

**FREEDOM OF INFORMATION REQUESTS  
July 2020**

<b>FOI NO:</b> <b>FOI 022</b>	<b>Date Received:</b> <b>2 July 2020</b>
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**Request :**

1. How many people are employed by your organisation, including full time and part time?
2. What is your current intranet solution? (Sharepoint, Wordpress, Invotra, etc)
3. How long have you been using this intranet solution?
4. When is your intranet contract up for renewal?
5. What is your annual intranet budget?
6. Do you share an intranet/IT services with other organisations, if so who?
7. Which team and/or individual(s) are responsible for managing your intranet internally?
8. Are you using the Office 365 suite? If so, which applications from the suite are in use?
9. Which team and/or individual(s) are responsible for your intranet's procurement within the organisation?
10. Is your Active Directory hosted on-premise, or in the cloud?
11. Could you provide us with a link to your Digital Workplace Strategy?

**Response :**

1. How many people are employed by your organisation, including full time and part time?  
**127**
2. What is your current intranet solution? (Sharepoint, Wordpress, Invotra, etc)  
**NHS Bury CCG, do not have the internet.**
3. How long have you been using this intranet solution?  
**N/A**
4. When is your intranet contract up for renewal?  
**N/A**
5. What is your annual intranet budget?  
**N/A**
6. Do you share an intranet/IT services with other organisations, if so who?  
**N/A**
7. Which team and/or individual(s) are responsible for managing your intranet internally?  
**N/A**
8. Are you using the Office 365 suite? If so, which applications from the suite are in use?  
**Yes – SharePoint, Teams and we have access to Office365 online apps**
9. Which team and/or individual(s) are responsible for your intranet's procurement within the organisation?  
**N/A**

10. Is your Active Directory hosted on-premise, or in the cloud?

**Active Directory is hosted in a Private Cloud.**

11. Could you provide us with a link to your Digital Workplace Strategy?

**The Digital Strategy is in development at present.**

**FOI NO: FOI 023**

**Date Received: 2 July 2020**

**Request :**

All of the information that I have requested, I am aware is readily available and should already have been collated as part of your organisation's recent annual counter fraud SRT submission made to the NHS counter fraud authority.

1. Staff headcount at your organisation?
2. Annual budget of your organisation for the financial year 2019-2020?
3. Who provides your organisations counter fraud provision? (In house – NHS consortium – Private provider)
4. How many days were recorded for proactive counter fraud work (Strategic governance, Inform and Involve & Prevent & Deter) carried out at your organisation during the financial year 2019-20?
5. How many days were recorded for carrying out reactive investigation work at your organisation during the financial year 2019-20 (hold to account)?
6. How many counter fraud referrals did your organisation receive during the financial year 2019-2020?
7. What was the recorded fraud loss identified by your organisation during the financial year 2019-2020?
8. What was the amount of fraud losses recovered by your organisation during the financial year 2019-2020?
9. How many criminal sanctions relating to fraud, bribery or corruption did your organisation apply during the financial year 2019-2020?
10. How many disciplinary sanctions relating to fraud, bribery or corruption did your organisation apply during the financial year 2019-2020?
11. What was the cost of counter fraud staffing to your organisation during 2019-2020 for - Strategic Governance, Inform and Involve and Prevent and Deter?
12. What was the costs of counter fraud staffing to your organisation during 2019-20 for - Hold to Account?

**Response :**

1. Staff headcount at your organisation?

**127**

2. Annual budget of your organisation for the financial year 2019-2020?

**£322.5m**

3. Who provides your organisations counter fraud provision? (In house – NHS consortium – Private provider)

**Mersey Internal Audit Agency (MIAA)**

4. How many days were recorded for proactive counter fraud work (Strategic governance, Inform and Involve & Prevent & Deter) carried out at your organisation during the financial year 2019-20?

**20 days**

5. How many days were recorded for carrying out reactive investigation work at your organisation during the financial year 2019-20 (hold to account)?

**0.5 days**

6. How many counter fraud referrals did your organisation receive during the financial year 2019-2020?

**2**

7. What was the recorded fraud loss identified by your organisation during the financial year 2019-2020?

**£0**

8. What was the amount of fraud losses recovered by your organisation during the financial year 2019-2020?

**£0**

9. How many criminal sanctions relating to fraud, bribery or corruption did your organisation apply during the financial year 2019-2020?

**None**

10. How many disciplinary sanctions relating to fraud, bribery or corruption did your organisation apply during the financial year 2019-2020?

**None**

11. What was the cost of counter fraud staffing to your organisation during 2019-2020 for - Strategic Governance, Inform and Involve and Prevent and Deter?

**£4,582**

12. What was the costs of counter fraud staffing to your organisation during 2019-20 for - Hold to Account? **£1,738**

**FOI NO: FOI 024**

**Date Received: 6 July 2020**

**Request :**

1. Please provide the following information on agency<sup>1</sup> (temporary) staff spending for the

19/20 financial year (April 2019 to March 2020), broken down by clinical and non-clinical staff

<sup>1</sup>Agency workers are defined as temporary workers supplied through an agency. This excludes interim workers and fixed term contract posts.

