

## Dudley CCG Disclosure Log

## November 2013

**Request reference:** FOI/001545**Response date:** 13/11/2013**Request:**

1. Who is the out of hours provider in your CCG?
2. What minimum level of clinical staffing have you agreed with the provider is needed for out-of-hours shifts?
3. How many hours/shifts/days\* in each month since and including April 2013 has the provider failed to meet the minimum clinical staffing levels agreed? \*(please delete according to how the CCG measures this)
4. What proportion of the hours/shifts/days in each month does this represent?
5. How does this compare with the same period in 2012/13?

**Response****Request reference:** FOI/001553**Response date:** 13/11/2013**Request:**

Can you please provide the following information regarding Agency Medical Locum Spend within the Trust for Locum Doctors

1. The amount spent by the trust on Agency medical locums for the period of  
April 2013 - Current  
April 2012 - April 2013 (financial year)  
April 2011 - April 2012 (financial year)
2. A breakdown of this spend by each supplier (agency)
3. Please can you Specify which framework your Trust signed up to for the provision of medical locums (GPS/HTE/LPP or other (please name) ) for the above timeframe - years 2011- 2012, 2012 - 2013, 2013 - Current
4. Please can you break down the agency as:  
 GPS/Buying Solutions Framework supplier and Off Framework supplier  
 or if you currently use any other framework, please can you list these eg HTE or LPP and Off Framework supplier, please specify the date the Trust moved over to the named framework
5. Please can you identify any Sister agencies if the supplier was an Off Framework agency and Name the Framework arm the sister agency was affiliated with?  
Definition of a sister company - A company which is owned by the same parent company or has the same director/s (ownership) as another company.

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6. Please can you explain the reason why Off Framework or Sister Agencies were used?

7. Please can the Trust detail how the introduction of the Sister agency was made, if your Trust predominantly uses/d the GPS/BS/HTE/LPP Framework?

8. Please can you detail any corporate entertainment/hospitality or gifts provided by the Medical Locum Agency to medical staffing or departmental decision maker/s or management team (procurement/finance) who are responsible for the selection of agencies/locums.

Does the Trust monitor the volume of work going through a particular agency to ensure that the locum booking decision maker/procurement team/finance dept hasn't been influenced by such activities?

9. Please can you list the agencies providing such corporate entertainment /hospitality or gifts, assuming there is a log/register?

10. Does the Trust monitor the agencies on their PSL are providing a VfM service and not taking the placements to their Off Framework arm or Sister Companies?

If so how is this reviewed and monitored?

11. Please can you detail how you select your Agency Suppliers?

a) Is this influenced by previous relationship with the supplier (including the addition of agencies who might be newly formed/off framework), or is there a fair selection process in place?

b) Does the trust have a guideline for procurement and selection of suppliers?

c) If a supplier is on the GPS/HTE/LPP framework, how can they make a case for them to be added to the suppliers list to start servicing your Trust?

d) What is the Trusts complaint or appeals procedure should a Supplier feel that they are not being given a fair chance to represent their agency to supply locums ?

e) How does your Trust exclude bias and favouritism towards a certain supplier, given that naturally the locum booker/decision makers tend to prefer working with people they 'like' and 'get on with' or a particular organisation and reluctant to try new suppliers, who might be more cost effective or efficient, have a more robust compliance level than the current supplier/s?

f) Does your Trust review the quality of locum/s that are 'booked' against the candidates who were submitted by other suppliers but were rejected to ensure that the best candidate was offered the post, rather than selected because the candidate was from a particular agency or person?

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g) Does your Trust monitor or have a policy to ensure all CVs within a certain timeframe of a locum requirement being sent out to agencies are passed on to the decision maker and a fair selection process is in place rather than a policy of forwarding the 'favourite' agencies CVs once the candidate specification is met and screened for?

