

FREEDOM OF INFORMATION REQUESTS
May 2019

FOI NO: 13877 - 13882

Date Received: 01/05/2019

Request :

I have the following questions about the support offered to homeless patients who attend services provided by your CCG, including but not limited to urgent treatment centres..

- 1) How many attendances to your organisation were coded as NFA (no fixed address) per year in 2015, 2016, 2017, and 2018?
- 2) Do services in your organisation have (a) a documented pathway for supporting homeless patients; or (b) a housing officer (or similar); or (c) a supply of clean clothes to offer homeless people? If yes to (a), (b), or (c) please provide details.
- 3) How many patient referrals to a local housing authority under the Homelessness Reduction Act 2017 has your organisation made since 1 October 2018?
- 4) What is your organisation doing, or planning to do, to support homeless patients or to comply with the Homelessness Reduction Act 2017?

Response:

1) How many attendances to your organisation were coded as NFA (no fixed address) per year in 2015, 2016, 2017, and 2018?

We do not collate this information as a CCG however, we know that (for financial year 2018/19) we have 722 patients registered as homeless across Bury CCG. We do not have the information for the previous years requested as we did not collate this information at this time.

2) Do services in your organisation have (a) a documented pathway for supporting homeless patients; or (b) a housing officer (or similar); or (c) a supply of clean clothes to offer homeless people? If yes to (a), (b), or (c) please provide details.

General Practices across Bury are signed up to the Homeless Friendly Pledge and offer all homeless patients a homeless friendly card which signals that they are entitled to healthcare without a fixed address.

<http://www.homelessfriendly.co.uk/our-services/>

Practices are also requested to Promote A Bed Every Night and ensure any homeless individuals coming into Practice are directed to the GM Street Support Network where they can access help and assistance as follows:

- Visit Housing Assessment Team – Housing Advice & Homelessness, Town Hall Knowsley Street, Bury, BL9 0SW
- Call [0161 253 5537](tel:01612535537)
- Online visit bury.gov.uk/index.aspx?articleid=14177
- Out of Hours call [0161 253 6606](tel:01612536606) (Mon–Thu 5pm to 8.45am, Fri–Mon 5pm to 8.45am)

Bury and Rochdale Doctors on Call (BARDOC) provide homeless people with survival kits, containing blankets, bottled water, sleeping bags and a list of surgeries, handed to rough sleepers.

3) How many patient referrals to a local housing authority under the Homelessness Reduction Act 2017 has your organisation made since 1 October 2018?

The CCG does not make referrals.

4) What is your organisation doing, or planning to do, to support homeless patients or to comply with the Homelessness Reduction Act 2017?

The CCG commissions a Combined Locally Commissioned Service from all General Practitioners in Bury. This specification states that all GPs in Bury must register homeless patients and code those patients so that a register is held, allowing the CCG to ensure the following:

Registering homeless patients - People who are homeless have particular health needs and often suffer some of the worst outcomes. Both the [BMA and NHS England](#) are committed to ensuring homeless patients receive the same level of care as those with permanent addresses. The same obligation on practices regarding identity and proof of address apply to homeless patients as a population group. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.

CQC expects practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them [click here](#) for further guidance.

The specification states that all GPs must provide additional support to specific vulnerable patients (homeless, asylum seekers and refugees) advising that:


The NHS is committed to ensuring that all patients have equal access to NHS information and services.

The additional payment, covered by this specification is recognition of the potential complexities of the specific vulnerable patients highlighted, that may include

- Additional required consultation time,
- Flexibility with regards to access and registration (i.e. lack of availability of two forms of identification, times of appointments)
- Complexity of mental and physical health and social care needs.

The specification also requests that:

Performance Indicators	Threshold	Method of Measurement	Reporting Frequency
Homelessness	Practice to take Homeless Pledge and promote a Bed Every Night and GM Street Support Network	Take the <u>Homeless Friendly Pledge</u> Promote <u>A Bed Every Night and ensure any homeless individuals coming into your Practice are directed to the GM Street Support Network where they can access help and assistance as follows:</u> <ul style="list-style-type: none"> • Visit Housing Assessment Team – Housing Advice & Homelessness, Town Hall Knowsley Street, Bury, BL9 0SW • Call <u>0161 253 5537</u> • Online visit <u>bury.gov.uk/index.aspx?articleid=14177</u> • Out of Hours call <u>0161 253 6606</u> (Mon–Thu 5pm to 8.45am, Fri–Mon 5pm to 8.45am) 	Annually

	Clinical Staff Training	<p>Delivery of <u>Pathway</u> training Modules as follows (can be done as an LTI):</p> <p><u>Module 1 - Health Inequalities</u></p> <p>This module is part of a digital training package on health inequality and the social determinants of health. It will take around 1:15 to complete, plus reflection time. It provides an introduction to the concept of health inequality and the social determinants of health, through presentations from leading experts</p> <p><u>Module 5 - Mental Health, Substance Use & Homelessness</u></p> <p>This module is part of digital training package on homeless and inclusion health. It will take around 1:40 to complete, with an additional 1:15 of optional case studies, plus reflection time. Using presentations from leading experts, this module provides you with an overview of the impact and interrelationships between mental health, substance use and homelessness.</p>	Annually
	Non Clinical Staff Training	<p>Working with Homelessness - Standards for GP Receptionists in Primary Care to be done as an LTI by all new / returning reception staff</p> <p> GP Reception Standards For Primary</p>	Annually
	100%	All homeless patients to be read coded appropriately	Quarterly
	100%	All homeless to be offered Flu Jab and Hep B as part of vulnerable group (read coded)	Quarterly

FOI NO: 13883 - 13888	Date Received: 01/05/2019
<p>Request :</p> <p>Under the Freedom of Information Act can I ask for the following information:</p> <p>1. The cost of Botox procedures that were not required for medical reasons in the last</p>	

five years?

2. The cost of medical conditions or corrective procedures caused by non-surgical cosmetic treatments including botox and dermal filler injections in the last five years?

It would be helpful if you were to provide any brief notes which might be necessary to understand the context of the information provided, although I recognise that you are not obliged to do this.

Response:

The information requested above is not coded or recorded by providers or CCGs and therefore the CCG is unable to provide this.

