NHS
Bury
Clinical Commissioning Group

FREEDOM OF INFORMATION REQUESTS
June 2020

FOI NO: FOI 011	**Date Received:** 1 June 2020

Request :

I was interested to read Geoff Little's article about Coronavirus cases in Bury and that admissions to Fairfield have plateaued.

I have looked at Bury case statistics and deaths and they seem quite high in relation to other similar size local authorities and populations.

Is it possible to access data on the breakdown of cases and deaths in terms of age, gender, setting eg care home or hospital and any other information that is available - maybe there is a common job link for instance.

I am keen to understand why Bury has so many cases relatively and what further precautions (other than the published guidance) people can take to minimise the spread.

Response :

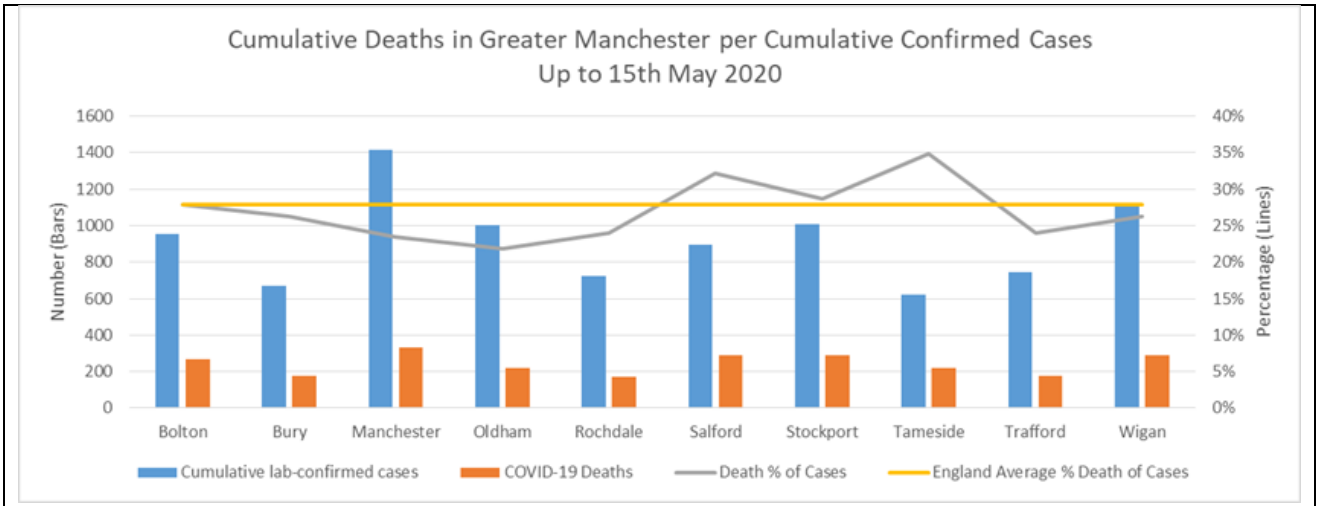
Please find attached the briefing with COVID-19 data, which is all from publicly accessible information.

COVID-19 Deaths
Weekly Briefing 26.0

The number of confirmed cases will likely be higher where an area is testing more of its residents. This is still an artificial number however as no number reported currently will be a true reflection. There is ongoing research from the Office of National Statistics into the numbers of people at any one time having COVID-19, although this is nationally and can be found at the below link:

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/latest

There is also a graph as below, for deaths which is based on deaths up to 15th May but were registered up until 23rd May. This compares Greater Manchester with the England average, and this again is from publicly accessible information, using the same sources contained within the briefing.



- **Bury has the second lowest absolute number of deaths in Greater Manchester up to 15th May 2020 and the second lowest number of confirmed cases on 15th May 2020.**
- **When looking at the death rate as a proportion of total cases, Bury has the fifth lowest death rate and is below the England average.**

In terms of prevention, the published guidance covers everything that people and organisations can do to minimise spread e.g. Good hygiene practices, keeping contacts to a minimum, social distancing (2m), self -isolate immediately if you develop symptoms (for 7 days) or a household member develops symptoms(for 14 days). Now that the National Contact Tracing Service has been launched, cooperation with contact tracing will also help prevent spread.

