

**FREEDOM OF INFORMATION REQUESTS**  
**June 2019**

<b>FOI NO:</b> <b>FOI 14021-14023</b>	<b>Date Received:</b> <b>3 June 2019</b>
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**Request :**

Q1 Would the CCG please provide:

- The date at which your CCG let the current NHS 111 contract, the length of the current contract and the date they expect to re-procure.
- Your plans to change how NHS 111 operates in your area?
- The name and contact details of your lead service development contact.

Q2 Would the CCG please outline the plans to procure an Integrated Urgent Care (IUC) service in your area to include:

- Whether it will include NHS 111
  - If not, at what level will that be procured?
- Will the IUC procurement include:
  - An integral Clinical Assessment Service?
  - Urgent Treatment Centres?
  - A GP OOH / same day home visiting service?
- The name and contact details of your IUC service development lead in the CCG.
- The name and contact details of your service development lead in your STP.

**Response :**

<b>Q1 Would the CCG please provide</b>	
The date at which your CCG let the current NHS 111 contract,	September 2015
the length of the current contract and	5 Years
the date they expect to re-procure.	No decision has yet been made
Your plans to change how NHS 111 operates in your area?	Currently under development
The name and contact details of your lead service development contact.	Yvonne Rispin, Director of Ambulance Commissioning, Blackpool CCG The Stadium Seasiders Way Blackpool FY1 6JX
<b>Q2 Would the CCG please outline the plans to procure an Integrated Urgent Care (IUC) service in your area to include:</b>	North West Wide plans for future IUC models are under development

Whether it will include NHS 111	See above response
If not, at what level will that be procured?	See above response
Will the IUC procurement include:	See above response
An integral Clinical Assessment Service?	See above response
Urgent Treatment Centres?	See above response
A GP OOH / same day home visiting service?	See above response
The name and contact details of your IUC service development lead in the CCG.	Please forward any queries via the Corporate Office at Bury CCG .
The name and contact details of your service development lead in your STP	Bury Local Care Organisation

<b>FOI NO: FOI 14024 - 14027</b>	<b>Date Received: 4 June 2019</b>			
<b>Request :</b>				
Please could you list all of the PCNs you have received registrations from, including:				
1. Name of the PCN				
2. The geographical area covered by the network				
3. The nominated payee for the network				
4. The network Clinical Director				
5. The address and contact details for the Clinical Director				
<b>Response :</b>				
<b>Name of Network</b>	<b>Geographical Area Covered by Network (see Map)</b>	<b>Nominated Payee</b>	<b>Clinical Director</b>	<b>Address and Contract Details Clinical Director</b>
<b>Whitefield and District Community Network' (WDCN)</b>	Whitfield	GP Federation	Dr Ben Shafar	Unsworth Medical Centre 59 Parr Lane Bury BL9 8JR Telephone: 0161 766 4092
<b>Prestwich Primary Care Network</b>	Prestwich	GP Federation	Dr Rahul Prabhakar, Dr Barinder Kathuria	Fairfax Group Practice Fairfax Road Prestwich Manchester M25 1BT Telephone: 0161 733 2483

<b>Horizons</b>	North, West & East Bury	GP Federation	Dr Victoria Moyle	Tower Family Healthcare 5-17 Spring Lane Radcliffe Manchester M26 2TG
<b>Bury Primary Care Network</b>	North, West & East Bury	GP Federation	Dr Rak Thaker	Knowsley Medical Centre 9-11 Knowsley Street Bury BL9 0ST Telephone: 0161 764 1217

<b>FOI NO:</b> <b>FOI 14034-14037</b>	<b>Date Received:</b> <b>5 June 2019</b>
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**Request :**

1. Do you have an in-house business intelligence/insight team or function?
2. If so, how many in-house business intelligence/insight staff do you have? Preferably shown via an organisation chart
3. What directorate does the business intelligence/insight function fall under within your organisation?
4. Do you use any third party providers for business intelligence services i.e. CSU? If so, which organisation and for what services?
5. If you do use a third party supplier, how many embedded staff do you have within your organisation?
6. Do you have a risk stratification/population health system? If so, what platform does this sit on i.e. Tableau, Qlikview and is this in-house system or provided by a CSU/third party provider?
7. Do you have any specific BI software in place to support the work of the business intelligence function such as building dashboards i.e. PowerBI, Qlikview, Tableau? And are these part of an in-house provision provided by a CSU?