What Quality Assurance Measures does your Trust have in place to review the above two scenarios f & g?

h) Does your Trust review candidate files that were selected against the Trusts minimums standards for employing a doctor? How often does your Trust conduct internal audits on these candidate files to ensure compliance is as per contract (GPS/LPP or HTE)?

i) If an agency has a history of submitting files with poor compliance checks and deviating from best practice or the standards set out by the various frameworks what action/s does the Trust take against the agency?

Is this consistent and are all suppliers treated the same irrespective of market dominance or size?

f) If the Trust has an internal audit/QA process in place for compliance checks of candidates placed at the Trust, Please list your internal audit data for suppliers of medical locums since April 2012-Current

12. How often does your Trust review it's PSL to ensure other Agencies (On the Trusts chosen Medical Locum Framework) have an opportunity to become a supplier?

13. Please can you supply the name of :-

The Procurement lead at your Trust

The person responsible for booking medical locums at your Trust, if this is done at departmental level, please can you supply the name/s per department/speciality and their email address

[Response](#)

**Request reference:** FOI/001557

**Response date:** 13/11/2013

**Request:**

Organisational Name

What hospital (s)?

Name Address Email Telephone

Diabetes Clinical Lead/Director

Diabetes or LTC Commissioner

Contracts Manager

Accountable Officer

Finance Director

What the funding process is for Diabetes?

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How Purchase orders are raised for Diabetes

Who signs off payment?

[Response](#)

**Request reference:** FOI/001568

**Response date:** 19/11/2013

**Request:**

I have an enquiry regarding your CCG's QIPP programme for 2013-14.

Each CCG's QIPP programme will consist of several initiatives - QIPP schemes.

Please send me:

A short description of each of your CCG's QIPP schemes;

How much you expect to save from each scheme; and

Any measurable improvements in quality of care each one is expected to bring about.

[Response](#)

**Request reference:** FOI/001588

**Response date:** 15/11/2013

**Request:**

I would like to know whom to contact regarding ABPM (Ambulatory Blood Pressure Measurement) devices? If you could provide me with contact details (Name, Email, Phone, etc), that would be great.

[Response](#)

**Request reference:** FOI/001590

**Response date:** 05/11/2013

**Request:**

Under the Freedom of Information Act, please provide for the financial year 2011/12 the number of dedicated hernia repair specialists\* who performed surgery for your Trust.

This is in the public interest because it relates to a very common surgical procedure and involves the use of taxpayers' money.

\*ie the number of surgeons who do this surgery more than any other abdominal surgery

[Response](#)

**Request reference:** FOI/001593

**Response date:** 19/11/2013

**Request:** 1. The names of external or independent contractors who currently provide any type of Patient Transport for the Trust? In each case please state whether the contractor provides a) non-emergency patient transport or b) emergency patient transport?

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2. The names of external or independent contractors who have provided any type of Patient Transport in the last six months? In each case please state whether the contractor provided a) non-emergency patient transport or b) emergency patient transport?

[Response](#)

**Request reference:** FOI/001600

**Response date:** 07/11/2013

**Request:**

1. Does your hospital treat private patients?
2. If it does treat private patients, are any NHS resources (ie beds, operating theatres, wards) ever used during their treatment? Please could you specify which resources, if any, have been used for the treatment of private patients in the past.
3. How many private patients were treated/slept in NHS beds in the last 12 months (October 2012- October 2013)?
4. How many private patients were treated/slept in NHS beds between October 2011- October 2012?

If obtaining the information for Q3 and 4 exceeds the time/cost maximum please could you just answer Q3.

[Response](#)

**Request reference:** FOI/001607

**Response date:** 15/11/2013

**Request:**

1. How many doctor and nurse vacancies do you currently have and how long have these positions been vacant?
2. How many of your A&E staff are non specialists in that department? Please provide figures for the last year on a monthly basis, including the total number of medical staff, so I can see it as a percentage. I am only interested in medical staff.
3. How many elective surgeries have been cancelled in the last three months? Please break it down per surgery and per week.
4. Have you met the 18 RTT target over the last three months? Please breakdown the data per week including the prescribed targets.
5. What are your figures for \"medical outliers; per bed over the last three months. If possible, please provide a weekly and monthly figure.
6. What percentage of \"transfers of care\" occupy acute beds? Please break this down into daily, weekly and monthly figures for the last three months.

