

Q1 2016

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FOI Request 380

I am writing to you under the Freedom of Information Act 2000 to request the following information:

'Do you commission palliative care for children and young people with life-shortening conditions between the ages of 0 and 25? (yes/no)'

Walsall Clinical Commissioning Group do commission palliative care services for children, between the ages of 0 – 18. There is a transition to adult palliative care after the patient turns 18.

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request to be included in the scope of the Act.

FOI Request 381

1. What did your Clinical Commissioning Group(s) (CCG) spend on Child and Adolescent Mental Health Services (CAMHS) in each of the last three years (2013/14, 2014/15, & 2015/16)?

2013-14 £2,472K

2014-15 £2,768K

2015-16 £3,226K

* relates to CCG direct commissioning costs of CAMHS clinical services

2. What is the planned expenditure on CAHMS services in your CCG's 2016/17 budget?

£3,764K

3. How many children and young people have been referred to CAMHS services in your CCG area(s) in each of the last three years?

It would be more appropriate for Dudley and Walsall Mental Health Partnership Trust to provide a response to this question. You can forward your question to:

FOI@dwmh.nhs.uk

FOI Request 382

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please could you tell me:

1. What was the total expenditure of the CCG in the financial year 2015-16 for residential and nursing care placements for people with mental health problems*? **£7,223,689.72**

2. What proportion of the total expenditure was spent on placements within and on placements outside your local CCG area? **Within Walsall £5,072,275.52***

Outside of Walsall £2,151,414.72

*** Only provision with a Walsall postcode (WS) has been included in the figures within Walsall. However, we routinely utilise local provision within close proximity and the Black Country.**

3. How many individual clients does this figure represent? **115**

4. How many of these individuals were in placements within and how many were outside your local CCG area? **Within Walsall 89**

Outside of Walsall 26

5. How many adults with mental health problems* were placed in a “locked rehabilitation unit” outside your local CCG area in the financial year 2015-16? **26***

This includes a proportion of patients placed in nearby Wolverhampton.

6. What was the total expenditure of the CCG in the financial year 2015-16 for “locked rehabilitation unit” placements? **£4,148,279**

FOI Request 383

I'm getting in touch today to enquire when the next review dates are for the following classes of drugs within the Walsall Formulary? To make clear, I do not need previous review dates for these classes of drugs.

- SGLT-inhibitors
- DPP4-inhibitors
- GLP-1 agonists

Walsall CCG Response:

The diabetes guidelines are reviewed annually, so as Walsall CCG has recently reviewed this in light of the newly updated guidance, we would anticipate that this would next be done in March 2017 – so these classes would be reviewed as part of that, unless there is a change for example in guidance, or a NICE tag etc.

FOI Request 384

I am writing to you under the Freedom of Information Act 2000 to request the following information:

‘Do you commission the following services to children and young people with life-shortening conditions between the ages of 0 and 25 (yes/no)? If yes, please state how much you will spend on this in 2015/16.

- short breaks **Walsall Clinical Commissioning Group budget is approximately 800k for eligible Continuing Health Care children including life-shortening conditions**
- step-down care **please define what you mean by step down care?**
- end of life care **This is a small number of children with limited costs. EOL care costs will be determined by amount of time, hours, night sits that are required during final stage of illness / disability**

- transitions between children's and adult services' [Costs included in first bullet point response](#)

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request to be included in the scope of the Act.

FOI Request 385

[Please see attachment](#)

FOI Request 386

- What was the size of the patient population covered by your CCG in 2015?

[275,847](#)

- How many patients were diagnosed with heart failure across your CCG in 2015?

[A total of 366 individual patients were admitted to hospital with a primary diagnosis of I50 in 2015, between them they generated 441 admissions for heart failure, N.B. this is not the same as the number of patients diagnosed with HF in the 12 month period but I do not have access to any data source which would allow me to determine how many people were newly diagnosed.](#)

- Does your CCG follow NICE guidelines to support the diagnosis of suspected heart failure? If not, what guidance does your CCG follow? Please provide a copy

Yes, please see the link: <https://www.nice.org.uk/guidance/cg108>

o Please provide the details of those tests used to support the diagnosis of heart failure. Please provide details of where these tests are performed - [It would be more appropriate for Walsall Healthcare NHS Trust to response to this question: FOI@walsallhealthcare.nhs.uk](#)

o Does your guidelines recommend the use of NTproBNP tests to support the diagnosis of suspected heart failure? If so, please provide the brand name and manufacturer of the test used - [It would be more appropriate for Walsall Healthcare NHS Trust to response to this question: FOI@walsallhealthcare.nhs.uk](#)

- Does your CCG follow NICE guidelines to support the management of chronic heart failure? If not, what guidance does your CCG follow? Please provide a copy - [It would be more appropriate for Walsall Healthcare NHS Trust to response to this question: FOI@walsallhealthcare.nhs.uk](#)

o Please provide the details of those tests used to support the management of chronic heart failure. Please provide details of where these tests are performed- [It would be more appropriate for Walsall Healthcare NHS Trust to response to this question: FOI@walsallhealthcare.nhs.uk](#)

- How many NTproBNP or BNP tests were performed across your CCG in 2015? - [It would be more appropriate for Walsall Healthcare NHS Trust to response to this question: FOI@walsallhealthcare.nhs.uk](#)

- Are there any restrictions for using NTproBNP or BNP tests? If yes, please explain Policy- **It would be more appropriate for Walsall Healthcare NHS Trust to response to this question: FOI@walsallhealthcare.nhs.uk**

- How many echocardiographs were performed across your CCG in 2015?

5,937 echocardiographs recorded in DM01 returns for 2015.

- What was the average waiting time for an echocardiogram in your CCG in 2015?

Average waiting time, based on reported waiting list figures in DM01 returns, 3-4 weeks (I do not have activity data from which to generate a more accurate average).

FOI Request 387

John's Campaign for the right to stay with people with dementia in hospital



You can find out more about John's Campaign on the following link: www.johnscampaign.org.uk

Walsall Clinical Commissioning Group Response:

In Walsall, the components of 'Johns Campaign' are already in custom and practice has been in for some time.

We are not aware of any other organisations, however you can check with Walsall Healthcare NHS Trust, please their email below:

FOI@walsallhealthcare.nhs.uk

FOI Request 388

Walsall CCG Response FOI 388

1. Please could you confirm the name/s of the current provider/s of your Non-Emergency Patient Transport Services (NEPTS)

Arriva Transport Solutions Ltd

2. Please confirm the value of the contract/s

£30,000

3. Please confirm the date the contract/s started

1st March 2016

4. Please confirm the contract/s duration

12 months

5. Please confirm the end date of the contract/s

31st April 2017

6. Please confirm the current journey volumes that are covered by each of the contract/s

Continuing Healthcare Patients

Transfer of patients to palliative care centre

Transfer of patients to one of our commissioned nursing homes

Ad hoc arrangements

7. Please confirm the contact name, telephone number and email address for the person in charge of commissioning NEPTS for your organisation

Sarah Laing Director of Commissioning, Transformation & Performance,
sarah.laing@walsall.nhs.uk

N.B. The CCG funds Walsall Healthcare NHS Trust to commission our main Non-Emergency Patient Transport Services. Only ad hoc services covered outside of this arrangement are commissioned directly by the CCG. Detailed information is held by Walsall Healthcare Trust.

FOI Request 389

I am conducting research for my University Course on the impact of the Health and Social Care Act in the form of the Lead Provider Framework (LPF). I am asking for all bidder responses and submissions to the services you put out to tender on the LPF.

I specifically asking for the approach they proposed to take to deliver the services.

By comparing the proposals you were offered it will enable me to understand some of the variation in LPF suppliers. Additionally I am hoping this will allow me to compare Commissioning Support Units with external companies.

Re-directed to NHS England

FOI Request 390

We are currently updating our system and we seem to have a lot of incorrect details for practice managers of GP's who are on our system.

Walsall CCG Response:

We are unable to provide you with a response to this request as this information would be exempt under Section 40 –Personal Information of the freedom of information act. Under this exemption we as an organisation can not disclose information which can constitute as personal data.

However, please see the link below for Walsall's GP Practices with contact numbers for each practice.

<http://walsallccg.nhs.uk/about-us/member-practices>

FOI Request 391

Do you commission any of the following services for children with life-shortening conditions between the ages of 0 and 25? If yes, do these services provide care out of hours and at weekends?

- Specialist medical input (e.g. medical consultants with expertise in life-shortening conditions) **yes**
- Community children's nursing **yes**
- Children's hospice services **yes**
- Community paediatrics **yes**
- Specialised children's palliative care (which can include managing complex symptoms and prescribing unlicensed medicines) **yes**
- Emotional and psychological support - including bereavement care **yes**
- Equipment - including wheelchairs **yes**

FOI Request 392

1. Any services which were provided in your CCG area at the establishment of the CCG, which are no longer provided.

There is not and never has been a blanket ban on any procedures. The PCT/CCG recognises there will be exceptional, individual or clinical circumstances when funding for treatments designated as low priority will be appropriate.

2. Any services which were provided in your CCG area at the establishment of the CCG, which were previously provided free of charge, but for which there is now a charge.

Any procedure that has clinical relevance that is provided or commissioned by Walsall CCG will be provided free at the point of contact – the NHS does not charge for treatments or procedures.

3. Any services which were provided in your CCG area at the establishment of the CCG, for which there are now restrictions on eligibility.

Please see Appendix 1 listing the policies that are under the POLCV policies.

