

Dudley CCG Disclosure Log

January 2016

Request reference: RFI0330**Response date:** 25.01.2016**Request:**

1. I would like to request information on whether the NHS Dudley CCG is considering implementing video appointments for the delivery of GP services to local patients.
2. If video appointments are under consideration, what are the timescales for implementing this measure.

Response**Request reference:** RFI0331**Response date:** 25.01.2016**Request:**

A. For each GP practice within the CCG, please state:

1. Does the practice run a diabetes clinic? Y/N
2. Does the practice run a clinic for Type 1 diabetes patients? Y/N
3. Does the practice have a GP with special interest in diabetes (GPwSI)? Y/N
4. Are there any diabetes specialist nurses (DSN) available onsite e.g for clinics? Y/N
5. If no DSN is available, do any of the nurses hold a diabetes accreditation, e.g. Warwick certificate or MSc? Y/N
6. Is there a registered diabetes dietician available onsite e.g. for clinics? Y/N
7. Does the practice run a diabetes and/or long-term condition psychology service? Y/N
8. Does the practice run a podiatry or foot clinic? Y/N
9. Does the practice offer structured education for Type 2 diabetes patients? Y/N
 - o If yes, what is it called? E.g. X-Pert, Desmond
10. Does the practice offer structured education for Type 1 diabetes patients? Y/N
 - o If yes, what is it called? E.g. DAFNE
11. Is retinopathy screening provided onsite at the practice? Y/N
12. Does the practice accept Out of Area patients? Y/N
13. Does the practice offer patients remote consultations e.g. through Skype? Y/N

B. For each community diabetes service within the CCG, please state:

1. Is it a consultant-led service? Y/N
2. Is it funded under a block contract with the CCG? Y/N
3. Does the service cater for Type 1 diabetes patients? Y/N
4. Are there any diabetes specialist nurses (DSN) available onsite? Y/N
5. If no DSN is available, do any of the nurses hold a diabetes accreditation, e.g. Warwick certificate or MSc? Y/N
6. Is there a registered diabetes dietician available onsite? Y/N
7. Does the service run a diabetes and/or long-term condition psychology service? Y/N
8. Does the service run a podiatry or foot clinic? Y/N
9. Does the service offer structured education for Type 2 diabetes patients? Y/N
 - o If yes, what is it called? E.g. X-Pert, Desmond
10. Does the service offer structured education for Type 1 diabetes patients? Y/N
 - o If yes, what is it called? E.g. DAFNE

Dudley CCG Disclosure Log

January 2016

11. Does the service offer retinopathy screening onsite? Y/N
12. Does the service offer patients remote consultations e.g. through Skype? Y/N
13. Is the service available through GP referral? Y/N
14. Is the service available through self-referral? Y/N
15. Does the service accept Out of Area patients? Y/N

Response

Request reference: RFI0332

Response date: 12.01.2016

Request:

1. We have the following guideline document relating to CMPA prescribing listed for your organisation.
Dudley Appropriate Prescribing of Specialist Infant Formulae (September 2015)
Please confirm if this is up-to-date and still in use?
2. If the above document is no longer used, please provide a link to, or a copy of, the most up-to-date guidelines referenced by your organisation.

Response

Request reference: RFI0333

Response date: 25.01.2016

Request:

1. The amount of money spent by your organisation* on the provision of community disability equipment** in your area.

*We require information from each organisation separately

**The term community equipment includes such items as wheelchairs, buggies, specialist beds, standing frames, hoists and specialist seating. We do not include structural adaptations, consumables such as nasal gastric tubing and incontinence supplies, IT equipment or surgical aids

Response

Request reference: RFI0334

Response date: 12.01.2016

Request:

Please could you provide the NAME and EMAIL ADDRESS for the following roles within your organisation;

1. Senior Information Risk Owner (SIRO)
2. Information Governance Lead / Head of IG
3. Director responsible for FOI
4. Director responsible for IG

Dudley CCG Disclosure Log

January 2016

I would expect that these roles would be of such a senior grade that you would release the details and not exempt them as personal information.

Response

Request reference: RFI0335

Response date: 05.02.2016

Request:

1. A list of pharmaceutical products/drugs that your CCG currently holds rebate agreements for.

I only request the product names, I understand that the dates and financial details of the rebates would be considered commercially confidential but have been advised that the existence of a rebate with a product does not fall within a section 42 exemption.

