

**FREEDOM OF INFORMATION REQUESTS**  
**August 2020**

<b>FOI NO:</b> <b>FOI 035</b>	<b>Date Received:</b> <b>3 August 2020</b>
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<p><b>Request :</b></p> <p>1. Breaking down the data by each month, how many young people were referred to CAMHS service for Tier 3 support from March 2019 to July 2020?</p> <p>2. Breaking down the data by each month, how many young people were refused CAMHS services, because the service lacked capacity from March 2019 to July 2020?</p> <p>3. Regarding CAMHS services in the financial year 2018-19:</p> <ul style="list-style-type: none"> <li>- How many patients waited more than 4 weeks for an initial assessment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 18 weeks for an initial assessment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 12 months for an initial assessment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 4 weeks to start treatment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 18 weeks to start treatment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 12 months to start treatment? (What percentage of the total is this?)</li> <li>- What was the longest wait time for treatment?</li> </ul> <p>4. Regarding CAMHS services in the financial year 2019-2020:</p> <ul style="list-style-type: none"> <li>- How many patients waited more than 4 weeks for an initial assessment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 18 weeks for an initial assessment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 12 months for an initial assessment? (What percentage of the total is this?)</li> <li>- How many patients waited more than 4 weeks to start treatment? (What percentage of the total is this?)</li> </ul>
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this?)

- How many patients waited more than 18 weeks to start treatment? (What percentage of the total is this?)
- How many patients waited more than 12 months to start treatment? (What percentage of the total is this?)
- What was the longest wait time for treatment?

**Response :**

- 1) Breaking down the data by each month, how many young people were referred to Children and Adolescent Mental Health Service (CAMHS) for Tier 3 support from March 2019 to July 2020?

**Referrals by month 19/20**

- **March 2019 - 265**
- **April 2019 - 212**
- **May 2019 - 234**
- **June 2019 - 177**
- **July 2019- 198**
- **August 2019 - 129**
- **September 2019 - 175**
- **October 2019 - 223**
- **November 2019 - 245**
- **December 2019 - 199**
- **January 2020 - 139**
- **February 2020 - 235**
- **March 2020 - 265**
- **April 2020 - 103**
- **May 2020 - 182**
- **June 2020 - 170**
- **July 2020 - 92**

- 2) Breaking down the data by each month, how many young people were refused CAMHS services, because the service lacked capacity from March 2019 to July 2020?  
**0 Children and Young People (CYP) were refused by CAHMS due to lack of capacity.**

- 3) Regarding CAMHS services in the financial year 2018-19:
  - **4 weeks target – This information is not collected. The service is commissioned to deliver an initial assessment within 12 weeks. For urgent cases this is 7 days.**
  - **18 weeks for initial assessment: This information is not collected.**
  - **12 months for initial assessment – 0**
  - **4 Weeks to start treatment – This information is not collected.**
  - **18 weeks to start treatment: This information is not available**
  - **12 months to start treatment – 0**
  - **Longest wait time for treatment: This information is not collected.**
- 4) Regarding CAMHS services in the financial year 2019-20:
  - **4 weeks target – This information is not collected. The service is commissioned to deliver an initial assessment within 12 weeks. For urgent cases this is 7 days.**
  - **18 weeks for initial assessment: This information is not collected.**

- 12 months for initial assessment – 0
- 4 Weeks to start treatment – This information is not collected.
- 18 weeks to start treatment:

**Healthy Young Minds (HYM) and Eating Disorders Access and Waiting Times**

**CYP % of Treatment within 18 weeks (Target 98%)**

<b>Apr-19</b>	<b>100.0%</b>
<b>May-19</b>	<b>95.2%</b>
<b>Jun-19</b>	<b>98.3%</b>
<b>Jul-19</b>	<b>97.6%</b>
<b>Aug-19</b>	<b>100.0%</b>
<b>Sep-19</b>	<b>98.8%</b>
<b>Oct-19</b>	<b>95.5%</b>
<b>Nov-19</b>	<b>97.0%</b>
<b>Dec-19</b>	<b>98.7%</b>
<b>Jan-20</b>	<b>97.8%</b>
<b>Feb-20</b>	<b>97.3%</b>
<b>Mar-20</b>	<b>97.6%</b>
<b>Apr-20</b>	<b>97.8%</b>
<b>May-20</b>	<b>100.0%</b>
<b>Jun-20</b>	<b>98.6%</b>

- 12 months to start treatment – 0
- Longest wait time for treatment: This information is not collected

**FOI NO: FOI 036**

**Date Received: 3 August 2020**

**Request :**

I'd like to make a request for some data under the Freedom of Information Act about how far the additional costs being incurred by GPs due to Covid-19 are being reimbursed by CCGs.