4. Whether any restrictions have been placed on eligibility for the following:
 - Cataract surgery
 - Hip and knee replacements
 - Tonsil and cyst removal

- Grommet removal
- Varicose vein removal
- Groin hernia repairs
- Treatment for back pain
- Access to hearing aids.

[Please see Appendix 1.](#)

FOI Request 393

I am researching the commissioning of hypnotherapy in the NHS England. I am attending an academic conference later this year at which the availability of hypnotherapy in the NHS will be discussed.

I would very grateful if you could please inform (by email) if the above CCG currently commissions hypnotherapy, either routinely or in the form of individual funding requests.

I would like if possible to know the most recent yearly figure for total expenditure on hypnotherapy by the above CCG.

Walsall CCG Response:

Walsall Clinical Commissioning Group does not commission hypnotherapy.

FOI Request 394

[Please see attachment](#)

FOI Request 395

Please could you be kind enough to supply me with the contact details of the person within the CCG who has responsibility for Dermatology Services and Commissioning.

Time for Medicine has launched a Teledermatology Service using its own Dermatology Consultants and I would like to offer this service as an extra resource, to your CCG.

Walsall CCG Response:

Walsall Clinical Commissioning Group does not currently have a clinical lead or commissioning manager for Dermatology Services and therefore we do not have anyone at this time with lead responsibility.

FOI Request 396

Can you tell me please the names and e-mail addresses for all the long term conditions leads and the care homes leads.

Walsall CCG Response:

Re-directed to Walsall Council

FOI Request 397

Re: Freedom of Information request regarding Care and Treatment Reviews.

Under the Freedom of Information Act, I would be grateful if you could please provide me with the following information regarding Care and Treatment Reviews for people with a diagnosis of learning disabilities in your Clinical Commissioning Group:

1. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2012/13?

0

2. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2013/14?

0

3. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2014/15?

9

4. How many Care and Treatment Reviews were completed for people with a diagnosis of learning disabilities in the financial year 2015/16?

25

FOI Request 398

[Please see attachment](#)

FOI Request 399

I would like a copy if the Local Estates Strategy.

[Walsall CCG Response:](#)

[Re-directed to NHS Property Services](#)

FOI Request 400

- 1) What are your local CCG commissioning criteria for Rhinoplasty and/or Septorhinoplasty?
 - a) [Rhinoplasty is not routinely commissioned for cosmetic reasons.](#)
 - b) [Rhinoplasty is restricted for non-cosmetic/other reasons e.g. a septoplasty. The CCG will fund this treatment if the patient meets the eligibility criteria below.](#)

[The CCG will fund this treatment if the patient meets the following criteria:](#)

- Documented medical problems caused by obstruction of the nasal airway OR
- Correction of complex congenital conditions e.g. Cleft lip and palate

This means (for patients who DO NOT meet the above criteria or require the procedure for cosmetic reasons) the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG

- 2) Do you currently authorise nasal surgery for post-traumatic cosmetic defects without nasal obstruction?

If there is a post traumatic reconstruction that requires cosmetic surgery to ensure correction then this would be undertaken as part of treatment of the trauma however, any further cosmetic reconstruction that was not of a clinical nature would not be funded

- 3) Do you stipulate a minimum or maximum time limit between nasal injury and assessment for rhinoplasty in order to agree funding (and if so, what is the limit)?

In our policy there is no rigid time limit or restrictions as these would be based on individual need

CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.

- 4) Do you require an assessment of the severity of cosmetic defect prior to agreeing for funding for rhinoplasty (and if so, what assessment is needed).

Restricted – This means CCG will fund the treatment if the patient meets the stated clinical threshold for care.

If your GP or referring professional wishes to appeal against the policy decision then an Individual Funding Request application stating how this condition is clinically affecting daily living or has a clinically assessed psychological impact

FOI Request 401

Calculation

Walsall Clinical Commissioning Group uses a standard new to follow-up ratio calculation, as reproduced below from the “Better Care Better Value” indicator pack for managing new to follow-up outpatient appointments.

Calculate the FFU ratio for each combination of provider and treatment function.

$$FFU_{ps} = \frac{FU_{ps}}{FA_{ps}}$$

where:

FFU_{ps} is the first to follow up ratio for each provider p over each treatment function s;

FA_{ps} is the count of first attendance for each provider p over each treatment function s; and

FU_{ps} is the count of follow up attendances for each provider p over each treatment function s.

Outpatient records must meet the following criteria for inclusion;

Attendance status code = 5 or 6 (patient attended).

First attendance code = 1 or 3 (first attendance, face-to-face or non-face-to-face) or = 2 or 4 (follow-up attendance face-to-face or non-face-to-face).

For the purposes of this FOI treatment specialty codes 190 (anaesthetics) or 191 (pain management)

This calculation is used by NHS Walsall CCG for all specialties.

Ratios

The pain management / anaesthetics ratios for the financial years 2010/11 to 2015/16 for our main provider (NHS Walsall Healthcare NHS Trusts (RBK)) are shown below.

Financial Year	Ratio	
	First	Follow-up
2010/11	1	2.45
2011/12	1	2.34
2012/13	1	3.37
2013/14	1	2.94
2014/15	1	2.11
2015/16	1	3.85

FOI Request 402

- The value of the recycled community disability equipment, supplied to disabled children in your area
- The number of recycled items supplied to disabled children in your area

Walsall CCG Response:

Re-directed to Walsall Council

FOI Request 403

I would like to make a request for information to gain further context and understanding in regards to Walsall CCG strategic plans and governance structures. This information would be helpful in order

to understand Walsall CCG and in preparation for an interview I have within the organisation. Therefore I would be grateful for the following:

1. The current portfolio of work including commissioning initiatives, QIPP projects.
2. Governance Structure to support these projects.

Walsall Clinical Commissioning Group Response:

Please see below the link to the WCCG Strategic Plan 2014-2019:

<http://walsallccg.nhs.uk/publications/914-wccg-strategic-plan-2014-2019-1/file>

FOI Request 404

Dear NHS Walsall Clinical Commissioning Group, Could you please respond to the following questions?

1. Who is your current provider of Financial Systems support and implementation services?

Shared Business Services

2. When does the contract expire? **This is a National Procurement**
3. Who should I contact if I wish to supply training on your financials systems? **It would be more appropriate for you to redirect this question to NHS England: England.contactus@nhs.net**
4. Who is your current provider of Procurement Systems support and implementation services?
 - **CSU for Purchase to Pay Procurement System**
 - **Bravo Solutions for BRAVO e-Tendering Portal**
 - **Commerce Decisions AWARD 6 for e-evaluation software**

5. When does the contract expire?

- **CSU Framework awarded for 4 years 1st April 2016 to 31st March 2020**
- **Bravo purchased for 2 years till 31st March 2017**
- **AWARD 6 from Commerce Decisions for 2 years till 31st March 2017**

6. Who should I contact if I wish to supply training on your procurement systems?

N/A – training provided FOC as part of overall packages

7. Who is your current provider of Human Resources Systems support and implementation services? **ESR National Procurement**

8. When does the contract expire? **ESR National Procurement**

9. Who should I contact if I wish to supply training on your HRMS systems? **It would be more appropriate for you to redirect this question to NHS England: England.contactus@nhs.net**

10. What Applications are you running for:

- o Finance? **SBS**
 - o HR? **ESR**
 - o Payroll? **Outsourced**
 - o Project? **Outsourced**
 - o CRM? **It would be more appropriate for you to redirect this question to NHS England: England.contactus@nhs.net**
 - o Manufacturing? **N/A**
 - o Sourcing? **It would be more appropriate for you to redirect this question to NHS England: England.contactus@nhs.net**
 - o Invoice Scanning Tool? **SBS**
 - o Are you using Config Snapshot? **No**
 - o What BI Tool are you using? **Outsourced from CSU**
11. What versions of the above Applications are you running? **N/A**
 12. When was your last Application upgrade? **N/A**
 13. Are you planning another upgrade in the next 12-18 months? **N/A**
 14. Do you have an Oracle support partner for applications? If so who? **No**
 15. What kind of support is included in the contract (functional/technical/etc.?) **N/A**
 16. What is the value of the application support contract? **N/A**
 17. When does it expire? **N/A**
 18. Where do you advertise any Oracle procurement opportunities? **Procurement**
 19. Who is responsible for looking after the contract for the Oracle estate?
 20. Who is responsible for looking after the licenses for the Oracle estate?
- SBS&ESR** } **Outsourced**
21. How much do you pay annually for Oracle Support & Maintenance?
 22. When does this contract renew? **N/A**
 23. Do you work with off-shore partners? **No**
 24. Who are your off –shore partners for ERP Systems Implementation and support? **N/A**

FOI Request 405

1. Under the new "Monitor Rates" for Agency workers can you tell me how many agencies you are working with who you have agreed to "Break Glass" for the rates paid for (Band 7 Specialist Nursing – Emergency Nurse Practitioner & Primary Care Practitioner) please.
2. Under the new "Monitor Rates" for Agency workers can you tell me how many agencies you are working with who you have agreed to "Break Glass" for the rates
3. How many and which agencies are you currently using who are deemed to be "Off Framework". Not working within the Framework guidelines.
4. What is your agency spend in months from April 2015 to date for the category of Band 7 Specialist Nursing
5. How many shifts per month have gone unfilled for Specialist Nursing Band 7 Emergency Nurse Practitioner and Primary Care Practitioner?
6. A list of the managers names / nurse in charge for the following departments within your trust (A&E / Minor Injury Unit / Walk In Centre / Urgent Care Centre)

Walsall CCG Response:

Re-directed to Walsall Healthcare NHS Trust

FOI Request 406

Please could you tell me how many patients chose to have private treatment paid for by the NHS in Walsall in 2015/16 and 2014/15 and how much it cost in each year

Point of Delivery	Activity	Cost	Individuals*
		£	
201415		3,150 2,171,296	1,408
		£	
	1st Outpatient	1,041 131,900	
	Follow-up	£	
	Outpatient	1,098 80,636	
	Outpatient	£	
	Procedure	220 31,971	
		£	
	Day Case	566 873,417	
		£	
	Elective Inpatient	225 1,053,372	
		£	
201516		5,762 3,764,206	1,673
	1st Outpatient	1,648 £	

		221,326
Follow-up		£
Outpatient	2,474	165,154
Outpatient		£
Procedure	381	65,530
		£
Day Case	864	1,361,229
		£
Elective Inpatient	395	1,950,968
		£
Grand Total	8,912	5,935,502

*Individuals = count of unique patients, where a patient was seen in both years they are counted only in 2014/15

FOI Request 407

the FOI act, please provide the following information for the purposes of research.

