy service for your patients?
2. If yes, please state all organisations involved in delivering these contracts, including:

CCG	Current Provider	Contract type (e.g. AQP, block contract, prime provider)	Contract start date	Contract end date	Annual contract value (£) Estimate will suffice if exact contract value is not available

3. What was the total spend on MSK services in the last financial year in your CCG?

I would also like to request the following information relating to your CCGs commissioning of diagnostics services. (If multiple CCGs overseen please specify for each)

4. Within your CCG, do you currently outsource your community based diagnostic imaging services (e.g. MRI / x-ray, ultrasound, Dexa scan) for your patients?

5. If yes, please state all organisations involved in delivering these contracts, including:

Bury CCG	Current Provider	Contract type (e.g. AQP, block contract, prime provider)	Contract start date	Contract end date	Annual contract value (£) Estimate will suffice if exact contract value is not available

6. What was the total spend on diagnostic services in the last financial year in your CCG?

I would prefer to receive these responses in electronic format at this email address. If estimated annual contract values or total spend on services in the last year require substantially more time to collate, receiving the other information first would be preferable.

If for any reason you feel this request is unclear, please do not hesitate to contact me at 020 3829 2742. If you are not the appropriate authority for this request, or for part of it, please let me know as soon as is convenient.

Response :

- 1) **Bury do not Commission an MSK service, we commission a Direct Access MRI and Tier 1 Trauma and Orthopaedics service from NHS acute providers under PbR contracts.**
- 2) N/A
- 3) The total spend on services that comprise MSK services was £11,541,999 under acute PbR contracts.
- 4) Diagnostics are provided as per the table below.

Bury CCG	Current Provider	Contract type (e.g. AQP, block contract, prime provider)	Contract start date	Contract end date	Annual contract value (£) Estimate will suffice if exact contract value is not available
MRI	PAHT	Finance	01/02/16	31/01/21	Part of main PbR contract with provider
Various (incl minor x-ray, US)	AQP Provider list below	Cost per case	01/10/17	30/09/20	Cost per case
XRAY	PAHT	Block	01/04/19	31/03/20	Part of main PbR contract with provider
Dexa	PAHT	Block	01/04/19	31/03/20	Part of main PbR contract with provider

AQP provider list -

Beacon Medical Services Group Ltd
Best Care Diagnostics
Bolton NHS Foundation Trust
CuRx Healthcare Limited
Diagnostic Healthcare Ltd
Direct Medicare UK Limited
Dr Wilkinson - Northwest Diagnostic & Treatment Services
Health Harmonie
Inhealth

Kleyn Healthcare Ltd
Mediscan Diagnostics
PDS
Pennine Acute Hospitals NHS Trust
Scan Assure Medical Ultrasound Ltd
Tameside Hospitals Trust

5) Total spend on diagnostics by NHS Trusts from SLAM 2018-19 £4,925,382 plus community diagnostics provided under a block contract with Pennine Care FT £364,100. The AQP costs are approximately £46k. Using SLAM it is not possible to identify spend by individual procedure. If the requestor needs this level of information then they should contact the main providers.

FOI NO: 13765-13770	Date Received: 10 April 2019
<p>Request :</p> <p><u>Tendered Musculoskeletal Services</u></p> <p>1. Please provide details of which healthcare provider operates musculoskeletal services (including physiotherapy, rheumatology, orthopaedics, pain management and podiatry services) in your CCG, or each of the CCGs you operate FOI requests for. Please include the type of contract this provider is operating under (e.g. AQP/Block contract etc.).</p> <p>2. Please detail when did each of these contracts start, and how long is each contract for, and whether it is subject to a rolling extension (or is tendering re-opened?).</p> <p>3. What is the expenditure on each of these contracts per year, or the total value of the contract?</p> <p>4. What is the overall expenditure on MSK services in your region per year?</p> <p>5. Does your CCG partner with any other CCGs in deciding which contracts to award. If so, which CCGs?</p> <p>Please let me know if there is any more information you need regarding my request.</p>	
<p>Response:</p> <p>1. Data provided by NHS trusts on PbR contracts, service level agreement monitoring (SLAM) 2018-19 M11 prorata to M12.</p> <p>2. Contracts are yearly 12 months, which run from Apr – Mar.</p>	