Response

Request reference: RFI0336

Response date: 13.01.2016

Request:

1. Whether or not the CCG currently has a designated Medical / Clinical Officer to support the coordination and implementation of SEND reforms,
2. Regarding the current designated Medical / Clinical Office, the following,
 1. The name and contact details of the Officer,
 2. The time the current Officer has spent in-post,
 3. Any and all clinical posts simultaneously held by the current Officer,
3. A list of all Local Authorities with whom the current Officer is coordinating SEN provision with.

Response

Request reference: RFI0337

Response date: 18.01.2016

Request:

1. Have you had any input, formal coordinating role or informal coordinating role with regards to EMR purchasing and/or use in primary care?
2. Have you had any input, formal coordinating role or informal coordinating role with regards to EMR purchasing and/or use in acute hospital trusts?
3. Do you hold any information about any EMR franchising (the act of licensing a locally implemented and/or locally tailored EMR to another acute trust or other organisation) or coordination arrangements in your geographical area, even if you did not have any input or coordinating role?
4. Do you hold records of whether primary care centres in your commissioning area are able to franchise EMR to other primary care centres?
5. Do you hold records of whether acute hospital trusts in your commissioning area are able to franchise EMR to other trusts?

Dudley CCG Disclosure Log

January 2016

6. Is there functional interoperability (i.e. the ability to transfer of information between EMRs) between two acute trusts within your commissioning area?
7. Is there functional interoperability (i.e. the ability to transfer of information between EMRs) between a primary care organization and an acute hospital trust in your commissioning area?

Response

Request reference: RFI0338

Response date: 26.01.2016

Request:

Re: Optical services

1. Confirmation that these services are in place
2. Service activity data presented as the number of patients to have accessed each service in the year 1st April 2014 - 31st March 2015
3. The number of optical practices contracted to provide each service
4. The CCG's financial expenditure on each service in the year 1st April 2014 - 31st March 2015

Response

Request reference: RFI0339

Response date: 18.01.2016

Request:

1. How many Information Governance staff are employed by the CCG?
2. What are the roles of the staff in your Information Governance office, a brief description of each role, and the Agenda for Change band allocated to each role?
3. What is the annual cost for Information Governance office at your organisation including staff salaries?

Response

Request reference: RFI0340

Response date: 25.01.2016

Request:

1. The staffing dedicated to PTSD i.e. how many staff from how many different professional disciplines are working in service
2. In the 12 month period leading up to receiving this request, the total number of referrals made within your CCG for PTSD treatment, the total number accepted for treatment and the number that completed eight or more treatment sessions, and a breakdown of accepted referrals in terms of age, ethnicity and gender.
3. The models of psychological intervention and the levels provided for PTSD treatment.
4. The type of formal social support provided to patients suffering PTSD and/or their families.

Dudley CCG Disclosure Log**January 2016**

5. An indication of any outreach work being carried out with populations who are underrepresented in accessing mental health services but are likely to be exposed to considerable psychological trauma e.g. homeless persons.

Response**Request reference:** RFI0341**Response date:** 01.02.2016**Request:**

1. The CCG's locally-proposed metric
2. The targets set by the CCG (or HWB in which the CCG participates) for each metric - please state precise statistical targets where applicable
3. Please state the "starting position" for each metric - i.e. please give statistics on how that metric was performing at the start of the measuring period (e.g. if the Delayed Transfers of Care target is to reduce DTOCs from their 2014/15 level, please state the DTOCs figure for 2014/15)
4. Please state whether the CCG or the local authority (please state which) is responsible for measuring progress for each target
5. Please state what statistical progress to date has been made towards each target, and whether each target is currently forecast to be achieved by the end of 2015/16

Response**Request reference:** RFI0342**Response date:** 25.01.2016**Request:**

1. Helicobacter pylori testing – Adults and Adolescents
 - a. A list of the tests recommended/allowed to be used for the diagnosis of a Helicobacter pylori infection within your CCG.
 - b. If Helicobacter test INFAL is not on the recommended/allowed list, please provide a reason.
2. Helicobacter pylori testing – Children
 - a. A list of the tests recommended/allowed to be used for the diagnosis of a Helicobacter pylori infection in children within your CCG.
 - b. If Helicobacter test INFAL is not on the recommended/allowed list, please provide a reason.
3. Changing a recommendation
 - a. If a product/procedure is not on the recommended/allowed list, please can you advise regarding the process to be followed to have a product/procedure accepted on to the recommended/allowed list. Please can you advise of any associated contact details/information required for the process.

