| Date<br>Received | FOI ID | FOI Description   | Category   | Theme               |
|------------------|--------|---|------------|---------------------|
| 4-Apr-17         | 20390  | Hip & Knee Replacement - 1. The number of elective (a) hip replacement and (b) knee replacement surgeries funded each year in 2013/14, 2014/15, 2015/16 and 2016/17 2. The number of successful Individual Funding Requests (or equivalent procedure) made for (a) hip replacement and (b) knee replacement surgeries each year in 2013/14, 2014/15, 2015/16 and 2016/17 3. The number of unsuccessful Individual Funding Requests (or equivalent procedure) made for (a) hip replacement and (b) knee replacement surgeries each year in 2013/14, 2014/15, 2015/16 and 2016/17 Questions 1-3 cover both full and partial replacements within each category. 4. The number of people recorded as having malnutrition (i.e undernutrition) each year by GP practices in the area in 2013/14, 2014/15, 2015/16 and 2016/17 (if this is recorded by the CCG) 5. The number of people prescribed Oral Nutritional Supplements each year in 2013/14, 2014/15, 2015/16 and 2016/17, broken down by gender 6. Please provide a list of all GP practices in the CCG area and a contact email address for each (to which FOI requests might be sent)   | Individual | Misc.               |
| 26-Apr-17        | 20426  | Wound Care - 1. Please supply me with your most up to date wound care formulary (please indicate if you do not work from a formulary)? 2. Who has operational responsibility for the formulary including the addition or deletion of products? 3. Please provide information on how compliance with your formulary is enforced? 4. Please provide information on how products are evaluated prior to being accepted onto the formulary? If this is part of a clinical evaluation or clinical trial, please provide the results. 5. Please provide information is responsible for the cost of wound care in your setting – is it CCG or Acute? 6. Please provide information if the wound care products are on prescription FP10? 7. Please provide a list of the wound care products that you are planning to keep on prescription FP10? 8. Please provide information if you are planning to take wound care products that you are planning to take off prescription FP10? 10. Do you hold information about your patient demographic? If so, please provide information on what is you pratient demographic? If so, please provide information on what is you pratient demographic? If so, please provide information on what is you pratient demographic and what are the most commonly treated wounds from your patient demographic 11. Please provide any information that you have relating to the average monthly usage of each product in the formulary? 12. Please provide information on the number of wound care products used that are not currently on the formulary? 31. Please provide any information on the monthly usage levels for non-formulary wound care products in the last twelve months? 14. How often do you review your wound care formulary? and when was this last undertaken? 15. Please provide information about the procedure that you use of the information you assess when reviewing your formulary? 17. Please provide figures for your total spend on wound care products in 2015 and 2016? 20. Please provide information on wound care products in 2015 and 2016? 20. Please provide | Individual | Formulary           |
| 5-Apr-17         | 20438  | CAMHS Tier 4 - 1. Number of mental health beds for CAMHS Tier 4 inpatients every year from 2010-present. 2. Your procedure for dealing with CAMHS Tier 4 inpatients if no beds are available. 3. If/when beds are unavailable how many times from 2010-present have CAMHS Tier 4 inpatients been admitted to: a) adult psychiatric wards b) prison cells  | Individual | Health Statistics   |
| 5-Apr-17         | 20459  | Foot Protection Service - 1. Does your CCG commission a foot protection service, as recommended by NICE guideline NG19 on 'Diabetic foot problems: prevention and management'? 2. If the answer to Q1 is yes, please state the number of podiatrists and orthotists employed within this service. 3. If the answer to Q1 is yes, is this service led by a podiatrist with specialist training in diabetic foot problems, as recommended by NICE guideline NG19 on 'Diabetic foot problems: prevention and management'? 4. If the answer to Q1 is no, please provide a reason for this.  | Individual | Specific Treatments |
| 5-Apr-17         | 20468  | Individual Funding Requests - Q1. Please state the total number of Individual Funding Requests (IFRs) received by the CCG in each of the following years: a) 2016-17 b) 2015-16 c) 2014-15 d) 2013-14 Q2. For each of the four years listed in Q1, please list the three most common treatment categories in which IFRs were submitted and how many requests were made in each category. Q3. Please state the number of IFRs which were approved in each of the four years listed in Q1 Q4. Please state the number of appeals cases which were considered by the IFR panel in each of four years listed in Q1 Q5. Please state the number of appeals cases which were upheld by the IFR panel in each of the four years listed in Q1   | Media      | Health Statistics   |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme             |
|------------------|--------|--|------------|-------------------|