FOI NO: FOI 012	**Date Received: 9 June 2020**

Request :

We are currently undertaking a rapid review into the aims and effectiveness of primary care community hubs (https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=112515) and we are currently updating this in the light of the COVID-19 pandemic to include the use of 'hot' hubs at which only those patients with possible COVID-19 symptoms are seen:

We are aware that different systems are being used across England to treat patients with COVID symptoms and those with non-COVID symptoms separately, where face to face consultations are required. Our aim is to rapidly update our review to include the use of hot hubs (and cold hubs where applicable) and request that you answer the following 4 questions in relation to the NHS Bury CCG:

1. (a) Are hot and cold hubs being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? If so, please could you indicate the numbers of each if possible.
   (b) Are hot and cold sites (or red and green sites) co-located within primary care settings being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively?
   (c) Is a different model to 1(a) or (b) above being used? If so, please describe this.

2. Are each of the models used in 1(a) to (c) available to the entire population, or only in

certain locations/ for certain populations (please specify any such distinctions)?

3. (a) Immediately prior to any changes in service delivery related to COVID-19, was the hub model being used to deliver Primary Care?
   (b) If so, how many hubs, where, and did these have specialist functions or were they accessible by all patients at practices which fed into them?
   (c) If a hub model was not being used to deliver Primary Care immediately prior to any changes in service delivery with respect to COVID-19, had you previously used a hub model but stopped? If so, why was the decision made to stop using this model?
4. Are you planning to evaluate your COVID-19 model(s) for face to face Primary Care consultations? Please provide any interim data concerning this for potential inclusion in our review. Please also provide any other relevant documentation regarding face to face primary care service delivery during the COVID-19 pandemic which could be helpful to our study.

Many thanks for your help in answering the questions above. We aim to prepare a paper for publication on this asap with the hope that its findings will be of use to CCGs/ providers and will be pleased to forward this to you if that is of interest.

Response :

1. (a) Are hot and cold hubs being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? If so, please could you indicate the numbers of each if possible.
   Bury CCG has commissioned a Covid Management Service which treats anyone with a face to face primary care need who has/is suspected to have Covid. The service has one site, plus also undertakes home visits

   (b) Are hot and cold sites (or red and green sites) co-located within primary care settings being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? see above

   (c) Is a different model to 1(a) or (b) above being used? If so, please describe this.
   See above

2. Are each of the models used in 1(a) to (c) available to the entire population, or only in certain locations/ for certain populations (please specify any such distinctions)?
   The service is open to anybody registered with a Bury GP, where their GP believes the patient requires a face to face assessment.

3. (a) Immediately prior to any changes in service delivery related to COVID-19, was the hub model being used to deliver Primary Care?
   No
   (b) If so, how many hubs, where, and did these have specialist functions or were they accessible by all patients at practices which fed into them?
   N/A
   (c) If a hub model was not being used to deliver Primary Care immediately prior to any changes in service delivery with respect to COVID-19, had you previously used a hub model but stopped? If so, why was the decision made to stop using this model?
   No

4. Are you planning to evaluate your COVID-19 model(s) for face to face Primary Care consultations? Please provide any interim data concerning this for potential inclusion in our

review. Please also provide any other relevant documentation regarding face to face primary care service delivery during the COVID-19 pandemic which could be helpful to our study.
As with all services commissioned by the CCG we will consider the learnings from COVID-19 whilst we start to recover.

FOI NO: FOI 013	**Date Received: 10 June 2020**

Request :

1. Is the current Community MSK service based on a Block Contract or AQP model?
a. If Block Contract who is the current provider of the service?
b. If AQP how many providers are on the framework?

2. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)

3. What is the contract length and contract value of the current Community MSK contract?

4. What is the treatment model for the current Community MSK service? For example:

• Does the service include an MSK triage service that directs referrals to secondary care/specialist services as well as the Community Service?

• Does the Community MSK service include an integrated pain management service?

5. Would it be possible to get a copy of the current service specification?

6. When is the current Community MSK service due to be re-tendered?

7. Is this date before contract extension (if so, what is the extension period and likelihood of extension)?

8. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community MSK service?

a. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model?
b. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?