[Response](#)

**Request reference:** FOI/001611

**Response date:** 08/11/2013

**Request:**

**Dudley CCG Disclosure Log****November 2013**

It is my understanding that NHS guidelines mean that all frontline health professionals are required to have Level 3 Resuscitation training. I also understand frontline health professionals are required to be retrained annually. Please let me know as soon as possible if this not the case so I can amend my request.

How many frontline health professionals in the Trust who were last trained in Level 3 Resuscitation over a year ago are there?

What percentage is this number of the total number of frontline health professionals who should be Level 3 Resuscitation trained in the Trust?

What is the longest a health professional who should have received annual Level 3 Resuscitation is overdue being trained?

**[Response](#)**

**Request reference:** FOI/001612

**Response date:** 08/11/2013

**Request:**

I am looking for all instances of misconduct in doctors from and not excluding Foundation Year 1 to Consultant. I would also like you to include any doctors in management positions or on management committees.

If your institution does not hold a definition of misconduct, I would then define misconduct as any of the following:

1. Plagiarism in research
2. Breaking of your ethics code
3. Verbal, Physical, Sexual or Emotional Abuse of staff/patients
4. Fraud
5. Withholding or falsifying data or records including manipulating patient records
6. Impersonation
7. Breaching confidentiality
8. Who have a sexual relationship with a patient,
9. Who claim that they're competent to practice but are not
10. Who falsely claim that they're qualified to practice

I am requesting this information for the past three academic years

Calendar year 2011 (1st January to 1st December)

Calendar year 2012 (1st January to 1st December)

Calendar year 2013 (1st January to date of this request)

If this would go over the cost limit for my request, then rather than refusing it please just provide the information for the most recent calendar year to the date of this request (2013)

Please provide a full copy of any databases/spreadsheets from which information was extracted in response to this request. In the event that these records contain columns that hold personal information covered by data protection provisions, please simply delete the offending columns and send the rest of the data without them.

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[Response](#)**Request reference:** FOI/001618**Response date:** 13/11/2013**Request:**

Under the Freedom of Information Act 2000 I seek to ascertain the following information relating to 'unapproved' or 'off-framework' agency expenditure. The information required relates to agency expenditure on Medical Locums / Hospital Doctors:

\* How much was the total off-framework / unapproved agency spend on Medical Locums / Hospital Doctors during financial year 2012/2013?

\* Which off-framework / unapproved agencies were used to recruit Medical Locums / Hospital Doctors and could you breakdown of expenditure across these agencies during financial year 2012/2013?

\* Could you provide a breakdown of expenditure on off-framework / unapproved agencies used to recruit Medical Locums / Hospital Doctors by specialism and grade during financial year 2012/2013?

[Response](#)**Request reference:** FOI/001620**Response date:** 05/11/2013**Request:**

Section 1: HCV in your area

1. Please confirm or deny whether there is a lead for hepatitis C in your area.
2. Please confirm or deny whether your organisation has a strategy in place to manage hepatitis C in your area.
3. Please confirm or deny whether your organisation has arrangements in place with other relevant local authorities to co-ordinate hepatitis C commissioning.
4. Please confirm or deny whether your area has a hepatitis C clinical network in place.
5. Please confirm or deny whether you have undertaken or planned to undertake an audit of hepatitis C services in your area and if so, when.