3. The costs of MSK services provided by the following acute trusts are as follows:

BOLTON NHS FOUNDATION TRUST	424,937
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	295,641
EAST LANCASHIRE HOSPITALS NHS TRUST	101,505
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	8,866
PENNINE ACUTE HOSPITALS NHS TRUST	7,970,432
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	55,545
SALFORD ROYAL NHS FOUNDATION TRUST	1,402,764
STOCKPORT NHS FOUNDATION TRUST	1,811
TAMESIDE HOSPITAL NHS FOUNDATION TRUST	588
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	70,267
WRIGHTINGTON WIGAN AND LEIGH NHS FOUNDATION TRUST	1,209,642
Total	11,541,999

In addition the CCG commissions physiotherapy and podiatry services as part of its block contract arrangement with Pennine Care FT which equates to approximately £626k and a further £46k through AQP contracts which are cost per case.

4. The CCG only holds information in relation to its own contracts – for a regional perspective contact NHSE/NHSI.

5. The CCG does not partner with other CCGs in deciding which contracts to award.

FOI NO: 13744 – 13749	Date Received: 08 April 2019
Request :	
<p>We are making this request under UK Freedom of Information (FOI) legislation (FOI Act 2000). We would be grateful for your response to the following questions pertaining to your CCG:</p> <p>1) Please provide us with a full copy of any bundle of public papers relating to the most recent meeting of your Primary Care Committee.</p> <p>2) Please identify up to three examples of specific areas where GP Patient Survey data has been used to inform the planning, development, and innovation of local primary care services within your area.</p> <p>We are most grateful for your help and look forward to hearing from you within the next 20 working days</p>	
Response :	
<p>1) Please note that public papers for the Primary Care Commissioning Committee are also available on the CCG website at http://www.buryccg.nhs.uk/your-local-nhs/primary-care-commissioning/primary-care-commissioning-papers/</p>	

2) The GP Patient Survey data has been used to inform planning, development and innovation across local primary care services in Bury CCG as follows:

Improving access to general practice

The CCG has incentivised Practices via the Quality in Primary Care Contract (Standard 1 – Improving Access to General Practice), ensuring Practices are open Monday to Friday, 8am to 6.30pm and offer 75/1000 appointments as standard.

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Primary Care Quality Visits

The Primary Care Quality Visit process raises awareness of the GP Patient Survey alongside any patient experience triggers. The Team provide outlying practices with targeted action plans to increase uptake/results and improve the quality of care and quality of service experienced by all patient groups across Bury.

Friends & Family Test

Practice across Bury CCG are tasked with increasing patient satisfaction and experience levels through the use of near patient and real time data provided by encouraging the update and participation in completion of the Friend and Family test. The CCG will continue to monitor Friends & Family Test submissions addressing “nil returns” or “no data” submissions directly with practices.

Breach notices are issued to those practice who fail to make a data submission for three consecutive months and advice letters submitted to those who submit nil returns. In order to increase FFT returns across Bury, FFT returns have been included as a contractual requirement of the Combined Locally Commissioned Service in Bury CCG.

FOI NO: 13777-13782	Date Received: 12 April 2019
Request : I am wondering if you could help me with the names of the commissioners for Mental health, learning disability and elderly dementia please	
Response : Mr Kez Hayat Senior Commissioning Manager	

FOI NO: 13783	Date Received: 11 April 2019
Request :	

I have launched a campaign regarding mental health - ~TalkingAboutMentalHelath – with the aim to improve various facets of mental health services in Bury.

I am therefor, writing to ask the Clinical Commissioning Group for their figures on a variety of issues to provide a baseline against which I can evaluate and identify areas for improvement.

- How much money is being spent within Bury NHS and how does this compare across the sector?
- What are the average waiting times for patients to begin treatment? (please breakdown by sub-specialities)
- How accessible are therapies for people suffering with mental health issues and what can be done to improve access? (please describe different routes to treatment)
- Which areas does Bury NHS feel are the immediate priorities for people with mental health problems with regards to outcomes?
- What is the percentage of patients with mild mental health issues that are being admitted into in-patient facilities?
- What are the causes for delayed discharges?
- In terms of detaining people against their will under the Mental Health Act, how does Bury NHS compare across the sector?
- What is Bury NHS doing in terms of developing mental health resilience and prevention?