**Response :**

1. Do you have an in-house business intelligence/insight team or function?  
**Yes**
2. If so, how many in-house business intelligence/insight staff do you have? Preferably shown via an organisation chart  
**Business Intelligence & Performance 9.0 FTE**
3. What directorate does the business intelligence/insight function fall under within your organisation?  
**Commissioning & Business Delivery**
4. Do you use any third party providers for business intelligence services i.e. CSU? If so, which organisation and for what services?  
**NHS Arden & GEM CSU**
5. If you do use a third party supplier, how many embedded staff do you have within your organisation?  
**N/A**
6. Do you have a risk stratification/population health system? If so, what platform does this sit on i.e. Tableau, Qlikview and is this in-house system or provided by a CSU/third party provider?  
**SQL Server provided by a NHS Arden & GEM CSU**

7. Do you have any specific BI software in place to support the work of the business intelligence function such as building dashboards i.e. PowerBI, Qlikview, Tableau? And are these part of an in-house provision provided by a CSU?  
**Tableau & Microsoft Reporting Services (SSRS) both in-house**

**FOI NO: FOI 14039-14042**

**Date Received: 7 June 2019**

**Request :**

Please find attached my Freedom of Information request regarding Adult Eating Disorders. The attached excel sheet should help to make filling in your response easier.



Freedom of Information Request\_

**Response :**



FOIR Report  
14039-14042.xlsx

**FOI NO: FOI 14051-14053**

**Date Received: 14 June 2019**

**Request :**

Please provide a list of the hospitals within the remit of your CCG which have a Specialist Stroke Unit (by which we mean a stroke unit with a 24 hours a day/7 days a week available team with access to a scanner and operator capable of triage for thrombotic/hemorrhagic stroke identification and location, presence of readily available infusion products and neurologist on call and follow up care).

In respect of each Specialist Stroke Unit on the list that you provider, please include::

1. The address of the Stroke Unit.
2. Their emergency telephone number (or, where there is no such number available, a telephone number for the hospital switchboard on which the relevant Stroke Unit may be contacted); and
3. If the capability to use surgical techniques to remove some thromboses via catheter is available in the relevant Specialist Stroke Unit (or if only available in certain more specialised stroke units please identify the units where such techniques are available).

**Response :**

1. **The provision of Acute care for patients who have had a stroke has been centralised in to 3 hospitals in Greater Manchester at which the hyper acute care is provided**

before patients are repatriated to their local hospital following the completion of this hyper acute episode. These are:

Salford Royal NHS Foundation Trust,  
Stott Lane,  
Salford.  
M6 8HD

Fairfield General Hospital (part of Pennine Acute NHS Hospitals Trust)  
Rochdale Old Road  
Bury  
BL9 7TD

Stockport NHS Foundation Trust  
Stockport  
SK2 7JE

2. Salford Royal – 0161 789 7373  
Fairfield General Hospital – 0161 624 0420  
Stockport NHS Foundation Trust – 0161 483 1010
3. This question is best directed to the providers of this services to ensure the accuracy of the answer.  
Fairfield General do not perform this technique but have a pathway which enables their patients to be managed by Salford Royal.