	Agency Staff Spend (£)		
	Total	Non-clinical staff	Clinical staff
<b>2019/20</b>			

2. Based on the **clinical** agency spend provided above, please provide a further breakdown by the following clinical staffing categories.

	Agency Staff Spend (£)	
	Nursing Staff	Other Clinical Staff
<b>2019/20</b>		

3. Please list the name of the top five agencies for spend on **clinical** agency staff in 19/20 and the spend associated to each agency if available.

Name of Agency	Total Spend 19/20
N/A	

4. Please provide the following information on **bank**<sup>2</sup> staff spending for the 19/20, broken down by clinical and non-clinical staff

<sup>2</sup>A bank is defined as a flexible pool of workers, typically clinical, allied health care and administrative staff. These workers can be substantive staff able to work additional shifts or non-substantive workers who sign bank contracts with the trust/CCG/Local Authority. Banks are typically seen as an alternative to using agency staff to cover shifts on a temporary basis.

	Bank Staff Spend (£)		
	Total	Non-clinical staff	Clinical staff
<b>2019/20</b>			

have access to a staff bank?

5a. Does your CCG use or

If yes, is this the CCGs own bank or a shared resource across other organisations? Please list all organisations involved across CCGs, NHS trusts and local authorities

5b. Is your organisation planning to expand the bank and to which organisations?

5c. If your organisation does not have a staff bank, are you considering implementing a staff bank and/or becoming part of a collaborative staff bank? Please name the organisations that would be included across CCGs, NHS trusts and local authorities

**Response :**

1. Please provide the following information on agency<sup>1</sup> (temporary) staff spending for the 19/20 financial year (April 2019 to March 2020), broken down by clinical and non-clinical staff

	Agency Staff Spend (£)		
	Total	Non-clinical staff	Clinical staff
<b>2019/20</b>	£371,743.00	£371,743.00	0.00

2. Based on the clinical agency spend provided above, please provide a further breakdown by the following clinical staffing categories.  
**NHS Bury CCG does not use clinical agency or bank staff and has no plans to do so.**
3. Please list the name of the top five agencies for spend on **clinical** agency staff in 19/20 and the spend associated to each agency if available.  
**NHS Bury CCG does not use clinical agency or bank staff and has no plans to do so.**
4. Please provide the following information on bank<sup>2</sup> staff spending for the 19/20, broken down by clinical and non-clinical staff

	Bank Staff Spend (£)		
	Total	Non-clinical staff	Clinical staff
<b>2019/20</b>	£73,741.00	£73,741.00	0.00

5a. Does your CCG use or have access to a staff bank? If yes, is this the CCGs own bank or a shared resource across other organisations? Please list all organisations involved across CCGs, NHS trusts and local authorities

**Yes, CCG's own bank.**

5b. Is your organisation planning to expand the bank and to which organisations?

**No, NHS Bury CCG has no plans to expand the bank to other organisations.**

5c. If your organisation does not have a staff bank, are you considering implementing a staff bank and/or becoming part of a collaborative staff bank? Please name the organisations that would be included across CCGs, NHS trusts and local authorities

**NHS Bury CCG has no plans of becoming part of a collaborative staff bank.**

FOI NO: FOI 025

Date Received: 8 July 2020

**Request :**

- 1 Name of NHS Trust(s) in the CCG geographical boundary?
- 2 Does the CCG have / commission a Referral Management (Assessment) Centre that includes Cataract Surgery referrals?
- 3 If yes, please name the provider that manages it. If inhouse, please state inhouse?
- 4 For Cataract Surgery – which providers are commissioned to provide this surgery via NHS Standard Contract?
- 5 Is this as a block / Any Qualified Provider (AQP) / Non-Contract Activity (NCA) arrangement? Please state for each provider including date (if applicable) the contract expires?
- 6 Is there an extension clause in the relevant contracts? If so please state length of extension and name of provider it relates to?
- 7 For Cataract Surgery – which providers have provided Cataract Surgery on a Non-Contract Activity Basis since 01/01/20?
- 8 Does the CCG operate a Prior Approval Policy for cataract surgery? If yes please attach the policy in your response?
- 9 What was the average waiting time and waiting numbers of patients, in June 2020 and June 2019 for patients waiting for non-complex cataract surgery at the local NHS Trust? If unable to provide at that level please state and provide information at Ophthalmology Specialty?

