

Dudley CCG Disclosure Log

January 2015

Request reference: RFI0086**Response date:** 26.01.2015**Request:**

How many people have applied for and been successful in obtaining continuing care payments to pay for their residential/nursing home care in the last 12 months.

[Response](#)**Request reference:** RFI0087**Response date:** 20.01.2015**Request:**

1. What is your current overall annual expenditure on IAPT provision (either block contract or via AQP)?
2. 2) What is the contract type of your IAPT service? E.g. AQP, block contract.
3. 3) In regard to your IAPT service, how many providers are involved, and what type of organisation are these providers? E.g. Foundation Trust, NHS Trust, 3rd sector, Private, CIC.
4. 4) Does your IAPT provider partner with any other organisation e.g. independent organisations, voluntary groups etc., if yes, please could you state who?
5. 5) Do you jointly commission IAPT services with any other CCG? And if so, what is your financial contribution to this arrangement?
6. 6) Does your IAPT service specification include anything in addition to the standard Department of Health IAPT commissioning guidance (e.g. GP counselling, alcohol services, etc.)? If so, what?
7. 7) What are your local targets/priorities for psychological therapies other than KPIs?
8. 8) Who is the named contact who commissions IAPT services and could you please provide their contact details?
9. 9) What is the population covered by your CCG?
10. 10) What is your CCG's overall financial allocation?

[Response](#)**Request reference:** RFI0088**Response date:** 19.01.2015**Request:**

1. **Software as a Service (SaaS)** is a software distribution model in which applications are hosted by a vendor or service provider and made available to customers over a network, typically the Internet.
2. **E-commerce** hosting is a business that furnishes merchants with solutions for selling their merchandise online. The merchant is typically billed monthly for using space on the hosting company's server. Software is also leased for online order processing. E-commerce hosting businesses usually manage all the technical facets of commercial website development and maintenance for their clients. E-commerce hosting can also include electronic data interchange (EDI).

Dudley CCG Disclosure Log

January 2015

3. **Exchange** Hosting is a service in the telecommunications industry whereby a provider makes a Microsoft e-mail box and space available on a server so its clients can host their data on the server. The provider manages the hosted data of its clients on the server.
4. **Web** Hosting is the activity or business of providing storage space and access for websites.
5. **VOIP** Hosting is a methodology and group of technologies for the delivery of voice communications and multimedia sessions over Internet Protocol (IP) networks, such as the Internet. Other terms commonly associated with VoIP are IP telephony, Internet telephony, voice over broadband (VoBB), broadband telephony, IP communications, and broadband phone service.
6. **Contact Centre:** A hosted contact centre offers all the utilities associated with running a customer service outfit with a pay-as-you-go plan. This means that managers don't need to buy prohibitively expensive hardware, instead they can add software as needed and get deeper in their involvement as they grow
7. **Unified communications** is the integration of real-time communication services such as instant messaging, presence information, telephony, video conferencing, data sharing, call control and speech recognition with non-real-time communication services such as unified messaging.

Response

Request reference: RFI0089

Response date: 05.02.2015

Request:

to provide data on the amount of spend by your CCG to contractors who deliver services to help people settle back at home after a hospital stay?

These may be referred to as:

- independent living services
- reablement services
- care in the community services

And would include tasks such as companionship, transport to medical appointments and collecting prescriptions.

Are you able to provide the most up to date data available on this, per annum?

Response

Dudley CCG Disclosure Log

January 2015

Request reference: RFI0090

Response date: 29.01.2015

Request:

I would like any communications held between Paul Maubach, the Chief Accountable Officer at Dudley CCG. and McKinsey in relation but not exclusive to a US East Coast tour that took place from November 11-15 2013.

I would like the search to be from dates May 2013 to May 2014 and include attachments.

[Response](#)

Request reference: RFI0091

Response date: 15.01.2015

Request:

1. How many GPs have been signed off, or not been at work, due to stress, work related stress or anxiety or depression in the last five years.

Please can you break this down per year, and for each of the diagnoses above....

2. Can you also let me know the average amount of time the GPs have taken off for each of the diagnoses and the, shortest and longest amounts of time any GP has been away from work.

3. Can you let me know how many GPs have had to leave the profession all together due any of the diagnoses.

4. Does your CCG, provide free counselling for GPs with any of these diagnoses? If yes, when did the CCG start doing this? How many counselling sessions do you provide before the doctor has to pay?

[Response](#)

Request reference: RFI0092

Response date: 20.01.2015

Request:

Calculation of Continuing Healthcare fee rate

[Response](#)

Dudley CCG Disclosure Log

January 2015

Request reference: RFI0093

Response date: 13.02.2015

Request:

1. A Copy of the Winning ITT submission:
2. A copy of the Contract
3. The pricing structure that the contract was awarded for
4. The length of the contract award

Response

Request reference: RFI0094

Response date: 18.02.2015

Request:

Contracts for walk in in centres, GP services community medical services in dermatology, ENT and ophthalmology between 1st January 2006 and 1st January 2015. We are particularly interested in services provided by **The Practice Plc.**