Section 2: Prevalence of Hepatitis C

6. How many people in your catchment area were diagnosed with Hepatitis C in:
  - a.) 2010
  - b.) 2011
  - c.) 2012
  - d.) 2013
7. How many patients in your catchment area have received treatment for Hepatitis C in (please also indicate completed treatment rates, if known):
  - a.) 2012
  - b.) 2013
8. Do you have a registered number of the following high risk factor groups in your catchment area:
  - a.) Homeless

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- b.) Injection Drug Users (IDUs)
- c.) South Asians (Indian, Pakistani, Bangladeshi)

Section 3: Service Design

- 9. Do you have a multidisciplinary Liver team within your catchment area?
- 10. How many whole time equivalent Hepatitis C specialist nurses are employed in your catchment area?
- 11. Do you offer specialist hepatitis services in any of the following settings:
  - a.) Opioid substitution clinics
  - b.) Home care
  - c.) Drug outreach service
  - d.) Homeless clinic

[Response](#)

**Request reference:** FOI/001622

**Response date:** 08/11/2013

**Request:**

- 1. Has your CCG area chosen one health issue to focus on for the remote-care monitoring DES?  
Yes/No
- 2. If yes, what is it please?
- 3. If no, when do you expect to have made this decision?

[Response](#)

**Request reference:** FOI/001631

**Response date:** 07/11/2013

**Request:**

- 1. Thinking about all local services that your CCG has commissioned since April 2013, in how many instances did you use:
  - a, put out the service to full tender?
  - b, put out to Any Qualified Provider?
  - c, awarded on a discretionary basis in best interest of patients without full tender or AQP?
- 2. Any additional comments on why you opted for these routes?

[Response](#)

**Request reference:** FOI/001636

**Response date:** 08/11/2013

**Request:**

I would like to receive details over the past three calendar years (2010, 2011, 2012) of the NHS Dudley CCG, covering or showing the below:

- A policy on the funding of:
  - homeopathic treatments, as well as
  - other alternative or complementary medicines or treatments.

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☐ The amount spent, in each of the last three calendar years (2010, 2011, 2012), on:

o homeopathy treatments, as well as

o other alternative or complementary medicines,

☐ The list of the homeopathic, alternative and complementary treatments prescribed in each of the last three years, in case you have it.

☐ The number of patients, in each of the last three years (2010, 2011 and 2012), who have been

o referred to a homeopathic, alternative and/or complementary practitioner;

o prescribed a homeopathic, alternative and/or complementary practitioner.

☐ The number of GPs practices that offer homeopathic, alternative and/or complementary treatments within NHS Dudley CCG's area.

**[Response](#)**

**Request reference:** FOI/001651

**Response date:** 20/11/2013

**Request:**

I am a GP in Birmingham & would like to contact the Practice managers of the GP practices within your CCG.

Ideally I would like this information in the form of the Email addresses of the managers in a Spreadsheet or Word document.

**[Response](#)**

**Request reference:** FOI/001660

**Response date:** 15/11/2013

**Request:**

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

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)
2. Existing Supplier: If there is more than one supplier please split each contract up individually.
3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years
4. Number of Users:
5. Hardware Brand: The primary hardware brand of the organisation's telephone system.
6. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.
7. Contract Duration: please include any extension periods.
8. Contract Expiry Date: Please provide me with the day/month/year.
9. Contract Review Date: Please provide me with the day/month/year.
10. Contract Description: Please provide me with a brief description of the overall service provided under this contract.

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11. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.

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

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

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

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

[Response](#)

**Request reference:** FOI/001674

**Response date:** 19/11/2013

**Request:**

1. Population served
2. Annual operating budget - usually referred to as net operating costs by previous PCT organisations.
3. Number of staff

[Response](#)

**Request reference:** FOI/001682

**Response date:** 20/11/2013

**Request:**

Total number of inpatients for the twelve months between:

- 1 April 2012 to 31 March 2013;
- 1 April 2011 to 31 March 2012;
- 1 April 2010 to 31 March 2011;
- 1 April 2009 to 31 March 2010; and
- 1 April 2008 to 31 March 2009.