9. Has the current Community MSK service met all the contracted KPIs during the lifetime of the contract?

10. Has the current provider of the Community MSK Service been served with any performance notices? If yes, when were they served and what for?

11. Are there any areas of particular concern/health outcomes within the CCGs population which the Community MSK service could be addressing more effectively?

12. Are there any areas of exceptional practice and/or innovation in the current Community MSK Service which stand out to the CCG?

13. What is the current Patient Satisfaction Rate for the Community MSK Service? Has this remained consistent or has there been fluctuations (reduced or improved)?

14. Which virtual/remote platforms are used in the current Community MSK Service?
• Telephone
• Video General, e.g. WhatsApp, Skype, Zoom
• Video Bespoke, e.g. Physitrack, Q-Doc

15. Has the Community MSK Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?

Response :

Questions:
1. Is the current Community MSK service based on a Block Contract or AQP model?
a. If Block Contract who is the current provider of the service?
b. If AQP how many providers are on the framework?

Block – Pennine Acute Hospital Trust

2. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)

The Integrated Pain Service is delivered in partnership with the Mental Health trust, Pennine Care NHS Foundation Trust.
The service works closely with local health and wellbeing services in Bury.

3. What is the contract length and contract value of the current Community MSK contract?

1 year, £1.8million

4. What is the treatment model for the current Community MSK service? For example:
• Does the service include an MSK triage service that directs referrals to secondary care/specialist services as well as the Community Service?
• Does the Community MSK service include an integrated pain management service?

Single Point of Access and triage in place.
Integrated Pain Service in place.

5. Would it be possible to get a copy of the current service specification?

This document is to be updated.

6. When is the current Community MSK service due to be re-tendered?

There is no current date

7. Is this date before contract extension (if so, what is the extension period and likelihood of extension)?

There is no current date

8. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community MSK service?
a. If not, how do you expect this service to differ? Will you be undertaking market engagement

ahead of any procurement process to inform this model?
b. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?

NHS Bury CCG is unable to answer – as there are no current plans for re-tendering

9. Has the current Community MSK service met all the contracted KPIs during the lifetime of the contract?

The service is part of a bigger core contract with the acute trust for secondary care services. Across this contract there are some national indicators that have not been achieved during the life of the contract.

10. Has the current provider of the Community MSK Service been served with any performance notices? If yes, when were they served and what for?

No

11. Are there any areas of particular concern/health outcomes within the CCGs population which the Community MSK service could be addressing more effectively?

The CCG is working with all providers to deliver the requirements set out in the NHS 10 year plan, the locality plan and local and national strategies.

12. Are there any areas of exceptional practice and/or innovation in the current Community MSK Service which stand out to the CCG?

Recently there has been a redesign of the pain pathway in collaboration with the Musculoskeletal Service and Mental Health trust, Pennine Care NHS Foundation Trust.

13. What is the current Patient Satisfaction Rate for the Community MSK Service? Has this remained consistent or has there been fluctuations (reduced or improved)?

There is consistently good feedback in the annual report

14. Which virtual/remote platforms are used in the current Community MSK Service?
- Telephone
- Video General, e.g. WhatsApp, Skype, Zoom
- Video Bespoke, e.g. Physitrack, Q-Doc

The provider, Pennine Acute NHS Hospitals Trust would need to confirm technology is in place to support telephone consultations/virtual consultations.

15. Has the Community MSK Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?

These have been delivered in line with national guidance for elective services in response to COVID-19.

FOI NO: FOI 014	**Date Received: 11 June 2020**
Request :	

Please can you provide an answer to the questions listed below for your related CCG in response to this FOI request?

1. What is your CCG's annual CHC budget?

2. What is your CCG's current Case Management System / Patient Records system used to manage CHC patients? Who is the system provider and when is the contract expiry date?

