

## Dudley CCG Disclosure Log

July 2015

**Request reference:** RFI0193

**Response date:** 03.07.2015

**Request:**

1. What are the contact details (name and email) of your children's commissioner?
2. What are the contact details (name and email) of your commissioner/s responsible for commissioning of physiotherapy for children?
3. Who is your GP lead for children?
4. If a parent in your area has a child with a specific health problem, e.g. cerebral palsy, who would benefit from specialist physiotherapy (at a tertiary centre and not available through community physiotherapists), what is the defined process or pathway for
  - a. Securing a referral?
  - b. Securing NHS funding?
5. Have you heard of The Movement Centre and Targeted Training?
  - a. If yes, how did you hear about us?
  - b. Has your CCG ever funded a child through the Targeted Training programme?
6. What is the process we should undertake to request that Targeted Training be routinely funded by your CCG and adopted within your annual commissioning plan?
7. Are you planning any co-design events open to providers in the next year?
8. What work-related publications do your commissioners read?

### Response

**Request reference:** RFI0194

**Response date:** 28.07.2015

**Request:**

1. What is the population covered by your Clinical Commissioning Group?
2. For the most recent full year you have data for, what is the number of:
  - a. Adult deaths (18 and over)
  - b. Child deaths (under 18)
  - c. Neo-natal deaths?
3. How many patients have Palliative Care needs?
4. What services do you commission for Specialist Palliative Care?

And how many Palliative Care Specialists are provided by these services you commission?

If possible, please specify numbers of Palliative Care Specialists broken down by:

- a. Consultants in Palliative Medicine

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- b. Specialists Nurses employed as a clinical nurse specialist or a consultant nurse in palliative care
  - c. Allied health Professionals, please specify?
5. Do you commission Specialist Palliative Care Services in a community setting ie. Care Home, Hospice or Acute Trust? Yes/No  
  
If yes, please specify?
6. What is your annual budget dedicated to Specialist Palliative Care Services commissioned for the current financial year, 2015-2016? We understand there may be differences in terms and if it is impossible for you to give a precise figure for whatever reason, please give your best estimate.
7. What is your annual budget for other Palliative Care or End of Life Care Services commissioned for the current financial year, 2015-2016?
8. How many beds are there specifically dedicated to Specialist Palliative Care Services  
  
If possible please break down by:
  - a. Hospices: Number of beds in each hospice inpatient unit, please specify each unit by name.
  - b. Other Providers: Number of beds in each provider inpatient unit, please specify each unit by name.
  - c. Hospital: Number of beds in each hospital inpatient unit, please specify each unit by name.
9. Do you commission for seven day admissions to Specialist Palliative Care Beds? Yes/No  
  
If yes, please provide further information on whether these admissions are available in:
  - a. All hospice beds you commission
  - b. Some hospice beds, and if so how many?
  - c. NHS funded Specialist Palliative Care beds in hospitals, and if so how many?
  - d. NHS funded Specialist Palliative Care beds in another facility, and if so how many?
  - e. Any other facility, please specify.
10. Do you commission seven day Specialist Palliative Care Services? Yes/No  
  
If yes, please give their hours of operations and the specific services available.
11. Do you commission seven day Specialist Palliative Care Services for patients in their own homes? Yes/No  
  
If yes, please specify.
12. Do you commission 24 hour/seven day Specialist Palliative Care advice? Yes/No

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If yes,

- (a) Is this advice from a consultant to all other out of hour's healthcare professionals in your area? Yes/No
- (b) Is this direct advice to patients and their carers? Yes/No
- (c) If by another means, please specify what type of advice is available and how this advice is given.

13. In hospitals, do you commission Hospital Specialist Palliative Care Support Teams? Yes/No

Please give details of which hospitals.

14. Do you commission seven-day hospital acute pain control team services? Yes/No

15. Do you commission education support for Specialist Palliative Care Services? Yes/No

If yes, please specify.

Does this education support require Palliative Care Specialists to educate other healthcare professionals? Yes/No

If yes, please specify.

16. Do you have any future plans for new Specialist Palliative Care Services? Yes/No

If yes, please specify.