1. How much money overall has the CCG set aside for reimbursing GPs for costs incurred due to

Covid-19?

2. How much of that money in question 1 has so far been spent on reimbursing GPs for costs incurred due to Covid-19?

2a) If possible within the cost for an FOI, please provide the breakdown for the money so far spent on the following items. (If this is not possible within the costs, then please answer all the other questions from 3 onwards anyhow.)

i) PPE (Personal Protective Equipment)

ii) IT equipment

iii) Practice premises protections – eg screens, marker tape, hand sanitizer

iv) Items for providing outdoor clinics – eg gazebos

v) Practice staffing costs where cover is required due to absence – eg if staff member is shielding/self-isolating and a locum staff member is needed to cover

vi) Practice staffing costs where extra staff are needed to ensure GPs can provide the new care home service, which involves weekly virtual 'ward rounds' by GPs

3. How much of that money in question 1 has ended up being spent on other costs, not related to GPs?

4. How much of that money in question 1 does the CCG now have left?

5. Please could you provide the plans/policy documents outlining how the CCG is reimbursing/will reimburse GPs for costs incurred due to Covid-19?

### **Response :**

1. How much money overall has the CCG set aside for reimbursing GPs for costs incurred due to Covid-19?

**Under the National Financial Framework all COVID related spend is claimed from national funds.**

2. How much of that money in question 1 has so far been spent on reimbursing GPs for costs incurred due to Covid-19?

**£260k**

2a) If possible within the cost for an FOI, please provide the breakdown for the money so far spent on the following items. (If this is not possible within the costs, then please answer all the other questions from 3 onwards anyhow.)

i) PPE (Personal Protective Equipment)

ii) IT equipment

iii) Practice premises protections – eg screens, marker tape, hand sanitizer

iv) Items for providing outdoor clinics – eg gazebos

v) Practice staffing costs where cover is required due to absence – eg if staff member is shielding/self-isolating and a locum staff member is needed to cover

vi) Practice staffing costs where extra staff are needed to ensure GPs can provide the new care home service, which involves weekly virtual 'ward rounds' by GPs

**The costs are not fully analysed down yet and would need working on, so would be outside the cost of an FOI at this moment in time.**

3. How much of that money in question 1 has ended up being spent on other costs, not related to GPs?

**Please see question 1.**

4. How much of that money in question 1 does the CCG now have left?

**Please see question 1.**

5. Please could you provide the plans/policy documents outlining how the CCG is reimbursing/will reimburse GPs for costs incurred due to Covid-19?

**Validation of claims against NHS England guidelines against claims submitted – guidance publicly available on NHS England website**

**FOI NO: FOI 037**

**Date Received: 5 August 2020**

**Request :**

1. Please enter the name of your CCG

2. Do you have a named person within the CCG who is responsible for liver disease?

*If yes, please answer Q3 and then move to Q5*

*If no, please answer Q4 and then move to Q5*

3. Please provide the details of the person responsible for liver disease within the CCG

4. In the absence of a named contact for liver disease at the CCG, please provide the details of the person who should be contacted regarding liver health

5. Do you have a commissioned pathway for:

a) the interpretation of abnormal liver blood tests?

b) responding to liver disease more generally?