FOI NO: 03/05/2019

Date Received: 13894-13899

Request :

Under the Freedom of Information Act 2000, I would like to request the following information regarding adult neuro-rehabilitation. **Please provide answers on the attached and accompanying spreadsheet.**

For the avoidance of doubt, when referring to the term 'neuro-rehabilitation', please include; brain injury (including acquired brain injury and traumatic brain injury) spinal injury, neurological conditions (including but not limited to Parkinson's Disease, multiple sclerosis, motor neurone disease and Huntington's Disease), stroke, neurobehavioural rehabilitation and cognitive rehabilitation. This list is meant as a guide and is by no means exhaustive.

For all questions, please provide information on individuals who are solely funded by the CCG, and individuals who are joint funded by the CCG and either a local authority council or a NHS Foundation Trust.

1. Please provide the name, job title, email address and telephone number of the commissioner with responsibility for neuro-rehabilitation placements (if more than one person is responsible, please provide the details of all responsible for making the

placements).

2. Please provide (a.) the **total number** of adults (aged 18 and over) funded by the CCG for post-acute neuro-rehabilitation, and (b.) the **total expenditure** on those adults: (Please provide the total number of adults funded throughout the year, **Not** a snapshot at a certain time. Please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))

3. Of the total number of adults funded by the CCG for post-acute neuro-rehabilitation (question 2a), please provide the **number of adults who are funded for each of the following types of placement**: (Please provide the total number of adults funded throughout the year, **Not** a snapshot at a certain time. Please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))

a. Independent specialist neuro-rehabilitation care home placements (non-hospital)

b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)

c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)

4. Please provide the **gross total expenditure** on the adults funded by the CCG in the following placements (as detailed in question 3): (please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))

a. Independent specialist neuro-rehabilitation care home placements (non-hospital)

b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)

c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)

5. Please provide a list of the **independent providers** with whom placements are made for in each of the following placement type: (please provide a list of providers used during

2018/19)

- a. Independent specialist neuro-rehabilitation care home placements (non-hospital)
- b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)
- c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)

6. Please provide the current **average weekly expenditure per individual** for adults funded by the CCG in the following placements:

- a. Independent specialist neuro-rehabilitation care home placements (non-hospital)
- b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)
- c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)

7. Please provide the **total number of adults funded** by the CCG for post-acute neuro-rehabilitation who are funded for each of the following types of placements **as a snapshot as at 31 March** of each year: (Please provide figures at 31 March for the past five financial years and budgeted figures for the current financial year (2019/20))

- a. Independent specialist neuro-rehabilitation care home placements (non-hospital)
- b. Independent specialist neuro-rehabilitation hospital placements (post-acute treatment)
- c. Independent specialist neuro-rehabilitation community placements (by community placements, I mean where the services funded are delivered in a person's own home)

8. Of the total number of adults funded by the CCG for independent specialist neuro-rehabilitation care home placements (non-hospital) at 31 March of each year (question 7a.) please provide the **number who are receiving treatment in each of the following**

locations: (Please provide figures as a snapshot as at 31 March of each year. Please provide figures for the past five financial years and budgeted figures for the current financial year (2019/20))

- a. Independent specialist neuro-rehabilitation care homes
- b. Other independent services (eg elderly nursing homes, care homes for adults with disabilities etc)

Response:



Copy of FOIR Report
13894-13899 (006) (1)

FOI NO: 13900-139005	Date Received: 07/05/2019
-----------------------------	----------------------------------

Request :

- The current provider of your Integrated Urgent Care (IUC) Service;
- The terms of the IUC Service contract, including start date and duration of the contract (including extension clauses);
- Has a decision been made yet on whether the existing IUC Service contract(s) are being either extended or renewed?;
- The value of the IUC Service contract currently in effect;
- How the specification in the commissioning for this IUC Service differs from the standard specification;
- The last twelve months' KPI performance data for your current IUC Service provider, inclusive of NQRs and DX Codes or equivalent;
- The last twelve months' shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current IUC Service provider;
- The population size for which the IUC Service is responsible for serving;
- Any financial penalties imposed on the current IUC Service provider and if so, what are the reasons for this?

Where you do not have an IUC Service, please provide the following information:

The current provider of your GP Out of Hours (OOH) Service;

- The current provider of your GP Out Of Hours (OOH) Service;
- The terms of the OOH Service contract, including start date and duration of the contract (including extension clauses);
- Has a decision been made yet on whether the existing OOH Service contract(s) are being either extended or renewed?;
- The value of the OOH Service contract currently in effect;
- How the specification in the commissioning for this OOH Service differs from the

standard specification;

- The last twelve months' KPI performance data for your current OOH Service provider, inclusive of NQRs and DX Codes or equivalent;
- The last twelve months' shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current OOH Service provider;
- The population size for which the OOH Service is responsible for serving;
- Any financial penalties imposed on the current OOH Service provider and if so, what are the reasons for this?

The current provider of your NHS 111 Service;

- The current provider of your NHS 111 Service;
- The terms of the NHS 111 Service contract, including start date and duration of the contract (including extension clauses);
- Has a decision been made yet on whether the existing NHS 111 Service contract(s) are being either extended or renewed?;
- The value of the NHS 111 Service contract currently in effect;
- How the specification in the commissioning for this NHS 111 Service differs from the standard specification;
- The last twelve months' KPI performance data for your current NHS 111 Service provider, inclusive of NQRs and DX Codes or equivalent;
- The last twelve months' shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current NHS 111 Service provider;
- The population size for which the NHS 111 Service is responsible for serving;
- Any financial penalties imposed on the current NHS 111 Service provider and if so, what are the reasons for this?

Response:

- The current provider of your Integrated Urgent Care (IUC) Service:

Bury CCG does not currently have one.

- The terms of the IUC Service contract, including start date and duration of the contract (including extension clauses):

N/A

- Has a decision been made yet on whether the existing IUC Service contract(s) are being either extended or renewed?