1) Is the continuing healthcare and funded nursing care process managed in-house, or is part or all of the process outsourced to a 3rd party (CSU, Council, Independent provider etc.). If outsourced, please state the name of the company and the services outsourced (all CHC, assessment, brokerage, invoice validation etc.)

CHC assessments are outsourced to Walsall Healthcare Trust & Dudley & Walsall Mental Health Trust. Brokerage function for home care is outsourced to Walsall Local Authority. The CHC process is monitored by the CCG.

2) Please provide the name and contact details of the individual responsible for continuing healthcare at the CCG.

Tracey Everitt – tracey.everitt@walsall.nhs.uk

3) How many people are involved with the continuing healthcare process internally?

Seven

4) Does the CCG or any contracted provider managing CHC have a connection to the Exeter System and regularly check this? If not how does the CCG become aware of patient deaths?

The CCG has no access to the Exeter System. The CCG are notified daily and weekly from Walsall Healthcare NHS Trust.

5) Does the CCG use any third party tech solutions to record patient information relating to CHC (Broadcare, Swift, Caretrack, QA Plus etc.)? If not how is this recorded?

Yes

6) Does the CCG use any third party tech solutions to record financial information (Broadcare, Caretrack, QA Plus etc.)? If not how are invoices validated against care package details?

Yes

7) Does the CCG contract care packages from a framework with agreed rates? If so what percentage of contracts are secured on and off framework?

We have a framework agreement for our local nursing homes, but contract individually for out of area placements.

8) Please provide the average no. of patients receiving CHC and FNC funding in the last financial year, and a breakdown for each category:

a. CHC Patients – **1117 (cumulative figure for 15/16)**

b. FNC Patients – **491 (cumulative figure for 15/16)**

9) Please provide the total number of suppliers that the CCGs uses for CHC & FNC, split by:

a. Residential Homes - **0**

b. Nursing Homes – **47 (CHC & FNC)**

c. Homecare Agencies – **50 (CHC Only)**

d. Other (please specify)

10) Please state the average number of care packages in the last financial year, split by:

a. Residential Homes **0**

b. Nursing Homes **570 (CHC) 491 (FNC)**

c. Homecare Agencies **547**

d. Other (please specify)

FOI Request 408

I am an orthopaedic registrar in the East Midlands rotation working on a study which involves collecting information from all CCGs about their referral limits for high body mass index (BMI) patients in need of hip and knee replacements.

I would be very grateful if you could provide me with your cut off for high BMI patients for whom special individual funding's needs to be applied for when considering referring them for hip and knee replacements. In addition, Is there an upper limit of BMI where you would not fund for the surgery?

I have looked through your website, but may have missed this information if its been published there, you may wish to send me a link instead to the document with the above information.

I understand that this information request will not be of high priority to you, but if it helps it can be treated as a freedom of information request and I look forward to hearing from you within the legal time limits

Walsall Clinical Commissioning Group’s response:

Walsall CCG’s current policy which includes Hip and Knee Replacement – NHS Black Country Cluster Procedures of Limited Clinical Priority Guidelines and Commissioning Policy – February 2012, section 13 states;

Intervention	13. Hip and Knee Replacement Surgery
Policy	Unless all of the following criteria are met, primary hip and knee replacement surgery will not be normally funded.
Rationale	As per NICE guidance, prosthesis should only be used if the evidence shows they require revision at a rate of less than 1 in 10 (10%) in 10 years. For patients with a BMI of 40 and above, documented participation in a comprehensive weight management programme of at least 6 months duration is required prior to surgery.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • The patient has a BMI below 40 supported by a primary care referral. <p>AND</p> <ul style="list-style-type: none"> • Conservative means (e.g. Analgesics, NSAIDS, physiotherapy, advice on walking aids, home adaptations , curtailment of inappropriate activities and general counselling as regards to the potential benefits of joint replacement) have failed to alleviate the patients pain and disability <p>AND</p> <ul style="list-style-type: none"> • Pain and disability should be sufficiently significant to interfere with the patients’ daily life and or ability to sleep/patients whose pain is so severe <p>AND</p> <ul style="list-style-type: none"> • Underlying medical conditions should have been investigated and the patient’s condition optimised before referral <p>AND</p> <ul style="list-style-type: none"> • Patient must accept and want surgery <p>Or</p> <ul style="list-style-type: none"> • Mobility is so compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this threat <p>Or</p> <ul style="list-style-type: none"> • Patients in whom the destruction of their joint is of such severity that delaying surgical correction would increase technical difficulty of the

	procedure.
Evidence for inclusion and threshold	<p>NICE Guidance TAG 2 - Hip disease - replacement prostheses http://guidance.nice.org.uk/TA2</p> <p>Dawson J et al 1996 'QUESTIONNAIRE ON THE PERCEPTIONS OF PATIENTS ABOUT TOTAL HIP REPLACEMENT'</p> <p><i>From the University of Oxford and the Nuffield Orthopaedic Centre, Oxford, England ©1996 British Editorial Society of Bone and Joint Surgery VOL. 78-B, NO. 2, MARCH 1996</i></p>
Comparative policies NHS organisations	<p>NHS Herefordshire</p> <p>NHS Suffolk</p> <p>NHS Derby City and NHS Derbyshire County</p>

Prior approval is required via Walsall CCG and patients must meet the above eligibility criteria for the procedure to be carried out.

- Patients must have a BMI of less than 40.

FOI Request 409

I am trying to establish the availability of these Tier 3 services in your area of responsibility.

My aim is to provide you with as much information to make my request as clear as possible. If you have any questions at all, please contact me as soon as possible to ensure a full response within the 20 working days.

I ask the following:

- How many Tier 3 centres do you have?
- Where are they? (A list of specific locations (cities/ towns/ villages)
- How many are:
 - In primary care
 - In secondary care (hospital setting)
 - Primary/ secondary
 - Other

- Please give examples of “other” settings.
- If in a hospital setting, are they:
 - Attached to a bariatric surgical unit?
 - Adjacent to a bariatric surgical unit?
 - Within a bariatric surgical unit?

Walsall CCG Response:

Re-directed to Walsall Council

FOI Request 410

I am writing to you under the Freedom of Information Act 2000 to request the following information from your Clinical Commissioning Group:

The number of patients, year on year from 2010, that have received contaminated blood transfusions at the trusts under the CCG's control.

Walsall CCG Response:

Re-directed to Walsall Healthcare NHS Trust

FOI Request 411

Please list all of the Early Intervention in Psychosis (EIP) services your CCG commissions, and confirm whether the specification for the service(s) commissioned is NICE-concordant.

Please answer the following questions for each EIP service you commission.

1. What was the average investment per person accessing EIP in 2015/16?

£881k/46 people

£19,152 per person

2. How much investment have you allocated for EIP in 2016/17?

£981k

3. What was the investment uplift for EIP services in 2016/17, in figures and as a percentage?

£100k

11%

4. How many people do you expect to provide EIP services to in 2016/17?

73 people (estimate to include as well as those in treatment and at risk of developing first episode of psychosis)

5. What is the estimated investment per person accessing EIP in 2016/17?

£13,438 per person

6. What age range have you commissioned EIP services for in 2016/17? Working age (up to 65)
14 plus

7.) If any of your EIP providers are also commissioned to provide EIP services by another CCG, what arrangements are in place to coordinate investment decisions and ensure that NICE-concordant EIP services can be provided to all patients in your area?

We have a joint working group for Walsall and Dudley CCG which discuss targets and service performance.

FOI Request 412

I would be grateful if you could provide me with the following information:

"Please provide information on the financial position, for 2014/15 and 2015/16 for i) the trust/CCG ii) all NHS hospitals within the trust and iii) the mental health trusts. Please set out the gross assets and liabilities in each case and whether the Trust was in surplus or deficit and the level thereof."

FOI Request 413

Under the Freedom of Information Act, I would like to request the following information regarding locked rehabilitation placements for adults.

Where possible, please kindly include responses on the attached spreadsheet.

1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in locked rehabilitation.

For questions 2 through 7, please supply the following information as a snapshot at the end of the year for the financial years 2013/14 to 2015/16, and where possible, the most up to date snapshot available for 2016/17.

2. Please provide the total number of adults funded by the CCG in locked rehabilitation.

3. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that are male and the number that are female.

4. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that were detained under the Mental Health Act and the number that were admitted on an informal basis.

5. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that were placed 'in area' and the number that were placed 'out of area'.

6. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number that were placed in NHS provision and the number that were placed in independent provision.

7. Of the total number of adults funded by the CCG in locked rehabilitation (q.2) please provide the number presenting with a learning disability, a mental illness, an acquired brain injury, a neurological condition, or a personality disorder.

8. Please provide the CCG's total expenditure on locked rehabilitation placements for each of the financial years 2013/14 to 2015/16, and where possible, budgeted expenditure for 2016/17. If expenditure for 2015/16 is not yet available, please provide projected expenditure.

Where multiple CCGs are covered, please provide the requested data for each of the relevant CCGs.

FOI Request 414

Under the Freedom of Information Act, I would like to request the following information regarding continuing healthcare (CHC) funding and CCG funded packages of homecare for adults ages 18-65. The homecare packages that I am most interested in are those where the client is an adult with complex healthcare needs and is, generally, in receipt of CHC funding.

Where possible, please kindly include responses on the attached spreadsheet.

1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for packages of homecare for adults aged 18-65.

Please supply the following information for the financial years 2012/13 to 2015/16, and where possible, budgeted data for 2016/17. If 2015/16 data is not yet available, please provide projected data.

2. Please provide the number of adults in receipt of CHC funded care packages (number of care packages commenced in the year).

3. Of those adults in receipt of CHC funded care packages (q.2), please provide the number that were homecare packages for adults (number of home care packages commenced in the year).

4. Of those adults in receipts of CHC funded homecare packages (q.3), please provide the number that were processed through the fast track system (this is often related to end of life care packages).

5. Of those adults in receipt of CHC funded care packages (q.2), please provide the number that are in receipt of personal health budgets.

6. If the CCG has visibility of how personal budgets are spent, please provide the number of adults whose personal budgets are used, in whole or in part, to fund homecare.

7. Please provide the CCG's total gross expenditure on continuing healthcare funded packages.

8. Please provide the CCG's total gross expenditure on continuing healthcare funded homecare packages.
9. Please provide the CCG's total gross expenditure related to personal health budgets.

FOI Request 415

FOI 415 - Response

1. Do you currently commission either intermediate or community dermatology services for your population?
Yes
2. If so please provide a copy of the service specification for this service
There is no service specification available
3. Please advise the name of the organisation that has been commissioned to provide this service?
Walsall Healthcare NHS Trust
4. Please advise the date on which the contract is due to end
31st March 2017

FOI Request 416

I am looking for the following information

- How many car parks out of the total number designated for hospital patients/visitors offer free parking, as of your most up-to-date statistics? (please state how many and out of the total)
- If you charge fees for hospital patients/visitor designated parking, do you have the same pricing structure at all your parking sites? (Yes/No)
- What is your most commonly charged minimum rate for patient/visitor parking (excluding any free parking), and for how long does this allow somebody to park?
- What is your most commonly charged maximum rate for patient/visitor parking (excluding any free parking), and for how long does this allow somebody to park?

Walsall CCG Response:

Re-directed to Walsall Healthcare NHS Trust

FOI Request 417

I am requesting the following information from your CCG under the terms of the Freedom of Information Act.

How much of your baseline funding for 2016-17 has been identified by NHS England as additional funding for (a) children and young people's mental health services and (b) eating disorder services?

Walsall CCG has a total of £594K within its 2016-17 baseline allocation for CAMHS Transformation. As yet, the CCG has not been notified of any additional funding in 2016-17 for children's eating disorder services.

How much of this additional funding do you plan to spend on (a) children and young people's mental health services and (b) eating disorder services in 2016-17?

- a) **The CCG has currently committed £290K with its main Mental Health (MH) service provider, and a further £85K for the expansion of Tier 2 counselling services. There are plans to commit the balance of £219K in the area of Primary MH for this specific client group**

- b) **The CCG has already given a commitment to its main MH provider to fund £149K for Children's ED services on the assumption that it will receive this amount as a minimum allocation in 2016-17 (this was the amount of non-recurring funding received in 2015-16 for this element of development). In the event that no funding is made available in 2016-17, then this will be a first call on the balance of £219K identified in a) above**

How much of this additional funding for (a) children and young people's mental health services and (b) eating disorder services has been released to mental health providers since the start of the financial year 2016-17?

To date, a total of £310K has been released from 01 April 2016, and the balance will be released on appointment to new posts agreed

FOI Request 418

I am currently looking into issues surrounding the mental health of fathers in the period following the birth of a child. As you may be aware, various research exists which suggests that up to 1 in 5 fathers suffer from depression before a child reaches the age of 12 and up to 2 in 5 from some form of psychological distress in the first year after birth.

I am writing to every Clinical Commissioning Group in the country to seek information about this issue and I would be grateful for your help with the following questions:

- 1) In the last five years, how much money has been spent each year by NHS Walsall CCG on providing support for fathers who suffer from mental health problems following the birth of a child?

Walsall Clinical Commissioning Group does not hold this level of detail.

- 2) In the last five years, how much money has been spent each year by NHS Walsall CCG on providing support for mothers who suffer from mental health problems following the birth of a child?

Walsall Clinical Commissioning Group does not hold this level of detail

Questions 3 to 7: It is more appropriate for Dudley Walsall Mental Health Partnership Trust to provide a response to this question. Please re-direct your question to: FOI@dwmh.nhs.uk

- 3) In the last five years, how many fathers have been treated each year for mental health issues relating to the birth of a child in the area covered by NHS Walsall CCG?
- 4) In the last five years, how many mothers have been treated each year for mental health issues relating to the birth of a child in the area covered by NHS Walsall CCG?

Please see the response to question 3

- 5) In the last five years, how many diagnoses of postnatal depression in men have been made in each year in the area covered by NHS Walsall CCG?
- 6) In the last five years, how many diagnoses of postnatal depression in women have been made in each year in the area covered by NHS Walsall CCG?
- 7) How many individuals are resident in the area covered by NHS Walsall CCG and how many births have been registered each year in the last five years?

In addition to the above, I would be very interested in as much information as you are able to provide about these services in your area, for example details of any specific initiatives that are in place to tackle this issue and examples of best practice. The purpose of this exercise is not to compare CCGs, but to try and establish a nationwide picture and identify whether there is more that politicians can do to help in this area.

FOI Request 419

1. Does the CCG or any constituent practices currently utilise any of the following prescribing support software? Please indicate which:
 1. Eclipse Live
 2. **Scriptswitch YES**
 3. FDB Optimise RX
 4. DXS

5. Other
2. Does the CCG utilise any of the following as processes or policy to support adherence to the local formulary or specific medicines usage? Please indicate which:
 1. GP quality management contract or payment (or similar)
 2. Enhanced service payment (or similar)
 3. Prescribing incentive scheme (or similar) **YES**
3. What is the current year 16/17 CCG QIPP/efficiency savings plan target? **23million**
4. What is the value of the prescribing element for the current year 16/17 CCG QIPP/efficiency savings plan target? **4Million**

FOI Request 420

1. We understand that the CCG refers patients with suspected prostate cancer to the following NHS trusts. Please confirm:

Heart of England NHS Foundation Trust	Yes
Royal Wolverhampton NHS Trust	Yes
Sandwell and West Birmingham Hospitals NHS Trust	Yes
University Hospitals Birmingham NHS Foundation Trust	Yes
Walsall Healthcare NHS Trust	Yes

Please note that the CCG does not make direct referrals to these organisations but does commission prostate cancer treatments from them.

2. Please advise whether the CCG refers patients with suspected prostate cancer to any other NHS trusts?

Please note that the CCG does not make direct referrals to any organisation but the GPs would offer patient choice which may include organisations not in the list above.

3. We understand that the CCG does not reference any Referral Pathways / Care Pathways in relation to the treatment of Prostate Cancer? Please can you confirm?

Walsall CCG commissions Cancer Services from Walsall Health Care Trust. GPs refer patients who, in their clinical opinion, require a specialist review. This would include prostate cancer and these patients would be referred to Urology.

The consultants and clinical team at the hospital work to clinical guidelines and policies for this type of condition in order to ensure patients receive a safe and quality service that are evidence based. Details of any pathway procedures followed can be requested from Walsall Health Care Trust.

4. If the CCG does reference any Referral Pathways / Care Pathways in relation to the treatment of Prostate Cancer, please provide a copy or website link

NICE (National Institute of Health and Care Excellence) provide a prostate cancer overview <http://pathways.nice.org.uk/pathways/prostate-cancer>

5. If yes, when is/are the document(s) expected to be reviewed?

N/A

6. Please can you confirm whether we are permitted to reuse the above information under the Open Government Licence?

Yes you are permitted to reuse this information

FOI Request 421

1. What is the current waiting time for treatment for talking therapies in your area in primary healthcare? Please break down the wait for each type (or 'choice of modality') which is available in your area.

2. What is the current longest wait for talking therapies in your area in primary healthcare? That is, what length of time has the person who's been waiting the longest been waiting? Please give the wait for each type of therapy (or 'choice of modality') which is available in your area.

3. What is the current waiting time for treatment for talking therapies, appointments with psychologists or psychiatrists in your area in secondary healthcare? (Please break down the wait for each type (or 'choice of modality') which is available in your area.

4. What is the current **longest** wait for talking therapies, appointments with psychologists or psychiatrists in your area in secondary healthcare? That is, what length of time has the person who's been waiting the longest been waiting? Please give the wait for each type of therapy (or 'choice of modality') which is available in your area.