| 6-Apr-17         | 20480  | Children's Dental Services - As of March 31st, 2017, can you tell me how many children were on the waiting list to visit the CCG children's dental hospital? If the CCG does not have a dedicated dental hospital, how long is the wait as of March 31st, 2017, for children's dental services? How long is the present waiting list, in terms of months/weeks to be seen? How long is the wait for teeth extractions? How many children are affected by the wait for teeth extractions? Is there a wait for youngsters to be added to the waiting list? if, so how many children are waiting to be placed on to the waiting list? How many dental nurses does the CCG employ for children's dental services? How many vacancies does it have at present? How many children were on the waiting list to visit the CCG's children's dental services (b) March 31st 2014? d) March 31st 2014? d) March 31st 2013? If the CCG does not have a dental hospital, how many children were on the waiting list to visit the CCG's children's dental services on: a) March 31st, 2016? b) March 31st 2015? c) March 31st 2015? c) March 31st 2016?  | Individual | Dental            |
| 7-Apr-17         | 20498  | Delayed Transfer - What is the longest amount of time in days a patient had been kept in hospital due to delayed transfer in the past 12 months? Could you give me details for the three longest delayed transfer stays, the name of the hospital concerned and if possible the age and sex of the patients concerned and the department they were in (ie elderly care/general surgery, paediatrics etc)? Are you also able to give a brief reason for the delay in each instance (ie lack of beds in care facility/delay equipping home etc)?   | Business   | Health Statistics |
| 7-Apr-17         | 20515  | years (2014/15, 2015/16 and 2016/17): • Iscador aka Mistletoe Therapy • Chiropractic/Spinal Manipulation • Osteopathy/Cranial Osteopathy/Craniosacral Therapy • Herbal remedies •  | Individual | Health Statistics |
| 10-Apr-17        | 20530  | Community Health Service Contracts - 1. Please provide a list of all the organisations that have held contracts (or other formal agreement) for the delivery of community health services since the creation of the CCG (plus any predecessor CCGs), together with the start and end dates of each contract 2. Please state what services were covered by each contract  | Individual | SLA & Contracts   |
| 11-Apr-17        | 20549  | CHC - 1. The number of (a) adults and (b) children receiving Continuing Healthcare (CHC)/Continuing Care in your area. 2. The number of those from 1(a) and 1(b) who receive a Personal Health Budget (PHB)? 3. The number of those from 1(a) and 1(b) who receive (a) care in their home and (b) care in a residential or nursing home. 4. The number of those from 2(a) and 2(b) who receive (a) care in their home and (b) care in a residential or nursing home. 5. The smallest and largest weekly budgets in £'s for 1(a), 1(b), 2(a) and 2(b). 6. The indicative hourly rate paid for Personal Assistants/carers (PAs) under a PHB for (a) standard care and (b) complex care. 7. The indicative hourly rate paid for Personal Assistants/carers (PAs) under CHC/CC for (a) standard care and (b) complex care. 8. The maximum amount used under a PHB to fund social activities per annum? 9. The maximum amount used under a PHB to fund respite per annum? 10. The maximum amount used under a CHC/CC to fund respite per annum? 11. Whether you permit 'close family members' who do not live with the 'service user' to be employed under (a) CHC and (b) PHB?   | Individual | снс               |
| 12-Apr-17        | 20576  | Eating Disorder Services - 1) All in-patient and out-patient eating disorder services currently provided for CAMHS and adult services in your area 2) The budget and monies promised to deliver the CAMHS access and waiting time standards on Eating Disorders 3) The budget and monies received to deliver the CAMHS access and waiting time standards on Eating Disorders 4) Your total budget and expenditure for all CAMHS eating disorder services (please include any additional monies received to deliver access and waiting time standards, as specified in Question 3) 5) Your total budget and expenditure for all adult eating disorder services 6) Your average and range of waiting times for CAMHS eating disorder services for both severe and non-severe cases 7) Your average and range of waiting times for adult eating disorder services for both severe and non-severe cases We are requesting information for Question 2-7 in the financial years: 2014/15, 2015/16, 2016/17 and 2017/18.  | Individual | Financial         |