N/A

- The value of the IUC Service contract currently in effect:

N/A

- How the specification in the commissioning for this IUC Service differs from the standard specification:

N/A

- The last twelve months' KPI performance data for your current IUC Service provider,

inclusive of NQRs and DX Codes or equivalent:

N/A

- The last twelve months' shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current IUC Service provider:

N/A

- The population size for which the IUC Service is responsible for serving:

N/A

- Any financial penalties imposed on the current IUC Service provider and if so, what are the reasons for this?

N/A

Where you do not have an IUC Service, please provide the following information:

The current provider of your GP Out of Hours (OOH) Service;

- The current provider of your GP Out Of Hours (OOH) Service:

Bury and Rochdale Doctors On Call (BARDOC).

- The terms of the OOH Service contract, including start date and duration of the contract (including extension clauses):

Year on year arrangement reviewed annually.

- Has a decision been made yet on whether the existing OOH Service contract(s) are being either extended or renewed?

Existing contract is being renewed.

- The value of the OOH Service contract currently in effect:

£1,540,960.

- How the specification in the commissioning for this OOH Service differs from the standard specification:

The specification is currently being refreshed to reflect a standalone OOH service.

- The last twelve months' KPI performance data for your current OOH Service provider, inclusive of NQRs and DX Codes or equivalent:

Please see embedded document-performance report.

- The last twelve months' shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current OOH Service provider:

Bury CCG does not hold this information-please contact BARDOC directly.

- The population size for which the OOH Service is responsible for serving:

Registered population is approximately 205,000.

- Any financial penalties imposed on the current OOH Service provider and if so, what are the reasons for this?

None issued.

The current provider of your NHS 111 Service:

Please see embedded document-information from Blackpool CCG Lead Commissioners.

- The current provider of your NHS 111 Service;

- The terms of the NHS 111 Service contract, including start date and duration of the contract (including extension clauses);
- Has a decision been made yet on whether the existing NHS 111 Service contract(s) are being either extended or renewed?;
- The value of the NHS 111 Service contract currently in effect;
- How the specification in the commissioning for this NHS 111 Service differs from the standard specification;
- The last twelve months' KPI performance data for your current NHS 111 Service provider, inclusive of NQRs and DX Codes or equivalent;
- The last twelve months' shift fill data shown in hours; filled vs unfilled or as a percentage; filled vs unfilled for the current NHS 111 Service provider;
- The population size for which the NHS 111 Service is responsible for serving;
- Any financial penalties imposed on the current NHS 111 Service provider and if so, what are the reasons for this?



FOI Response - 111
Service May 2019.doc



03 Bury CSU March
2019.pdf

FOI NO: 13906 - 13911	Date Received: 08/05/2019
------------------------------	----------------------------------

Request :

I would like to request the following information on your Fast Track Continuing Healthcare (CHC) practices, between 1 January 2018 until the time this request is answered.

If you are only able to provide partial data, please provide this as far as is possible rather than postponing the entire request.

1. How many applications for Fast Track CHC did you receive in this time period?
Please provide this figure broken down by month, gender and ethnicity of patient.
358 (spreadsheet attached, can be filtered by month and gender) we do not record ethnicity.
2. How many applications for Fast Track CHC did you approve? Please provide this figure broken down by month, gender and ethnicity of patient.
358 (spreadsheet attached, can be filtered by month and gender) we do not record ethnicity.
3. What is the average time period in hours/days from the point at which a Fast Track CHC application is made to this being approved? What are the top and bottom and ranges? Please provide these figures broken down by gender and ethnicity of patient.
We have a nurse on duty each day Monday – Friday; fast tracks are approved on the day

that they are received.

4. What is the average time period in hours/days from the point at which a Fast Track CHC application is approved to this being provided? What are the top and bottom and ranges? Please provide these figures broken down by gender and ethnicity of patient.

We do not hold this information, once a fast track is received we action as required but do not record the time in between. There can be various delays out of our controls for example, delayed discharges, patient's becoming poorly etc.

5. How many people in all the hospitals in your CCG have died in hospital while awaiting the start of a Fast Track CHC package? Please provide this figure broken down by month, gender and ethnicity of patient.

We do not hold this information; this would need to be gained directly from the hospital trusts.

6. Does your CCG have a system in place for auditing the use of the Fast Track CHC Pathway?

We audit the use of fast tracks on a quarterly basis internally in the team. Our senior nurses check through all referrals to ensure that the patient should have been funded via the CHC Fast Track pathway.

7. How many people work on your CHC team?

4 Administration Staff
2 Senior Management
12 CHC Nurse Assessors

8. How many people work on processing Fast Track CHC packages?

The admin team process the documentation and carry out all administrative tasks and the nursing staff commission packages of care – this would be on a duty rota.

Should you need any clarification or have issues with managing this request within the legal limits, please let me know as soon as possible.

Response:



FOI 13906-13911
backing without PID.>

As above and attached

FOI NO: 13912

Date Received: 09/05/2019

Request :

I am writing to the Bury CCG under the Freedom of Information Act 2000 to request the following information;

1. Do you have a formulary used by primary care prescribers? If so, what is the status of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs with respect to minor conditions associated with pain, discomfort and fever?
2. Is there a current policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide documents and start date.
3. Is there a policy currently being developed regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide any documents and predicted start date.
4. Has there previously been a policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs that has been discarded? If so, please provide documents and start and end date.
5. Regarding prescribing policy has the CCG given consideration to the recent NHS England guidance "Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs" published in March 2018? If so, has this guidance been implemented, or is it planned to be implemented?
6. Have you provided any education for prescribers regarding prescriptions for over-the-counter medication, in particular paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, when and how were these education sessions delivered (for example, meeting, didactic lecture or leaflet)?
7. Is there any financial incentive for GPs regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs? If so, please provide documents.
8. Is there any planned action to enforce any policy regarding prescription of paracetamol tablets and suspensions, ibuprofen tablets and topical non-steroidal anti-inflammatory drugs should it not be upheld by prescribers? If so, please provide documents.

Please kindly supply me with this information in electronic format.

If you have any queries concerning my request, please do not hesitate to contact me. If you are unable to provide the information requested, I would be grateful for further advice and assistance on how to refine my request. If you are not the appropriate authority for this request, please let me know at your earliest convenience.