3. What is your CCG's Head of CHC name?

4. What is your CCG's Head of Commissioning & Placements?

5. Who is the person responsible for overall CHC processes and workflow management within your CCG?

6. Who at the CCG is responsible for digital transformation of CHC processes?

7. Who at the CCG is the Accountable Officer?

8. Do the CCG use a CSU for their business support and CHC provider procurement?

9. Please provide details of any procurement contracts in place for CHC with associated expiry dates for your CCG

Response :

1. What is your CCG's annual CHC budget?
   NHS England & Department of Health have only provided guidance for funding for the periods of April to July 2020. This is as a result of the national response to COVID-19. We are awaiting further guidance to be used in July.

2. What is your CCG's current Case Management System / Patient Records system used to manage CHC patients? Who is the system provider and when is the contract expiry date?
   No Case Management System in place at the moment. Excel spreadsheets used to manage data.

3. What is your CCG's Head of CHC name?
   Eve Moroney.

4. What is your CCG's Head of Commissioning & Placements?
   Eve Moroney.

5. Who is the person responsible for overall CHC processes and workflow management within your CCG?
   Catherine Jackson, Executive Nurse (Director of Nursing & Quality).

6. Who at the CCG is responsible for digital transformation of CHC processes?
   CHC Team together with Information Governance Team.

7. Who at the CCG is the Accountable Officer?
   Geoff Little.

8. Do the CCG use a CSU for their business support and CHC provider procurement?
   No.

9. Please provide details of any procurement contracts in place for CHC with associated expiry dates for your CCG.
   Contracts are currently in the process of being reviewed.

FOI NO: FOI 015	**Date Received: 12 June 2020**

Request :

1. Is your Community Dermatology Service provided as a separate contract or is it integrated into the secondary care service?

2. Who is the current provider of the Community Dermatology service?

3. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)

4. What is the contract length and contract value of the current Community Dermatology contract?

5. Does the current service utilise Artificial Intelligence?

- If yes, which parts of the pathway is the AI used in? What are the success rates for AI compared to consultants in the service?
- If No, Would the CCG consider commissioning AI as part of a future service?

6. Would it be possible to get a copy of the current service specification?

7. When is the current Community Dermatology service due to be re-tendered?

8. Is this date before contract extension (if so what is the extension period and likelihood of extension)?

9. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community Dermatology service?

    1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model?
    2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?

10. Has the current Community Dermatology service met all of the contracted KPIs during the lifetime of the contract?

11. Has the current provider of the Community Dermatology Service been served with any performance notices? If yes, when were they served and what for?

12. Are there any areas of particular concern within the CCGs population which the Community Dermatology service could be addressing more effectively?

13. Are there any areas of exceptional practice and/or innovation in the current Community Dermatology Service which stand out to the CCG?

14. What is the current Patient Satisfaction Rate for the Community Dermatology Service? Has

this remained consistent or has there been fluctuations (reduced or improved)?

15. Which virtual/remote platforms are used in the current Community Dermatology Service?

- Telephone
- Video General, e.g. WhatsApp, Skype, Zoom
- Video Bespoke, e.g. Q-Doc, Attend Anywhere

16. Has the Community Dermatology Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?

Response :

1. Is your Community Dermatology Service provided as a separate contract or is it integrated into the secondary care service?
There is no community service as such. We have an ICATS (Integrated Clinical Assessment and Treatment Service) 'delivered' from a community venue which is strongly integrated with secondary care.

2. Who is the current provider of the Community Dermatology service?
The provider of our ICATS service is Salford Royal Foundation Trust

3. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)
No

4. What is the contract length and contract value of the current Community Dermatology contract?
This is reviewed and renewed annually alongside our secondary care contract, and varies year on year as it is an activity based contract. The 2018/19 spend in Dermatology ICATS service was c£800k

5. Does the current service utilise Artificial Intelligence (AI)?

- If yes, which parts of the pathway is the AI used in? What are the success rates for AI compared to consultants in the service?
- If No, Would the CCG consider commissioning AI as part of a future service?

The ICATS service does not use AI. Regarding the future commissioning of AI it depends on what is proposed, its evidence base, cost of implementation, effect on user experience and the pathway.

6. Would it be possible to get a copy of the current service specification?

Dermatology Service Spec 2017.doc

7. When is the current Community Dermatology service due to be re-tendered?
Contract reviewed annually around the start of the financial year

8. Is this date before contract extension (if so what is the extension period and likelihood of extension)?

N/A as contract reviewed annually

9. Is it anticipated the re-tendered service will adhere to the same model and specification as the current Community Dermatology service?