These figures will prove instrumental in informing the direction of my campaign and I look forward to working collaboratively with you on this issue.

Response :



FOI Response-
13783.docx

FOI NO: 13784 - 13789

Date Received: 15 April 2019

Request :

I would like to know what payments have been made to GPs by each of the CCGs in your area in relation to end-of-life care **per year** for every year between 2011-18.

Please provide details of any policy that authorises such payments and the precise nature of them, as well details of how the size of per-patient payments may have increased or decreased over the same eight-year period.

I attach an example here (see page 6 and the bottom of page 7) to aid your search for this information: <https://www.hillingdonccg.nhs.uk/download.cfm?doc=docm93ijim4n14102&ver=31341>

Response :

Whilst General Practice are commissioned to deliver elements of care that will support the patients on the End Of Life pathway, this is not a granular level to be able quantify/cost in order to answer this FOI request.

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FOI NO: 13790 – 13795	Date Received: 15 April 2019
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Request :

We would like to request the following information on your mental health section 117 services, please provide the details for each CCG individually.

- 1) The total number of clients discharged from mental health services under a S117 still receiving ongoing after care. Please provide this as three numbers CCG funded, LA funded or Joint funded and by year ,2017,2018.
- 2) Please provide the name of any care system (software) used in the planning of a client's discharge from mental health services.
- 3) Please provide the name of any care management system (software) used to manage S117 clients in the community.
- 4) Please provide details on when the software contract for discharge or care management of S117 patients terminates
- 5) Please provide details on the number of people employed in supporting client / patients who are in the community under a S117 aftercare service.
- 6) Please provide a organisation structure diagram to indicate where S117 services fit within your organisation.
- 7) Please provide the job title of the person responsible for S117 services and the name of the Directorate that is responsible
- 8) Please provide the name of the post that works with LA to determine the appropriate funding split.
- 9) Please provide details on the expenditure on S117 in 2016, 2017, 2018:
- 10) Please provide the name and contact details for the head of service and the administrators name and contact details.

Response :

Bury response

- 1) The total number of clients discharged from mental health services under a S117 still receiving ongoing after care. Please provide this as three numbers CCG funded, LA funded or Joint funded and by year ,2017,2018.
All the cases are reviewed at our Complex Case Panel subject to S117 are open to MH services. The CCG would not hold the information for all those discharged. All cases are jointly funded equally split between the CCG and LA.
- 2) Please provide the name of any care system (software) used in the planning of a client's discharge from mental health services.
A Resource Allocation System (RAS) is used.

3) Please provide the name of any care management system (software) used to manage S117 clients in the community

CCG do not hold this info – please address to Mental Health provider.

4) Please provide details on when the software contract for discharge or care management of S117 patients terminates

CCG do not have a software contract.

6) Please provide details on the number of people employed in supporting client / patients who are in the community under a S117 aftercare service.

Currently Bury CCG and HMR CCG are separating a joint service provision with a separate Bury CCG provision to commence in this quarter of the year. There will be a team of 11 people supporting Complex Care and Continuing Health Care to include S 117 clients.

7) Please provide a organisation structure diagram to indicate where S117 services fit within your organisation.

This can be provided after 1st July 2019.

8) Please provide the job title of the person responsible for S117 services and the name of the Directorate that is responsible

Mental Health Case Manager. Quality, Safeguarding and Complex Care Directorate.

9) Please provide the name of the post that works with LA to determine the appropriate funding split.

Currently this is the CHC Manager and Mental Health Case Manager

9) Please provide details on the expenditure on S117 in 2016, 2017, 2018:

15/16 - £744,899.01

16/17 - £790,470.42

17/18 - £1,670,478.96

10) Please provide the name and contact details for the head of service and the administrators name and contact details.