For the above questions please provide the figure for referral to first treatment waiting time, not referral to 'assessment' or 'intervention' time.

5. How many referrals have there been into adult mental health services in your area at a) primary care level and b) secondary care level in the calendar years 2013, 2014, 2015 and 2016 to date.

6. What is the maximum number of talking therapy sessions an adult, eligible for therapy, can receive in your area at primary and secondary care level.

As a separate FOI request, please provide the following information about the Child and Adolescent Mental Health Services in your area.

1. In Child and Adolescent Mental Health Services (CAMHS), what is the current waiting time for a young person to receive talking therapies. Please give the wait for each type of therapy (or 'choice of modality') which is available in your area.

2. In CAMHS, what is the current longest wait to receive talking therapies? Please give the wait for each type of therapy (or 'choice of modality') which is available in your area.

4. What is the maximum number of talking therapy sessions a young person, eligible for therapy, can receive in your area at primary and secondary care level.

5. How many referrals have there been into child and adolescent mental health services in your area at a) primary care level and b) secondary care level in the calendar years 2013, 2014, 2015 and 2016 to date.

I hope the above is clear, but to avoid any misunderstanding I have included an example of the kind of response I hope to receive for each request (one for adult and one for CAMHS). Please supply your answers in an editable word document or in the plain text body on an email for easy transcription. Please do not send a PDF document. I request this format in line with the ICO guidance on FOIs – in that they should be provided in the format requested (see here: <https://ico.org.uk/for-organisations/guide-to-freedom-of-information/receiving-a-request>)

Therapy Type	Current Wait	Longest wait	Maximum sessions
CBT	8 weeks	18 weeks	4
Group Therapy	2 weeks	6 weeks	6
Counselling	4 weeks	8 weeks	4
Family therapy	10 weeks	12 weeks	6

Please note the table above is not an exhaustive list of therapies and is only being used for illustrative purposes.

Walsall CCG Response:

Re-directed to Dudley and Walsall Mental Health Partnership Trust

FOI Request 422

I am writing under the Freedom of Information Act 2000 to request details of breaches of the Data Protection Act within in your organisation; specifically I am asking for:

- 1a. Approximately how many members of staff do you have? **As at the 31st March 2016 Walsall Clinical Commissioning Group employs 76 staff**
- 1b. Approximately how many contractors have routine access to your information?
 - (see www.suresite.net/foi.php for clarification of contractors if needed) – **Nil – no contractor has any access to any of our information which hasn't been freely published on our CCG website and has been made publicly available.**
- 2a. Do you have an information security incident/event reporting policy/guidance/management document(s) that includes categorisation/classification of such incidents? **Yes, there are process in place for staff to follow.**
- 2b. Can you provide me with the information or document(s) referred to in 2a? (This can be an email attachment of the document(s), a link to the document(s) on your publicly facing web site or a 'cut and paste' of the relevant section of these document(s)) **Please see attached:**

- [the screenshot to Walsall CCGs Intranet page](#)
- [Best Practice Guidelines](#)
- [Information Management & Technology policies](#)

3a. Do you know how many data protection incidents your organisation has had since April 2011? (Incidents reported to the Information Commissioners Office (ICO) as a Data Protection Act (DPA) breach) **None**

Answer: Yes, **No**, Only since (date):

3b. How many breaches occurred for each Financial Year the figures are available for?

Answer FY11-12: FY12-13: FY13-14: FY14-15: **N/A**

4a. Do you know how many other information security incidents your organisation has had since April 2011? (A breach resulting in the loss of organisational information other than an incident reported to the ICO, eg compromise of sensitive contracts or encryption by malware.)

Answer: **Yes**, Only since (date): **October 2015**

4b. How many incidents occurred for each Financial Year the figures are available for?

Answer FY11-12: FY12-13: FY13-14: FY14-15: **1**

5a. Do you know how many information security events/anomaly your organisation has had since April 2011? (Events where information loss did not occur but resources were assigned to investigate or recover, eg nuisance malware or locating misfiled documents.)

Answer: Yes, **No**, Only since (date):

5b. How many events occurred for each Financial Year the figures are available for? **N/A**

Answer FY11-12: FY12-13: FY13-14: FY14-15:

6a. Do you know how many information security near misses your organisation has had since April 2011? (Problems reported to the information security teams that indicate a possible technical, administrative or procedural issue.)

Answer: Yes, **No**, Only since (date):

6b. How many near-misses occurred for each Financial Year the figures are available for?

Answer FY11-12: FY12-13: FY13-14: FY14-15: **N/A**

If the specific answers to 4, 5 and 6 are not readily available, I am content for these questions to be modified/replaced with similar questions that are derived from your organisations categorisation/classification system within the documents requested in question 2. I would need to

FOI Request 423

I am writing on behalf of Parkinson's UK to access information under the Freedom of Information Act 2000. This request relates to our work around improving NHS continuing healthcare.

Many thanks in advance for your assistance. I have included tables which you can enter your responses into.

1. For each of the years
 - a. April 2013 to March 2014 **596**
 - b. April 2014 to March 2015 **586**
 - c. April 2015 to March 2016 **647**

Please supply the total number of applications made to your Clinical Commissioning Group (CCG) for NHS continuing healthcare funding that proceeded past the initial checklist stage to a full assessment of needs.

2. For each of the years

- a. April 2013 to March 2014 **389**
- b. April 2014 to March 2015 **374**
- c. April 2015 to March 2016 **403**

Please tell us the total number of applications for NHS continuing healthcare your CCG refused following a full assessment of needs.

3. For each of the years

- a. April 2013 to March 2014
- b. April 2014 to March 2015
- c. April 2015 to March 2016

Please tell us:

	April 2013 to March 2014	April 2014 to March 2015	April 2015 to March 2016
The number of requests made for a local review following a decision by your CCG of ineligibility for NHS continuing healthcare funding.	2	4	6
The number of decisions your CCG made resulting in ineligibility for NHS continuing healthcare that were overturned at the local review	0	0	1
The number of decisions your CCG made of ineligibility for NHS continuing healthcare that were upheld at the local review	2	4	5
The number of requests made to your CCG for an independent review panel following a local review upholding a decision of ineligibility for NHS continuing healthcare.	1	1	4
The number of decisions of ineligibility for NHS continuing healthcare made by your CCG that were overturned at the independent review panel.	0	0	0
The number of decisions of ineligibility for NHS continuing healthcare made by your CCG that were upheld at the independent review panel.	1	1	1 – heard awaiting outcome 3 - waiting to be heard
The number of decisions of ineligibility for NHS continuing healthcare made by your CCG referred to the Parliamentary and Health Services Ombudsman.	0	0	0
The number of decisions of ineligibility			

made by your CCG that were overturned by the Ombudsman, with NHS continuing healthcare funding then being awarded.	0	0	0
The number of decisions of ineligibility for NHS continuing healthcare made by your CCG that were upheld by the Ombudsman.	0	0	0

4. For each of the years April 2013 to March 2014, April 2014 to March 2015 and April 2015 to March 2016, please tell us:

	April 2013 to March 2014	April 2014 to March 2015	April 2015 to March 2016
What is the median time taken by your CCG to conduct NHS continuing healthcare assessments, from receiving the initial checklist to notifying the applicant of the eligibility result?	Within 28 days as per National Framework		

5. Does your CCG always involve experts in the assessment of the specific medical condition that the person being assessed for NHS continuing healthcare presents with? For example a Parkinson's nurse, an MS specialist nurse, a neurologist etc. [Yes, where a specialist professional is available](#)
6. We know that people with long term, progressive conditions who are found eligible for NHS continuing healthcare are often reassessed after a set period. For each of the years April 2013 to March 2014, April 2014 to March 2015 and April 2015 to March 2016, please supply:

	April 2013 to March 2014	April 2014 to March 2015	April 2015 to March 2016
The total number of NHS continuing healthcare reviews conducted by your CCG, on people who have existing eligibility. Please include all reviews including 3 month and annual.	1164	1452	1565
The total number of cases in your CCG where NHS continuing healthcare eligibility was withdrawn following the review of a person previously found eligible for NHS continuing healthcare.	14	26	58

7. For each of the years April 2013 to March 2014, April 2014 to March 2015 and April 2015 to March 2016 please give us the numbers relating to how many people receive NHS continuing healthcare in each of the locations listed below, across the area your CCG covers.

Location	Number of people receiving NHS continuing healthcare between April 2013 and March 2014	Number of people receiving NHS continuing healthcare between April 2014 and March 2015	Number of people receiving NHS continuing healthcare between April 2015 and March 2016
In their own home	373	414	396
In a residential care home	4	4	3
In a hospice	1	1	0
In a nursing home	438	492	493
Other, please specify	PHB - 9	PHB - 15	PHB - 31

8. Does your CCG have a policy that would, in all but exceptional circumstances, cap the cost of a care at home package against the equivalent cost of a residential care package?
- Yes/No
 - If so, please tell us the cap amount for
 - April 2013 to March 2014
 - April 2014 to March 2015
 - April 2015 to March 2016

FOI Request 424

1. How many people were prescribed with diamorphine in the following years:

2011/12, 2012/13, 2013/14, 2014/15, 2015/16

2. Please tell me, if known, how many of those people prescribed diamorphine subsequently overcame their heroin addiction.