| 18-Apr-17        | 20611  | Deer Park Surgery - 1) Since March 2016 all informal and formal communications and meetings regarding Deer Park closure with Healthwatch ,HOSC and Deer Park PPG. 2) Since notice of surgery's closure Nov 2016 how and what methods were managed to monitor and support Deer Park patients efforts to transfer to alternative surgeries. 3) What monitoring of alternative surgeries capacities and/or registering criteria were communicated to Deer Park Patients. 4) Why was the closure date given at the surgery as the 24th of March 2017 when the Virgin contract was until the 31st of march 2017. 5) What monitoring of issues and difficulties regarding alternative transfer to other listed surgeries and how were they managed to ensure patient safety and support in the transfer process. 6) In conversation with Virgin management representative it was stated that where alternative surgeries had no further capacity it was for that surgery to formally close their list at that if not carried out would keep that surgery as open for new patients when there was no capacity. Can you give information on any OCCG known occurrence where this situation has arisen within the scope of the Deer Park closure and published alternative surgeries. 7) What i, if any, private personal medical data has been shared with other surgeries and/or organisations through the Deer Park surgery closure 2016-2017 . 8) Why was the Nuffield Surgery clinical criteria of not registering children that only had parents already and/or transferring with them not part of the published information given to Deer Park patients. 9) Request a copy of any OCCG management plan that set out the methodology of recording and monitoring from closure date in Nov 2016 too March 2017 how patient transfer were progressing and how any difficulties were to be identified and then resolved. 10) What measures were implemented when the OCCG were aware that over 1000 patients would still be registered with the Deer Park surgery after the 31st March 2017 closure date and how was that, if any, m | Individual | Misc.             |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme               |
|------------------|--------|--|------------|---------------------|
| 19-Apr-17        | 20614  | Bisphosphonates & Breast Reconstruction - The request is in the case correspondence.   | Charity    | Specific Treatments |
| 19-Apr-17        | 20620  | Mental Health Investment Standard - 1. At the time of responding to this request, has the CCG's financial plan for 2017/18 and 2018/19 been agreed by NHS England? 2. In the CCG's financial plan for 2017/18, or latest draft of this plan if this has not been finalised by NHS England at the time of responding to this request, has the Mental Health Investment Standard (formerly Parity of Esteem) been achieved for 2017/18, please indicate the reason using the codes below: 1 - Commissioners in deficit, not achieving 1% plan metric or with very low growth. 2 - Mental Health Investment Standard (Parity of Esteem) achieved across health economy. 3 - Historically high investment in mental health. 4 - Other. 4. If answering 'Other', please provide further explanation as to why the Mental Health Investment Standard (Parity of Esteem) has not been achieved for 2017/18. 5. In the CCG's financial plan for 2018/19, or latest draft of this plan if this has not been finalised by NHS England at the time of responding to this request, has the Mental Health Investment Standard (formerly Parity of Esteem) been achieved? 6. If the Mental Health Investment Standard (formerly Parity of Esteem) has not been achieved for 2018/19, please indicate the reason using the codes below: 1 - Commissioners in deficit, not achieving 1% plan metric or with very low growth. 2 - Mental Health Investment Standard (Parity of Esteem) achieved across health economy. 3 - Historically high investment in mental health. 4 - Other. 7. If answering 'Other', please provide further explanation as to why the Mental Health Investment Standard (Parity of Esteem) has not been achieved for 2018/19. 8. At the time of responding to this request, has the Chief Executive of your main mental health provider signed a letter stating that the CCG's mental health planned spend for 2017/18 and 2018/19 is an accurate reflection of health economy investment in mental health, as requested by NHS England?   | Business   | Financial           |
| 19-Apr-17        | 20635  | Vulnerable GP Practices The number of GP practices in Oxfordshire - Between April 2016 and March 2017 the number of GP practices in Oxfordshire to declare themselves 'vulnerable' and the reasons why they have declared themselves as vulnerable to the CCG - Details of the actions the CCG is taking with regard to each 'vulnerable' practice to ensure that it does not close - Between April 2016 and March 2017 the number of GP practices in Oxfordshire to have closed and the names of those practices and the dates for when they will be closing/ have closed   | Media      | Health Statistics   |
| 26-Apr-17        | 20672  | BOB STP: Contractors & Consultants - I would like an itemised list, preferably electronic, of the amounts spent, the contract details and names of all private/independent contractors and consultancies that have provided services and those that continue to provide services to the development of the Bucks, Oxfordshire and Berkshire West Sustainability and Transformation Plan (BOB STP) since its inception, including but not limited to: support for STP finance and activities; modelling development plans; strategy assessments; review of commissioning arrangements; the development of a project management office (PMO). In addition I would also like to know what procurement process was followed for all of this work.  | Individual | Misc.               |
| 8-May-17         | 20302  | Funding for Dementia - 1. how much is spent by the ccg on dementia treatments and 2. what sum was transferred from 'health' to social services when the latter became lead agency for dementia.  | Media      | Financial           |