Options:

Yes, pathways for both

Yes, pathway for abnormal liver blood tests

Yes, pathway for responding to liver disease more generally

*If answer to any of these is yes, please move to Q6*

*If answer is no pathways for either, please move to Q9*

6. Does it include an endorsed pathway for the management of abnormal liver blood tests that follow the BSG guidance?

7. Is liver fibrosis assessment part of your pathway?

*If yes, please move to Q8*

*If no, please move to Q9*

8. Please indicate how fibrosis is assessed. Please tick all that apply

Options:

Fibroscan (transient elastography)

ELF Test

FIB-4 score

NAFLD fibrosis score

Other (please specify)

9. Do you have an additional pathway that **proactively** case-finds individuals who may be at high-risk of liver disease?

e.g. people with diabetes or for those who drink alcohol at harmful levels

*If yes, please move to Q10*

*If no, please move to Q12*

10. How does your pathway define individuals as high risk of liver disease? Please tick all that apply

Options:

Diabetes

Alcohol risk

Obesity

Obesity with other metabolic risk factors

Risk factors for viral hepatitis

Other (please specify)

11. How are these individuals identified? Please tick all that apply

Options:

At annual chronic disease / year of care review

During the NHS health check

Opportunistically during consultations

Using IT system prompts / pop-ups

Other (please specify)

12. Does the CCG monitor the breadth of adoption and efficacy of pathways in primary care your area?

*If yes, please move to Q13*

*If no, please move to Q14*

13. Where are these statistics published?

14. Are you aware of the current available statistics relating to liver disease in your area and do you monitor these?

15. Would you be willing to share your pathway information with other CCGs for best practice purposes?

If yes, the British Liver Trust will email you for further details.

**Response :**

1. Please enter the name of your CCG

**NHS Bury CCG**

2. Do you have a named person within the CCG who is responsible for liver disease?

**No**

*If yes, please answer Q3 and then move to Q5*

*If no, please answer Q4 and then move to Q5*

3. Please provide the details of the person responsible for liver disease within the CCG

4. In the absence of a named contact for liver disease at the CCG, please provide the details of the person who should be contacted regarding liver health

**Cath Tickle, Programme Manager**

5. Do you have a commissioned pathway for:  
a) the interpretation of abnormal liver blood tests?  
b) responding to liver disease more generally?

Options:

Yes, pathways for both

Yes, pathway for abnormal liver blood tests

Yes, pathway for responding to liver disease more generally

**No pathways for either, NHS Bury CCG do not have any bespoke commissioned pathways for liver disease in primary care. Liver disease is covered within the acute and General Medical Service contracts.**

*If answer to any of these is yes, please move to Q6*

*If answer is no pathways for either, please move to Q9*

6. Does it include an endorsed pathway for the management of abnormal liver blood tests that follow the BSG guidance?

7. Is liver fibrosis assessment part of your pathway?

*If yes, please move to Q8*

*If no, please move to Q9*

8. Please indicate how fibrosis is assessed. Please tick all that apply

Options:

Fibroscan (transient elastography)

ELF Test

FIB-4 score

NAFLD fibrosis score

Other (please specify)

9. Do you have an additional pathway that **proactively** case-finds individuals who may be at high-risk of liver disease?

e.g. people with diabetes or for those who drink alcohol at harmful levels

**No**

*If yes, please move to Q10*

*If no, please move to Q12*

10. How does your pathway define individuals as high risk of liver disease? Please tick all that apply

Options:

Diabetes

Alcohol risk

Obesity

Obesity with other metabolic risk factors

Risk factors for viral hepatitis

Other (please specify)

11. How are these individuals identified? Please tick all that apply

Options:

At annual chronic disease / year of care review

During the NHS health check

Opportunistically during consultations

Using IT system prompts / pop-ups

Other (please specify)

12. Does the CCG monitor the breadth of adoption and efficacy of pathways in primary care your area?

**If a pathway is implemented then various Key Performance Indicators (KPIs) are agreed to monitor efficiency of the pathway. These range from referral data to patient satisfaction questionnaires.**

*If yes, please move to Q13*

*If no, please move to Q14*

13. Where are these statistics published?

**A number of data points are utilised to monitor adoption and efficiencies of introduced pathways in primary care. Sometimes the measures are regarding numbers of patients on certain pathways in primary care and this is fed into national Quality and Outcomes Framework (QOF) data collections. Some of the measurements of adoption are referrals onto commissioned services and these are not published rather used for internal performance management.**