3. If known, tell me how long each diamorphine prescription lasted for.

Walsall CCG Response:

Re-directed to Walsall Council

FOI Request 425

Under the Freedom of Information Act please could you provide me with the name and contact details of the "Head of Continuing Health Care Services" at the CCG and the "Head of Procurement"

(person responsible for the procurement of products and service that relate to the CCG's needs and requirements)

I have outlined below the format in which you can fill out the information clearly.

Head Of CHC

Name: **Tracey Everitt**
Job Title: **Head of Continuing Healthcare**
Email: Tracey.Everitt@walsall.nhs.uk
Phone: **01922 602463**
Geographical Area/s Covered: **Walsall**

Head Of Procurement:

Name: **Gary Arnold**
Job Title: **Head of Contracting & Procurement**
Email: Gary.Arnold@walsall.nhs.uk
Phone: **01922 619940**
Geographical Area/s Covered: **Walsall**

FOI Request 426

FOI 426 request for

1. Most current Annual Report

The Annual report for 2015/2016 is now available on our website and can be downloaded by clicking on this link <http://walsallccg.nhs.uk/publications/1255-nhs-walsall-ccg-annual-report-and-annual-accounts>

2. Most current organisation Business Plan

Please see attached email.

FOI Request 427

1. Annual IT Budget

Please provide split between:

Capital Expenditure **£0 - The CCG does not have a capital budget. Annual bids are submitted to NHS England who holds the capital resources**

Revenue Expenditure **£959k**

2. How much of your capital expenditure is spent on outsourced IT services?

Provide split between:

Capital Expenditure £0

Revenue Expenditure £959k

3. What is your anticipated capital refresh budget for data centre investment? £0

FOI Request 428

1. The contact details of the Procurement Officer or Medicines Management Pharmacist responsible for the evaluation of blood glucose testing strips.

Individual names are not released – responsibility of the joint medicines management committee

2. The contact details of the GP Diabetic Lead for the evaluation of blood glucose testing strips.

Individual names are not released however; the director responsible for that area would be Donna Macarthur
donna.macarthur@walsall.nhs.uk

3. The contact details of the Lead Diabetic Nurse for the evaluation of blood glucose testing.

Individual names are not released however; the director responsible for that area would be Donna Macarthur
donna.macarthur@walsall.nhs.uk

4. Please confirm if the CCG follows any guidance for the standardisation and guidance for Blood glucose strips from an independent body e.g. LPP, GMMMG...

GMMMG

5. Please confirm which strips are currently recommended on the CCG formulary

This is available on line

<http://psnc.org.uk/walsall-lpc/wp-content/uploads/sites/56/2015/10/Glucose-Meters-Walsall-October-15-FINAL.pdf>

6. Please provide the current standardisation guidelines for blood glucose meters and testing strips.

This is available on line

http://www.iso.org/iso/catalogue_detail?csnumber=54976

7. Please can you confirm or deny whether the CCG currently has rebates for ANY blood glucose strips and if so, which ones are these?

Please find attached the rebate agreement.

FOI Request 429

Catchment population of CCG by age

Provided in spreadsheet for 2015/16

2. Volumes of cataract surgery performed for each financial year between 2006 and 2016 by name and type of provider (e.g. NHS Hospital, vs. Independent Provider of NHS services)
 - Prior to CCGs, please provide data from the PCTs

Volume figures have been provided in spreadsheet for the period from 01 April 2013, i.e. the period for which the CCG was the responsible commissioner.

3. Source of referrals (GP, optician, hospital, other) for cataract surgery for each financial year between 2006 and 2016

The inpatient data held by the CCG (i.e. the records relating to cataract surgeries) does not include source of referral information. As less than 12% of inpatient cataract surgery records can be definitively linked to preceding outpatient records (which would contain source of referral information) the CCG is unable to supply figures for source of referral.

- Has e-Referrals (i.e. choose and book) been implemented?
Yes
- What is the nature of your referral management system (if any)?
No
- How many referrals by GPs, Opticians, Hospital Doctors or Others are received by the referral management system for cataract surgery, and how many of these are declined? N/A

4. Mean and median waiting times from referral to cataract surgery for each financial year between 2006 and 2016

The CCG does not hold this information; it may be more appropriate for you to re-direct this question to Walsall Healthcare NHS Trust: FOI@walsallhealthcare.nhs.uk

5. Total volume of injections for macular degeneration performed per financial year - between 2006 and 2016

- If recorded, please also provide number of unique patients receiving injections per financial year

The CCG does not hold this information; it may be more appropriate for you to re-direct this question to Walsall Healthcare NHS Trust: FOI@walsallhealthcare.nhs.uk

FOI Request 430

FOI 430

Please provide the following information (or estimates if appropriate) on the volume and costs of continuing healthcare funded by the CCG and provided by non-NHS providers

If you are unable to provide disaggregated information for each setting / age group, please complete the TOTAL All Ages row only.

NAME OF CCG: Walsall Clinical Commissioning Group			
PERIOD OF 12 MONTH ENDING 31/03/2016			
Settings	Age group	Number of Continuing Healthcare patients at the specified period end date	Gross annual fees for Continuing Healthcare paid to providers for the period ending at the specified date
Non-NHS Nursing homes (independent sector and local authority, if any)	<65	53	
	65+	481	
	All Ages	534	
Non-NHS Residential homes (independent sector and local authority, if any)	<65	0	
	65+	0	
	All Ages	0	
Non-NHS non-residential settings	<65	87	
	65+	303	
	All Ages	390	

TOTAL	<65	140	
	65+	784	
	All Ages	924	£18M

Notes: please use this space to provide any explanatory notes you think may be helpful in interpreting the data

FOI Request 431

FOI 431

Please advise in regards to the last 5 years

- 1) How many compromise agreements has the trust entered into with staff or former staff?
- 2) How many of these compromise agreements require staff members not to discuss the existence of the compromise agreement itself?
- 3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the trust?

Walsall CCG Response:

Re-directed to Walsall Healthcare NHS Trust

FOI Request 432

FOI 432

1. Are there extended GP access services being provided in the CCG area?

Some practices offer extended access for their own patients but we do not have any other provider running GP surgeries at weekends or evenings

For example a local provider running GP surgeries when you're usual GP is closed during evenings and weekends. This would be in addition to the out of hour's service.

2. If so, please can you advise who is providing the service and their contact details?

N/A

FOI Request 433

FOI 433

1. Are there extended GP access services being provided in the CCG area?

Some practices offer extended access for their own patients, but we do not have any other provider running GP surgeries at weekends or evenings.

For example a local provider running GP surgeries when you're usual GP is closed during evenings and weekends. This would be in addition to the out of hour's service.

2. If so, please can you advise who is providing the service and their contact details?

N/A

FOI Request 434

FOI 434 – Information Requested

Head Of CHC

Name: Ms Tracey Everitt
Job Title: Head of Continuing Healthcare
Email: tracey.everitt@walsall.nhs.uk
Phone: 01922 602463

Geographical Area/s Covered: Walsall

Head Of Procurement:

Name: Mr Gary Arnold
Job Title: Head of Contracting & Procurement
Email: gary.arnold@walsall.nhs.uk
Phone: 01922 619940

Geographical Area/s Covered: Walsall

FOI Request 435

Dear FOI team,

I am writing to you on behalf of YoungMinds, seeking information under the Freedom of Information Act 2000 regarding budgets and expenditure on Child and Adolescent Mental Health Services (CAMHS) and all-age mental health spend that relates to children and/or young adults.

For the purposes of this request we define children and young adults as being between the ages of 0 and 25 years.

1. The information request:

Please can you provide us with the following information:

- the (a) budget and (b) expenditure for Child and Adolescent Mental Health (CAMHS) services (total spend) - *if you attribute to a CAMHS Tier 1-4 please specify.*

Total 2016-17 budget £3.764 million

- the (a) budget and (b) expenditure for maternal mental health.

Not advised as yet

- the (a) budget and (b) monies received to deliver the Local Transformation Plan (LTP).

In 2016-17, £594K as part of CCG recurring baseline

- the (a) budget and (b) monies received to deliver the access and waiting time standards on Eating Disorders.

- **In 2016-17, non-recurring allocation of £150K**

- the (a) budget and (b) monies received to implement CYP Improving Access to Psychological Therapies (IAPT).

Nil

- the (a) budget and (b) expenditure for mental health urgent and emergency care (including mental health crisis care) for children and young people - *if only total spend is available please approximate proportion that is spent on children and young adults.*

- **Investment of £298K from 2015-16 into main provider services to deliver a CAMHS Tier 3+ service**

- any additional, discretionary monies (a) budgeted for and (b) spent on child, adolescent or young adult mental health.

We are requesting information for the financial years: 2010/11, 2011/12, 2012/13, 2013/2014, 2014/15, 2015/16, 2016/17.

And if available - we are also requesting the projected budget (or settlement) for the financial years covering the remainder of *Future in Mind* and the *Five Year Forward View for Mental Health*, which includes: 2017/18, 2018/19, 2019/2020, 2020/21.

2. Clarifications:

If the requested information does not relate to your activity, please answer 'not applicable' (n/a).

If you share a budget with another organisation, please specify:

- a. the name of the other organisation(s) (for example a Clinical Commissioning Group, Local Authority or NHS Trust). **NA**
- b. whether the expenditure / budget reported is the total amount of the shared budget, or your organisation's contribution to the shared budget. **NA**

FOI Request 436

FOI 436 – Information Requested

Do you have a Commissioning Intentions 2016/17 document or an Operating Plan 2016-17 publically available? If so could you link me or attach the document to me?