I look forward to hearing from you within 20 days of receipt of this letter with the above requested information

Response:

1. <http://gmmmg.nhs.uk/>
2. Prescribing for Clinical Need policy available on <http://www.buryccg.nhs.uk/>
3. See answer to question 2.
4. No
5. There was a public consultation period on aligning Bury's Prescribing for Clinical Need Policy and the NHS England guidance. A decision by Bury's Governing Body has not yet been made.
6. Prescribing for Clinical Need policy was communicated to primary care prescribers via the usual communication methods, sector meetings throughout the implementation process.
7. No
8. No planned action.

FOI NO: 13915-13920

Date Received: 10/05/2019

Request :

I'd like to know:

- How many single use speculum are used per year from 2013 up until latest statistics y CCG has to offer
- The cost of these items in the same years
- The comparative cost to the metal speculum they replaced
- Who has your contract for disposing of the speculum
- Where the speculum are disposed (if you have this information)

I'm happy to receive this all in electronic copy by email, and don't require a hard copy.

Response:

The CCG does not hold this information, it is the local authority who would commission the practice carry these services. Please contact Bury Council at the following link: -

<https://www.bury.gov.uk/index.aspx?articleid=10773&contactusID=1420&ArticleRefID=10643#ema>

FOI NO: 13921-13926 **Date Received: 10/05/2019**

Question:
I am writing you today to request the following information regarding prescribing rebates.

Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your CCG for the current financial year 2019-20 ?

- 1 Current Primary Care Prescribing Rebate Schemes (19/20)

(Please distinguish which rebates are aligned to Prescipp and which are independent)

Name of scheme	Drug(s) covered	Companies involved in the scheme	Aligned to Prescipp	Independent of Prescipp

- 2 Current QIPP Prescribing Schemes 19/20

Name of scheme	Drug(s) covered

- 3. What is the current years (19/20) CCG QIPP/efficiency savings plan target for your organisation?

- 4. What is the value of the prescribing element for the current year (19/20) CCG QIPP/efficiency savings plan target for your organisation?

- 5. Does your CCG (or any of its constituent members) use the GP prescribing decision support software known as "DXS" (As can be found here: <http://www.dxs-systems.co.uk/>)? Y/N

Response:

1. Current Primary Care Prescribing Rebate Schemes (19/20)

(Please distinguish which rebates are aligned to Prescipp and which are independent)

Name of scheme	Drug(s) covered	Companies involved in the scheme	Aligned to Prescipp	Independent of Prescipp
Seretide products	Seretide products	GSK		
Prostap	Prostap	Takeda		

2. Current QIPP Prescribing Schemes 19/20

Name of scheme	Drug(s) covered
Implementation of NHSE 'Drugs which should not be routinely prescribed in primary care'	See https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/
Actinic keratitis	Solaraze
Vitamin D maintenance	Vitamin D preparations

3. £12.5M

4. £0.5M

5. No

FOI NO: 13927-13932

Date Received: 10/05/2019

Request :

I am writing to you today in regards to a freedom of information request towards the percentage of budget spent on mental health services by CCG's in Greater Manchester, or local to this area.

It would be great if you could help me find this information for an article I am conducting for my final University project.

Response:

Please see the CCG's website for the Annual report - 2017/18.

<http://www.buryccg.nhs.uk/your-local-nhs/plans-policies-and-reports/annual-reports/>

FOI NO: 13933-13938

Date Received: 10/05/2019

Request :

**Assessing variation in Axial Spondyloarthritis Services
Freedom of Information Request**

May 2019

NB Throughout this Freedom of Information request we will refer to axial SpA (AS) to cover the whole spectrum of axial spondyloarthritis including ankylosing spondylitis.

A new All-Party Parliamentary Group (APPG) on Axial Spondyloarthritis (axial SpA), including ankylosing spondylitis (AS) has been established to help drive the implementation of important new NICE guidance in the area. To support the early work of the group, Parliamentarians have asked for a Freedom of Information (FOI) request to be circulated to all commissioners and service providers in England to better understand current axial SpA (AS) service provision and levels of variation across the country.

The questions included within this Freedom of Information request are structured around the [NICE Guideline for Spondyloarthritis](#) and supporting [Quality Standard](#). There is also one question relating to [NICE TA383](#). The development of the question set has been informed through input from leading clinicians and stakeholders in the area and has been endorsed by the co-Chairs of the APPG for Axial Spondyloarthritis, Derek Thomas MP and Lord Campbell-Savours.

The information given will be used to map current services in the UK and to offer assistance to improve services where it is needed. Summary findings will be presented at the next meeting of the APPG in the House of Commons in July, however this is not an exercise to 'name and shame' individual organisations.

It would be great if you could provide your answers to this Freedom of Information request by using the 'SurveyMonkey' link provided:

<https://www.surveymonkey.com/r/FOI-CCG>

If you are unable to provide answers using SurveyMonkey, could you please complete and return the attached Word document.

We would be very grateful if you were able to provide us with answers to the questions included within this Freedom of Information request within 20 working days, to help us prepare for our second APPG meeting.

If you are interested in working with NASS to improve your services, would like to tell us more about the services you offer, would like to attend the July meeting of the APPG on Axial Spondyloarthritis, or for any further information on the contents of this Freedom of Information request, could you please contact foi@nass.co.uk.

Response:



FOI - 13933
13938.docx

As attached

FOI NO: 13939	Date Received: 14/05/2019
Request : I would like to enquire how Bury CCG works with new providers? I joint manage an independent chambers of palliative care consultants providing specialist palliative care advice 24/7 remotely to health professionals. I would welcome contact with the correct people in your CCG to present or disseminate our unique service to benefit the people of Bury.	
Response: Please address your correspondence for that attention of the End Of Life Lead Commissioner at Bury CCG E-mail: BUCCG.corporateoffice@nhs.net Post: End of Life Lead Commissioner,	

c/o Townside Primary Care Centre,
1 Knowsley Place,
Knowsley Street,
Bury,
BI9 0SN

FOI NO: 13942-13946

Date Received: 14/05/2019

Request :

Under the terms of the above Act, could you provide me with contact details including email addresses for the NHS Bury CCG Accountable Officer or their Administrative Assistant.

Thanking you in anticipation.