### Response

**Request reference:** RFI0195

**Response date:** 03.07.2015

**Request:**

1. Spend on Agency Dieticians for the April 2014 – March 2015 Financial Year
2. Spend on Agency Podiatrists for the April 2014 – March 2015 Financial Year
3. Spend on Agency Arts Therapists for the April 2014 – March 2015 Financial Year
4. Spend on Agency Chaplains for the April 2014 – March 2015 Financial Year
5. Spend on Agency Clinical Psychologists, Counsellors or Psychotherapists for the April 2014 – March 2015 Financial Year
6. Spend on Agency Orthoptists for the April 2014 – March 2015 Financial Year
7. Spend on Agency Play Specialists for the April 2014 – March 2015 Financial Year
8. Spend on Agency Sexual Health Advisors for the April 2014 – March 2015 Financial Year
9. Spend on Agency Diagnostic Radiographers and Sonographers for the April 2014 – March 2015 Financial Year
10. Spend on Agency Therapy Radiographers / Radiotherapists for the April 2014 – March 2015 Financial Year
11. Spend on Agency Physiotherapists for the April 2014 – March 2015 Financial Year

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12. Spend on Agency Speech & Language Therapists for the April 2014 – March 2015 Financial Year
13. Spend on Agency Occupational Therapists for the April 2014 – March 2015 Financial Year
14. Spend on Agency staff within Pharmacy (Pharmacists, Technicians & ATO's) for the April 2014 – March 2015 Financial Year
15. Spend on Agency Audiologists for the April 2014 – March 2015 Financial Year
16. Spend on Agency Mortuary Technicians/Anatomical Pathology Technicians for the April 2014 – March 2015 Financial Year
17. Spend on Agency Cancer Screeners for the April 2014 – March 2015 Financial Year
18. Spend on Agency Cytology Screeners for the April 2014 – March 2015 Financial Year
19. Spend on Agency Healthcare Scientists for the April 2014 – March 2015 Financial Year
20. Spend on Agency Dental Staff for the April 2014 – March 2015 Financial Year
21. Spend on Agency Optometry Staff for the April 2014 – March 2015 Financial Year
22. Spend on Agency Phlebotomists for the April 2014 – March 2015 Financial Year
23. Spend on Agency Biomedical Scientists & Medical Lab Assistants for the April 2014 – March 2015 Financial Year
24. Spend on Agency Genetic Counsellors for the April 2014 – March 2015 Financial Year
25. Spend on Agency Clinical Physiologists (Including Cardiac) for the April 2014 – March 2015 Financial Year
26. Spend on Agency Medical Physicists for the April 2014 – March 2015 Financial Year

### Response

**Request reference:** RFI0196

**Response date:** 08.07.2015

**Request:**

1. Which of these procedures do you offer freely and which on an individual basis for those patients with facial palsy?
  1. Botox injections for synkinesis or facial asymmetry
  2. Static Therapies (4 procedures)
    - browlift
    - canthopexy/ canthoplasty
    - static facial slings
    - face lifts
  3. Dynamic Therapies: (2 procedures)
    - sliding temporalis myoplasty
    - cross facial nerve graft and free muscle transfer (facial reanimation)
2. If you only offer these on an individual evaluated basis why is this?

### Response

**Request reference:** RFI0197

**Response date:** 28.07.2015

**Request:**

1. Do you commission podiatry services provided under AQP?
2. If you do commission podiatry services provided under AQP who do you commission these services from?

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3. What is your tariff description and costs for AQP podiatry services?
4. Please indicate your tariff type and volume for AQP podiatry services?
5. Please indicate activity type by tariff, by provider for AQP podiatry services for 2012-2013, 2013-2014, and 2014 to current date?
6. Does your AQP provider ensure decontamination of instruments in line with European standards?

### Response

**Request reference:** RFI0198

**Response date:** 13.07.2015

**Request:**

1. The number of new "in-county" residential care Learning Disability care placements you have fully or partly funded between
2. 1 January 2015 and 30 June 2015
3. The number of new "out of county" residential care Learning Disability care placements you have fully or partly funded between
4. 1 January 2015 and 30 June 2015
5. The average weekly fee for the new "in-county" placements at 1 above (please provide the range of fees (highest and lowest), and the median and mean)
6. The average weekly fee for the new " out of-county" placements at 2 above (please provide range of fees (highest and lowest), and the median and mean)
7. The number of new "in-county" supported living Learning Disability care placements that cost over £1000 per week that you have fully or partly funded between 1 January 2015 and 30 June 2015.
8. The number of new "out of county" supported living Learning Disability care placements that cost over £1000 per week you have fully or partly funded between 1 January 2015 and 30 June 2015.
9. The average weekly fee for the new "in-county" placements at 5 above (please provide the range of fees (highest and lowest), and the median and mean)
10. The average weekly fee for the new " out of-county" placements at 6 above (please provide range of fees (highest and lowest), and the median and mean)
11. A list of care providers you have used for new placements for learning disability residential care between 1 January 2015 and 30 June 2015 and the number of placements they have received in that period.
12. A list of care providers you have used for new placements for learning disability supported living care between 1 January 2015 and 30 June 2015 and the number of placements they have received in that period.