The contact details are: -

**Catherine Jackson
Executive Nurse, Director of Nursing & Quality
Catherine.jackson2@nhs.net**

Any administration enquires should be sent via BUCCG.corporateoffice@nhs.net

FOI NO: 13796 – 13801

Date Received: 15 April 2019

Request :

I would like to request the following information relating to your CCGs commissioning of providers for endoscopy services. (If multiple CCGs overseen please specify for each)

1. What was the total spend on endoscopy services in the last financial year in your CCG?
2. What was the total spend on community-based endoscopy services in the last financial year in your CCG?
3. Within your CCG, do you currently outsource any community-based endoscopy services for your patients?
4. If yes, please state all organisations involved in delivering these contracts, including:

CCG	Current Provider	Contract type (e.g. AQP, block contract, prime provider)	Contract start date	Contract end date	Annual contract value (£) Estimate will suffice if exact contract value is not available

5. What was the total spend on outsourced community-based endoscopy services in the last financial year in your CCG?

I would prefer to receive these responses in electronic format at this email address. If estimated annual contract values or total spend on services in the last year require substantially more time to collate, receiving the other information first would be preferable.

Response :

1. **£2,757,945**
2. **No community-based endoscopy services**
3. **No**
4. **N/A**
5. **No community-based endoscopy services**

FOI NO: 13802 – 13807

Date Received: 15 April 2019

Request :

I am looking for some information pertaining to a project I am undertaking regarding continuous glucose monitoring device access. I would be grateful if you could answer the following questions, and where appropriate attach document links:

1. Does the CCG have a policy, or fall under a pan-area policy, on the use and funding of

Continuous Glucose Monitoring devices? (Yes/No)

2. If answered Yes to question 1), is there documentation outlining the details of the policy, and could you attach a link?
3. If answered No to question 1), how is CGM currently funded within the CCG? (e.g. not commissioned/ routinely commissioned/ routinely commissioned within the scope of the NICE guidance/ Individual Funding Request/patient self-funded/ Hospital funded etc.)

Response :

This is a joint response for the following CCGs:

- NHS Bolton CCG
- NHS Bury CCG
- NHS Manchester CCG
- NHS Oldham CCG
- NHS Wigan Borough CCG

1. Yes

2. The policy for Real-Time Continuous Monitoring Devices is available at the following link:

<https://gmeurnhs.co.uk/Docs/GM%20Policies/GM%20Continuous%20Glucose%20Monitoring%20Policy.pdf>

The above policy excludes FreeStyle Libre Flash glucose monitoring systems which are managed in line with the recommendations from the Greater Manchester Medicines Management Group (GMMG). The details of this policy are available at the following link:

[GMMMG/FMESG recommendation: FreeStyle Libre Flash Glucose Monitoring System \(Nov 2017\).](#)

3. Not applicable

FOI NO: 13808 - 13813

Date Received: 15 April 2019

Request :

Under the Freedom of Information Act I would like to request copies of some information known to Manchester CCG, Bolton CCG, Heywood, Middleton and Rochdale CCG, Oldham CCG, Bury CCG and Wigan Borough CCG.

Please could you supply the following information:

Q1 What services does each CCG currently commission from community pharmacies in your area? (Please note, services may include minor ailments, smoking cessation, homeopathy, gluten-free prescriptions, vascular risk checks, Chlamydia screening, vaccinations etc.).

Q2 Has each CCG decommissioned any health services provided by community pharmacies in your area in the last year (April 2018 – April 2019)? If so, which ones?

Q3 Where a meeting was held to discuss stopping funding for any community pharmacy services, please could you give me the following details:

- a) The date of the meeting
- b) A full list of the services discussed
- c) A full list of the attendees
- d) A copy of the minutes of the meetings

Q4 Have there been any discussions around future plans to decommission health services currently provided by community pharmacies in each CCG's area? If so, which services?

Q5 Where such a discussion has been held, please could you give me the following details:

- a) The date of the meeting
- b) A full list of the services discussed
- c) A full list of the attendees
- d) A copy of the minutes of the meetings

If any parts of the information cannot be included, could you please send the rest of the information. If all of the above questions exceed the maximum workload, please prioritise the questions, with question 1 being most important and question 4 being least important.