14. Are you aware of the current available statistics relating to liver disease in your area and do you monitor these?

**No**

15. Would you be willing to share your pathway information with other CCGs for best practice purposes?

**Not applicable. Pathways are currently being developed as part of the Greater Manchester Elective Reform Group and it would be best to contact them for more information.**

FOI NO: FOI 038

Date Received: 7 August 2020

**Request :**

What are your charge rates for the below financial years in relation to Domiciliary Care:

- 2017/2018
- 2018/2019
- 2019/2020
- 2020/2021

**Response :**

**The CCG commissions nursing care for its residents in line with the NHS's continuing healthcare / funded nursing care framework. These services are free at the point of delivery to its residents. It does not provide nursing or healthcare services.**



The CCG neither commissions nor provides domiciliary services

FOI NO: FOI 039

Date Received: 10 August 2020

**Request :**

1. Does the NHS Bury CCG have procedures or policies in place to ensure primary health and home care practitioners assess the heating needs of people who use their services at least once a year, as recommended by National Institute for Health and Care Excellence guidance on *Excess winter deaths and illness and the health risks associated with cold homes (NG6)*?
2. Does the NHS Bury CCG record or audit compliance with the recommendation referenced in question 1 among primary health and home care practitioners?
3. Does the NHS Bury CCG have procedures or policies in place to ensure that, when a patient is discharged from a health or social care setting, an assessment is carried out into whether they are likely to be vulnerable to the cold and if action is needed to make their home warm enough for them to return to, as recommended by National Institute for Health and Care Excellence guidance on *Excess winter deaths and illness and the health risks associated with cold homes (NG6)*?
4. Does the NHS Bury CCG record or audit compliance with the recommendation referenced in question 3?

**Response :**

1. Does the NHS Bury CCG have procedures or policies in place to ensure primary health and home care practitioners assess the heating needs of people who use their services at least once a year, as recommended by National Institute for Health and Care Excellence guidance on *Excess winter deaths and illness and the health risks associated with cold homes (NG6)*?  
**The home environment is assessed by primary health and home care practitioners through the CHC assessment process and through General Practice home visits, and visits by the community teams that we commission.**
2. Does the NHS Bury CCG record or audit compliance with the recommendation referenced in question 1 among primary health and home care practitioners?  
**The CCG would record any problems or actions they have taken in the individual's case notes. We do not routinely audit compliance against NG6**
3. Does the NHS Bury CCG have procedures or policies in place to ensure that, when a patient is discharged from a health or social care setting, an assessment is carried out into whether they are likely to be vulnerable to the cold and if action is needed to make their home warm enough for them to return to, as recommended by National Institute for Health and Care Excellence guidance on *Excess winter deaths and illness and the health risks associated with cold homes (NG6)*?  
**The home environment is assessed by primary health and home care practitioners through the CHC assessment process and through General Practice home visits, and visits by the community teams that we commission when people are placed in any environment to ensure that the environment meets that person's needs.**
4. Does the NHS Bury CCG record or audit compliance with the recommendation referenced in

question 3?

**The CCG would record any problems or actions they have taken in the individual's case notes. We do not routinely audit compliance against NG6 when discharging people from another setting.**

**FOI NO: FOI 040**

**Date Received: 12 August 2020**

**Request :**

Please provide the details with regard to telehealth services currently commissioned by your CCG

1. Any telehealth services currently commissioned by the CCG which provide care to nursing homes, other residential care facilities or intermediate care providers.
2. Whether these services currently provide remote diagnostic capabilities.
3. Please indicate when existing services will be reprocured.
4. Please indicate whether there are plans for a future telehealth service or whether telehealth services are included in commissioning intentions.

**Response :**

**NHS Bury CCG does not commission any telehealth services for nursing homes, other residential care facilities or intermediate care providers.**

**FOI NO: FOI 041**

**Date Received: 14 August 2020**

**Request:**

Under the Freedom of Information Act, I would like to request response to the following questions. I understand you are under additional pressures due to COVID-19 so please advise if you will be unable to meet the usual 20 day deadline.