### Response

**Request reference:** RFI0199

**Response date:** 13.07.2015

**Request:**

1. Please can you tell me how many cycles of IVF treatment the CCG offers to women under the age of 40 and how many cycles to women over the age of 40.

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2. Please can you also tell me how many individual funding requests the CCG has received since April 2013 for IVF treatment and how many have been granted funding. Please list the number of applications and those which were successful on an annual basis since April 2013.

### Response

**Request reference:** RFI0200

**Response date:** 03.08.2015

**Request:**

1. Has NHS Dudley CCG introduced, or is it planning to introduce, new limits to access/eligibility for services during 2015-16, for financial/efficiency/value reasons?
2. Is your CCG planning to introduce new limits to access/eligibility for services during 2016-17, for financial/efficiency/value reasons?
3. If you responded 'yes' to either of the previous questions, please state your plans for limiting access/eligibility.
4. If you responded 'yes' to either of the first two questions, how much money do you estimate this will save?

### Response

**Request reference:** RFI0201

**Response date:** 28.07.2015

**Request:**

1. Who is the senior responsible person for interpreting and translation services?
2. Is Interpreting services contracted?
3. Do you have an in-house interpreting model or outsourced or use a combination of both
4. Do you service interpreting bookings for any other public sector organisations
5. If the service is contracted, when did the contract commence and when is it due to expire?
6. Was the contract awarded after using an OJEU tendering process or was the service accessed through a framework, if so which one?
7. Please provide a copy of the contract/framework call off minus any commercially sensitive information.
8. Total face to face interpreting spend in 2012
9. Total face to face interpreting spend in 2013
10. Total face to face interpreting spend in 2014
11. Total telephone interpreting spend in 2012
12. Total telephone interpreting spend in 2013
13. Total telephone interpreting spend in 2014
14. Number of face to face interpreting bookings 2012
15. Number of face to face interpreting bookings 2013
16. Number of face to face interpreting bookings 2014
17. Number of telephone interpreting bookings 2012
18. Number of telephone interpreting bookings 2013
19. Number of telephone interpreting bookings 2014

**Dudley CCG Disclosure Log****July 2015**[Response](#)**Request reference:** RFI0202**Response date:** 28.07.2015**Request:**

Does your organisation provide BSL interpreting service for Deaf customers/service users/visitors?

- o If yes:
    - § How many hours of BSL interpreting was provided in the last financial year?
    - § In relation to the provisions above, how many separate bookings have been made for BSL interpreting provision during that period?
    - § How much has your organisation spent on BSL interpreting services in the last financial year?
    - § What is the minimum qualification criteria (if any) that your organisation insists the interpreter should have when providing the service? RSLI (Registered Sign Language Interpreter), TSLI (Trainee Sign Language Interpreter) or a person holding BSL NVQ Level 3 or other?
    - § Do you have a contract with a preferred supplier or offer an in-house interpreting service?
      - If your organisation has a contract with a preferred supplier, then when is that contract up for tender?
      - If your organisation provides an in-house interpreting service, would you be looking to put out a tender for BSL interpreting in the near future?
  - o If no, do you have any plans to provide a BSL interpreting service in the near future?
2. Do you offer a live online interpreting service on demand?
- o If no, are there any plans to do so?
  - o If yes, who is the provider and when is the contract up for tender?
3. Do you carry out a customer satisfaction survey of the quality of BSL provision provided by your organisation?
- o If yes:
    - § How is it done? Via paper survey/questionnaire? BSL clips?
    - § What has the outcome been?
  - o If no:
    - § How do you measure that the BSL interpreting service is of good quality and that your services are accessible to BSL service users/customers/visitors?

[Response](#)



## Dudley CCG Disclosure Log

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**Request reference:** RFI0203

**Response date:** 21.07.2015

**Request:**

1. Help / service desk support:

The single point of contact between a service provider and users within an organisation. A typical service desk manages incidents and service requests, and also handles communication with the users.

2. Desktop support:

The technical services offered by a support organisation to a user(s) experiencing problems with their computers. Support may be on either hardware or software running on the affected computing device. Support may include but is not limited to installations, moves, adds, changes and disposition, and local remote services.

