

## Dudley CCG Disclosure Log

**September 2015**

**Request reference:** RFI0245

**Response date:** 29/09/2015

**Request:**

1. The current average waiting time from referral to treatment via IAPT.
2. Total number of patients aged over 65 referred to therapy via IAPT in the latest year for which data is available.
3. How many patients aged 65+ waited longer than 28 days to start treatment in the latest a) year b) quarter for which data is available?
4. What targets have been set to improve the number of older people being referred and treated via IAPT services?

### Response

**Request reference:** RFI0246

**Response date:** 04/09/2015

**Request:**

1. Can I please have the names and contact details of the Director, Head of, programme Lead, programme manager at Dudley CCG for the following:
  - Planned care
  - Primary care
  - Mental health
  - Continuing healthcare
  - Urgent care
  - Learning disabilities
  - Out of hospital
  - Contract management
  - Co-commissioning
  - Programme management office
  - Quality
  - Corporate Governance
  - Integrated Care

### Response

**Request reference:** RFI0247

**Response date:** 29/09/2015

**Request:**

1. Which specific community and intermediary care services does your CCG commission in relation to the treatment of sickle cell and thalassaemia? Including the voluntary sector?

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2. What specific action has the CCG taken in collaboration with NHS England, or plans to take, to implement the recommendations from both Peer Reviews?

**Response****Request reference:** RFI0248**Response date:** 01/10/2015**Request:**

1. What is the overall allocation of financial resources for financial year 2015/16?
2. What is the prevalence of overweight and obesity in your population?
3. How much of the CCG allocation (for financial year 2015/16) is spent on children accessing the following services (please see National Obesity Forum Obesity Model below for examples)
  - a. Tier 2 Children's weight management services- For children with a BMI above the 85<sup>1</sup> percentile. The primary purpose of these programmes is to support overweight and obese children using a combination of diet, physical activity and behaviour modification. Outlines of the types of these services can be found below in the NOF Obesity model.
  - b. Tier 3 Children's weight management services – For children with a BMI above the ggtn centile or 98<sup>1</sup>n percentile with complex needs. The primary purpose of these programmes is to support overweight and obese children using a Multi-Disciplinary Team involving some or all of the following clinicians, GP, Dietician, psychologist, family therapist, exercise/physical activity, lifestyle coaches.
  - c. Tier 4 Children's weight management services- For children with a BMI above the ggtn Centile with complex needs- Residential weight loss camps.
4. How much of the CCG allocation (for financial year 2015/16) is spent on adults accessing the following services (please see National Obesity Forum Obesity Model below for examples)
  - a. Tier 2 Adult weight management services- For Adults with a BMI above 5. 5. The primary purpose of these programmes is to support overweight and obese adults using a combination of diet, physical activity and behaviour change. Outlines of the types of these services can be found below in the NOF Obesity model.
  - b. Tier 3 Adult weight management services- For adults with a BMI above 40 or above 35 with comorbidities . The primary purpose of these programmes is to support obese adults involving some or all of the following clinicians, GP, Dietician, psychologist, exercise/physical activity, lifestyle coaches.

**Response****Request reference:** RFI0249**Response date:** 01/10/2015**Request:**

1. Number of Admitted Patient Care for NHS funded patients in NON-NHS providers.

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2. Number of Admitted Patient Care for NHS funded patients.
3. Number of Outpatient for NHS funded patients in NON-NHS providers.
4. Number of Outpatient for NHS funded patients.
5. Number of Accident and Emergency data for NHS funded patients in NON-NHS providers.
6. Number of Accident and Emergency data for NHS funded patients.
7. Finished admission episodes for NHS funded patients in NON-NHS providers.
8. Finished admission episodes for NHS funded patients.

### Response

**Request reference:** RFI0250

**Response date:** 01/10/2015

#### **Request:**

1. How many procedures have you commissioned for the 2015/16 financial year?
2. When was this work commissioned and how many providers were contracted?
3. When does your current cataract period come to an end?
4. At what point in time will you be tendering for future cataract contracts, and where will this be advertised?
5. In order to be considered as a supplier in the future do providers need to be registered under Any Qualified Provider in advance and if so who is the correct contact to begin this process.