1. When Urology Appliance Management was last discussed at Board / Governing Body? (this could also be called Catheter Appliance Management, Continence Appliance Management or Incontinence Appliance Management)
2. Please provide link to the meeting pack and minutes.
3. Who is your lead for Urology Appliance Management?
4. What is their email address?
5. Does your urology/continence appliance budget sit within the GP budget?  
If no:
  - 5a. Do you operate a centralised urology/continence service?

5b. Who provides the service?

5c. What are the contract start/end/review dates?

5d. What is the contract value per year?

5e. What is the total net cost of prescribing or supply of appliances for continence.

5f. Does the CCG have any rebates in place with any companies for continence products? If yes please provide product names, start dates and contract lengths.

6. Does your CCG commission a community pharmacy not dispensed service?

6a. If yes, please send the specification

6b. If no, does your CCG have any plans to commission a community pharmacy not dispensed service?

**Response:**

1. When Urology Appliance Management was last discussed at Board / Governing Body?  
(this could also be called Catheter Appliance Management, Continence Appliance Management or Incontinence Appliance Management)

**We are not aware of any specific Urology reports being considered by the CCG Governing Body. For future reference, Governing Body papers are available on the CCG website at: -**

**<https://www.buryccg.nhs.uk/your-local-nhs/boardroom/governing-body-papers/>**

2. Please provide link to the meeting pack and minutes.

**Please see answer above.**

3. Who is your lead for Urology Appliance Management?

**Sharron Dempsey (Team Leader, Stoma & Continence Service)**

4. What is their email address?

**sharron.dempsey@nhs.net**

5. Does your urology/continence appliance budget sit within the GP budget?

**No**

If no:

5a. Do you operate a centralised urology/continence service?

**Yes**

5b. Who provides the service?

**Salford Royal NHS Foundation Trust**

5c. What are the contract start/end/review dates?

**01/07/19 – 30/06/21**

5d. What is the contract value per year?

**The service is provided by the district nursing/community service as part of the overall block contract between the CCG and the NHS provider – it is not separately identified within**

**the contract. We suggest that the requestor approaches the provider (Salford Royal NHS Foundation Trust) directly for this information.**

5e. What is the total net cost of prescribing or supply of appliances for continence.

**April 2019 to March 2020 prescribing by the stoma and continence service for British National Formulary (BNF) chapter 22 (Incontinence Appliances) actual cost £55,634.58 April 2020 – June 2020 actual cost £10,518.36. Please note relates to prescribing of items in the BNF chapter 22 only.**

5f. Does the CCG have any rebates in place with any companies for continence products? If yes please provide product names, start dates and contract lengths.

**No**

6. Does your CCG commission a community pharmacy not dispensed service?

**No**

6a. If yes, please send the specification

**N/A**

6b. If no, does your CCG have any plans to commission a community pharmacy not dispensed service?

**No**

**FOI NO: FOI 042**

**Date Received: 18 August 2020**

**Request :**

I understand from NICE Guidance (2010) (<https://www.nice.org.uk/guidance/cg110/chaper/1-Guidance#general-reccomendations>) that, for the purposes of mapping local populations to guide the provision of services, Clinical Commission Groups (CCGs) are required to collect particular information on the number of women presenting for antenatal care with any complex social factor (including pregnant women who misuse substances; pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English; young pregnant women aged under 20; pregnant women who experience domestic abuse).

For the grouping of pregnant women who experience domestic abuse, I am seeking to access information relating to the following items, which I understand CCGs are required to collect as per the NICE guidelines. I am seeking this information for the period 1<sup>st</sup> March 2019 to 29<sup>th</sup> February 2020.