Response

Dudley CCG Disclosure Log

January 2016

Request reference: RFI0343

Response date: 05.02.2016

Request:

1. The total amount in pounds sterling spent upon "Sleep positioning systems" for the financial year 2014-2015.
2. The number of requests for funding of "Sleep positioning systems" during the financial year 2014-2015.
3. The list of diagnoses where funding for "Sleep positioning systems" has been requested during the financial year 2014-2015.
4. The number of times funding *for* "Sleep positioning systems" has been requested for the diagnosis of scoliosis in the financial year 2014-2015.

Response

Request reference: RFI0344

Response date: 01.02.2016

Request:

Please provide the name and give contact details for the following roles:

For the Children with Disabilities Team

- Team Managers
- Social Workers
- Care Managers
- Community Nurses
- Community Learning Disabilities Team

For the Adults Learning Disability Team

- Team Managers
- Social Workers
- Care Managers
- Community Nurses
- Community Learning Disabilities Team

Response

Request reference: RFI0345

Response date: 01.02.2016

Request:

1. I enclose as an attachment to this email a Microsoft Excel template file. I would be grateful if you could insert the name of your Trust below the column marked 'Q1' and provide answers to the following questions into the same Excel file:

Dudley CCG Disclosure Log**January 2016**

2. What was the average number of days waiting time between referral to CAMHS and first appointment in each of the last three calendar years and for each tier of CAMHS care? Please insert the answers into the supplied Microsoft Excel template file to the right of the rows marked: 'Q1 - 2013'; 'Q1 - 2014'; 'Q1 - 2015'; and under the appropriate column for each of the four tiers of CAMHS care.
3. What was the single longest number of days waiting time between referral to CAMHS and first appointment in each of the last three calendar years and for each tier of CAMHS care? Please insert the answers into the supplied Microsoft Excel template file to the right of the rows marked: 'Q2 - 2013'; 'Q2 - 2014'; 'Q2 - 2015'; and under the appropriate column for each of the four tiers of CAMHS care.
4. What information do you hold or have access to showing, or having the potential to show, the following:
 - a. patient incidents in the time between referral to CAMHS and first appointment?
 - b. serious case investigations in the time between referral to CAMHS and first appointment?
 - c. patient suicides in the time between referral to CAMHS and first appointment?
5. How many a) patient incidents b) serious case investigations c) patient suicides have there been between the date of first referral to CAMHS and the date of first appointment in the last three calendar years?
6. Please provide me with a copy of the CAMHS referrals dataset, including (but not limited to) the following fields of information (where available): the date of the referral; the date of the first appointment; the tier and type of CAMHS care the referral was for; whether or not the patient attended the first appointment; the reasons for non attendance; the severity of the case; any other non-exempt field of information. Please provide this as a linked dataset in a machine-readable format, as you are required to under the dataset provisions of the Act.

Response**Request reference:** RFI0346**Response date:** 05.02.2016**Request:**

Please could you provide details of commissioning policies for elective surgical procedures which include referral thresholds or specific requirements for:

- Patients who smoke
- Patients who have a BMI over a specified level

Response**Request reference:** RFI0347**Response date:** 12.02.2016**Request:**

Dudley CCG Disclosure Log

January 2016

1. Because Choose and Book now e-Referral Service is automated self-service booking service where the patient is using internet to book into any hospital they want for their first consultation appointment, is there any patient illness information that the GP gives to hospital consultant by sending a letter or fax (manually method) after the Choose and Book now e-Referral Service is made? Or does the GP give patient illness information / has to give patient illness information by default at the very start (automatic method) when the GP is offering Choose and Book now e-Referral Service to the patient?

2. Are there particular lead times for serious illnesses which require urgent referral appointments to be made by the hospital who will be seeing the patient, conditions such as cancer etc and does the Choose and Book now e-Referral Service cater for this?

Response

Request reference: RFI0348

Response date: 12.02.2016

Request:

1. A copy of your final Child and Young People's Mental Health and Wellbeing Local Transformation Plan (or if you have already published this online please could you let me have the link)
2. A copy of your CCG's template high level summary of the plan as requested by NHS England in Annex 1 of the guidance published in August 2015
3. * A copy of your CCG's self-assessment checklist as requested by NHS England in Annex 2 of the guidance published in August 2015
4. * A copy of your CCG's tracking template as set out by NHS England in Annex 3 of the guidance published in August 2015.

Response