3. Network support:

The technical services offered by a support organisation to a user(s) experiencing problems with their network. Support may be on either hardware or software running on the affected computing device. Support may include but is not limited to installations, moves, adds, changes and disposition, and local remote services.

For each of the contract type above can you please provide me with the following information set out below:

1. Contract Type: Please choose from above the type of contract this is related to.
2. What is the Support for Hardware, Software or other please state?
3. Who is this supplier: If there is more than one supplier please input their contract information in another contract profile.
4. What is the annual average spend this can be over 3 or 5 years?
5. What is the duration of the contract please also include any extension periods?
6. When does the contract expire?
7. When will this contract be reviewed by the organisation?
8. Please can you provide me with specific contact details of the person responsible for reviewing/owner of each contract. I'd like their full name, job title, contact number and direct email address.

[Response](#)



**Dudley CCG Disclosure Log**

**July 2015**

**Request reference:** RFI0204

**Response date:** 28.07.2015

**Request:**

**Q1) Did your CCG commission adult hearing services from audiology in 2014/15?**

A1)

- Yes (please continue to question 2)
- No (you have finished, please return this form)

**Q2) Please list all providers from which you commissioned adult hearing services in the year 2014/15**

A2)

Please list name of provider(s) only (address **not** required):

**Q3) Please provide the service specification and prices for adult hearing services you commissioned from each of the providers listed in answer 2?**

**Please note:**

- only attach one copy of any given service specification and prices. E.g. if all providers deliver adult hearing services under AQP for adults over a specific age and are paid the same, then only include this once
- provide a copy of each specification and the prices paid if any provider has an additional contract or a variation on contract or is paid different prices for any reason

A3)

Attachment(s) included

- Yes (number of attachments included in response to this question = )
- No (please explain why: )

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Q4) How many adults in your CCG region have a hearing loss?

A4)

[if not known, please tick here

Q5) How much did you spend on adult hearing services (all providers) in 2014/15? (Please exclude spending on ENT)

A5)

Q6) Please specify how many of the following were performed by ALL of your audiology providers in 2014/15?

(if you would like us to sum the data ourselves please provide raw data for each provider)

A6)

a) Total number of adult hearing assessments

b) Total number of adult hearing aid fits

c) Total number of follow-up appointments

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d) Total number of aftercare appointments – e.g. hearing aid repairs

**Q7) Do you set any restrictions (other than GP referral) on accessing adult hearing services?**

E.g. do you only allow one hearing aid to be fitted to somebody with a hearing loss in both ears or have thresholds in place to restrict access to NHS adult hearing services

A7)

Yes (if yes, please explain below)

No

Details:

**Q8) Do you ask your GPs to refer to a specific provider(s) when referring to adult hearing services?**

A8)

Yes (if yes, please explain why below)

No

Details of why you ask GPs to refer to specific provider(s):

**Q9) Do you collect quality data/information from all your providers?**

A9)

Yes (if yes, please explain below)

No

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Details of how you measure quality:

**Q10) How do you ensure continuous quality improvement in local adult hearing services?**

A10)

**Q11) Do you pay all of your providers the same for adult hearing services?**

A11)

Yes

No (please give details below)

Details, how and why do payments vary:

**Q12) In the year 2014/15, under what type of contract(s) did you commission adult hearing services?**

A12)

**Please tick ALL that apply**

Block Contract

Non-mandated national tariff/Payment by Results

AQP tariff

Cost per case

Other (if ticked please specify here:            )

**Q13) In 2014/15 what did you pay for the following activities? (if you paid providers differently,**

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please provide details for each provider on a separate sheet)

A13)

**a) Adult hearing assessment:**

£ (excluding MFF)

£ (including any local adjustment, e.g. MFF. **If no adjustment insert N/A**)

if not known (e.g. block contract), please tick here

**b) Adult hearing aid fit – one hearing aid (including assessment, fitting and the hearing aid:**

£ (excluding MFF)

£ (including any local adjustment, e.g. MFF. **If no adjustment insert N/A**)

if not known (e.g. block contract), please tick here

**c) Adult hearing aid fit – two hearing aids (including assessment, fitting and two hearing aids:**

£ (excluding MFF)

£ (including any local adjustment, e.g. MFF. **If no adjustment insert N/A**)

if not known (e.g. block contract), please tick here

**d) Adult hearing aid follow-up appointment after fitting:**

£ (excluding MFF)