Response:

NHS Bury CCG

The Accountable Officer of NHS Bury CCG is Geoff Little.
His email address is: Buccg.corporateoffice@nhs.net

FOI NO: 13953-13958

Date Received: 17/05/2019

Request :

Hello

I wanted to find out more about your organisation's approach to Personal Health Budgets and so I have compiled the attached list of questions as a Freedom of Information request.

I hope that they make sense, but if you have any questions, please feel free to contact me by email.

Personal Health Budgets

What are your targets for Personal Health Budgets over the next 3-5 years?
by April 2020

by April 2021
by April 2022

Our target is the same for each financial year – we aim to promote PHB's to a wider audience in our CCG, I can only speak on behalf of the CHC team. We currently have a number of patients receiving care via domiciliary care agencies who would benefit from receiving a PHB so we are aiming to promote the benefits of them receiving their care via a PHB and providing the support and assistance that they may require.

Are you partnering with any other NHS organisations, such as a LHCRE or ICS to deliver these targets? If so, which ones?

We are in close contact with the PHB Teams at NHS England and receive support and guidance from them.

Please provide the names, email addresses and phone numbers for the individuals responsible for delivering Personal Health Budget targets?

Rebecca Pickford – PHB Lead Rebecca.pickford@nhs.net 01706 516400

How many individuals in your CCG have a Continuing Healthcare Budget?

75

How many individuals with CHC in your CCG have a Personal Health Budget?

75

In total, How many individuals in your CCG have a Personal Health Budget?

*75 through CHC / Continuing Healthcare – unsure of any non-chc as we are not involved in them – **The only PHB that the CCG are aware of are the CHC ones.***

What is the total annual budget for Personal Health Budgets?

£1,300,385.72

Please can you break down the total PHB number by type, e.g. Maternity, Wheelchair, CHC, End of Life etc?

I can only report on CHC figures (please see above).

Which organisations are responsible for managing these PHBs?

NHS Bury CCG

What software, if any, is used to manage PHBs in your CCG?

All aspects of our PHB's are managed on Microsoft we do not have an operating system.

What is the total annual cost for this software?

N/A

When is the contract for the PHB up for renewal?

N/A

Please provide the name, job title, email address and phone number for the CCG staff member who is responsible for the PHB software?

N/A

Please provide the name, job title, email address and phone number for the CCG staff member who is responsible for the management of PHBs.

Rebecca Pickford – PHB Lead Rebecca.pickford@nhs.net 01706 516400

Response:

Please see response above.

FOI NO: 13959-13963

Date Received: 20/05/2019

Request :

The information given is not intended for reuse for commercial purposes.

I am the president of the Association of Surgeons in Primary Care, a members' association formed to support clinicians who provide surgical services in a community setting by offering networking, CPD, audit and peer review. The association is aware that there are providers of vasectomy, carpal tunnel decompression and/or skin cancer surgery in England who are not part of the association. We wish to use this information to understand how many of these provider organisations are not part of our association and make contact.

The details of my request are therefore:

- Does the CCG commission community-based vasectomy or carpal tunnel or skin cancer services?

- Can the CCG provide details of the provider organisations or clinicians who hold these respective contracts?

I would be grateful if any information that you give is in electronic format. I understand that there may be a disbursement fee for a particular format.

Response:

Does the CCG commission community-based vasectomy or carpal tunnel or skin cancer services?

Bury CCG does not commission a community-based vasectomy, carpal tunnel or skin cancer service.

- Can the CCG provide details of the provider organisations or clinicians who hold these respective contracts?

N/A

FOI NO: 13964-13965	Date Received: 22/05/2019
----------------------------	----------------------------------

Request :

Under the freedom of information please could I request the following information

1. The name and email address of the people within your CCG that hold the following job titles:
 - Managing Director
 - Senior Commissioners & Commissioners
 - Operations Director/COO
 - Head of Planning
 - Transformation Director
 - QIPP Lead (Quality, Innovation, Productivity and Prevention)
 - CCG Chairman
 - Head of Primary Care Services
2. Does the CCG use Referral Management Centres (RMCs), and if so, please provide name(s) of RMCs?
3. What was the CCG's annual spend on RMCs in 2018/19? (if not available, please provide figures for 2017/18.
4. Does the CCG have any initiatives to reduce the amount of spend with RMCs in the next financial year?
5. Who is the person responsible for this?
6. Please confirm the percentage of GPs within the CCG that use the e-referral system

(eRS)?

7. Who is responsible within the CCG for saving GP's time?
8. Who is responsible within the CCG for reducing hospital referral waiting times?
9. Who is responsible within the CCG for reporting patient flow data?
10. Does the CCG use set local referral pathways for GPs?
11. Who is responsible for recommending these local referral pathways to GPs?
12. Does the CCG have quality improvement targets for reducing the number of hospital referrals?
13. Who is responsible for this?
14. Who is the STP lead for service improvement/transformation?
15. Who is the STP lead for referral management services?

Response:

1. The name and email address of the people within your CCG that hold the following job titles:

- Managing Director – Geoff Little, Chief Officer: G.Little@bury.gov.uk
- Senior Commissioners & Commissioners – Margaret O'Dwyer, Director of Commissioning and Business Delivery/Deputy Chief Officer: margaret.o'dwyer@nhs.net
- Operations Director/COO - Geoff Little, Chief Officer: G.Little@bury.gov.uk
- Head of Planning – No such title. Fits in with Lisa Featherstone, Deputy Director of Business Delivery: lisafeatherstone@nhs.net
- Transformation Director – Tony Bruce, Interim Transformation Director: tony.bruce2@nhs.net
- QIPP Lead (Quality, Innovation, Productivity and Prevention) – Rachel Coaker, Interim Associate Chief Finance Officer: rachelcoaker@nhs.net
- CCG Chairman – Dr Jeff Schryer, Chair and Clinical Lead: Jeffery.schryer@nhs.net
- Head of Primary Care Services – Amy Lepiorz, Deputy Director of Primary Care and Head of Delivery Bury Local Organisation, amy.leporz@nhs.net

2. Does the CCG use Referral Management Centres (RMCs), and if so, please provide name(s) of RMCs?

The CCG uses its own internal Referral Booking Management Service (RBMS)

3. What was the CCG's annual spend on RMCs in 2018/19? (if not available, please provide figures for 2017/18).

RBMS YTD 2018-19: £242,227.08, this includes members of a clinical triage team also

4. Does the CCG have any initiatives to reduce the amount of spend with RMCs in the next financial year?

No

5. Who is the person responsible for this?

There is no one currently responsible for reducing the amount of spend within the RBMS within this next financial year

6. Please confirm the percentage of GPs within the CCG that use the e-referral system (eRS)?

100%

7. Who is responsible within the CCG for saving GP's time?

The Primary Care Team promotes and supports pieces of work that enable a reduction on GP demand e.g. Care Navigators, Correspondence Management, Time for Care Programme etc.