1. The name and company registration number of the Provider/s for the above dates
2. For each provider and each procurement time period above, please outline if the providers stated either in the prequalifying questionnaire (PQQ) or the invitation to tender (ITT) that they had previously defaulted on a contract, prematurely ended a contract or had a contract cancelled. This contract cancellation/default/premature end may not necessarily be in the above specialities. If yes, please state which contracts these were, which buyer organisation they were for, the date of the contract end, and the reason for the contract end. Please include any declaration of defaults for any provider of any service.
3. If the provider/s terminated their contract/s before the contract expiry date/s and the reason for termination, even if this does not relate to the above specialities, walk in centres and GP practices.
4. If you have terminated their contract/s before the contract expiry date/s
5. If the Provider/s PQQ or ITT stated they would use locum medical practitioners to deliver the service or whether they employed full time doctors, and whether or not they did / have done so during their contract
6. If the Provider/s have informed you of any Serious Untoward Incidents or data security breaches during the contracts, when these occurred, what they consisted of, and what action/s were required as a result

Dudley CCG Disclosure Log

January 2015

7. If the Provider/s has/have not met any Key Performance Indicators they were contracted to provide, and which these are
8. If you as the commissioner organisation have any concerns relating to the provider

I would be most grateful if the above information could be provided electronically if possible.

[Response](#)

Request reference: RFI0095

Response date: 03.02.2015

Request:

I am conducting an analysis of the contraceptive market in the UK for a client, and am trying to find guidance issued by individual CCGs on prescription contraceptives; specifically whether there is any preference in terms of which brands should be prescribed (eg. "Microgynon 30 is the preferred Ethinylestradiol 30 mcg / Levonorgestrel 150 mcg compound for the following reasons"). I have been able to find this information online for a number of other CCGs, but have been unable to find it for Dudley CCG.

I would be very grateful if you could send me whatever guidance has been issued by Dudley CCG on this matter. Let me know if you require any further information at all.

[Response](#)

Request reference: RFI0096

Response date: 09.02.2015

Request:

1. If your CCG does not commission any PR services please confirm by return.
1. If your CCG does commission PR, please confirm the location and a contact email or phone number for each programme.
2. If your CCG does commission PR, please provide the full name, job title and email address for the person to whom the final audit reports should be sent. Please also confirm the details for any respiratory/COPD lead if different.

[Response](#)

Dudley CCG Disclosure Log

January 2015

Request reference: RFI0097

Response date: 28.01.2015

Request:

1. Can you please advise if your organisation has undertaken an assessment of its compliance against a formal code of governance i.e. the ICSA code of governance for CCGs, the FRC Code of Governance, or the Monitor code of governance?
2. If so, can you please provide a copy of that assessment in electronic form i.e. Adobe pdf, Microsoft office.

[Response](#)

Request reference: RFI0098

Response date: 28.01.2015

Request:

How many incidences of re-induction (or 'retoxing') were there in prisons within your commissioning area in the following years: 2013/14, 2012/13, 2011/12, 2003/4?

[Response](#)

Request reference: RFI0099

Response date: 29.01.2015

Request:

- 1) The name of:
 - a) Your trust
 - b) The names of the hospitals in your trust
- 2) How many patients has the trust moved between Jan 2014-Dec 2014 to local hotel rooms rather than keeping them overnight in a hospital bed?
- 3) How much money has the trust spent between Jan 2014-Dec 2014 putting patients in local hotel rooms rather than in hospital beds?
- 4) In total how many nights have patients spent (between Jan 2014-Dec 2014) in hotel beds when moved there and paid for by the trust?

Dudley CCG Disclosure Log

January 2015

5) If possible please give details of what kind of patients (in terms of conditions) are moved to hotel rooms rather than stay in a hospital bed

[Response](#)

Request reference: RFI0100

Response date: 18.02.2015

Request:

1. How many people with Autism do you commission services for?
2. Could you provide a breakdown by severity of any associated learning disability?
3. For questions one and two, what is the breakdown by patient setting?

[Response](#)

Request reference: RFI0101

Response date: 04.02.2015

Request:

Lead contacts for:

HIV/STI

TB

Vaccine Preventable Diseases (VPDs)

Screening & Immunisation

Influenza

Gastrointestinal Illnesses

Health Care acquired Infections (HCAI)

Blood Borne Viruses (BBVs)

Any other contacts you might consider relevant

[Response](#)

Dudley CCG Disclosure Log

January 2015

Request reference: RFI0102

Response date: 07.02.2015

Request:

1. The total number of patients treated for migraine in your area

2. Botox treatments:
 - a. if available, the total number of migraine patients receiving Botox treatments
 - b. if available, average number of days waiting time for patients from referral to administering Botox treatment
 - c. whether the administration of Botox treatments is monitored by a headache specialist (yes/no)

3. Individual funding requests (structure):
 - a. job title of staff member and/or title of team responsible for responding to IFR applications

4. Individual funding requests for migraine treatment (totals):
 - a. total number of IFR applications made for migraine treatment
 - b. total number of IFR applications made for migraine treatment which have been approved (i.e. funding for treatment granted)
 - c. total number of IFR applications made for migraine treatment which have been rejected (i.e. funding for treatment not granted)

5. Individual funding requests for migraine treatment (devices and treatment)
 - a. Spring TMS device: total number of approved applications
 - b. Spring TMS device: total number of rejected applications
 - c. Gammacore nVNS device: total number of approved applications
 - d. Gammacore nVNS device: total number of rejected applications
 - e. Cefaly device: total number of approved applications
 - f. Cefaly device: total number of rejected applications
 - g. Any other device or treatment not including those above: total number of approved applications
 - h. Any other device or treatment not including those above: total number of rejected applications

[Response](#)

Dudley CCG Disclosure Log

January 2015

Request reference: RFI0103

Response date: 20.02.2015

Request:

Could you send me the dates and venue of your 2015 ACE (area clinical effectiveness) meetings.

[Response](#)