| 10-May-17        | 20644  | Contract Details - The Provision of Non Emergency Patient Transfers Services in relation to Berkshire Healthcare NHS Foundation Trust Q1 If applicable, suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages? Successful Suppliers Unsuccessful Suppliers Successful Suppliers Unsuccessful Suppliers Unsuccessful Suppliers Of Suppliers Unsuccessful | Business   | SLA & Contracts     |
| 2-May-17         | 20716  | STP - "Next steps on the NHS five year forward view" (NHS England, March 2017) "Five year forward view" (NHS England, October 2015) I refer to the documents published by NHS England entitled "Next steps on the NHS five year forward view" dated March 2017 and the "Five year forward view" dated October 2015. I note the references to Sustainability and Transformation Plans, "Footprint" areas, Sustainability and Transformation Partnerships, Accountable Care Systems and Accountable Care Organisations in those documents. I write to request the following information (including copies of any documents relating to the following things), in accordance with the Freedom of Information Act 2000: What steps, if any, your organisation has taken to implement a: Footprint Sustainability and Transformation Plan; Sustainability and Transformation Partnership; Accountable Care System; Accountable Care Organisation; What plans you have to implement any or all of the above and the proposed timescale for doing so and decision-making processes to be followed in doing so. Any documentation or instruction that you have received from NHS England describing the action your organisation is required to take, or may take, to establish the above organisations and/or otherwise to implement the new care models described in the Next steps on the NHS five year forward view and the Five year forward view. An explanation of the legal and organisational nature of the governance arrangements for the "footprint", as described in the Next steps on the NHS five year forward view and the Five year forward view, of which your organisation is part. Your organisation's understanding of the consequences if it does not implement a Sustainability and Transformation Plan, a Sustainability and Transformation Partnership, an Accountable Care System, an Accountable Care Organisation and/or any of the other new care models described in the Next steps on the NHS five year forward view and the Five year forward view, and the documents on which that understanding is b | Individual | Misc.               |

| Date<br>Received | FOI ID | FOI Description   | Category           | Theme               |
|------------------|--------|---|--------------------|---------------------|
| 2-May-17         | 20728  | Parkinson's & Mental Health Services - 1. What assessment, if any, has your CCG made on the number of people with Parkinson's accessing mental health services in your CCG area? 2. In your CCG area please state whether people with Parkinson's can access mental health services through each of the following pathways: a. By referring themselves directly b. By visiting their GP c. Their Parkinson's specialist (for example a consultant neurologist, consultant in the care of the elderly or Parkinson's Nurse) referring directly into mental health services d. Mental health professional forming part of a multidisciplinary team for Parkinson's e. Other – please specify 3. Do you currently commission any psychological support or other mental health services specifically for people with neurological conditions? If yes, please state which neurological conditions and the type of mental health support that is commissioned. 4. Does your Parkinson's service have access to any of the following mental health professionals? If yes please outline the pathway for accessing the mental health professional. a. Clinical psychologist b. Psychiatrist c. Neuropsychologist d. Neuropsychiatrist e. Other mental health specialist, such as community psychiatric nurse. Please specify which professional. 5. Does your CCG currently integrate evidence-based psychological therapies for adults with anxiety and depression with a focus on people living with long-term physical conditions or are there future plans to? If yes, please outline which long-term physical conditions can benefit from the therapies. 6. Has your CCG ever taken any action to promote integration across physical and mental health services for people with Parkinson's or do you have future plans to do so? If yes, please provide details of what action has/or will be taken. | Campaigning Groups | Specific Treatments |
| 2-May-17         | 20747  | STP Management Consultants Spending - 1) How much money was spent on employing management consultants to advise healthcare leaders while drawing up the region's sustainability and transformation plan in 15/16 and 16/17? 2) Which management consultant companies were used and how much was each company paid? 3) How much money do the organisations in your STP plan to spend on management consultants in 17/18, if any?   | Media              | Financial           |