Number of inpatients that developed bed sores, pressure sores or pressure ulcers for the twelve months between:

- 1 April 2012 to 31 March 2013;
- 1 April 2011 to 31 March 2012;
- 1 April 2010 to 31 March 2011;
- 1 April 2009 to 31 March 2010; and
- 1 April 2008 to 31 March 2009.

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☑ Number of inpatients who developed grades three or four bed sores, pressure sores or pressure ulcers for the twelve months between:

1 April 2012 to 31 March 2013;

1 April 2011 to 31 March 2012;

1 April 2010 to 31 March 2011;

1 April 2009 to 31 March 2010; and

1 April 2008 to 31 March 2009.

#### [Response](#)

**Request reference:** FOI/001686

**Response date:** 28/11/2013

#### **Request:**

1.i) How many patients have attended the trust's Accident and Emergency departments in the last three financial years (2010/11, 2011/12, and 2012/13) on more than 10 separate occasions? Please provide this broken down by hospital.

ii) Please provide a breakdown of the total attendances made by patients attending A and E on more than 10 separate occasions. Please provide this broken down by a) financial year (2010/11, 2011/12, and 2012/13) and b) hospital.

i.e 2011 - xxx attendances at xxx Hospital

2. i) How many patients have attended the trust's Accident and Emergency departments in the last three financial years (2010/11, 2011/12, and 2012/13) on more than 50 separate occasions? Please provide this broken down by hospital.

ii) Please provide a breakdown of the total attendances made by patients attending A and E on more than 50 separate occasions. Please provide this broken down by a) financial year (2010/11, 2011/12, and 2012/13) and b) hospital.

i.e 2011 - xxx attendances

3. i) How many patients have attended the trust's Accident and Emergency departments in the last three financial years (2010/11, 2011/12, and 2012/13) on more than 100 separate occasions? Please provide this broken down by hospital.

ii) Please provide a breakdown of the total attendances made by patients attending A and E on more than 100 separate occasions. Please provide this broken down by a) financial year (2010/11, 2011/12, and 2012/13) and b) hospital.

i.e 2011 - xxx attendances

#### [Response](#)

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**Request reference:** FOI/001694**Response date:** 28/11/2013**Request:**

Under the FOI act, I would like to have all the contact email addresses that you hold and that you use to communicate with in spreadsheet format for all of the following in your area:

1. Dental practices
2. Pharmacies
3. Optician stores

I have looked on the NHS choices website and there are only a few email addresses available. I look forward to your assistance in this matter.

[Response](#)**Request reference:** FOI/001698**Response date:** 28/11/2013**Request:**

1) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances in which an A&E member of staff was verbally abused by an A&E patient or someone accompanying an A&E patient. This includes both individuals who have been checked in as patients and those waiting to be seen.

2) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances in which an A&E member of staff was physically abused by an A&E patient or someone accompanying an A&E patient. This includes both individuals who have been checked in as patients and those waiting to be seen.

3) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances in which an A&E member of staff was attacked with a weapon by an A&E patient or someone accompanying an A&E patient. This includes both individuals who have been checked in as patients and those waiting to be seen. Please indicate the weapon used if it does not fall beyond the compliance costs.

4) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances of the above nature which required hospital security to be called. Please also indicate the number of times police were called, if it does not go beyond compliance costs.

5) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of A&E staff that have been sacked, taken voluntary redundancy or have been made redundant. If this information falls beyond compliance costs, please provide data for the most recent year and work backwards until this exceeds compliance costs.

[Response](#)

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**November 2013**

**Request reference:** FOI/001699

**Response date:** 28/11/2013

**Request:**

I am undertaking a study into the individual CCG policies for the surgical correction of gynaecomastia within the NHS. I have not been able to find such a policy on Dudley CCG's web site. Please would you kindly either provide me with a link to the most current policy, or send a copy of the policy to me via e-mail. Thank you.

[Response](#)