8. Who is responsible within the CCG for reducing hospital referral waiting times?

This is a Provider related target that is overseen by the CCG Elective Care Commissioners.

9. Who is responsible within the CCG for reporting patient flow data?

The CCG has its own internal Business Intelligence team

10. Does the CCG use set local referral pathways for GPs?

Yes but for some specialties only

11. Who is responsible for recommending these local referral pathways to GPs?

These are developed in partnership with appropriate clinicians, the CCG and local stakeholders dependent on the need e.g. Northern Care Alliance, Pennine Care, BARDOC etc.

12. Does the CCG have quality improvement targets for reducing the number of hospital referrals?

No

13. Who is responsible for this?

N/A

14. Who is the STP lead for service improvement/transformation?

Local Care Organisation .

15. Who is the STP lead for referral management services?

The CCG does not have an STP lead for referral management services

FOI NO: 13966-13970

Date Received: 23/05/2019

Request :

I am Care Homes Lead in West Kent CCG and I am currently undertaking a bit of work to revamp our pathways for UTI, Chest Infection, Falls and Sepsis for our care homes. To avoid reinventing the wheel, I am writing to a number of CCGs nationally to enquire if you have any similar pathways that you wouldn't mind sharing. Is this something you have in place with your care homes? Would you mind emailing me any pathways that you have in place (draft or final) please?

Thanks very much in advance.

Response:

Bury CCGs has an assessment form for carers/nurses to use in care homes – this is to dissuade the use of dipsticks and assess which patients need referral to the GP. The UTI assessment form and a poster for care homes to display is freely available on the CCGs website <http://www.buryccg.nhs.uk/your-local-nhs/plans-policies-and-reports/medicines-optimisation/>

The assessment form is due for an update in line with NICE/PHE guidance and once this has been completed the updated assessment form will be available on the CCG website – no timeframe for this update is available at the moment.

FOI NO: 13972-13976

Date Received: 23/05/2019

Request :

I would like to request information under the Freedom of Information Act. The information that I require relates to a specific telephone maintenance contract.

The contract information sent by the organisation previously has now expired please can

you provide me with a new update of the telephone maintenance contract:

Please can you send me the following contract information with regards to the organisation's telephone system maintenance contract (VOIP or PBX, other) for hardware and Software maintenance and support:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)
2. Existing Supplier: If there is more than one supplier please split each contract up individually.
3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider
4. Hardware Brand: The primary hardware brand of the organisation's telephone system.
5. Number of telephone users:
6. Contract Duration: please include any extension periods.
7. Contract Expiry Date: Please provide me with the day/month/year.
8. Contract Review Date: Please provide me with the day/month/year.
9. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system.
E.g. Contact Centre, Communication Manager.
10. Telephone System Type: PBX, VOIP, Lync etc
11. Contract Description: Please provide me with a brief description of the overall service provided under this contract.
12. Go to Market: How where these services procured, please provide me with either the tender notice or the framework reference number. Please specify if procured through other routes.
13. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.

If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.

If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract.

If the maintenance for telephone systems is maintained in-house please can you provide me with:

1. Number of telephone Users:
2. Hardware Brand: The primary hardware brand of the organisation's telephone system.
3. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system.
E.g. Contact Centre, Communication Manager.
4. Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address.

Also if the contract is due to expire please provide me with the likely outcome of the expiring contract.

If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this

this service/support contract?

Response:

NHS Bury CCG does not hold this information. This is provided by [NHS Property Services](#) and therefore you will need to redirect your request to them. You can submit your request by email to customer.service@property.nhs.uk.

FOI NO: 13977-13981

Date Received: 23/05/2019

Request :

If this qualifies as an FOI then feel free to treat it as such - and if it doesn't, please consider answering my question 'in the spirit of NHS transparency'.

Please note that henceforth by 'the ReSPECT Form', I mean the form which can be found at:

<https://www.respectprocess.org.uk/pdfs/ReSPECT-Specimen-Form.pdf>

The ReSPECT website tells readers 'People should not expect to use the ReSPECT process until it has been established in their locality' and I would like to understand how widely ReSPECT 'has already been rolled-out/implemented'. Many 'not 'actively ill' people',

could potentially approach their GP with the question:

'I would like to have a ReSPECT Form - can you facilitate that for me, by providing the form and arranging for it to be signed by an appropriate clinician?'

and what **I would like you to tell me, is if at the moment an NHS patient approached a GP 'in your CCG' and asked, would the answer be 'yes'?**

It clearly isn't practicable to try and ask individual GPs/Practices, so I am asking CCGs instead [despite it not being entirely clear to me, that 'provision/completion of a ReSPECT Form' is a 'commissioned service' - however, I am aware of at least one CCG which does have 'a policy promoting ReSPECT'.].

Please note: it is my intention to collate and publish the responses I receive, and I will not be asking for permission separately - I will regard any response to my FOI/question as implicitly indicating 'permission to publish it'.

Response:

The following information has been shared with all member Practices (GPs) across Bury in May 2019 as of a wider Urgent Care Pathway Update:

5.1 ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

What is ReSPECT?

The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest, but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.

It provides health and care professionals responding to that emergency with a summary of recommendations to help them make immediate decisions about that person's care and treatment. The plan is created through conversations between a person and their health professionals. It's recorded on a form and includes their personal priorities for care and agreed clinical recommendations about care and treatment that could help to achieve their wishes. ReSPECT can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest.