<b>FOI NO:</b> <b>FOI 14054-14056</b>	<b>Date Received:</b> <b>17 June 2019</b>		
<b>Request :</b>  Please may I request information for the below queries: <ul style="list-style-type: none"><li>- Which primary care networks exist within your CCG?</li><li>- What surgeries make up each of these individual primary care networks?</li><li>- What is the main surgery within each primary care network?</li><li>- Who is the key person within each primary care network?</li></ul>			
<b>Response :</b>			
<b>Practices in Network</b>	<b>P Codes</b>	<b>Practice Provider</b>	<b>Accountable Clinical Director</b>

<b>Whitefield and District Community Network' (WDCN)</b>			
Blackford House	P83009	GP Federation	Dr Ben Shafar
Elms	P83608		
Unsworth	P83011		
Uplands	P83004		
<b>Prestwich Primary Care Network</b>			
Fairfax	P83001	GP Federation	Dr Rahul Prabhakar, Dr Barinder Kathuria
Longfield	P83623		
St Gabriels	P83025		
Greylands	P83027		
Whittaker Lane	P83605		
Birches	P83609		
<b>Horizons</b>			
Mile Lane	P83612	GP Federation	Dr Victoria Moyle
Red Bank	P83603		
Tower	P83012		
Minden	P83020		
Woodbank	P83017		
<b>Bury Primary Care Network</b>			
Townside	P83005	GP Federation	Dr Rak Thaker
Ramsbottom	P83006		
Radcliffe	P83007		
Monarch	P83010		
Ribblesdale	P83015		
Peel	P83021		
knowsley Street	P83024		
Walmersley Road	P83611		
Garden City	P83620		
Huntley Mount	P83621		

Rock	Y02755			
	<b>Population</b>			

<b>FOI NO:</b> FOI 14057-14059	<b>Date Received:</b> 19 June 2019
<p><b>Request :</b></p> <p>I am writing to request the following information about Fast Track Continuing Healthcare for the financial year 2018/19 in respect of your CCG, under the Freedom of Information Act:</p> <p><b>Question 1</b> What was the average time period in your CCG in days/hours from the point at which a Fast Track CHC application is made to the care package being provided for the financial year 2018/19?</p> <p><b>Question 2</b> What was the average time period in days/hours from the point at which a Fast Track CHC application is <i>approved</i> to the care package being provided for the financial year 2018/19?</p> <p><b>Question 3</b> During the financial year 2018/19, how many applications for fast track CHC did the CCG receive?</p> <p><b>Question 4</b> During the financial year 2018/19, how many applications for fast track CHC were funded?</p> <p><b>Response :</b></p> <ol style="list-style-type: none"> <li>1. Fast track applications are processed the same business day they are received unless this after 15:30hrs in which case will be dealt with the following day.</li> <li>2. This information is not held.</li> <li>3. 463.</li> <li>4. 463.</li> </ol>	

<b>FOI NO:</b> FOI 14060-14062	<b>Date Received:</b> 20 June 2019
<p><b>Request :</b></p> <p>I would like to make the following Freedom of information act enquiry.</p> <p>GMMMg has a RED list of drugs not to be routinely prescribed in in primary care.</p> <p><a href="http://gmmmg.nhs.uk/html/rag_dnp_adult.php">http://gmmmg.nhs.uk/html/rag_dnp_adult.php</a></p> <p>A number of these drugs have been subject to a Health Technology appraisal by NICE and as such a requirement exists for CCGs to fund these drugs.</p> <p>Where such drugs are in Tariff drugs then Trusts cannot bill the cost to CCGS.</p> <p>As the Trust have no way of billing such drugs to the CCG how do GMMMg advise its primary care members to fund such drugs.</p>	

Replying that the Trusts fund the drugs would not make sense as the national Tariffs for episodes of care only contain funding for 7 days medicine post discharge in line with NHSE guidance on responsibility for prescribing between Primary & Secondary/Tertiary Care  
<https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>.

**Response :**

**GMMMG has not provided any advice to primary care prescribers regarding funding of these drugs.**

**FOI NO: FOI 14064-14066**

**Date Received: 20 June 2019**

**Request :**

In each year since 2010, what was the total expenditure for private sector Child and Adolescent Mental Health Services (CAMHS)?