1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model?
2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?

N/A

10. Has the current Community Dermatology service met all of the contracted KPIs during the lifetime of the contract?
KPIs have been achieved

11. Has the current provider of the Community Dermatology Service been served with any performance notices? If yes, when were they served and what for?
No

12. Are there any areas of particular concern within the CCGs population which the Community Dermatology service could be addressing more effectively?
N/A

13. Are there any areas of exceptional practice and/or innovation in the current Community Dermatology Service which stand out to the CCG?
N/A

14. What is the current Patient Satisfaction Rate for the Community Dermatology Service? Has this remained consistent or has there been fluctuations (reduced or improved)?
Patient satisfaction rate has consistently remained above the target for the service in previous years.

15. Which virtual/remote platforms are used in the current Community Dermatology Service?

- Telephone
- Video General, e.g. WhatsApp, Skype, Zoom
- Video Bespoke, e.g. Q-Doc, Attend Anywhere

This varies and new platforms are being explored as part of the COVID response. Currently includes telephone and Accuris

16. Has the Community Dermatology Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?
Yes.

FOI NO: FOI 016	**Date Received: 12 June 2020**

Request :

I am writing to you under the Freedom of Information Act 2000 to request the following information regarding the Referral Management Services in your catchment area. I have tried to structure the questions to make them easier to respond to.

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under the Section 16 obligations of the Act, as to how I can refine my request. If you can identify any ways that my request could be refined, I would be grateful for any further advice and assistance.

1. Does the CCG have a Referral Management System that operates across your localities?
    1. If yes, is it a single system managed by a single provider, or a collaborative partnership between providers? **Please answer Question Set A**
    2. If no, Has the CCG considered a Referral Management Service for their system providers to increase efficiency within the local health pathways? **Please Answer Question Set B**

A- Questions

2. Is any Referral Management System contracted through competitive tender or delivered through a local provider agreement?
3. Where contracted, who is the current provider of the Referral Management Service, and what clinical specialities are covered (e.g. ENT, Dermatology)?
4. Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)
5. What is the contract length and contract value of the current Referral Management service contract?
6. What is the delivery model for the current Referral Management Service? For example:

    - Does the service offer an administrative service to direct referrals to the relevant service who then triage them for appropriateness?
    - Does the Referral Management Service triage service to ensure referrals are directed to the correct service or returned to the referrer?
    - What services does the service manage referral for i.e. community, specialist, secondary care?
    - Who does the service accept referrals from? i.e. GPs, Other healthcare professionals, Self-Referrals.

Would it be possible to get a copy of the current service specification?
When is the current Referral Management Service due to be re-tendered?
Is this date before contract extension (if so, what is the extension period and likelihood of extension)?
Is it anticipated the re-tendered service will adhere to the same model and specification as the current Referral Management Service?

1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model?
2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?

Has the current Referral Management Service met all of the contracted KPIs during the lifetime of the contract?
Has the current provider of the Referral Management Service been served with any performance notices? If yes, when were they served and what for?
Are there any areas of particular concern within the CCGs population which the Referral Management Service could be addressing more effectively?
Are there any areas of exceptional practice and/or innovation in the current Referral Management Service which stand out to the CCG?
What is the current Patient Satisfaction Rate for the Referral Management Service? Has this remained consistent or has there been fluctuations (reduced or improved)?

Which virtual/remote platforms are used in the current Referral Management Service?

- Telephone
- Video General, e.g. WhatsApp, Skype, Zoom
- Video Bespoke, e.g. Q-Doc, Attend Anywhere

Has the Referral Management Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?

B- Questions

Would the CCG consider a dedicated Referral Management Service in the future?

1. If yes, are their plans to commission a service within the next two years? What specialities would you anticipate this covering?
2. If no, would the CCG explain why they feel a Referral Management Service is not beneficial to their localities/providers?

3.Does the CCG have any issues with referral waiting times and targets among their providers? If so, would it be possible to get a breakdown of which services have performance issues in this area?

4.Would the CCG be open to discussion about how Referral Management Services could support more effective and efficient delivery?