| 4-May-17         | 20750  | Reconstructive Breast Procedures - For each of the questions below please provide any relevant policies and information regarding how long the policy has been in place and/or if a policy is being planned or considered or is potentially changing in the future. 1. Is there a time/number of procedure limit for reconstructive breast procedures following breast cancer (including revision procedures) in your CCG? 2. Is there availability/funding for breast surgery on the contralateral breast (the breast without breast cancer) for means of providing symmetry to any planned reconstructive procedure of the breast with breast cancer. If so, is there a time/number of procedure limit for this type of surgery?  | Individual         | Specific Treatments |
| 5-May-17         | 20764  | Bespoke Software Systems - 1. Does your organisation use any bespoke software systems? If yes, please kindly complete the following questions. If no, please proceed to question 2. • What is the core purpose of these system/s? • Do these system/s integrate with your organisations financial management systems? • Do these system/s enable e-payments, online payments or BACS transactions? • Which company/companies are you contracted to for each bespoke software system? • What is the total value of each of these contracts over their respective terms? • When does the current contract term for these system/s expire? • Who are the technical and procurement leads for these system/s and their contact details? 2. Is your organisation in the process of exploring the scope or planning the procurement of a bespoke software system or an off-the-shelf commercially branded software system which you envisage will require bespoke development to fit your organisation's needs? If yes, please kindly complete the following questions: • Will this system/s integrate with your organisations financial management system/s? • Will this system/s enable e-payments, online payments or BACS transactions? • Will this system/s automate processes or data currently managed by spreadsheets? • Will this system/s automate paper based processes? • Will this system/s capture large volumes of data from outside your organisation? • When is the prospective golive date for such system/s? • What is the estimated budget for such system/s over the intended contractual period (rough order of magnitude)? • Who will be the technical and procurement lead for these project/s?   | Individual         | Misc.               |
| 8-May-17         | 20790  | Community Hospitals & Beds Review - Please could you send me electronic copies of all the information held by Oxfordshire Clinical Commissioning Group on the review undertaken into Oxfordshire community hospitals and beds, to include but not be limited to: the Terms of Reference of the review; findings, conclusions and recommendations of the review; the cost of the review; and details of who conducted the review.  | Individual         | Misc.               |
| 8-May-17         | 20797  | GP Vacancies - 1. Has your CCG undertaken a risk assessment of the demographic profile of General Practitioners i.e. how many will reach retirement age in each year for the next 5 years? If so please could you provide a copy of this risk assessment? 2. Please could you confirm the number of whole time equivalent GPs (WTE) working for your CCG? 3. Please could you confirm the current vacancy rate for GPs at your CCG? 4. Does your CCG anticipate a net reduction in the number of GPs available in the next 3-5 years? If so have any estimates been made of how large this reduction is expected to be?   | МР                 | Health Statistics   |
| 9-May-17         | 20817  | Contact Details - Under the Freedom of Information act please could you give me the names of the following job titles Chief Executive Officer Director of IT IT Manager Caldicott Guardian Senior Information Risk Officer Director of Finance Director of Nursing Assistant Director of Nursing Medical Director / Chairperson Chief Operating Officer   | Individual         | HR & Contacts       |
| 9-May-17         | 20834  | Mental Health Expenses • The number of aftercare packages under Section 117 of the Mental Health Act 1983 for 2016-17 at CCG. • The total amount spent on aftercare packages under Section 117 of the Mental Health Act 1983 for 2016-17.   | Business           | Financial           |
| 10-May-17        | 20851  | CHC Care Providers - 1. A database of all Continuing Healthcare cases currently managed by your CCG, including: a. The start date of the case b. The yearly cost of each case by year for as many years as that information is available c. In the case of patients in a home care setting: i. The third-party provider contracted by CHC to provide care ii. Where possible a list of companies who quoted for that contract whenever it was initially tendered or subsequently renewed. I would be interested in any information held by your department regarding my request, including any datasets from which this information is drawn.   | Individual         | СНС                 |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme                  |
|------------------|--------|---|------------|------------------------|