1. In each year since 2010, what was the total expenditure on mental health services as a whole?
2. In each of the last 5 years, what was the total expenditure of private health care?
3. Could the CCG outline its future plans to outsource care currently given by medical professionals and care providers to private healthcare businesses?

**Response :**

**The CCG does not hold any information prior to 2013 – the requestor needs to contact predecessor bodies for this information ie NHSE.**

**The CCG does not commission private sector CAMHS services. Re the specific questions raised – please see below -**

1. **Expenditure on MH services is included within the CCG annual report for each of the years requested.**
2. **Expenditure on private healthcare (non NHS) is included in the CCGs annual accounts included on the CCG's website.**
3. **The CCG does not have any specific plans to outsource care to the private sector, although as a public sector body is required to review its expenditure plans to ensure value for money.**

**FOI NO: FOI 14067-14069**

**Date Received: 21 June 2019**

**Request :**

Can you provide details of your current clinical benchmarking supplier (If any) examples such as HED, Doctor Foster or CHKS?

Can you provide details of the current renewal/end date of this contract?



Who is the main point of contact for this contract and their title and contact details?

Which board member has responsibility for benchmarking?

Do you have BI solutions such as QlikView or ClikSense?

**Response :**

Can you provide details of your current clinical benchmarking supplier (If any) examples such as HED, Doctor Foster or CHKS?

**NHS Bury CCG currently contracts NHS North of England CSU for benchmarking services.**

Can you provide details of the current renewal/end date of this contract?

**The end date for the contract with NHS North of England CSU is 31<sup>st</sup> March 2020.**

Who is the main point of contact for this contract and their title and contact details?

**Rachel Coaker, Associate Chief Finance Officer, [Rachelcoaker@nhs.net](mailto:Rachelcoaker@nhs.net).**

Which board member has responsibility for benchmarking?

**There is no named Director, as benchmarking falls within a range of portfolios.**

Do you have BI solutions such as QlikView or ClikSense?

**Tableau.**

**FOI NO: FOI 14070-14072**

**Date Received: 21 June 2019**

**Request :**

*(NB - In order to better explain the terminology used on these FOI questions, IA/ RPA refers to a style of automation where computer software mimics a human's interaction with application software in completing rules based tasks and processes. It is considered to provide a highly scalable virtual workforce that completes the repetitive tasks humans normally undertake, by using robotic software. The general consensus is that this releases human employees from tedious tasks to instead focus on deeper cognitive thinking, investigative analysis and decision making. At a time of reduced workforce capacity, we are interested in the views of NHS organisations as regards employing a digitalised workforce using IA/ RPA)*

Please you please answer the following:

1. Does your organization presently use and/or endorse a RPA/ IA (*description of this detailed above*) to automate manual, rule-based processes?

If the answer is **NO** –

- 1.1 Is RPA/IA something that the organisation would consider (within the next 2 years) as a way of supporting reduced human resource capacity, drive efficiency & to improve repeatable business outcomes?
- 1.2 If the organisation is **not** considering RPM – is there a reason why this is not being considered?
  - Perceived expense

- Concerns about how existing administrative staff would accept this
  - This is the first time we have heard about RPA/ IA
  - Other reason ( please feel free to comment No processes currently suitable for RPA
- 1.3 If the answer is **YES – RPA/IA is currently being used** in the organisation - could you please detail –
- 1.3.1 The system type/name/supplier
- 1.3.2 What it is used for (or has been used for) and by what department, examples below –
- Out Patients clinics
  - Data Migration
  - Waiting Lists
  - Referral to Treatment times, (RTT)
  - Other (please comment) -
- 1.3.3 How did the existing human workforce react to tasks being replaced by automation?
- Good, they welcomed the changes
  - Bad, they felt threatened
  - Indifferent
  - Not sure – no feedback
  - Other – please comment
- 1.3.4 When did your RPA/ IA system come into use and when does the contract expires?
- 1.3.5 How much does this new technology costs the organisation and how many robots do you use &/or processes run?
- 1.3.6 Has there been any analysis of the system, (&/or case studies) to demonstrate any benefits so far- either operationally, financially, managerially or in any other capacity?
2. Who is the main person(s)/ decision maker (s)or team – who would probably be responsible (or is responsible) for the decision to use RPA/IA in your organisation –

**Response :**

1. Does your organization presently use and/or endorse a RPA/ IA (*description of this detailed above*) to automate manual, rule-based processes?