Response :

Q1. GM Minor Ailment Scheme, Palliative care local scheme, Minor Eye Conditions Service

Q2. No

Q3. N/A

Q4. No

Q5. N/A

FOI NO: 13815 - 13820

Date Received: 23 April 2019

Request :

Please could you provide the following information under the Freedom of Information Act 2000:

- 1) A list of hospitals & clinics in your CCG(s) that have Orthotic departments, specifying whether they are private, NHS or both?
- 2) Contact details for each of these Orthotic departments.
- 3) A list of any third parties who have the contracts to run NHS Orthotic services in your CCG(s).

For all the data, please provide the applicable date/time frame.
Thank you for your assistance.

Response :

- 1) A list of hospitals & clinics in your CCG(s) that have Orthotic departments, specifying whether they are private, NHS or both?

Bury CCG commission orthotics provision via the acute contract with Pennine Acute NHS Health Care Trust, the service is delivered from the four following sites:

- **Fairfield General Hospital 0161 778 2847**
- **Rochdale Infirmary 01706 51 7055**
- **North Manchester General Hospital 0161 720 2164**
- **Royal Oldham Hospital 0161 627 8890**

Bury patients may also have choice of provider at other NHS Acute trusts or Independent Sector providers if these services are available on eRS

2) Contact details for each of these Orthotic departments.

As above

3) A list of any third parties who have the contracts to run NHS Orthotic services in your CCG(s).

The CCG do not have third party contracts for Orthotics but the NHS Trust may have - contact the NHS trust directly.

FOI NO: 13822 - 13827

Date Received: 24 April 2019

Request :

1. The names and email address of the person with the following job title or responsibility.

1. Head of Transformation
2. CIO/IT Director
3. Chief Operating Officer/Operations Director
4. Primary Care Director/Manager

2. The name of the STP that your CCG falls under

3. The names of Super GP Practices / Partnerships that fall within your CCG

Response :

1.

- a. Head of Transformation - Tony Bruce, Interim Director of Transformation, Tony.bruce@bury.gov.uk
- b. CIO/IT Director – Mike Woodhead, Chief Finance Officer / SIRO, Mike.woodhead@nhs.net
- c. Chief Operating Officer/Operations Director – Geoff Little, Chief Executive Bury Council /Accountable Officer Bury CCG, G.Little@bury.gov.uk
- d. Primary Care Director/Manager – Marie Clayton, Deputy Director of Primary Care, Marie.clayton@nhs.net

2. Greater Manchester Health & Social Care Partnership

3. The CCG is able to confirm it has one Super Practice/Partnership - Tower Family Healthcare

FOI NO: 13828 - 13833

Date Received: 24 April 2019

Request :

As you are probably aware, a survey has been commissioned by NHS England to look into the experiences of patients who receive a Personal Health Budget, Integrated Personal Budget and/or a Personal Wheelchair Budget.

<http://www.myonlinesurvey.co.uk/PHWB19/>

It has been brought to my attention that some CCGs have chosen not distribute this to the budget holders that they support. With this in mind, can the CCG please confirm:

- 1) How many patients receive a Personal Health Budget or Integrated Personal Budget in your area?
- 2) How many patients receive or have received a Personal Wheelchair Budget in your area?
- 3) How many of these patients (Q1 & Q2) have been made aware of the survey?
- 4) If a decision has been made not to promote the survey, can you please explain why?
- 5) If the CCG has not yet promoted the survey but intends to do so in the near future, when will your budget holders be contacted with the information (nb. the survey opened on the 14th March and will be open until the 14th May)?

Response :

- 1) **Currently there are 95 PHB's funded by the CCG.**
- 2) **None. Currently patients receive information about how their wheelchairs are funded and do contribute to additional cost. We are in the process of working with the local authority to develop an integrated service for wheelchair PHBs.**
- 3) **None – we were not aware of the survey**
- 4) **We will incorporate patient feedback into our PHB for wheelchairs offer. We would consider sending out the survey to existing people in receipt of a PHB if the survey close date was extended.**
- 5) **We would do this if the survey close date was extended in June or July**

FOI NO: 13834 - 13839

Date Received: 24 April 2019

Request :

1. Have you applied for Dynamic Purchasing System (DPS) GP Online Consultation System Fund?
2. How are you spending that money?
 - Project name
 - Purpose of project
 - Time frame for start and completion
3. Are you using one supplier, or multiple?
 - Name of supplier/s
 - Contract end date pilot
4. Is there opportunity for additional suppliers?
5. Do you know if there is additional funding after 2020?
6. Who is responsible within your CCG for managing this fund at the CCG?
7. Please could you provide a copy of your CCG's Transformation Plan
8. How many Urgent Treatment Centres (UTCs) does the CCG use?