### Response

**Request reference:** RFI0251

**Response date:** 15/09/2015

#### **Request:**

PART 1 Questions:

1. Please tell me what the local only / local area only or local bound services contracts you have in place with GP Practices?
2. I am interested to find out if there was a Choose and Book referral service this year available to them or were they contracted not to use it?
3. Are there any local hospitals they are contracted to use only and not go outside the area?
4. Are there any restrictions to using only local secondary care dermatology department services and not outside the area?

PART 2 Questions:

1. Please tell me what the local only / local area only or local bound services contracts you have in place with local CCG hospitals?
2. I am interested to find out if there was local CCG hospitals to other CCG Hospitals referral service this year available to local CCG hospital consultants or were they contracted not to use it?

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3. Are there any locally restrictive services such as only within the particular NHS Trust / CCG that the local CCG hospitals are contracted to use only and not go to other CCG hospitals?
4. Are there any restrictions to using only CCG run dermatology services and not go to other CCG dermatology services hospitals?

### Response

**Request reference:** RFI0252

**Response date:** 01/10/2015

#### **Request:**

1. What are the basic numerical official and non-official equations in quantitative financial performance indicators, key performance financial indicators or financial metrics or financial numerical measures, for example, are there equations such as:
  - (i) All financial hospital forecast costs 'divided by' Total hospital seen inpatient and outpatient patients forecast = Cost per patient
  - (ii) Dermatology department forecast costs 'divided by' Total dermatology department seen patients forecast = Cost per dermatology patient
  - (iii) Resus department forecast costs 'divided by' Total resus department seen patients forecast = Cost per resus patient
  - (iv) Acute ambulatory department forecast costs 'divided by' Total acute ambulatory department seen patients = Cost per acute ambulatory department patient
  - (v) Care of the elderly department forecast costs 'divided by' Total care of the elderly department seen patients = Cost per care of the elderly department patient
  - (vi) ITU department forecast costs 'divided by' Total ITU department seen patients = Cost per ITU department patient

### Response

**Request reference:** RFI0253

**Response date:** 09/10/2015

#### **Request:**

1. A full and complete copy of the contract, or contracts, related directly or indirectly to this complaint in existence between the Dudley Clinical Commissioning Group, the West Midlands Ambulance Service, and the NHS 111 Service at the time pertaining to the complaints
2. A copy, if different or additional to the above, of the series of performance and quality standards pertaining to the contract that operates, or was operating, between the Dudley Clinical Commissioning Group, the West Midlands Ambulance Service and the NHS 111 Service, including those nationally mandated and those determined locally
3. A copy of the processes in place to provide assurance to the standards being met
4. A copy of the Care Quality Commissions report of their inspection of the West Midlands Ambulance Service and a copy of the inspection of the NHS 111 Service if applicable

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5. The name of the Inspector, or inspectors, who undertook the inspection of the West Midlands Ambulance Service, and the NHS 111 Service if applicable, on behalf of the Care Quality Commission, should these not have been provided on the reports
6. The date when the West Midlands Ambulance Service, and the NHS 111 Service if applicable, was subject to inspection by the Care Quality Commission if not provided on the reports
7. The number of complaints received from the public pertaining to the West Midlands Ambulance Service, the Dudley Clinical Commissioning Group, and the NHS 111 Service for 12 months prior to the date of this letter.

### Response

**Request reference:** RFI0254

**Response date:** 08/10/2015

**Request:**

Please find attached spread sheet regarding Community Pathology Services

### Response

**Request reference:** RFI0255

**Response date:** 01/10/2015

**Request:**

1 Do you provide continence aids to meet the assessed needs of:

- a) Care home residents who have been assessed as qualifying for fully-funded NHS Continuing Healthcare Yes / No?
- b) Care home residents who have been assessed as qualifying for Funded Nursing Care payments Yes / No?
- c) Care home residents who have been assessed as requiring personal care only ie residential residents who are not in receipt of CHC or FNC funding Yes / No?

2. If you have adopted a different approach between 1a, 1b and 1c please explain why.

3. If the answer to any of Questions 1a, 1b or 1c is yes:

- a) please provide us with details of the continence aids that you provide (including the types of aids and number of items supplied per resident per week for each of the three categories of resident 1a, 1b and 1c).
- b) is the type of aid and amount of items supplied varied according to individual residents' assessed need? If so, please explain how. If not, please explain why not.
- c) have you set a maximum limit of the number of continence pads and / or other continence aids supplied per resident? If so, please tell us what this limit is and explain why it has been set at this level.