Response:

[Please see attached Walsall CCGs Operational Plan](#)

FOI Request 437

- Number of patients who are admitted into acute services with symptoms that ultimately provide them with a Stroke diagnosis
- Number of patients who are admitted into acute services with a Brain Injury diagnosis either through a traumatic or other origination
- Number of patients with a long term neurological condition, Stroke or Brain Injury who are allocated neurological rehabilitation.
- Of those allocated neurological rehabilitation how many access this through an inpatient facility? What is the breakdown between NHS and independent provision?
- What is the process that patient referrals for neurological rehabilitation go through to establish their eligibility for an allocation of funding for inpatient neurological rehabilitation?

Response:

[Re-directed to Walsall Healthcare NHS Trust](#)

FOI Request 438

In accordance with the Freedom of Information Act I would like to make a request for information based on your workforce data.

I have attached a spreadsheet which I would kindly ask to be completed with the information that has been requested. The spreadsheet has been divided into relevant tabs for specific workforce data and a front 'Key Details' tab has been provided to aid with the completion of the spreadsheet.

Response:

Please see attached completed spreadsheet.

FOI Request 439

FOI request

Dear Sir/Madame,

I would like to obtain some information relating to organisation running the Urgent Care Centre / Type 3 A&E, which has been contracted by your CCG.

Please kindly provide answers to the following questions:

1. What is the name of the organisation providing the service?
Nestor Primecare Limited
Enbrook Park
Sandgate
Folkestone
Kent
CT20 3SE
2. What kind of legal entity is it? Limited Company
3. How much does the CCG spend on the service annually? **16/17= £2.1 million**
4. How many patients use the service annually?
Average 80 per day in spoke and 120 per day in hub = 73,000 footfall per annum
5. Is it doctors led or nurse led? **GP Led**
6. How many GPs, other doctors, ENPs, ANPs, HCAs does the organisation employ?
Can you please confirm which organisation the CCG or Primecare?
7. What kind of contract has CCG signed with the provider? **NHS Standard Contract.**
8. Is the organisation paid per patient according to the national tariff for type 3 A&Es, which is £57 per patient regardless of investigations or treatment provided? **No**
9. Does the organisation have X-ray facilities? See Andy Rust Response.
No

FOI Request 440

1. Does your Health board provide an erectile dysfunction clinic and can you provide the total number and addresses of all NHS erectile dysfunction clinics within your health board? If you do not know who should we ask?
2. Does your health board provide psychosexual clinics and can you provide the total number and addresses of all NHS psychosexual clinics within your health board? If you do not know who should we ask?
3. Does your health board provide counselling and sex therapy services and can you provide the details of any NHS counselling services and sex therapy services that treat men with erectile dysfunction within your health board? If you do not know who should we ask?
4. Does your health board provide PDE5-I and if so which one?
5. Does your health board prescribe ‘tadalafil (Cialis)’ tablets for men who experience erectile dysfunction as a result of prostate cancer treatment?
6. At what dose are the ‘tadalafil (Cialis)’ tablets prescribed?
7. Is the daily dose of ‘tadalafil (Cialis)’ tablets (2.5/5mg) available/prescribed?
8. Does your health board prescribe the Vacuum erection device for men who experience erectile dysfunction as a result of prostate cancer treatment?
9. Does your health board offer Penile implant surgery (semi-rigid or inflatable implant devices) for men who experience erectile dysfunction as a result of prostate cancer treatment?

Response:

[Re-direct to Walsall Healthcare NHS Trust](#)

FOI Request 441

Do you currently offer a companion diagnostic (stratified medicine) testing services for the following cancer indications and therapies? If so I would be grateful if you could please indicate which tests are offered, the charge per patient test (ideally a comment on what the overhead/kit breakdown of the test cost) and the number performed per year January-December (or month if easier – please specify in comments). The brand name of the test used or any information regarding commercial partnerships would also be appreciated to be included in the comments.

Test Types: IHC = Immunohistochemistry, FISH = Fluorescent In-Situ Hybridization, PCR = Polymerase Chain Reaction, Pyro= Pyrosequencing, NGS = Next Generation Sequencing. If the lab performs another test type or the test is linked to another oncological therapy not listed please check “Other” and include it in the comments section.

Indication	Marker	Test type	Charge per patient	Number of test per year	How many tests were used for the following	Comments
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Breast Cancer	HER2	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other	2014:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
			2015:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
	HER2	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other	2014:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
			2015:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
Colorectal Cancer	KRAS	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other	2014:	<input type="checkbox"/> Cetuximab <input type="checkbox"/> Panitumumab	
			2015:	<input type="checkbox"/> Cetuximab <input type="checkbox"/> Panitumumab	
Non-Small Cell Lung Cancer	EGFR	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other	2014:	<input type="checkbox"/> Afatinib <input type="checkbox"/> Erlotinib <input type="checkbox"/> Gefitinib <input type="checkbox"/> Osimertinib	
			2015:	<input type="checkbox"/> Afatinib <input type="checkbox"/> Erlotinib <input type="checkbox"/> Gefitinib <input type="checkbox"/> Osimertinib	
	ALK	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other	2014:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other	
			2015:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other	

		<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other	
				2015:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other	
Melanoma	BRAF	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> Pyro <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Dabrafenib <input type="checkbox"/> Vemurafenib <input type="checkbox"/> Trametinib	
				2015:	<input type="checkbox"/> Dabrafenib <input type="checkbox"/> Vemurafenib <input type="checkbox"/> Trametinib	
				2015:	<input type="checkbox"/> Dabrafenib <input type="checkbox"/> Vemurafenib <input type="checkbox"/> Trametinib	

CCG Response:

Re-directed to Walsall Healthcare NHS Trust

FOI Request 442

Walsall CCG's use of compromise agreements (settlement agreements)

Please advise in relation to the 3 financial years between April 2013 and March 2016 inclusive:

1) How many compromise agreements has the CCG entered into with staff or former staff? Please include all COT3 agreements in this figure.

None

2) How many of these compromise agreements require staff members not to disclose the existence of the compromise agreement itself?

N/a

3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the CCG?

n/a

4) How many of these compromise agreements were entered into by the CCG with staff who had previously made public interest disclosures, (whether or not these were raised by formally invoking the CCG's whistleblowing policy)?

n/a

5) If staff who have entered into a compromise agreement with the CCG were to voice concerns about reprisal by the CCG for whistleblowing, would the CCG consider this to be an actionable breach of non-disparagement clauses, or would it consider the raising of such concerns to be qualifying disclosures under PIDA?

n/a

FOI Request 443

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please provide me with the following record information:

1. Do you have an Electronic Fax Management System (A Fax Server)? **No**
2. How many manual fax machines do you have? **Three**
3. Who is the Manufacturer of your MultiFunction Printers, and who maintains them?
Danwood
4. Who is the manufacturer of your Telephony system and who maintains it? **Currently Nortel/3com. Shortly to be replaced by Splicecom – maintained by WITS**
5. What is the job title of the person responsible for your Fax policy/strategy?

We do not have a 'fax' policy in place but we do have a safe haven policy which describes the administrative arrangements to safeguard the confidential transfer of patient identifiable information between organisations and sites.

This policy sits within the Governance Department.

FOI Request 444

Under the Freedom of Information Act, please could you provide me with a copy of your current assisted reproduction services policy or criteria, as well as an outline of any changes to the policy or criteria over the past five years (for example, changes to age, BMI or smoking status criteria, numbers of cycles etc.)

Response:

Please see attached Walsall CCGs Assisted Conception Policy.

FOI Request 445

1. Did you provide any funding through contracts or grants for services specifically supporting people living with HIV?
2. Is support for people living with HIV explicitly mentioned within the contractual documentation for any generic services you funded?
3. If the answer to either of the above, please fill in the following in relation to these services:

(You may have more than one service. Please copy and paste a new table for each service)

Service/contract description	Expenditure in 2015/16	Is this contract commissioned for 2016/17 and if so what is the value of the contract
Support type	Does the contract include this service, yes/no (please also add any further information you wish to include)	
Peer support for people living with HIV (e.g. group or 1-2-1 peer support)		
Information, advice and advocacy for people living with HIV (e.g. housing or benefits advice)		
Self-management (e.g. treatment and adherence information and healthcare engagement)		
Sex and relationships support (e.g. sexual health support and disclosure support)		
Psychosocial support (e.g. counselling and mental health services)		
Other (please specify)		

Response:

[Please re-direct to Walsall Council.](#)

FOI Request 446

FOI 446 response

Freedom of information request concerning commissioning of provision to meet the mental health needs of single/non-statutory homeless persons in 2016

Specifically, I would like to be informed about any provision the CCG has commissioned to meet the mental health needs of single/non-statutory homeless persons.

Please provide a description of any commissioned provision including details of; the numbers of staff and professional disciplines dedicated to it; any particular conditions (e.g. psychological trauma, psychosis); and sub-populations the provision may be targeted at; access/referral pathways for service users to this provision; and specific intervention models/approaches informing the provision.

Please advise if any provision of this sort has recently been discontinued or is currently being planned

If not already covered above please advise of any targeted mental health services to the single homeless population in your area which are existing at present and a brief description of any services in development

Response:

No specific service has recently been commissioned or de-commissioned from Walsall CCG to meet the individual needs of homeless persons with mental health needs. All adults who come in to contact with primary or secondary care mental health services with housing needs will be signposted by mental health services to housing colleagues in the homelessness team, within the local authority.