<ul style="list-style-type: none"> Name of Urgent Treatment Centres (UTCs) you use
<p>Response :</p> <p>1. Have you applied for Dynamic Purchasing System (DPS) GP Online Consultation System Fund? No</p> <p>2. How are you spending that money?</p> <ul style="list-style-type: none"> Project name Online Consultations Purpose of project To use investment in skype/0365 Time frame for start and completion Pilot in May 2019 <p>3. Are you using one supplier, or multiple?</p> <ul style="list-style-type: none"> Name of supplier/s Microsoft / Modality Contract end date pilot Phase <p>4. Is there opportunity for additional suppliers? Not currently</p> <p>5. Do you know if there is additional funding after 2020? Unknown</p> <p>6. Who is responsible within your CCG for managing this fund at the CCG? Mike Culshaw CTO</p> <p>7. Please could you provide a copy of your CCG's Transformation Plan This can be found on the Bury CCG Website http://www.buryccq.nhs.uk/your-local-nhs/plans-policies-and-reports/</p> <p>8. How many Urgent Treatment Centres (UTCs) does the CCG use?</p> <ul style="list-style-type: none"> Name of Urgent Treatment Centres (UTCs) you use Bury UTC based at Fairfield General Hospital or any within Greater Manchester that the patient attends.

FOI NO: 13840 – 13845	Date Received: 25 April 2019
<p>Request :</p> <p>Any Primary Care Networks (PCN) within the CCG. Please include the following information:</p> <p>1) Name of the PCN</p> <p>2) List of Practices/organisations that fall within the PCN</p>	

3) Names of any of the leadership team that run the PCN

4) Website/contact information for each PCN

Response :

All Primary Care Network applications are anticipated to be received and considered at the CCGs Primary Care Commissioning Committee on the 22nd May 2019, however practices can choose to delay this beyond this date. Outcomes of these meetings are published on the CCGs website.

FOI NO: 13847 – 13852

Date Received: 26 April 2019

Request :

Please could you provide:

- A list of all the optional services and schemes commissioned by the CCG that your member GP practices could choose to participate in, in 2019/20 - such as Local Enhanced Services, Local Improvement Schemes (LISs) and Prescribing Incentive/Improvement schemes.
- The specification for each of these services/schemes
- The value of each, ie, the total amount that can be earned for participation in the service/scheme per patient.







Response :


- A list of all the optional services and schemes commissioned by the CCG that your member GP practices could choose to participate in, in 2019/20 - such as Local Enhanced Services, Local Improvement Schemes (LISs) and Prescribing Incentive/Improvement schemes with the value of each:

Services & Schemes Commissioned from GP Practice	Total £ Value and £ per head
Quality in Primary Care Contract (Phase 4)	£2, 416, 000 (£11.84 Per patient)
Combined Locally Commissioned Service	£516, 094 (£2.53 per patient)
Extended Working Hours (EWH) & GP Provision to Bealey Community Hospital	£1, 259, 842 (EWH £6.60 per patient. The Bealey contract value is not based on a per head of population basis given the nature of the service provided)

Paediatric Phlebotomy	£24, 394.50 (this Contract value is not calculated on a per head of population basis given the nature of the service provided)
Elton Unit	£78, 873.60 (this Contract value is not calculated on a per head of population basis given the nature of the service provided)
Bradshaw House	£40, 644 (this Contract value is not calculated on a per head of population basis given the nature of the service provided)
Special Allocation Scheme (SAS)	£4, 000 per year retainer £80 per patient contact £20 per out of area patient (this Contract value is not calculated on a per head of population basis given the nature of the service provided)

Service Specifications for each scheme:

 Special Allocation Scheme Service Speci.docx
  FINAL Quality in Primary Care Contract.docx
  Final Combined LCS Enhanced Primary Ca.docx
  Bury GP Federation 18_19 v1.6.docx
  201720-Elton Unit.docx
  201720-Bradshaw House.docx