The key elements of ReSPECT are:

- Recommended – these are recommendations not 'orders' or legally-binding decisions
- Summary – this does not replace more detailed treatment plans or advance care plans but is a summary for immediate access in a crisis
- Emergency – this summary relates only to care and treatment in a crisis; other plans

may include aspects of non-urgent care and treatment.

How does it work in practice?

The plan should stay with the person and be available immediately to professionals faced with making emergency decisions where the patient has lost capacity to participate in making those decisions. ReSPECT may be used across a range of health and care settings, including the person's own home, an ambulance, a care home, a hospice or a hospital

How would I know if there is a ReSPECT plan in place?

A caller may declare to you that the patient they are calling about has a ReSPECT plan in place. The change to the questions in R17 through the 'Early Exit' – sudden, unexpected death route will also prompt you to ask if there is a DNACPR plan in place, and the supporting information also states that it could be referred to as a DNACPR, DNAR or ReSPECT decision document. It also states that the document must be the original copy, current, signed and dated by a doctor.

www.respectprocess.org.uk

FOI NO: 13982-13986	Date Received: 23/05/2019
----------------------------	----------------------------------

Request :

I work for a clinical research and technology company and I was hoping that you can provide some information about the Primary Care Networks (PCN) in Manchester area.

We are trying to understand what Primary Care Networks have been established in Manchester area and what GP practices belong to these newly established networks. Please can you provide more information regarding this new setup?

Any information provided would be highly appreciated.

Response:

The CCG has recently received and approved four applications for Primary Care Networks as follows

Practices in Network	P Codes
Whitefield and District Community Network' (WDCN)	
Blackford House	P83009
Elms	P83608
Unsworth	P83011

Uplands	P83004
Prestwich Primary Care Network	
Fairfax	P83001
Longfield	P83623
St Gabriels	P83025
Greylands	P83027
Whittaker Lane	P83605
Birches	P83609
Horizons	
Mile Lane	P83612
Red Bank	P83603
Tower	P83012
Minden	P83020
Woodbank	P83017
Bury Primary Care Network	
Townside	P83005
Ramsbottom	P83006
Radcliffe	P83007
Monarch	P83010
Ribblesdale	P83015
Peel	P83021
knowsley Street	P83024
Walmersley Road	P83611
Garden City	P83620
Huntley Mount	P83621
Rock	Y02755

Communications will be developed over the coming weeks around what this means and how they

will function

FOI NO: 13993-13997	Date Received: 24/05/2019
Request : <u>Freedom of information request</u> We would be grateful if you would answer the following questions please regarding the provision of Couple Therapy for Depression/Behavioural Couples Therapy in IAPT services: <ol style="list-style-type: none">1. Does the IAPT service commissioned by NHS Bury CCG currently offer Couple Therapy for Depression/Behavioural Couples Therapy? Yes/No.2. If your answer to the first question was 'No', please would you state the reason(s) why the service does not offer this therapy.	
Response: 1. Yes	

FOI NO: 13990-13992	Date Received: 24/05/2019
Request : Under the Freedom of Information Act, please can you answer the following questions: <ol style="list-style-type: none">1. How much did your organisation spend on Sodium Hyaluronate eye drop formulations between the period of 01/01/2018 to 31/12/2018?2. Between the period 01/01/2018 to 31/12/2018, which brand(s) of Sodium Hyaluronate eye drop formulations did you use? To make your research easier, I have listed all commonly used brands which you can cross reference: Blink Intensive Tears <ul style="list-style-type: none">• Lacrifresh• Artelac Rebalance	

- Oxyal
- Xailin HA
- Optive Fusion
- Hyabak
- Hydramed
- Evolve HA
- Vismed Multi
- Clinitas Multi
- Eye Logic
- Euphrasia
- Biotrue
- Vismed Gel Multi
- Hysoothe
- Optrex Night Restore Gel
- Hy-Opti
- Hylo-Tear
- Murine Professional
- Hylo-Forte
- Hycosan Fresh
- Hylo Care
- Hycosan

How many units of each brand did you use?

Response:

1. £93,181.42

Answer to Q2 & 3 combined

Formulation	Units
Artelac Rebalance Sod Hyaluronate Eye Dps	148
Blink Intensive Tears Sod Hyaluronate Eye Dps 0.4ml Ud	8
Blink Intensive Tears Sod Hyaluronate Eye Dps 10ml	206
Clinitas Multi 0.4% Sod Hyaluronate Eye Dps 10ml P/F	4
Evolve HA Sod Hyaluronate 0.2% Eye Dps 10ml P/F	43
Hy-Opti 0.1% Sod Hyaluronate Eye Dps 10ml P/F	11
Hy-Opti 0.2% Sod Hyaluronate Eye Dps 10ml P/F	37
Hyabak Sod Hyaluronate Eye Dps 10ml P/F	1,873
Hyabak UD Sod Hyaluronate Eye Dps 0.4ml Ud P/F	2
HydraMed Sod Hyaluronate 0.2% Eye Dps 0.5ml Ud P/F	2
HydraMed Sod Hyaluronate 0.2% Eye Dps 10ml P/F	80

Hylo-Care Sod Hyaluronate Eye Dps P/F 10ml	820
Hylo-Dual Sod Hyaluronate Eye Dps 10ml P/F	46
Hylo-Forte Sod Hyaluronate Eye Dps 0.2% P/F 10ml	4,644
Hylo-Fresh Sod Hyaluronate Eye Dps P/F 10ml	135
Hylo-Tear Sod Hyaluronate Eye Dps 0.1% P/F 10ml	1,131
Optive Fusion Sod Hyaluronate Eye Dps 10ml	296
Oxyal Sod Hyaluronate Eye Dps 10ml	46
Vismed Gel Sod Hyaluronate Eye Dps 0.45ml Ud P/F	23
Vismed Multi Sod Hyaluronate Eye Dps P/F 10ml	10
Xailin HA Sod Hyaluronate 0.2% Eye Dps 10ml	154