**Response :**

- 1 Name of NHS Trust(s) in the CCG geographical boundary?  
**Pennine Acute Hospital Trust**
- 2 Does the CCG have / commission a Referral Management (Assessment) Centre that includes Cataract Surgery referrals?  
**Yes**
- 3 If yes, please name the provider that manages it. If inhouse, please state inhouse?  
**In-house**
- 4 For Cataract Surgery – which providers are commissioned to provide this surgery via NHS Standard Contract?  
**Bolton NHS Foundation Trust**  
**Manchester University NHS Foundation Trust**  
**Pennine Acute Hospitals NHS Trust**  
**Salford Royal NHS Foundation Trust**  
**Stockport NHS Foundation Trust**  
**The Christie NHS Foundation Trust**  
**Wrightington, Wigan and Leigh NHS Foundation Trust**  
**Care UK**

**Spamedica**

- 5 Is this as a block / Any Qualified Provider (AQP) / Non-Contract Activity (NCA) arrangement? Please state for each provider including date (if applicable) the contract expires?  
**Currently all contracting arrangements for NHS providers have been suspended due to COVID-19. We are under national block arrangements until further notice, AQP providers are paid in line with activity or block if local CCG agrees**
- 6 Is there an extension clause in the relevant contracts? If so please state length of extension and name of provider it relates to?  
**N/A – Contracting with acute providers is currently suspended**
- 7 For Cataract Surgery – which providers have provided Cataract Surgery on a Non-Contract Activity Basis since 01/01/20?  
**Cataract surgery goes through our referral service to local contracted providers. These are signed up to via contract or AQP. The CCG does not keep records of its NCA to the detail of what service is provided. Invoices are checked as per national guidance for responsible commissioner and correct price as and when they arrive. As such we cannot provide this in a reasonable time frame**
- 8 Does the CCG operate a Prior Approval Policy for cataract surgery? If yes please attach the policy in your response?  
**No. Greater Manchester Effective Use of Resources (GM EUR) policy is used. It can be found via this link [GM EUR Cataracts Policy](#)**
- 9 What was the average waiting time and waiting numbers of patients, in June 2020 and June 2019 for patients waiting for non-complex cataract surgery at the local NHS Trust? If unable to provide at that level please state and provide information at Ophthalmology Specialty?  
**The average waiting time for a First Outpatient appointment (with a cataract diagnoses) in 19/20 was 26.6 days and for April 2020 was 24.7 days. Data for June 2020 is not available yet**

**FOI NO: FOI 026**

**Date Received: 9 July 2020**

**Request :**

1. Do you commission palliative care for children and young people with life-limiting and life-threatening conditions between the ages of 0 and 25? (Yes/No)  
If yes, how and with whom?
2. Do you have a published strategy or care pathway for children and young people (between the ages of 0 and 25) with life-limiting and life-threatening conditions? (Yes/No)  
If yes, please provide a link or an attachment.
3. Does your local sustainability and transformation plan include palliative care for children with life-limiting and life-threatening conditions? (Yes/No)
4. How many children and young people with life-limiting and life-threatening conditions are there in your area? If unsure, where do you access this information?
5. Do you jointly commission palliative care for children and young people with life-limiting and life-threatening conditions between the ages of 0 and 25 with your local authorities in a way which is consistent with the Children and Families Act 2014? (Yes/No)  
If yes, please tell us how and with whom.

6. Do you commission palliative care which enables a child or young person to receive end of life care at home if they wish to do so? (Yes/No)  
If yes, please tell us how and with whom.
7. Do you commission a rapid transfer process for children and young people with life-limiting conditions to allow urgent transfer to the preferred place (for example from the intensive care unit to their home or to a children's hospice)? (Yes/No)  
If yes, please tell us how and with whom.
8. Do you take steps to make sure that children and young people with life-limiting and life-threatening conditions can access palliative care services which are appropriate to their age and developmental stage? (Yes/No)  
If yes, what steps do you take? How many children and young people fall into which category and what do they receive?
9. Do you commission transition services, to make sure that young people with life-limiting and life-threatening conditions experience smooth transitions from children's to adults' palliative care services? (Yes/No)  
If so, how and with whom?
10. Do you commission any of the following services listed in the table for children with life-limiting or life-threatening conditions? If yes, please answer the questions below for each service.
11. If you commission voluntary sector services, who do you commission? Please provide us with names.
12. Do you commission the following services to children and young people with life-limiting and life-threatening conditions between the ages of 0 and 25? (Yes/No)  
  
If so, who do you commission to do this? Please specify who for each service.
  - Short breaks (respite)
  - Step-down care
  - End of life care
13. Are you implementing the NICE clinical guideline 'End of Life Care for Infants, Children and Young People: Planning and Management'? (Yes/No)  
If yes, please tell us about the steps you are taking.
14. Are you implementing 'Our Commitment to you for end of life care: The Government Response to the Review of Choice' for children and young people with life-limiting and life-threatening condition? (Yes/No) If yes, please tell us about the steps you are taking.

### Response :

1. Do you commission palliative care for children and young people with life-limiting and life-threatening conditions between the ages of 0 and 25? (Yes/No)  
If yes, how and with whom?  
**No, however NHS Bury CCG have provided grant monies to our two local Children's hospices.**
2. Do you have a published strategy or care pathway for children and young people (between the ages of 0 and 25) with life-limiting and life-threatening conditions? (Yes/No)  
If yes, please provide a link or an attachment.  
**No.**
3. Does your local sustainability and transformation plan include palliative care for children with life-limiting and life-threatening conditions? (Yes/No)  
**No.**
4. How many children and young people with life-limiting and life-threatening conditions are there in your area? If unsure, where do you access this information?