**No**

If the answer is NO

1.1 Is RPA/IA something that the organisation would consider (within the next 2 years) as a way of supporting reduced human resource capacity, drive efficiency & to improve repeatable business outcomes?

**Not known at present time.**

1.2 If the organisation is **not** considering RPM – is there a reason why this is not being considered?

**N/A**

- Perceived expense
- Concerns about how existing administrative staff would accept this
- This is the first time we have heard about RPA/ IA
- Other reason ( please feel free to comment No processes currently suitable for RPA

1.3 If the answer is **YES** – RPA/IA **is currently being used** in the organisation - could you please detail –

1.3.1 The system type/name/supplier

1.3.2 What it is used for (or has been used for) and by what department, examples below –

- Out Patients clinics
- Data Migration
- Waiting Lists
- Referral to Treatment times, (RTT)
- Other (please comment) -

1.3.3 How did the existing human workforce react to tasks being replaced by automation?

- Good, they welcomed the changes
- Bad, they felt threatened
- Indifferent
- Not sure – no feedback
- Other – please comment

1.3.4 When did your RPA/ IA system come into use and when does the contract expires?

1.3.5 How much does this new technology costs the organisation and how many robots do you use &/or processes run?

1.3.6 Has there been any analysis of the system, (&/or case studies) to demonstrate any benefits so far- either operationally, financially, managerially or in any other capacity?

3. Who is the main person(s)/ decision maker (s)or team – who would probably be responsible (or is responsible) for the decision to use RPA/IA in your organisation –

[mikeculshaw@nhs.net](mailto:mikeculshaw@nhs.net)

**FOI NO: FOI 14073-14074**

**Date Received: 25 June 2019**

**Request :**

I am investigating autism diagnosis waiting times.

Please can you provide me with the following information:

1. In your area, how many people who were referred for a diagnostic assessment had the

assessment started within 3 months of their referral in a) 2017-18 b) 2018-19? Please provide this information as a number and as a percentage.

2. What was the median wait from referral to the start of the diagnostic assessment in a) 2017-18 b) 2018-19?
3. What was the longest wait from referral to the start of diagnostic assessment in a) 2017-18 b) 2018-19?
4. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the median time from referral to final diagnosis?
5. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the longest time from referral to final diagnosis?
6. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the median time from the start of diagnostic assessment to final diagnosis?
7. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the longest time from the start of diagnostic assessment to final diagnosis?
8. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the median time from the completion of the diagnostic assessment to final diagnosis?
9. Out of those who received a diagnosis of an autistic spectrum condition in a) 2017-18 b) 2018-19, what was the longest time from the completion of the diagnostic assessment to final diagnosis?
10. As of June 2019, what is the expected waiting time from referral to the start of the diagnostic assessment?
11. As of June 2019, what is the expected waiting time from referral to final diagnosis?
12. As of June 2019, what is the expected waiting time from the start of the diagnostic assessment to final diagnosis?
13. As of June 2019, what is the expected waiting time from completion of the diagnostic assessment to final diagnosis?

**Response :**

**Question 1-13**

**The CCG does not hold this information. Please contact our commissioned providers of autism assessment services:**

**The Pennine Acute Hospitals NHS Trust  
Trust Headquarters  
North Manchester General Hospital**

**Delaunays Road  
Crumpsall  
M8 5RB**

**Pennine Care Foundation Trust  
225 Old Street  
Ashton-under-Lyne  
Lancashire  
OL6 7SR**

**LANCuk  
Independence House  
Adelaide Street  
Heywood  
Greater Manchester  
OL10 4HF**

**FOI NO: FOI 14075-14076**

**Date Received: 25 June 2019**

**Request :**

I am compiling a map of all the CCGs in the country with the information on who does their 111 service and their OOH provider.