 201720-Paediatric Phlebotomy.docx

FOI NO: 13854 – 13859	Date Received: 26 April 2019
<p>Request :</p> <p>The Royal College of Psychiatrists and Rethink Mental Illness are writing to you for details of the CCG's strategy to reduce the number of patients sent out of area for mental health rehabilitation.</p> <p>An out of area placement is defined by NHS England as:</p> <p>‘...when a person with assessed rehabilitation mental health needs who requires adult mental health rehabilitation inpatient care, is admitted to a unit that does not form part of their usual local network of services. By this we mean an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service.’ Specifically, a person is considered out of area if they are currently receiving inpatient rehabilitation outside of the Local Authority area that holds responsibility for their future housing.</p> <p>Some out of area placements are appropriate. For example, if a person requires treatment in a ‘highly specialist inpatient rehabilitation unit’ as defined by the CQC for people with very specific and complex mental health needs and co-morbidities (e.g. psychosis plus acquired brain injury,</p>	

severe personality disorder, or autism spectrum disorder), as these are usually provided at a regional or national level.

We would like to know the following information:

1. As of April 2019, how many NHS inpatient rehabilitation beds do you have in your local CCG area?
2. As of April 2019, how many people are placed in an inpatient rehabilitation unit outside your local area?
3. As of April 2019, of those patients placed out of area in inpatient rehabilitation units, how many are there appropriately because of their highly specialist needs?
4. Do you have a local strategy to minimise the use of out of area rehabilitation placements? If so, please provide brief details or attach a copy of any strategy to your response. This should include,
 - a. How out of area placements are agreed in your area
 - b. The process for reviewing anyone placed out of area (and potentially bringing them back to a local service)
5. Do you have a local community mental health rehabilitation team? If so, please briefly describe their remit, including the characteristics of the clients with whom they are commissioned to work (e.g. those in local high supported accommodation, those returning from an out of area placement etc)
6. How many local mental health rehabilitation beds have been decommissioned in your CCG area in the last five years and how many local beds do you plan to decommission in future?

Response :

1. **0, however Bury CCG has access to PCFT footprint wide MH Rehab beds.**
2. **4**
3. **All of the patients**
 - 4a. **Out of area placements are agreed between the CCG CHC team and the Provider.**
 - 4b. **The complex care team employs a mental health case manager/lead whose focus is to manage the entirety of the patient's pathway from admission to discharge. This includes ensuring that least restrictive options have been considered and ruled out and that the proposed hospital placement has clear objectives. The case manager then reviews the placement to ensure goals and objectives are being achieved/delivered.**
- 5 **No**
6. **None**

FOI NO: 13871- 13876

Date Received: 30 April 2019

Request :

Some key points about our request:

- All the questions relate to people who have used patient transport services over from 1 April 2015 to 31 March 2019.
- All questions relate to non-urgent transport between patient's place of residence to and from

Questions:

1. How many people accessed the non-emergency patient transport (NEPTS) during the periods below?

	2015/16	2016/17	2017/18	2018/19
Numbers				

2. How many people requested access to NEPTS but were refused the service?

	2015/16	2016/17	2017/18	2018/19
Numbers				

3. Has there been any change in how people access NEPTS during the periods listed ?

Year	Yes	No
2015/16		
2016/17		
2017/18		
2018/19		

Have there been changes in the guidance issued to those conducting eligibility assessments?
Please send any supporting documentation regarding this or list below:

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3. If yes, please tick categories affected:

	Disability	Financial Assessment / Disability Benefit	Other (please list)
2015/16			
2016/17			
2017/18			
2018/19			

4. How many people were reassessed for eligibility for access to non-urgent patient transport

service?

	2015/16	2016/17	2017/18	2018/19
One off assessment				
Annual Assessment				
Other				

5. What was the outcome?

	2015/16	2016/17	2017/18	2018/19
An increase in eligibility				
A decrease in eligibility				
Referral to community transport/other				

Response :

NHS Bury CCG does not hold the information requested. Please contact the provider of patient transport, North West Ambulance Service NHS Trust (NWAS). NWAS can be contacted at FOI.enquiries@nwas.nhs.uk.