**NHS Bury CCG do not hold this Data.**

5. Do you jointly commission palliative care for children and young people with life-limiting and life-threatening conditions between the ages of 0 and 25 with your local authorities in a way which is consistent with the Children and Families Act 2014? (Yes/No)  
If yes, please tell us how and with whom.

**Continuing Health Care packages are funding if a child is eligible. Sometimes funding can be jointly with Local Authority and Social Care.**

6. Do you commission palliative care which enables a child or young person to receive end of life care at home if they wish to do so? (Yes/No)  
If yes, please tell us how and with whom.

**Our Children's Community Nursing Team support with palliative care at home.**

7. Do you commission a rapid transfer process for children and young people with life-limiting conditions to allow urgent transfer to the preferred place (for example from the intensive care unit to their home or to a children's hospice)? (Yes/No)  
If yes, please tell us how and with whom.

**NHS Bury CCG do not commission a rapid transfer provision however the CCG would support the transfer on an individual basis.**

8. Do you take steps to make sure that children and young people with life-limiting and life-threatening conditions can access palliative care services which are appropriate to their age and developmental stage? (Yes/No)  
If yes, what steps do you take? How many children and young people fall into which category and what do they receive?

**The Children's Community Nursing Team are available for all ages and provide support at home, NHS Bury CCG have two Children's hospices which we also have given grants to support.**

9. Do you commission transition services, to make sure that young people with life-limiting and life-threatening conditions experience smooth transitions from children's to adults' palliative care services? (Yes/No)  
If so, how and with whom?

**No, NHS Bury CCG do not commission a transition service, however all Children's health providers have a clear pathway which they work to starting the transition process at the age of 14. The Children's Community Nursing Team have a Palliative Nurse Lead who supports with the coordination.**

10. Do you commission any of the following services listed in the table for children with life-limiting or life-threatening conditions? If yes, please answer the questions below for each service.

**The Children's Community Nursing Team which is part of the Block contact for Children's Community services which provide Palliative care working every day 8-8. NHS Bury CCG do commission a Bereavement service for children that is provided by Early Break 10,000, Equipment – Wheelchair services are commissioned and the contract is held by Pennine Acute.**

11. If you commission voluntary sector services, who do you commission? Please provide us with names.

**N/A.**

12. Do you commission the following services to children and young people with life-limiting and life-threatening conditions between the ages of 0 and 25? (Yes/No)  
If so, who do you commission to do this? Please specify who for each service.

- Short breaks (respite)
- Step-down care
- End of life care

**Yes, Short Breaks – Pennine Care, Cambeck Close.**

13. Are you implementing the NICE clinical guideline ‘End of Life Care for Infants, Children and Young People: Planning and Management’? (Yes/No)

If yes, please tell us about the steps you are taking.

**No.**

14. Are you implementing ‘Our Commitment to you for end of life care: The Government Response to the Review of Choice’ for children and young people with life-limiting and life-threatening condition? (Yes/No)

If yes, please tell us about the steps you are taking.

**No.**

**FOI NO: FOI 027**

**Date Received: 9 July 2020**

**Request :**

Re: Funding arrangements for patients having to travel and/or stay outside the area for specialist treatment

Please disclose all policies, guidance, and instructions, including terms, conditions, eligibility, and format/method of payment, held by Bury CCG with regards to:

1. Up-front funding for or reimbursement of travel available for patients and escorts of patients receiving Terminations of Pregnancy, both under nationally-directed schemes and any other provisions;
2. Up-front funding for or reimbursement for overnight stays available of patients and escorts of patients receiving Terminations of Pregnancy;
3. Where different to (1) above, up-front funding for or reimbursement of travel available for patients and escorts of patients receiving non-primary care, both under nationally-directed schemes and any other provisions; and
4. Where different to (2) above, up-front funding for or reimbursement of overnight stays available for patients and escorts of patients receiving non-primary care;

Further, please disclose:

5. The 2020-21 Bury CCG budget for up-front funding for or reimbursement of travel and overnight stays for patients receiving:
  - a. Terminations of pregnancy; and
  - b. Non-primary care

**Response :**

1. Up-front funding for or reimbursement of travel available for patients and escorts of patients receiving Terminations of Pregnancy, both under nationally-directed schemes and any other provisions;

**NHS Bury CCG do not offer reimbursement for travel.**

2. Up-front funding for or reimbursement for overnight stays available of patients and escorts of patients receiving Terminations of Pregnancy;

**NHS Bury CCG do not offer reimbursement for overnight stays.**

3. Where different to (1) above, up-front funding for or reimbursement of travel available for patients and escorts of patients receiving non-primary care, both under nationally-directed schemes and any other provisions; and

**NHS Bury CCG do not offer reimbursement for travel**

4. Where different to (2) above, up-front funding for or reimbursement of overnight stays available for patients and escorts of patients receiving non-primary care;

**NHS Bury CCG do not offer reimbursement for overnight stays.**

5. The 2020-21 Bury CCG budget for up-front funding for or reimbursement of travel and overnight stays for patients receiving:
  - a. Terminations of pregnancy; and
  - b. Non-primary care

**NHS Bury CCG do not have a budget for up front funding.**

**FOI NO:      FOI 028**

**Date Received:      10 July 2020**

**Request :**

I am requesting the following information with respect to Fast Track Continuing Healthcare (CHC):

1. What was the average time period in the 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 2019/20?
2. What was the average time period in days/hours from the point at which a Fast Track CHC application is *approved* to the care package being provided for the financial year 2019/20?
3. During the financial year 2019/20, how many applications for fast track CHC did the CCG receive?
4. During the financial year 2019/20, how many applications for fast track CHC were funded?