| 10-May-17        | 20869  | Rehabilitation Prescriptions - Can you please advise how many of your patients discharged from hospital with an Acquired Brain Injury (ABI) had a Rehabilitation Prescription? Just to clarify, an ABI is defined as any injury to the brain which has occurred following birth. It includes Traumatic Brain Injuries (TBIs) such as those caused by trauma (e.g. a blow to the head from a road traffic accident, fall or assault), and non-TBIs related to illness or medical conditions (e.g. encephalitis, meningitis, stroke, substance abuse, brain tumour and hypoxia). A Rehabilitation Prescription is a document detailing an ABI patient's rehabilitation needs, and makes recommendations for how these should be met after they are discharged from hospital. 1. This CCG has patients with an ABI who were discharged with a Rehabilitation Prescription. Yes/No 2. This CCG has [number to be inserted] patients with an ABI who were discharged with a Rehabilitation Prescription in the last financial year. 3. Of the patients who are issued with a Rehabilitation Prescription the following receive a copy a GP [please tick] b patient/family [please tick] c other [please provide details]   | Charity    | Specific Treatments    |
| 12-May-17        | 20890  | Maternity Services - Name of CCG Name and Job Title of person completing this questionnaire Phone Number Email Address Would you like to receive the results of this questionnaire? Questionnaire Please note, the results of this questionnaire will be shared with CCGs who have requested to receive the information. What is the population of the area your maternity services cover? What is the type of area your services operate in? Urban/Rural/Mixed Please give further details is appropriate. How many of the following types of unit do you have and what is their size? Number of Consultant –Led Units (CU) Number of antenatal beds Number of delivery beds Number of postnatal beds Number of outpatient attendances 2015/16 CU1 CU2 CU3 Number of Alongside Midwifery-led Units (AMU) Number of antenatal beds Number of delivery beds Number of postnatal beds Number of outpatient attendances 2015/16 AMU1 AMU2 AMU3 Number of Standalone Midwifery –Led Units (SMU) Number of antenatal beds Number of delivery beds Number of postnatal beds Number of outpatient attendances 2015/16 SMU1 SMU2 SMU3 SMU3 Please give further details as appropriate. How many WTE staff do you have? Role WTE Midwives Support Assistants Specialist Midwives Ultrasound Midwives Managers (non clinical) Managers (clinical) Please add more as required How many births did you have in your services in 2015/16? CU Births 2015/16 AMU Births 2015/16 Total Births 2015/16 Approximately how long would it take/how far is it in miles for patients to get to their nearest MLU? E.g. Between and minutes/miles Approximately how long would it take/how far is it in miles for patients to get to their nearest Consultant unit? E.g. Between and minutes/miles What proportion (%) of your patients accessed maternity services elsewhere in 2015/16 % Postnatal care 2015/16 What proportion (%) of your births in 2015/16 % Deliveries SMU 2015/16 % Postnatal care 2015/16 What proportion (%) of your births in 2015/16 % Deliveries SMU 2015/16 % Postnatal care 2015/16 Other informat | Business   | Health Statistics      |
| 15-May-17        | 20908  | IVF Treatment - 1. According to your current IVF treatment policy: a. How many cycles of IVF do you offer to eligible patients? b. Do you fund a full cycle of IVF, as defined by NICE, which includes replacement of all frozen embryos? If not how many frozen embryo transfers do you fund? c. What is your upper and lower age limit that female patients must meet in order to qualify for treatment? d. Do you fund one full cycle of IVF for women aged 40-42 in line with the NICE guidance? e. Do you have an age criterion that male patients must meet in order to qualify for treatment? If so, please state what the criteria is. f. How long do couples need to be trying to conceive before becoming eligible for treatment? g. What eligibility criteria do you apply in relation to existing children that either one or both partners may have? h. What policy is in place (if any) for the use of Single Embryo Transfer? i. Do you fund fertility treatment for same sex couples, and if so what eligibility criteria do they have to fulfil? 2. What is the average cost of a cycle of an IVF cycle funded by the CCG and what does that include? 3. What providers does the CCG contract with to provide IVF services? 4. Is the assisted conception policy available on the CCG's website? If so please provide a link to the policy. 5. In the last 12 months, how many patients have applied for fertility funding (both successfully and unsuccessfully) through an Individual Funding Request?   | Business   | Specific Treatments    |
| 16-May-17        | 20929  | Melatonin Prescriptions - I'm emailing to request under the Freedom of Information act to be informed of the cost of melatonin prescriptions for children in your area for the last year.   | Charity    | Financial              |
| 17-May-17        | 20935  | Vascular Services - 1. How much did the CCG spend on vascular services in the following fiscal years: 2014-2015, 2015-2016 2. How much did the CCG plan to spend on vascular services in the fiscal year 2016-2017. 3. Does the CCG follow any best practice pathways for treating patients with suspected or confirmed vascular disease – including Peripheral Arterial Disease and Critical Limb Ischaemia? If so, please provide details of this. 4. Does the CCG have a named contact person for vascular disease in a) a hospital setting and/or b) a community setting, 24 hours a day who is a member of the multidisciplinary team in case of emergencies? 5. Does the CCG carry out workforce planning to support your vascular services? If so, please provide details.   | Individual | Specific Treatments    |