FOI NO: 13998-14003	Date Received: 24/05/2019
<p>Request :</p> <p>Dear Information Officer,</p> <p>I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.</p> <p>Please confirm or deny:</p> <p>1) Does the CCG have an existing service specification for anticoagulation services in:</p> <ul style="list-style-type: none"> a) primary care b) secondary care c) community care <p>2) If yes, please send me the CCG's service specification for anticoagulation services for:</p> <ul style="list-style-type: none"> a) primary care b) secondary care c) community care <p>3) For each of the below settings, how frequently is the anticoagulation service measured against the service specification? Please use the table below to share your answer:</p>	

	Frequency of anticoagulation service measurement against service specification (Please indicate using an X under the relevant column to indicate all intervals at which the service is measured against the specification, for example if the service has a monthly, quarterly and annual measurement, include an X in each box)			
	Monthly	Quarterly	Annually	Other (please specify frequency)
Primary care				
Secondary care				
Community care				

4) Please provide a copy of the most recent measurement report for anticoagulation services in:

- a) primary care
- b) secondary care
- c) community care

5) For patients with Atrial Fibrillation (AF) on warfarin therapy attending the anticoagulation service, please provide the following information:

- a) Does the CCG have in place a minimum service target for the percentage of patients who are within therapeutic range?
- b) If yes, what is the CCG's minimum service target for the percentage of patients who are within therapeutic range?
- c) For the year 2017/18, what number and percentage of patients were within therapeutic range? Please provide these figures for all data intervals for which this information was collected.

If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary.

If the release of any of this information is prohibited on the grounds of breach of confidence, I ask that you supply me with copies of the confidentiality agreement and remind you that information should not be treated as confidential if such an agreement has not been signed.

I understand that you are required to respond to my request within the 20 working days after you receive this letter. I would be grateful if you could confirm in writing that you have received this request.

Response:

Please confirm or deny:

1) Does the CCG have an existing service specification for anticoagulation services in:

- a) primary care - No
- b) secondary care - No
- c) community care - Yes

2) Please see attached document (below)



SCHEDULE 2
intrahealth comm ar

3) For each of the below settings, how frequently is the anticoagulation service measured against the service specification? Please use the table below to share your answer:

	Frequency of anticoagulation service measurement against service specification (Please indicate using an X under the relevant column to indicate all intervals at which the service is measured against the specification, for example if the service has a monthly, quarterly and annual measurement, include an X in each box)			
	Monthly	Quarterly	Annually	Other (please specify frequency)
Primary care				
Secondary care				
Community care	x			

4) Please see attached spreadsheet



Anti Coag
IntraHealth Bury Ter

- 5
- a) Yes
 - b) 65%
 - c) 1749 patients Average 75% across 10 months data

FOI NO: 14008-14009

Date Received: 28/05/2019

Request :

Adult diagnosis/assessment of neurodivergent conditions

Part 1

Under the Freedom of Information Act, please can you inform me whether the CCG commissions services that provide a diagnostic pathway for adults for the below named conditions:

- (a) Attention Deficit Hyperactivity Disorder (ADHD)
- (b) Dyscalculia
- (c) Dyslexia
- (d) Dyspraxia (sometimes referred to as Developmental Co-ordination Disorder)

Part 2

If diagnostic pathways are not funded for any of the above named conditions, I would be grateful if you could inform me what the CCG's standard advice is to General Practitioners who wish to make a referral for adult diagnostic/assessment services for each such condition.

Part 3

If relevant figures are readily held, please can you inform me (i) how many referrals for adult diagnostic/assessment services for each of the above named conditions* have been funded by the CCG in the last three years,** (ii) how many diagnoses have been made for each named condition over the last three years, and (iii) what the gender breakdown of both the responses to (i) and (ii) were.

* Although Autism Spectrum Conditions (ASCs) were not named in the list in Part 1, due to the separate legal framework governing adult diagnostic services, please could figures for ASCs be included for all answers under Part 3.

** Figures for the 'last three years' can be provided in whatever the most convenient format is for the CCG (ie. from the date of request, calendar years, financial years).

Response:

Part 1

- a. Yes
- b. No
- c. No
- d. No

Part 2

Referrals can be made to various 3rd sector organisations that can provide assessments for adults. Private assessments can also be sourced if required.

Part 3

The CCG does not have this level of information.

FOI NO: 14010-14014

Date Received: 29/05/2019

Request :

I am writing to you to request the following information under the Freedom of Information Act.

1. How many applications for NHS Continuing Healthcare did you receive in each of the financial years 2015/16, 2016/17, 2017/18 and 2018/19?
2. How many applications for NHS Continuing Healthcare were not decided on until after the applicant's death in each of the financial years 2015/16, 2016/17, 2017/18 and 2018/19?

Response:

1. **2015/16 = 239**
2016/17 = 287
2017/18 = 212
2018/19 = 194
2. **We do not hold this information.**

FOI NO: 14016-14020

Date Received: 30/05/2019

Request :

I would like to make a request for some data on primary care networks under the Freedom of Information Act.

I am requesting the following information:

- The number of networks that submitted applications between 1 May 2019 and 16 May 2019
- The number of network applications that were rejected as of 31 May and the reason(s)
- The name of each network's clinical director
- The number of GP practices that did not submit applications
- The number of GP practices in the area (to see whether there has been 100% coverage)

Response:

- The number of networks that submitted applications between 1 May 2019 and 16 May 2019

Four

- The number of network applications that were rejected as of 31 May and the reason(s)

None

- The name of each network's clinical director

Practices in Network	Accountable Clinical Director
Whitefield and District Community Network' (WDCN)	
Blackford House	Dr Ben Shafar
Elms	
Unsworth	
Uplands	
Prestwich Primary Care Network	
Fairfax	Dr Rahul Prabhakar, Dr Barinder Kathuria
Longfield	
St Gabriels	
Greylands	
Whittaker Lane	
Birches	
Horizons	
Mile Lane	Dr Victoria Moyle
Red Bank	
Tower	
Minden	
Woodbank	
Bury Primary Care Network	
Townside	Dr Rak Thaker

Ramsbottom		
Radcliffe		
Monarch		
Ribblesdale		
Peel		
Knowsley Street		
Walmersley Road		
Garden City		
Huntley Mount		
Rock		

- The number of GP practices that did not submit applications

Zero

- The number of GP practices in the area (to see whether there has been 100% coverage)

26