**Response :**

1. What was the average time period in the 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 2019/20?  
**Fast track applications are processed the same business day they are received unless this is after 15:30hrs in which case it will be dealt with the following day. Information regarding the time period between applications being made to care package being provided is not held.**
2. What was the average time period in days/hours from the point at which a Fast Track CHC application is *approved* to the care package being provided for the financial year 2019/20?  
**NHS Bury CCG do not record the time period between the application being approved and the commencement of the package.**
3. During the financial year 2019/20, how many applications for fast track CHC did the CCG receive?  
**458.**

4. During the financial year 2019/20, how many applications for fast track CHC were funded?  
**458.**

**FOI NO: FOI 029**

**Date Received: 13 July 2020**

**Request :**

I am writing to request information under the Freedom of Information Act 2000, related to your organisation's current approach to sustainability and sustainable development.

The information that I am seeking to collect is as follows:

1. Could you please confirm whether your organisation has a sustainability or sustainable development strategy?
  - a. If possible, please provide a copy.
2. If you answered yes to the first question can you confirm:
  - a. Whether there is a strategy group or work/action plan in place to support this strategy?
  - b. When the strategy was first developed within the organisation (year).
3. Is there an identified Executive Sponsor for sustainability within the organisation?
4. Are any members of staff dedicated to sustainability or sustainable development within the organisation? If so, how many hours per week are dedicated to this area of work, what is their job title and what Agenda for Change pay band are they?
5. Does your organisation have any environmental champions? If so, how many?
6. Do you offer any sustainability training for your staff? If so, what format is this delivered in (e.g. face to face, e-learning, etc)?
7. Is your organisation 'paperless'?
  - a. For NHS Trusts and CCGs providing clinical services (such as Continuing Health Care), if not, what year do you anticipate fulfilling the NHS target to fully digitise clinical records?
8. Have you engaged with the NHS Sustainable Development Unit over the past five years? If so, could you provide the names of the project titles that you worked with them on.
9. Does your organisation assess its impact on the environment when making decisions through use of a sustainability framework or another similar tool?

**Response :**

1. Could you please confirm whether your organisation has a sustainability or sustainable development strategy?
  - a. If possible, please provide a copy.  
**NHS Bury CCG does not have a strategy however there is a draft action plan in place. This is currently being refreshed for presentation to the Governing Body.**
2. If you answered yes to the first question can you confirm:
  - a. Whether there is a strategy group or work/action plan in place to support this strategy?  
**There is no strategy group.**
  - b. When the strategy was first developed within the organisation (year).  
**N/A**
3. Is there an identified Executive Sponsor for sustainability within the organisation?

**The structure is currently being refreshed, to reflect a single approach to leadership across a joint structure between Bury CCG and Bury Council. Responsibility for sustainability will be discussed and agreed as part of this change.**

4. Are any members of staff dedicated to sustainability or sustainable development within the organisation? If so, how many hours per week are dedicated to this area of work, what is their job title and what Agenda for Change pay band are they?  
**There are no dedicated staff to this area of work**

5. Does your organisation have any environmental champions? If so, how many?  
**There are no environmental champions**

6. Do you offer any sustainability training for your staff? If so, what format is this delivered in (e.g. face to face, e-learning, etc)?  
**There is no training in place**

7. Is your organisation 'paperless'?  
a. For NHS Trusts and CCGs providing clinical services (such as Continuing Health Care), if not, what year do you anticipate fulfilling the NHS target to fully digitise clinical records?  
**The CCG is not paperless, however is committed to reducing paper and moving to electronic records.**

**Continuing Health Care has operated a paper lite system since June 19. All records are electronic and the only paper used is for letters to patients etc.**

8. Have you engaged with the NHS Sustainable Development Unit over the past five years? If so, could you provide the names of the project titles that you worked with them on.  
**The CCG utilises the resources from the SDU however has not engaged on any specific projects**

9. Does your organisation assess its impact on the environment when making decisions through use of a sustainability framework or another similar tool?  
**For Procurements that NHS Shared Business Services (SBS) manage on behalf of the CCG, there are 2 questions within the Qualification Questionnaire that requires both Bidders and Bidder Members (subcontractors) to confirm if the Bidding Organisations have:-**

**Ever had a breach of environmental obligations?**

**If the organisation (including Bidder members) have been convicted of breaching environmental legislation, or had any notice served upon it, in the last three years by any environmental regulator or Authorities (including local Authorities)?**

**The CCG also have the opportunity to ask additional questions within the Bid Response Questionnaire at their discretion.**

<b>FOI NO:      FOI 030</b>	<b>Date Received:      14 July 2020</b>
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**Request :**  
The Smith-Magenis Syndrome (SMS) Foundation UK is seeking to establish a definitive demographic profile of syndrome diagnosis across the UK to develop greater support services and activities for geographical areas. More information on the foundation's mission can be found

at [www.smith-magenis.org](http://www.smith-magenis.org).