| 22-May-17        | 20968  | Prescribing - 1. Does the CCG or any constituent practices currently utilise any of the following prescribing support software? Y/N Please indicate which: • Eclipse Live • Scriptswitch • FDB Optimise RX • DXS • Other (please provide name of system) A. If yes for any of the above software, is this used exclusively by the CCG, by the GP practices within the footprint of the CCG or is it used by both the CCG and its GP practices? B. If the software is used by GP practices, is it used by all practices within the CCG? Y/N C. If No – Please list the practices not using this software by ODS code. 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: i. GP quality management contract or payment (or similar) ii. Enhanced service payment (or similar) iii. Prescribing incentive scheme (or similar) 3. What is the current year 17/18 CCG QIPP/efficiency savings plan target?  | Business   | IT/Broadband/Telephone |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme         |
|------------------|--------|---|------------|---------------|
| 24-May-17        | 21008  | Out of Hours Services - 1. I refer to the (Deptt of Health) DH's, "National Quality Requirements in the Delivery of Out-of-Hours Services" 2006 document (attached) in pages 5 to 7, in clause 3.5.1 on page 10 of "2014/15 APMS Contract – 18.06.14 v1.0." 1.1 "Providers must report regularly to PCTs on their compliance with the Quality Requirements." FOI: Please tell when these Out-of-Hours (OOH) reports were sent between 2014 and March 2015 from Out-of-Hours (OOH) provider to you? 1.2 "Providers must regularly audit a random sample of patients' experiences of the service (for example 1% per quarter) and appropriate action must be taken on the results of those audits. Regular reports of these audits must be made available to the contracting PCT. Providers must cooperate fully with PCTs in ensuring that these audits include the experiences of patients whose episode of care involved more than one provider organisation." FOI: Please tell when these Out-of-Hours (OOH) reports were sent between 2014 and March 2015 from Out-of-Hours (OOH) provider to you? 2. In 2013 NHS Commissioning Board (CB) introduced a service called Risk Profiling and Case Management Scheme. It was an "enhanced service". 2.1 How many agreements of GP practice belonging to you did you have in place by 30 June 2013 for the risk profiling and care management enhanced service? 2.2 Which GP practices belonging to you did you notify NHS CB that were participating by 31 August 2013 in the Risk Profiling and Case Management enhanced service? 2.3 What risk profiling evaluation tool was procured by you for the GP practices belonging to you were meant to complete or be guided by quarterly. 2.5 What criteria did you specify to GP practices belonging to you were meant to complete or be guided by quarterly.  | Individual | Misc.         |
| 24-May-17        | 21019  | Health & Social Care - I refer to Health and Social Care Act 2012 sections placed underneath, please send me with some promotional evidence from up to 2014 that the below 6 duties were done by you - (1) that you promoted NHS Constitution, (2) that you promoted patient choice, (3) that you promoted innovation, (4) that you promoted research, (5) that you promoted education / training and (6) that you promoted integration. 1. 4P Duty to promote NHS Constitution (1)Each clinical commissioning group must, in the exercise of its functions— (b)promote awareness of the NHS Constitution among patients, staff and members of the public. 2. 14V Duty as to patient choice Each clinical commissioning group must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them. 3. 14X Duty to promote innovation Each clinical commissioning group must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision). 4. 14Y Duty in respect of research Each clinical commissioning group must, in the exercise of its functions, promote— (a)research on matters relevant to the health service, and (b)the use in the health service of evidence obtained from research. 5. 14Z Duty as to promoting education and training Each clinical commissioning group must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State in the discharge of the duty under that section. 6. 14Z1Duty as to promoting integration (1)Each clinical commissioning group must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would— (a)improve the quality of those services (including the outcomes that are achieved from their provision), (b)reduce inequalities between persons with respect to the outcomes achieved | Individual | Commissioning |
| 24-May-17        | 21030  | Digital Health - Community Equipment & Wheelchair Services - 1 Details of all current contracts you have, including the name, address and contact details of the service provider; 2 The renewal date of the contracts; 3 Start date of the contracts; 4 Value of contracts; 5 Spend on Telehealth/Digital Health for previous financial year 2016‐17; 6 Spend on community equipment for previous financial year 2016‐17; 7 Spend on wheelchair services for previous financial year 2016‐17; 8 Number of citizens receiving a telecare service funded by the local authority; 9 Commissioning officer name/s, email address/es and phone number/s.  | Business   | Misc.         |