This map will help us greatly to quickly redirect any calls that have been sent to the wrong providers reducing any delay in patient care.

I would be grateful if you could reply to me with this information along with the date that their contract ends.

**Response :**

**111 Service is provided by NNAS. Contract runs until September 2020**

**OOH Service is provided by Bury and Rochdale Doctors on Call (BARDOC) Contract expires 31/3/2020.**

**Bury also has calls diverted to BARDOC during GP extended working hours between 18:30 and 20:00 hours. Contract expires 31/3/2020.**

**FOI NO: FOI 14077-14078**

**Date Received: 25 June 2019**

**Request :**

1. What type of diabetes structured education course(s) did you provide to people living with pre-diabetes between April 2018 and March 2019?
2. What type of diabetes structured education course(s) did you provide to Type 1 diabetics between April 2018 and March 2019?

3. What type of diabetes structured education course(s) did you provide to Type 2 diabetics between April 2018 and March 2019?
4. How many diabetes structured education courses were offered to people living with pre-diabetes between April 2018 and March 2019?
2. How many diabetes structured education courses were offered to Type 1 diabetics between April 2018 and March 2019?
3. How many diabetes structured education courses were offered to Type 2 diabetics between April 2018 and March 2019?
4. How many people living with pre-diabetes completed your courses between April 2018 and March 2019?
5. How many people with Type 1 diabetics completed your courses between April 2018 and March 2019?
6. How many people with Type 2 diabetics completed your courses between April 2018 and March 2019?
10. Were any of these courses offered to family or friends?
11. Were any of these courses language variant options?
12. Who delivered these courses?

**Response :**

1. What type of diabetes structured education course(s) did you provide to people living with pre-diabetes between April 2018 and March 2019?  
**The courses delivered in Bury were part of the National Diabetes Prevention Programme – Healthier you, delivered locally by Living With Taking Control.**
2. What type of diabetes structured education course(s) did you provide to Type 1 diabetics between April 2018 and March 2019?  
Type 1 diabetics are offered the DAFNE structured education programme
3. What type of diabetes structured education course(s) did you provide to Type 2 diabetics between April 2018 and March 2019?  
**DESMOND, Expert, Taking Control. Taking control for newly diagnosed is delivered both in a group setting & 1:1 sessions**
4. How many diabetes structured education courses were offered to people living with pre-diabetes between April 2018 and March 2019?  
**There were 39 courses offered to patients within the time period**
5. How many diabetes structured education courses were offered to Type 1 diabetics between April 2018 and March 2019?  
**12 courses were delivered across the HMR and Bury contract, all of which would have been offered to Bury patients**
6. How many diabetes structured education courses were offered to Type 2 diabetics between April 2018 and March 2019?  
**Taking Control -14 courses in Bury, Desmond courses - 8 in bury. Expert 2 courses in Bury**
7. How many people living with pre-diabetes completed your courses between April 2018 and March 2019?  
**There were 584 users that started a Living Well Taking Control course within this time period**

8. How many people with Type 1 diabetics completed your courses between April 2018 and March 2019?  
**There were 29 Bury patients that attended the DAFNE course during this time period**
9. How many people with Type 2 diabetics completed your courses between April 2018 and March 2019?  
**There were 163 Bury patients that completed a course within this time period**
10. Were any of these courses offered to family or friends?  
**Patients are allowed to bring a Family member, Friends or carer if they want to**
11. Were any of these courses language variant options?  
**Taking control 1:1 sessions are available in whichever language is required**
12. Who delivered these courses?  
**A combination of Dieticians, Diabetes specialist Nurses, & DESMOND lay educators**