Information regarding the population of individuals with Smith-Magenis Syndrome, this is identified by a mutation or deletion of RAI1 gene on chromosome 17p11.2:

- Total population covered by the CCG
- The total number of people diagnosed with Smith-Magenis syndrome within this population
- Year of Birth
- Male / Female

Please provide the information in the form of a spreadsheet and sent via email to Natasha Craven.

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.

**Response :**

- Total population covered by the CCG  
**Approximately 190,000.**
- The total number of people diagnosed with Smith-Magenis syndrome within this population
- Year of Birth
- Male / Female  
**NHS Bury CCG does not hold this information.**

**FOI NO:      FOI 031**

**Date Received:      20 July 2020**

**Request :**

I am writing to you on behalf of the mental health charity Mind to request the following information on children and young people's mental health services (CYPMHS) in the NHS Bury CCG area under the Freedom of Information Act 2000.

We are asking all CCGs about the services they commission to support children and young people's mental health (including CAMHS) to inform Mind's understanding of changes to services as a result of the pandemic.

- a.** What specialist CAMHS services do you commission for children and young people and who provides these (e.g. eating disorder services, talking therapies, etc.)?
  - b.** What other services do you commission to support the mental health of children and young people and who provides these?
- 2.** Given the recent national decrease in referrals and the additional potential impact of Covid-19 on mental health, what plans are you developing to cope with increased or changing need for mental health support for children and young people in your area?

**Please tick      Adaptations  
all that**

**Further details**

**apply**

- a.**  adapted the services you commission to continue to support young people's mental health
- b.**  planned to commission additional services
- c.**  modelled future demand on services
- d.**  developed a plan for your area
- e.**  partnered with other organisations such as charities and youth services
- f.**  delivered any other initiatives to support young people's mental health during this period (please state)

**3. a.** How many contacts did the CAMHS services you commission have with children and young people in the following months?

- i.** March 2019
- ii.** April 2019
- iii.** May 2019
- iv.** March 2020
- v.** April 2020
- vi.** May 2020

**b.** What proportion of these contacts were young people from the following ethnic backgrounds?

- i.** Asian
- ii.** Black
- iii.** Mixed
- iv.** White
- v.** Other

**Response :**

1) A) Bury Child and Adolescent Mental Health Services (Healthy Young Minds – previously CAMHS) offer specialist services to children and young people who are experiencing mental health difficulties. The service is delivered by Pennine Care Foundation Trust and is the core Children and Young People (CYP) mental health service in Bury.

Healthy Young Minds (HYM) helps children and young people up to the age of 18 years and provides assessment and intervention and support to their families/ carers. Some of the mental health conditions that Healthy Young Minds help with include:

- Anxiety
- Depression
- Eating Disorders
- Psychosis
- Post-Traumatic Stress Disorders (PTSD)
- Neurodevelopment (ASD/ ADHD) 5-18 years of age (New pathway went live 1<sup>st</sup> of April 2020)
- Self-harm
- Emotional Dysregulation

In addition, HYM provide consultation, advice and training to other agencies, including short-term consultation and interventions to parents of CYP with mental health needs. They are a multi-disciplinary team of psychiatrists, nurses, mental health practitioners, psychologists, social workers.

Furthermore, Children and Young People Wellbeing Practitioners work within the team, providing low-level Cognitive Behaviour Therapy and support for CYP presenting with anxiety and depression. They work alongside link workers and school nurses in education and healthcare sectors. 8 practitioners have been recruited across GM, 2 of whom are in Bury. This programme is part of the national Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) initiative, which aims to increase access and availability of mental health and wellbeing support for children and young people. Bury CCG have completed a full service review of the HYM provision which is currently going through the CCG's governance process, the CCG are committed to working with the provider to ensure improvements to the service are made and patient satisfaction is increased.

B) Digital solutions Kooth, shout and silvercloud, School Nursing service (NCA), holistic therapies provided by early break.

2) We have created a graduated response across our system utilising resources in place. We have cleared our waiting list for HYM ready to deal with the expected surge come September. We have created a self-navigating tool, training has been provided to schools, helplines have been established.

3) A)

- i. 179 - March 2019
- ii. 227 - April 2019
- iii. 263 - May 2019
- iv. 156 - March 2020
- v. 103 - April 2020
- vi. 182 - May 2020

B) NHS Bury CCG does not collect this data.