1. The number of pregnant women who:

- Attend for booking by 10 12+6 and 20 weeks
- Attend for the recommended number of antenatal appointments, in line with national guidance
- Experience, or have babies who experience mortality or significant morbidity
- The number of appointments each woman attends
- The number of scheduled appointments each woman does not attend

2. The recorded satisfaction levels/feedback of pregnant women who experience domestic abuse who have presented for antenatal care.
3. The local protocol for pregnant women who experience domestic abuse, developed by Commissioners and those responsible for the organisation of local antenatal services. The NICE guidelines state this should include:
  - Clear referral pathways that set out the information and care that should be offered to women
  - The latest governance guidance on responding to domestic abuse
  - Sources of support for women, including addresses and telephone numbers, such as social services, the police, support groups and woman's refuges.
  - Safety information for women
  - Plans for follow-up care, such as additional appointments or referral to a domestic abuse support worker
  - Obtaining a telephone number that is agreed with the woman and on which it is safe to contact her.
  - Contact details of other people who should be told that the woman is experiencing domestic abuse, including her GP

**Response :**

**NHS Bury CCG does not hold any of this information. We advise that you contact the providers for this information.**

**NHS Bury CCG are not the lead commissioners in any maternity contracts. Bolton CCG and Manchester CCG are the lead commissioners but they will not hold data related to Bury but they may be able to answer the questions regarding the pathways.**

**FOI NO:      FOI 043**

**Date Received:      19 August 2020**

**Request:**

Under the Freedom of Information Act, I would like to request the following information regarding NHS Continuing Healthcare (CHC) packages for adults within your local CCG area.

For clarity, CHC refers to the NHS Continuing Healthcare funding pathway. For further information please see: <https://www.england.nhs.uk/healthcare/>.

Homecare refers to packages of care delivered in the individuals own homes (not care homes or residential facilities).

Where possible, please kindly include responses on the attached spreadsheet (***inserted in Response section***).

1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for packages of homecare for adults aged 18-65.

2. Please provide the number of adults in receipt of CHC funded care packages (number of care packages commenced in the year) at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21.
3. Of those adults in receipt of CHC funded care packages (q.2), please provide the number that were homecare packages for adults (number of care packages commenced in the year) at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21.
4. Of those adults in receipt of CHC funded homecare packages (q.3), please provide the number that were processed through the fast track system (this is often related to end of life care packages) at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21.
5. Of those adults in receipt of CHC funded care packages (q.2), please provide the number that are in receipt of personal health budgets at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21.
6. Please provide the CCG's total gross expenditure on continuing healthcare funded packages at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21. *If expenditure for 2020/21 is not yet available, please provide projected expenditure.*
7. Please provide the CCG's total gross expenditure on continuing healthcare funded homecare packages at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21. *If expenditure for 2020/21 is not yet available, please provide projected expenditure.*
8. Please provide the lowest, mean and highest rate (fee) paid per week for CHC funded homecare packages at year-end 2020/21. *If figures for 2020/21 is not yet available, please provide projected figures or figures from the previous year (2019/20).*
9. Please provide a list of the 10 providers who received the greatest amount of funding from CHC funded homecare packages at year-end 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21. *If expenditure for 2020/21 is not yet available, please provide projected expenditure.*  
Where multiple CCGs are covered, please provide the requested data for each of the relevant CCGs.

**Response :**



FOI 043 Response -  
Excel.xlsx

**FOI NO: FOI 044**

**Date Received: 20 August 2020**

**Request :**

1. How many adults (over 18) were formally diagnosed with ADHD 2018/19?
2. How many children (under 18) were diagnosed with ADHD 2018/19?
3. How many adults and children have a diagnosis of ADHD in your area?
4. How long is the average waiting time for those with ADHD symptoms between referral and

assessment? For:

- a. Adults (over 18)?
- b. Children (under 18)?

5. How long is the average waiting time for those with ADHD symptoms between referral and diagnosis? For:

- a. Adults (over 18)?
- b. Children (under 18)?

6. What percentage of the people in your area diagnosed with ADHD are male and female?

7. How much of your budget is spent annually on ADHD services? For:

- a. Adults (over 18)?
- b. Children (under 18)?

### **Response :**

1. How many adults (over 18) were formally diagnosed with ADHD 2018/19?

**146 adults were diagnosed with ADHD in 2018/19**

2. How many children (under 18) were diagnosed with ADHD 2018/19?

**We currently do not capture this data at the CCG**

3. How many adults and children have a diagnosis of ADHD in your area?

**Children: 2783**

**Adults: We do not capture this data at the CCG**

4. How long is the average waiting time for those with ADHD symptoms between referral and assessment? For:

a. Adults (over 18)?