Additionally a housing protocol exists for those who are inpatients in mental health services, to expedite a discharge. This includes prioritising nominations of all vulnerable adults with housing needs to ensure a fast-track approach to sourcing accommodation. This reduces length of stay in hospital and prevents risk of homelessness occurrence.

Mental health services offer a range of supported accommodation, as well as personal budgets to ensure support needs are met and individuals retain their tenancies.

FOI Request 447

- The average waiting time for non-emergency dental treatment?
- The longest waiting time for non-emergency dental treatment ?
- Do you have a waiting list for treatment? If so, how many people are on it?
- If you have a waiting list – how long will it take to clear?

Response:

Please re-direct to NHS England.

FOI Request 448

Under the freedom of information act, please can you supply me the total figure of your NHS trust spent on Doctors locum fees in 2015-2016.

Can this be broken down to the number of locum doctors in each speciality and the periods outline and spend for each speciality.

I would also like to obtain the number of current locum doctors in each department and where the highest spend of bank locums is in the hospital. Broken down in to each speciality.

Please can you provide me with further information on the supply of agency Staff to your trust. Please could you advise on the agency/locum spend on hospital doctors for the following specialties during years 2015 and 2016 (Jan – Dec). If the spend on hospital doctors is not available, then could you just supply the total spend in each specialty for the time periods defined above.

DERMATOLOGY
RHEUMATOLOGY
CLINICAL HAEMATOLOGY
ONCOLOGY
GENERAL MEDICINE – junior doctors
STROKE
GENERAL MEDICINE
CARE OF THE ELDERLY
EAU MEDICAL STAFF
A&E MEDICAL STAFF
RADIOLOGY
MICR BIOLOGY
HISTOPATHOLOGY
CHEMISTRY
TRAUMA & ORTHOPAEDIC
GENERAL SURGERY
E.N.T.
ANAESTHETICS
PAEDIATRICS
OBSTETRICS
CHEST MEDICINE
CARDIOLOGY

Response:

[Please re-direct to Walsall Healthcare NHS Trust.](#)

FOI Request 449

My request refers to the commissioning of homeopathy by the CCG.

Please note: where this response is received by an organisation acting on behalf of more than one CCG, please can you provide responses from all CCGs under your remit.

I would like to know:

1) Does the CCG currently fund any homeopathy treatments?

No

2) What treatments does it fund?

None

3) Did the CCG fund any homeopathy treatments in the last financial year (2015/16)?

No

4) What treatments did it fund in 2015/16?

None

5) How much in total did it spend on homeopathy treatments in 2015/16?

None

Please also provide any information that would be important to the interpretation of any answers you provide

FOI Request 450

FOI 450

To request when the drugs of the classes listed below are up for review for inclusion within the [Joint Walsall Formulary](#)? I do not need previous review dates for these classes of drugs.

- SGLT-inhibitors:
- DPP4-inhibitors:
- GLP-1 agonists:

The diabetes guidelines are reviewed annually, so as Walsall CCG has recently reviewed this in light of the newly updated guidance, we would anticipate that this would next be done in March 2017 – so these classes would be reviewed as part of that, unless there is a change for example in guidance, or a NICE tag etc.

FOI Request 451

FOI 451

Please find below a request for information on atopic dermatitis.

QUESTIONS:

1. How many adults have a diagnosis of Atopic Dermatitis (ICD-10-CM Diagnosis Code L20.9) in your CCG area?

As the CCG does not hold referrals data we cannot answer this question.

2. How many referrals from primary to secondary care were made for adults with suspected Atopic Dermatitis (L20.9) between 1st January and 31st December 2015 in your CCG area?

As the CCG does not hold referrals data we cannot answer this question.

3. What proportion of these referrals was a diagnosis of adult Atopic Dermatitis (L20.9) confirmed?

As the CCG does not hold referrals data we cannot answer this question.

4. How many 'Statement of Fitness for Work' forms have been completed signing people off work as a result of Atopic Dermatitis (L20.9) in your CCG area?

This data sits with individual practices and is not reported to the CCG

5. How many primary care consultations took place in your CCG area between 1st January and 31st December 2015 for:

As the CCG does not hold primary care consultation data we cannot answer these questions.

- a. first attendance - skin condition (L00-L99) (in adults)
 - b. first attendance –Atopic Dermatitis (L20.9) (in adults)
 - c. follow-up attendance –skin condition (L00-L99) (in adults)
 - d. follow-up attendance –Atopic Dermatitis (L20.9) (in adults)
6. Does your CCG have a commissioning policy on the following: (If yes, please provide details)
 - a. Dermatology

No

- b. Atopic Dermatitis

No

FOI Request 452

FOI 452

I have already sent a FOI request regarding financial services, I understand you have services provided from the Government Banking Service but i am unsure if this includes card processing services and also merchant services? if not can you provide the contracts for this please?

Yes, the contract with GBS includes the above services, although Walsall CCG do not use these.

FOI Request 453

FOI 453 Walsall CCG Response

Please send me the following information from your NHS Standard Contract for Termination of Pregnancy:

Current Contract end date

4th January 2020

Current provider

Marie Stopes International

Current annual contract value

£277,000

FOI Request 454

Please may I have the names and contact information of all the Practice Managers including GP surgery names in the Walsall CCG.

We are unable to provide you with a response to this request as this information would be exempt under Section 40 –Personal Information of the freedom of information act. Under this exemption we as an organisation can not disclose information which can constitute as personal data.

However, please see the link below for Walsall's GP Practices with contact numbers for each practice.

<http://walsallccg.nhs.uk/about-us/member-practices>

FOI Request 455

I wish to make the following requests under the Freedom of Information Act for information.

1) Please confirm/deny whether there is a community rehabilitation service in your area for treating the following conditions:

- Hip fracture

FOR GUIDANCE: By 'community rehabilitation service' we mean one that is generally delivered by a multi-disciplinary team, which may include physiotherapists, other health and social care professionals and the third sector.

It enables people with limitations in function to remain in or return to their home or community and is not dependent on the diagnosis of a particular condition, but covers all long term conditions and people of all ages.

- 2) Please provide the patient pathway for accessing any services confirmed in request one.
- 3) Please provide the waiting times for accessing any services confirmed in request one.
- 4) Please confirm/deny whether patients can be a) re-referred into or b) self-refer back into any services confirmed in request one.
- 5) Please provide details of the staffing make-up of any services confirmed in request one.
- 6) Please confirm/deny that patients can access MSK physiotherapy through each of the following pathways:

- By referring themselves directly to the physiotherapy service
- By seeing a GP and being given the details to book a physiotherapy appointment themselves
- By seeing a GP who arranges the referral to the physiotherapy service.
- By seeing a Physiotherapist directly in a GP practice
- Other (please provide details)

7) Please confirm/deny that patients can access physiotherapy for their existing long-term condition through each of the following pathways:

- By referring themselves directly to the physiotherapy service
- By seeing a GP and being given the details to book a physiotherapy appointment themselves
- By seeing a GP who arranges the referral to the physiotherapy service.
- By seeing a Physiotherapist directly in a GP practice
- Other (please provide details)

Response:

[Redirect to Walsall Healthcare NHS Trust](#)

FOI Request 456

1. Confirmation of those hospitals identified by the CCG to your relevant LSSA(s) of those hospitals you have identified for the reception of patients in circumstances of special urgency. This is a legal requirement under s140 of the Mental Health Act 1983 and referred to in 14.78 of the 2015 Code of Practice to the same Act.

Yes for adults

For Children and Young people this duty lies with NHS England who commission tier 4 inpatient beds and the local team and AMP are aware of the out of hours access and gate-keeping referral process.

2. Confirmation of whether or not your commission arrangements allow for those hospitals to run at or below the 85% bed occupancy rate recommended by the Royal College of Psychiatrists to allow for urgent admissions to occur swiftly.

Yes for Over 18's for those on the list.

Under 18's NHS England commissions this provision

3. Copies of any policies you have pertaining to the operation of s140 MHA or to the arrangements for urgent admissions when the requisite bed is not immediately available to an AMHP to finalise an admission under the MHA.

The policy would be produced and applied by the provider Dudley and Walsall Mental Health Trust (DWMHPT). There are times for over 18 year olds where Psychiatric Intensive Care Unit beds are

not locally available and beds from other providers need to be sourced. The contract with the provider requires application of the Mental Health Act.

For under 18's if a tier 4 bed is not available including out of hours, the CCG has an agreed deliberate self harm pathway process in place which also includes ones presenting with mental health behaviours in place, for admission to the paediatric ward at the acute trust where they employ specifically dedicated staff with Mental Health qualification to provide any 1:1 (2:1 if needed) for a patient. CAMHS tier 3.5 (Walsall ICAMHS) is a service provided every day 8.00 am to 8.00 pm and provides daily regular support to the patients on the ward. A referral to Social Care is made on assessment and if there are ongoing needs, an MDT meeting organised – co-ordinated by the acute trust ward staff. The ward then reports any concerns about safety and delayed discharges etc, to the Walsall CCG commissioner, if escalation to NHS England is required regarding bed availability or in the event the patient doesn't require tier 4 but Social Care support the commissioner will flag this and escalate. This results in a minimum inappropriate length of stay in the acute ward.

Admission to the Adults Mental Health extra care beds for 17 year olds and above is by absolute exception only based on balance of risk and considered in the best interests of the patient. This triggers a serious incident report reviewed by the CCG. There have been no such Walsall admissions from January 2016 to date.