**FOI NO:      FOI 032**

**Date Received:      22 July 2020**



**Request :**

Please see the below Freedom of Information request:

1. Has a shared care agreement/arrangement been established between the CCG, secondary care and local primary care services (e.g. general practitioners) for the treatment of Psoriasis and Psoriatic Arthritis? **Psoriasis:** Y/N **Psoriatic Arthritis:** Y/N
2. If you answered 'Yes' to Q1, what are the names and/or roles of the signatories of the shared care agreement?
3. If you answered 'Yes' to Q1, which of the following medicines can be prescribed within the shared care agreement?

Psoriasis			Psoriatic Arthritis		
Apremilast	Methotrexate	Dimethyl Fumarate	Apremilast	Methotrexate	Tofacitinib

4. How many consultant-led **community-based** Dermatology or Rheumatology services has your CCG commissioned that treat Psoriasis or Psoriatic Arthritis?
5. Who/where are these services commissioned from?
6. Which of the following treatments can be prescribed by these services?

Treatment	Y/N
Methotrexate	
Ciclosporin	
PUVA	
Apremilast (PDE4i)	
Dimethyl Fumarate (Psoriasis)	
Tofacitinib (Psoriatic Arthritis)	
Biologics* (*See annex 1 for list of biologic therapies)	

7. How many GPwERs has your CCG commissioned for Dermatology, and Rheumatology? Please provide the geographical locations of these commissioned services.

	How many GPwERs has your CCG commissioned?	Please provide the geographic locations of these commissioned services
<b>Dermatology</b>		
<b>Rheumatology</b>		

8. Are digital services commissioned by the CCG for the management of Dermatology and Rheumatology?

If so, please specify the digital services provided? This may include teledermatology services (various levels) and/or virtual clinics.

	<b>Dermatology</b>	<b>Rheumatology</b>
Are digital services commissioned by the CCG within Dermatology and Rheumatology in your area? (Y, N, N/A)		
Please specify the type and level of digital services provided?		

**Annex 1**

adalimumab (Amgevita®, Humira®, Hyrimoz® or Imraldi®)
brodalumab (Siliq®)
certolizumab (Cimzia®)
etanercept (Benepali®)
golimumab (Simponi®)
guselkumab (Tremfya®)
infliximab (Remicade®)
ixekizumab (Taltz®)
risankizumab (Skyrizi®)
secukinumab (Cosentyx®)

tildrakizumab (Ilumya®)

ustekinumab (Stelara®)

**Response :**

1. Has a shared care agreement/arrangement been established between the CCG, secondary care and local primary care services (e.g. general practitioners) for the treatment of Psoriasis and Psoriatic Arthritis?

**Shared care protocols that have been approved by the Greater Manchester Medicines Management Group (GMMMG) are below and hosted on [http://gmmmg.nhs.uk/html/gmmmg\\_app\\_scgs.php](http://gmmmg.nhs.uk/html/gmmmg_app_scgs.php). NHS Bury CCG does not as an individual CCG establish shared care protocols with providers. Development and agreement of shared care protocols is the remit of GMMMG. The CCG encourages all prescribers to follow GMMMG guidelines and protocols.**

**Psoriasis**

<http://gmmmg.nhs.uk/docs/ip/GMMMG-SCP-Methotrexate-oral-in-Dermatology-in-Adults-approved-July-2018-v1.1.doc>

<http://gmmmg.nhs.uk/docs/ip/GMMMG-SCP-Ciclosporin-in-Dermatology-Adults-approved-8-2-2018-v2.1.doc>

**Psoriatic Arthritis**

<http://gmmmg.nhs.uk/docs/ip/GMMMG-SCP-Leflunomide-for-rheumatology-in-Adults-approved-Oct-2017-v1.3.doc>

<http://gmmmg.nhs.uk/docs/ip/GMMMG-SCP-Methotrexate-for-rheumatology-in-Adults-approved-Oct-2017-v1.3.doc>

<http://gmmmg.nhs.uk/docs/ip/GMMMG-SCP-Sulfasalazine-for-rheumatology-in-Adults-approved-Oct-2017-v1.3.doc>

2. What are the names and/or roles of the signatories of the shared care agreement?  
**Please refer to individual shared-care protocols for this information.**

3. Which of the following medicines can be prescribed within the shared care agreement?

Psoriasis			Psoriatic Arthritis		
Apremilast	Methotrexate	Dimethyl Fumarate	Apremilast	Methotrexate	Tofacitinib
No	Oral Yes Parenteral No	No	No	Oral Yes Parenteral No	No

**GMMMG shared care protocols are RAG rated as RED, AMBER and GREEN. The drugs mentioned above (except oral Methotrexate) are RAG rated as RED. RED rating is defined as “Drugs considered to be specialist medicines and prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician. These drugs should not be initiated or prescribed in primary care. It is recommended that the supply of these specialist medicines should be organised via the hospital pharmacy, this may include arranging for supply via a home care company.” Please see [http://gmmmg.nhs.uk/html/rag\\_dnp\\_adult.php](http://gmmmg.nhs.uk/html/rag_dnp_adult.php) as reference.**

4. How many consultant-led community-based Dermatology or Rheumatology services has your CCG commissioned that treat Psoriasis or Psoriatic Arthritis?