**In 2018/19 the mean waiting time from referral to assessment was 28 weeks.**

b. Children (under 18)?

**12 Weeks**

5. How long is the average waiting time for those with ADHD symptoms between referral and diagnosis? For:

a. Adults (over 18)?

**12 Weeks**

b. Children (under 18)?

**20 Weeks**

6. What percentage of the people in your area diagnosed with ADHD are male and female?

**Adults: Of the 146 diagnosed, 28% were female and 72% male.**

**Children: The CCG does not collect this data.**

7. How much of your budget is spent annually on ADHD services? For:

a. Adults (over 18)?

**For 2020/21 the allocated spend for ADHD is £157,308, however this also includes funding for adult autistic diagnostic and post diagnostic services .**

b. Children (under 18)?

**ADHD services are part of a block contract with Pennine Care so we unable to break this**

down. The block contract includes the majority of both adult and children mental health services.

**FOI NO: FOI 045**

**Date Received: 21 August 2020**

**Request :**

1. Which companies/suppliers do you use to support the assessment of Personal Health Budgets?
2. Which companies/suppliers do you use to support the management of Personal Health Budgets?
3. Which companies/ suppliers do you use to support the payment of Personal Health Budgets?

**Response :**

1. Which companies/suppliers do you use to support the assessment of Personal Health Budgets? **Kaleidoscope, Health Your Way, Independent Living Brokerage Partnership, Moore Stephens (North West)**
2. Which companies/suppliers do you use to support the management of Personal Health Budgets?  
**Kaleidoscope, Health Your Way, Independent Living Brokerage Partnership, Moore Stephens (North West)**
3. Which companies/ suppliers do you use to support the payment of Personal Health Budgets?  
**This is done in house and payments are made via SBS/Oracle**

**FOI NO: FOI 046**

**Date Received: 25 August 2020**

**Request :**

I am writing to you under the Freedom of Information Act 2000 to request information from your NHS organisation about outsourcing in HR.

To make it as easy as possible for you to supply the information to me I have created a spreadsheet (attached) for you to complete, and return to me via email.

**Response :**

**Please see attached spreadsheet for response.**



FOI 046 reply.xlsx

**If you require any further information regarding the attached we suggest contacting the providers directly.**



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<b>FOI NO:      FOI 047</b>	<b>Date Received:    26 August 2020</b>
<b>Request :</b>  Can you provide details of the organisation that you have commissioned to provide Out of Hours GP services?  Please provide:  <ol style="list-style-type: none"><li>1. Start date of contract</li><li>2. Length of contract</li><li>3. Name of organisation</li><li>4. Registered company number</li><li>5. Type of organisation (ltd company, CIC, cooperative, charity etc)</li></ol>	
<b>Response :</b>  <ol style="list-style-type: none"><li>1. Start date of contract <b>1 April 2019</b></li><li>2. Length of contract <b>24 Months</b></li><li>3. Name of organisation <b>BARDOC Limited</b></li><li>4. Registered company number <b>31528R</b></li><li>5. Type of organisation (ltd company, CIC, cooperative, charity etc) <b>Limited Company</b></li></ol>	

<b>FOI NO:      FOI 048</b>	<b>Date Received:    27 August 2020</b>
<b>Request :</b>  Please can you send me via post the following Freedom Of Information Request;  Bury CCG's protocols on Code of Conduct pertaining to the Complex Care Team's delivery of Service; under Bury CCG's NHS Constitution and details of how the Equality Act is implemented with regards to older patients specifically in relation to the quote on your website; " <i>Our vision is to continually improve Bury's health and wellbeing by listening to you and working together across boundaries</i> ".	
<b>Response :</b>  The Complex Care Team follows guidance from the National Framework for NHS Continuing Healthcare regarding assessments and consent. Link below:  <a href="https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care">https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care</a>  We adhere to the principals of the Mental Capacity Act and its associated documents. Link below:	

<https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/>

All nursing staff are also bound by the NMC Code of Conduct. Link below:

<https://www.nmc.org.uk/standards/code/>