£ (including any local adjustment, e.g. MFF. **If no adjustment insert N/A**)

if not known (e.g. block contract), please tick here

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**e) Aftercare (e.g. hearing aid repair)**

£           excluding market forces factor)

£           (including any local adjustment, e.g. MFF. **If no adjustment insert N/A**)

if not known (e.g. block contract), please tick here

**f) How often do you pay the aftercare fee specified in 13.e.**

Pay this aftercare fee for each aftercare

Pay this aftercare fee once per year regardless how often the patient attends

Pay this aftercare fee once every three years regardless how often the patient attends

Other (if ticked please specify here:            )

### Response

**Request reference:** RFI0205

**Response date:** 03.08.2015

**Request:**

1. How much did you spend on obesity services in the financial year 2014/15?
2. In financial year 2014/15 how much did you spend on tier 2 obesity services?
3. In financial year 2014/15 how much did you spend on tier 3 obesity services?
4. In financial year 2014/15 how much did you spend on orlistat medication?
5. In financial year 2014/15 how much did you spend on bariatric surgery?
6. In financial year 2014/15 how much did you spend on obesity training?
7. How much did you spend on obesity services in the financial year 2013/14?
8. In financial year 2013/14 how much did you spend on tier 2 obesity services?
9. In financial year 2013/14 how much did you spend on tier 3 obesity services?
10. In financial year 2013/14 how much did you spend on orlistat medication?

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11. In financial year 2013/14 how much did you spend on bariatric surgery?
12. In financial year 2013/14 how much did you spend on obesity training?
13. How much did you spend on obesity services in the financial year 2012/13?
14. In financial year 2012/13 how much did you spend on tier 2 obesity services?
15. In financial year 2012/13 how much did you spend on tier 3 obesity services?
16. In financial year 2012/13 how much did you spend on orlistat medication?
17. In financial year 2012/13 how much did you spend on bariatric surgery?
18. In financial year 2012/13 how much did you spend on obesity training?

[Response](#)

**Request reference:** RFI0206

**Response date:** 04.08.2015

**Request:**

Please provide details of your CCG's NHS wig provision policy for dermatology patients, including those with alopecia and other dermatology conditions which cause hair loss. I would assume that a wig policy would include such information as:

1. Details of the number of wigs that dermatology patients can obtain via a NHS wig prescription including details of the type of wig allowed, whether a monetary value is placed on allowance, any limitations/timescales.
2. Can people with all types of alopecia obtain a wig via a prescription? i.e can androgenetic and scarring alopecia patients obtain a prescription or is one offered just to those with alopecia areata?
3. If wig prescriptions are only offered to those with a certain severity of hair loss, what extent of the head needs to be affected for a prescription to be offered?
4. Are prescriptions for human hair wigs ever offered?
5. What is the annual CCG budget for wigs?
6. Does the annual CCG budget for wigs include wigs for oncology patients as well as dermatology patients? Or are there separate budgets? If so, please provide details of both.
7. Do patients have a choice as to a supplier to take their wig prescription?
8. If a choice of supplier is provided, please confirm the number of choices patients receive and the names and addresses of the NHS approved suppliers.

[Response](#)



## Dudley CCG Disclosure Log

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**Request reference:** RFI0207

**Response date:** 21.07.2015

**Request:**

1. Please list all contracts for clinical services awarded by the CCG since April 2013
2. Please state the name of the service provider which was awarded each contract
3. Please state the value of each contract

### Response

**Request reference:** RFI0208

**Response date:** 04.08.2015

**Request:**

1. The total amount spent by your organisation on non-medical / non-clinical interim staff (i.e staff that may work within contract management, human resources, IT, finance, procurement, business development, administration, et cetera) I request this information for the financial years of 2013/14 and 2014/15
2. When responding, please confirm if the value given is inclusive of agency fees and VAT

### Response

**Request reference:** RFI0209

**Response date:** 28.07.2015

**Request:**

1. Is your GP OOH service required or recommended to meet a minimum staffing level?
2. If so, what is the requirement or recommendation?
3. Is this staffing level a contractual requirement?
4. On how many occasions per month for the past 6 months has your GP OOH provider failed to meet that minimum staffing requirement/recommendation?
5. Please detail for each occasion how far below the required/recommended staffing level the service was?
6. What sanctions have been applied to the GP OOH provider in the past 6 months due to failure to meet a minimum staffing level?