Response :

1. Does the CCG have a Referral Management System that operates across your localities?
    1. If yes, is it a single system managed by a single provider, or a collaborative partnership between providers? **Please answer Question Set A**

Yes, NHS Bury CCG has a Referral Booking Management Service (RBMS)

A- Questions

2 . Is any Referral Management System contracted through competitive tender or delivered through a local provider agreement?

No

19. Where contracted, who is the current provider of the Referral Management Service, and what clinical specialities are covered (e.g. ENT, Dermatology)?

Bury Referral Booking Management Service (RBMS) are employed by NHS Bury CCG.

The specialities covered are: Two Week wait Suspect Cancer Referrals (2WW), Cardiology, Dermatology, Diabetic, Endocrinology, Ear Nose Throat (ENT), General Medicine, Genetics, Geriatric, GI & Liver, Gynaecology, Haematology, Infectious disease, Orthopaedics, Rheumatology, Pain, Nephrology, Neurology, Neurosurgery, Ophthalmology, Optom Ophthalmology, Oral and Maxillofacial, Paediatric, Palliative, Physio, RACP< Respiratory, sleep medicine, Breast, Not Otherwise Specified, Plastic, Vascular and Urology.

Is the contract delivered in partnership with other providers? If so, who are the providers and from what sector (e.g. third sector, contractors)

N/A

20. What is the contract length and contract value of the current Referral Management service contract?

N/A

21. What is the delivery model for the current Referral Management Service? For example:

- Does the service offer an administrative service to direct referrals to the relevant service who then triage them for appropriateness?
  Some Specialties
- Does the Referral Management Service triage service to ensure referrals are directed to the correct service or returned to the referrer?
  Some Specialties
- What services does the service manage referral for i.e. community, specialist, secondary care? **Secondary Care**
- Who does the service accept referrals from? i.e. GPs, Other healthcare professionals, Self-Referrals.
  GPs, AHPs, APPs, Optometrists.

The RBMS work as a referral Gateway for Bury GP's and Optometrists using e-RS to receive, manage, triage and forward referrals (sometimes returning to referrers) to support and advise with all aspects of referral management across the NHS Bury CCG footprint.

Would it be possible to get a copy of the current service specification?

We do not have one.

When is the current Referral Management Service due to be re-tendered?

N/A

Is this date before contract extension (if so, what is the extension period and likelihood of extension)? **N/A**

Is it anticipated the re-tendered service will adhere to the same model and specification as the current Referral Management Service?

N/A

1. If not, how do you expect this service to differ? Will you be undertaking market engagement ahead of any procurement process to inform this model?
2. If yes, do you anticipate the contract length and financial envelope to remain the same or efficiency savings to be applied? What percentage reduction would this be?

Has the current Referral Management Service met all of the contracted KPIs during the lifetime of the contract?

The service works closely with Commissioners to deliver their service as there is no contract but there are internal benchmarks.

Has the current provider of the Referral Management Service been served with any performance notices? If yes, when were they served and what for?

N/A

Are there any areas of particular concern within the CCGs population which the Referral Management Service could be addressing more effectively?

Engage with Primary Care Regularly to discuss issues.

Are there any areas of exceptional practice and/or innovation in the current Referral Management Service which stand out to the CCG?

The RBMS have been in situ 17 years and some staff have been employed right from the start, they have a wealth of knowledge around local services as they have developed over the years according to the needs of the PCT/CCG at the time.

What is the current Patient Satisfaction Rate for the Referral Management Service? Has this remained consistent or has there been fluctuations (reduced or improved)?

This has not been measured recently.

Which virtual/remote platforms are used in the current Referral Management Service?

- Telephone

  The RBMS are contacting patients by phone and e-mail as the administration function- it is the provider's appointments/assessments that are using Video or Telephone consultations.
- Video General, e.g. WhatsApp, Skype, Zoom
- Video Bespoke, e.g. Q-Doc, Attend Anywhere

Has the Referral Management Service continued to operate routine appointments during the Covid-19 pandemic via remote methods alongside Emergency/Urgent referrals?