**NHS Bury CCG has one community led dermatology service and no community led**

**rheumatology service.**

5. Who/where are these services commissioned from?  
**The community led dermatology service is led by Salford Royal Foundation Trust.**
6. Which of the following treatments can be prescribed by these services?

**Psoriasis**

**In accordance with GMMMG High cost drugs pathway for psoriasis in adults available on GMMMG at <http://gmmmg.nhs.uk/docs/guidance/GMMMG-High-cost-drugs-pathway-for-psoriasis-v2-18-FNL.pdf#search=%22Psoriasis%22>**

**Psoriatic Arthritis**

**In accordance with GMMMG Biologics pathway for ankylosing spondylitis (including non-radiographic axial spondyloarthritis - AS) and psoriatic arthritis (PsA) pathway available on GMMMG at <http://gmmmg.nhs.uk/docs/guidance/GMMMG-AS-PsA-pathway-v4-2a.pdf#search=%22Psoriatic%20Arthritis%22>**


Treatment	Y/N
Methotrexate	Y
Ciclosporin	Y
PUVA (ultra-violet light therapy)	Y
Apremilast (PDE4i)	Y
Dimethyl Fumarate (Psoriasis)	Y
Tofacitinib (Psoriatic Arthritis)	N
Biologics* (*See annex 1 for list of biologic therapies)	<b>Y All in accordance with GMMMG pathway</b>

7. How many GPwERs has your CCG commissioned for Dermatology, and Rheumatology? Please provide the geographical locations of these commissioned services.

	<b>How many GPwERs has your CCG commissioned?</b>	<b>Please provide the geographic locations of these commissioned services</b>
<b>Dermatology</b>	<b>0</b>	<b>N/A</b>
<b>Rheumatology</b>	<b>0</b>	<b>N/A</b>

8. Are digital services commissioned by the CCG for the management of Dermatology and Rheumatology?  
If so, please specify the digital services provided? This may include teledermatology services (various levels) and/or virtual clinics.

	<b>Dermatology</b>	<b>Rheumatology</b>
Are digital services commissioned by the CCG within Dermatology and Rheumatology in your area? (Y, N, N/A)	<b>Y</b>	<b>N</b>
Please specify the type and level of digital services provided?	<b>Tele-dermatology for routine referrals</b>	

<b>FOI NO:</b> <b>FOI 033</b>	<b>Date Received:</b> <b>27 July 2020</b>
<p><b>Request :</b></p> <p>Cataract Surgery –</p> <p>Please provide a copy of, or link to, your clinical threshold policy for cataract surgery and state whether this has changed in the past 4 years. If it has changed, please provide a copy of, or link to, the former policy and date of change.</p> <p>For each of the four financial years;</p> <p>    a) 2016-17 b) 2017-18 c) 2018-19 d) 2019-20, please provide for each year:</p> <ol style="list-style-type: none"> <li>1. The CCG registered population</li> <li>2. The number of Individual Funding Requests (IFRs) and/or prior approval (PA) requests that the CCG received for cataract surgery</li> <li>3. The number of Individual Funding Requests (IFRs) and/or prior approval (PA) requests that the CCG approved for cataract surgery</li> <li>4. The CCG's total activity for cataract surgery (i.e. the total number of procedures carried out)</li> <li>5. The average waiting time in days for cataract surgery from first referral</li> </ol> <p>And for each month, beginning January 2019, to present:</p> <ol style="list-style-type: none"> <li>6. The CCG's total activity for cataract surgery (i.e. the total number of procedures carried out)</li> <li>7. The average waiting time in calendar days for cataract surgery for the procedures completed in that month</li> </ol> <p>Please supply this information in an Excel Spreadsheet. I have attached a template to this request.</p> <div style="text-align: center;">  <p>FOI cataract surgery.xlsx</p> </div>	

**Response :**

Please see below Excel Spreadsheet for NHS Bury CCG's response:



FOI 033 Cataracts -  
NHS Bury CCG.xlsx

**FOI NO:      FOI 034**

**Date Received:      28 July 2020**

**Request :**

I am writing to you under the Freedom of Information Act 2000 (the Act) to request the following information from your procurement and contracting department:

1. Can you provide details of your current clinical benchmarking supplier : examples such as HED, Doctor Foster or CHKS?
2. Can you provide details of the current renewal/end date of this contract?
3. Who is the main point of contact for this contract and their title and contact details?
4. Which board member has responsibility for benchmarking?

**Response :**

1. Can you provide details of your current clinical benchmarking supplier: examples such as HED, Doctor Foster or CHKS?  
**NHS Benchmarking Network**
2. Can you provide details of the current renewal/end date of this contract?  
**Recurrent Subscription: 2020/21 – 31<sup>st</sup> March 2021.**
3. Who is the main point of contact for this contract and their title and contact details?  
**Deputy Chief Finance Officer, this post is currently being recruited to.**
4. Which board member has responsibility for benchmarking?  
**Mike Woodhead, Joint Chief Finance Officer**