4. If you do not directly provide continence aids, do you instead make a payment to reimburse care homes for purchasing continence aids for their residents Yes / No?

5. If the answer to Question 4 is yes:

- a) for the three categories of residents identified in Questions 1a, 1b and 1c, what is the amount of this payment per resident per week?

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- b) is the amount paid a standard sum or does it vary according to a resident's assessed needs?
- c) please provide us with details of your calculations to determine that the amount paid is sufficient to meet residents' assessed needs.
- d) please provide us with details of your processes for making these payments (e.g. are they made upon receipt of an invoice from the care home, are they paid automatically together with Funded Nursing Care payments etc?)

6 Does every care home resident get a continence assessment Yes / No. If the answer is no, please explain why not.

7 How often do you normally review a resident's continence assessment? Do you have a maximum time limit between such assessments and if so, what is this limit?

**Response**

**Request reference:** RFI0256

**Response date:** 23/09/2015

**Request:**

- 1. How many GP practices in your area have been issued with a breach notice for failing to comply with the contractual duty to submit friends and family test data?

**Response**

**Request reference:** RFI0257

**Response date:** 22/09/2015

**Request:**

- 1. What are the clinical commissioning groups' Policies concerning fertility treatment for single women?
- 2. Do clinical commissioning groups' policies on fertility treatment fund single women?
- 3. Are single women seen as separate category?
- 4. How are single women treated in comparison to other groups: heterosexual couples, gay couples and single men?

**Response**

**Request reference:** RFI0258

**Response date:** 23/09/2015

**Request:**

- 1. Spend on Locum/Agency Doctors & Medical Locums for the April 2014 – March 2015 Financial Year
- 2. Spend on Locum/Agency Nursing staff for the April 2014 – March 2015 Financial Year
- 3. Spend on Locum/Agency Paramedics & Emergency Services Personnel for the April 2014 – March 2015 Financial Year
- 4. Spend on Locum/Agency Social Workers for the April 2014 – March 2015 Financial Year

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### Response

**Request reference:** RFI0259

**Response date:** 23/10/2015

**Request:**

Question 1: Between 1 July 2014 and 30 June 2015, in the area covered by your CCG:

1. What was the prevalence of atrial fibrillation (AF)?
2. How many patients were diagnosed with AF?
3. How many patients received a manual pulse check for AF?

Question 2: Which of the criteria listed below is included in the personalised package of care offered to patients with AF?

Question 3: What steps does your CCG take to verify that patients with AF are being offered a personalised package of care?

Question 4: What support networks and information are advertised and provided to patients with AF?

Question 5: Between 1 July 2014 and 30 June 2015, how many patients in the area covered by your CCG have been referred for specialised management due to:

- a.) Failure of AF treatment to control the symptoms of AF?
- b.) Recurrence of AF following cardio version?

Question 6: What steps do your providers take to ensure that people with any of the above conditions are assessed for AF-related stroke risk using the CHA2DS2-VASc stroke risk score?

Question 7: What steps do your providers take to ensure that the HAS-BLED score is used to assess the risk of bleeding in people who are starting or have started anticoagulation?

Questions 8: Of the patients who were treated for AF in the area covered by your CCG between 1 July 2014 and 30 June 2015, how many had a CHA2DS2-VASc score of 2 or above?

Question 9: Of these patients, how many were treated for AF-related stroke prevention with:

- a.) Anticoagulation therapy (therapy which reduces the body's ability to form clots in the blood)?
- b.) Aspirin monotherapy (the treatment of AF with aspirin alone)?

Question 10: What guidance do you give to your providers to ensure they are prescribing an appropriate anticoagulant approved by NICE for AF-related stroke prevention rather than aspirin monotherapy?

Question 11: Of the patients treated with anticoagulation therapy for AF-related stroke prevention in the area covered by your CCG between 1 July 2014 and 30 June 2015, what percentage were treated with:

- a.) A novel oral anticoagulant (NOAC)?
- b.) Warfarin?

Question 12: Do your providers offer rate-control as the first-line strategy to patients with AF?

### Response