Emergency and Urgent referrals have continued. Routine referrals have been deferred into hospitals via e-RS to be held in Appointment Slot Issue (ASI) worklists until the providers are ready to book. The staff have been working with some services to arrange video and telephone consultations specifically as a cause of COVID-19.

FOI NO: FOI 017	**Date Received: 16 June 2020**

Request :

The request

For the period 1st January 2020 to 1st June 2020, could you confirm whether you have a primary care rebate scheme in existence for each of the following drugs:

Clexane
Inhixa
Becat
Arovi
Fragmin
Innohep

Please answer yes or no for each product. Once again I am requesting no pricing details simply a yes or no response.

Response :

NHS Bury CCG:

Clexane – No

Inhixa – No

Becat - No

Arovi - No

Fragmin - No

Innohep – No

FOI NO: FOI 018	**Date Received: 23 June 2020**

Request :

We are a team of Doctors, working on uterine transplantation as a treatment for infertility resulting from an absent or a malfunctioning uterus. Prior to the transplant, our patients are required to undergo embryo cryopreservation. A number of women we see in our clinic are unsure of their options regarding NHS funding.

We are currently undertaking research into the fertility implications in women who are preparing to undergo uterine transplantation. We would like to enquire whether your CCG would be favourable for an individual funding request for IVF treatment for the cryopreservation of embryos in women under 38 years with infertility secondary to an absent womb. These women would be otherwise fit and healthy with no previous children. In the event they did not pursue the transplant or were unsuccessful, the intention would be to use the cryopreserved embryos for gestational surrogacy.

We understand that each request is dealt with individually, however if a general view can be offered on funding we would be very grateful.

Response :

Each case would be reviewed by the Individual Funding Request (IFR) panel on an individual basis therefore NHS Bury CCG are not able to provide a general view.

FOI NO: FOI 019	**Date Received: 24 June 2020**

Request :

Under the Freedom of Information Act 2000, please provide me with the following information.
I note from the link provided that virtually no apomorphine is prescribed in your CCG, yet I am aware that these CCGs each have a normal distribution of Parkinson's patients.
https://openprescribing.net/analyse/#org=CCG&numIds=0409010A0&denom=nothing&selectedTab=map

Request 1 – Does your CCGs not permit the prescribing of apomorphine? If not, can you explain the rationale behind this.

Request 2- I note that hospitals do prescribe apomorphine. Could you confirm if whether there is a pass through or another method for NHS Trusts to pass the costs back to CCGS? If not, since it is a tariff drug and the Trusts have no other funding method, are you in fact driving inequity or

postcode prescribing by preventing the use of apomorphine?

Response :

1. Yes in accordance with Greater Manchester Medicines Management Group (GMMMG) Shared Care Protocol accessible via http://gmmmg.nhs.uk/html/gmmmg_app_scgs.php

2. NHS Bury CCG does not prevent the use of apomorphine. Clinicians are encouraged to prescribe in accordance with GMMMG guidance, formulary and shared care protocols. GMMMG formulary relating to apomorphine is accessible via http://gmmmg.nhs.uk/docs/formulary/ch/Ch4-complete.pdf#search=%22apomorphine%22

FOI NO: FOI 020	**Date Received: 24 June 2020**

Request :

Please confirm the manufacturer of your telephony system(s) that are currently in place?

When was the installation date of your telephony equipment?

Who maintains your telephony system(s)?

Please confirm value of the initial project and value of annual support/maintenance services (in £)?

Does your annual maintenance service include moves, adds and changes? And if not what is the annual cost of moves, adds & changes?

When is your contract renewal date?

Do you use Unified Communications or Collaboration tools such as Microsoft Skype for Business/ Teams/Cisco/Avaya/Mitel? If yes, what tools are you currently using?

Please confirm the manufacturer of your Contact centre system(s) that are currently in place?

When was the installation date of your contact centre infrastructure?

Who maintains your contact centre system(s)?

Please confirm value of the initial project and value of annual support/maintenance services (in £)?

How many contact centre employees/agents do you have?

Do agents work from home? Or just your offices?

When is your contract renewal date?

Do you use a CRM in the contact centre? What platform is used?

Do you use a knowledge base / knowledge management platform? What platform is used?