### Response

**Request reference:** RFI0210

**Response date:** 18.08.2015

**Request:**

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1. For the financial year April 1<sup>st</sup> 2013 to March 31<sup>st</sup> 2014
  - Number of providers commissioned to deliver INR testing/blood coagulation analysis in non-hospital settings
  - Number of patients managed for INR testing/blood coagulation analysis in non-hospital settings
  - Number of patients managed for INR testing/blood coagulation analysis in hospital settings
  - Total number of unique patients managed for INR testing/blood coagulation analysis
2. For the financial year April 1<sup>st</sup> 2014 to March 31<sup>st</sup> 2015
  - Number of providers commissioned to deliver INR testing/blood coagulation analysis in non-hospital settings
  - Number of patients managed for INR testing/blood coagulation analysis in non-hospital settings
  - Number of patients managed for INR testing/blood coagulation analysis in hospital settings
  - Total number of unique patients managed for INR testing/blood coagulation analysis
3. List of all providers currently commissioned to deliver INR testing/blood coagulation analysis
4. Contact details of current INR testing/blood coagulation providers, ideally to include: name, site, location, site postcode, NHS code, phone and e-mail
5. Details of any new and/or additional INR testing/blood coagulation services planned between April 1<sup>st</sup> 2015 and March

### Response

**Request reference:** RFI0211

**Response date:** 03.08.2015

**Request:**

1. How do you monitor the number of admissions into hospital for the following conditions?
  - Hyperglycaemia
  - Hypoglycaemia
  - Diabetes Mellitus With Ketoacidosis
2. Do you use HRG coding, if so which codes for each condition, or ICD10 coding, again which codes for each condition?
3. Could you provide the numbers for Dudley CCG for the number of emergency admissions for the financial year 2013/14?

### Response

## Dudley CCG Disclosure Log

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**Request reference:** RFI0212

**Response date:** 05.08.2015

**Request:**

1. Does your CCG commission domiciliary care?
2. How many patients do you provide health funded domiciliary care for?
3. How many hours per week are commissioned?
4. How many service users / patients do you care for under this agreement?
5. What is the average hourly rate of services provided?
6. Do you provide simple homecare or complex clinical care in the community?
7. What is the name of the person who is responsible for commissioning these services?
8. Could you please confirm the population base for this CCG area?

### Response

**Request reference:** RFI0213

**Response date:** 10.08.2015

**Request:**

1. Contact details for the Procurement Officer/Medicines Management Pharmacist responsible for medical supplies relating to Diabetes (Blood glucose meters and Insulin pen needles)
2. Current Standardisation guidelines for Blood glucose meters.

### Response

**Request reference:** RFI0214

**Response date:** 05.08.2015

**Request:**

1. Does the CCG currently operate any schemes for GPs which include a 'maximum number of referrals' as a target?  
(Please list all relevant, including schemes to be implemented in the next year)
2. Does the CCG have similar targets for prescribing, excluding schemes to switch from branded drugs to generics?  
(Please list all relevant, including schemes to be implemented in the next year)

### Response

## Dudley CCG Disclosure Log

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**Request reference:** RFI0215

**Response date:** 26.08.2015

**Request:**

1. How many applications have you had for funding for high cost drugs for non-NICE indications in the last year?
2. How many of these applications were successful?
3. How much funding has been allocated to high costs drugs for non- NICE indications in the last year?
4. Please indicate the number of applications and funding in the last year for the specified indications below:

### Response

**Request reference:** RFI0216

**Response date:** 18.08.2015

**Request:**

1. What is the population size covered by your community continence service provider?
2. Please provide a copy of your community provider continence service specification.
3. Does your provide incontinence pads to patients, or do they assess patients and advise which products the patient needs to purchase?
4. If your provider does provide incontinence pads, is there a limit to how many they are prescribed? If so how many are they allocated?
5. How many weeks supply of pads do patients get at a time?
6. What is the average number of pads prescribed to each patient per day?
7. How often are patient's continence requirements reviewed?
8. How many pads does your provider prescribe a year, for the last full year of data that is available.
9. What is the average daily cost of a patient within the continence service?
10. Please confirm the percentage of the continence patient case load that are prescribed pads due to mobility issues rather than incontinence?
11. Do you provide products for CHC patients in nursing homes, or would this be included in their CHC package of care?
12. Could you please share any prices of products that you may have available?

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13. What is the overall cost of your community continence service for the last year available? Please then split this into the amount spent on products, and the amount spent on service delivery.

### **[Response](#)**