Who currently provides your calls and lines?

What is your current annual spend on calls and lines?

When is your contract renewal date?

Who provides your wide area network? How many sites are connected?

How many employees do you have overall within your organisation?

Can you provide contact details for your procurement lead / category manager for these services?
Can you provide names and contact details for the following people within your organisation?

CIO / IT Director
Head of IT
Head of Digital Transformation
Head of Customer services

Response :

Please confirm the manufacturer of your telephony system(s) that are currently in place?
The CCG currently occupy space within three buildings.
Within Bury Town hall and Knowsley Place the Corporate Landlord is Bury Council
Within Townside Primary Care Centre the Corporate Landlord is NHS Property Services

When was the installation date of your telephony equipment?
Please direct your enquiry to the Corporate Landlord for each building

Who maintains your telephony system(s)?
Please direct your enquiry to the Corporate Landlord for each building

Please confirm value of the initial project and value of annual support/maintenance services (in £)?
Please direct your enquiry to the Corporate Landlord for each building

Does your annual maintenance service include moves, adds and changes? And if not what is the annual cost of moves, adds & changes?
Please direct your enquiry to the Corporate Landlord for each building

When is your contract renewal date?
Please direct your enquiry to the Corporate Landlord for each building

Do you use Unified Communications or Collaboration tools such as Microsoft Skype for Business/ Teams/Cisco/Avaya/Mitel? If yes, what tools are you currently using?
NHS Bury CCG currently uses Microsoft Teams and Skype

Please confirm the manufacturer of your Contact centre system(s) that are currently in place?
NHS Bury CCG does not have a contact centre, however Bury Council provide a contact point for general patient enquiries.

When was the installation date of your contact centre infrastructure?
N/A

Who maintains your contact centre system(s)?
N/A

Please confirm value of the initial project and value of annual support/maintenance services (in £)?
N/A

How many contact centre employees/agents do you have?
N/A

Do agents work from home? Or just your offices?
N/A

When is your contract renewal date?
N/A

Do you use a CRM in the contact centre? What platform is used?
N/A

Do you use a knowledge base / knowledge management platform? What platform is used?
N/A

Who currently provides your calls and lines?
N/A

What is your current annual spend on calls and lines?
N/A

When is your contract renewal date?
N/A

Who provides your wide area network? How many sites are connected?
N/A

How many employees do you have overall within your organisation?
127

Can you provide contact details for your procurement lead / category manager for these services?
N/A

Can you provide names and contact details for the following people within your organisation?

CIO / IT Director
Kate Waterhouse, joint CIO Bury Council / Bury CCG - K.Waterhouse@bury.gov.uk

Head of IT
Sandra Goulden (interim) - Sandra.goulden1@nhs.net

Head of Digital Transformation
This role falls under the portfolio of Kate Waterhouse, joint CIO Bury Council / Bury CCG - K.Waterhouse@bury.gov.uk

Head of Customer services
This role falls under the portfolio of Lisa Featherstone, Deputy Director Corporate Core, Governance and Assurance Bury Council / Bury CCG - lisafeatherstone@nhs.net

FOI NO: **FOI 021**	**Date Received:** **30 June 2020**

Request :

Please can you send me your biologic pathways for patients with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis. Can you also please clarify what is the maximum number of

biologics that the CCG will commission for patients with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis before an IFR needs to be submitted?
Response : **<u>Rheumatoid Arthritis</u>** 1. **Biologic Pathway available at http://gmmmg.nhs.uk/docs/guidance/GMMMG-RA-pathway-FINAL-v4-1.pdf** 2. **Maximum number of biologics that the CCG will commission before an IFR needs to be submitted – 4 high cost drugs or biologics, if prescribed according to this pathway** **<u>Psoriatic Arthritis and Ankylosing Spondylitis</u>** 1. **Biologic Pathway available at http://gmmmg.nhs.uk/docs/guidance/GMMMG-AS-PsA-pathway-v4-2a.pdf** 2. **Maximum number of biologics that the CCG will commission before an IFR needs to be submitted** **Psoriatic Arthritis – 2 or for ustekinumab after 1 or 2 anti-TNFs** **Ankylosing Spondylitis – 2**