| 25-May-17        | 21045  | Translation & Interpretation - Can I request the following please, who does the CCG use for Translations and Interpreter's. What named individual is responsible for deciding this?   | Business   | HR & Contacts |
| 26-May-17        | 21068  | Technology & Telecare Services 1. Does your CCG commission assistive technology and telecare services? If so, does the CCG have in-house provision for such services and if not what percentage of the total amount spent on such services is spent with external providers? 2) How much did your CCG spend on assistive technology and tele care services in 2015/16 and 2016/17 on either a 'spot' or 'block' contract basis, and how much is it planning to spend in 2017/18? 3) How many patients in your CCG received assistive technology and telecare services on 1st April 2015, 1st April 2016 and 1st April 2017? 4) Full names, job titles and contact details (including telephone numbers and email addresses) of the responsible Managers and Officers and what section / department these staff are part of? 5) Details of any forthcoming tenders and contract renewals for such services? I would also be very interested in reading any other comments about commissioning and implementation of assistive technology and tele care services including any other requirements in your area you might have.  | Business   | Misc.         |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme                  |
|------------------|--------|--|------------|------------------------|
| 26-May-17        | 21081  | CHC - 1. How many adults in your CCG currently receive NHS Continuing Healthcare? 2. How many adults in your CCG currently receive each of the following: a) Fully funded NHS Continuing Healthcare packages of care? c) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages of care? c) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages care? a. What was the total NHS Continuing Healthcare budget for adults in your CCG in 2015-16? 4. What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2015-16 for those adults in receipt of: a) Fully funded NHS Continuing Healthcare packages of care? b) Joint funded Local Authority / NHS Continuing Healthcare packages of care? c) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages of care? 6. What was the total NHS Continuing Healthcare budget for adults in your CCG in 2016-17? 7. What was the actual amount spent on NHS Continuing Healthcare for adults by your CCG in 2016-17? 8. For each of the following categories, what was the actual amount spent by your CCG in 2016-17? Tor those adults in receipt of: a) Fully funded NHS Continuing Healthcare packages of care? b) Joint funded Local Authority / NHS Continuing Healthcare packages of care? c) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages of care? e) Joint funded Local Authority / NHS Continuing Healthcare packages of care? c) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages of care? e) Joint funded Local Authority / NHS Continuing Healthcare packages of care? c) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages of care? e) Joint funded Local Authority / NHS Continuing Healthcare packages of care? e) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare packages of care? e) Joint funded Local Authority / NHS Continuing Healthcare packages of care? e) NHS funded nursing care? d) "Care at Home" NHS Continuing Healthcare pack | Charity    | СНС                    |
| 30-May-17        | 21093  | Elective Care Contracts - 1) Whether any block or assured/risk share contract payment arrangements for planned elective care were in place for the CCG for the following years: 2013/2014, 2014/2015, 2015/2016. And if any have been agreed for 2017/2018 and 2018/19. If so, please provide the value for each and the care providers the contracts were placed with broken down by the financial year in question. 2) Where block contracts were in place for elective care, please provide the following: a) The number of anticipated patient spells anticipated when theblock contract was commissioned. If a specific number is not given, please give the estimated patient spells used during negotiations with the provider. b) How many patients spells were delivered during the contract period?  | Media      | Financial              |
| 01-Jun-17        | 21120  | Palliative & Bereavement Care - The request's questions are in the correspondence case.  | Individual | Misc.                  |
| 05-Jun-17        | 21157  | Local Area Network Information (LAN) - Please can you send me the organisation's Local Area Network (LAN) contract, which may include the following: • Support and Maintenance- e.g. switches, router, software etc • Managed • Installation • Cabling 1. Existing Supplier: Who is the current supplier for each contract? 2. Annual Average Spend for Supplier: What is the annual average spending on the supplier above? If there is more than one supplier please split the annual averages spend for each supplier. 3. Number of Users: Please can you provide me with the number of users each contract covers. Approximate number of users will also be acceptable. 4. Number of Sites: The number of sites where equipment is supported by these contract. Type: For each contract is the contract Managed, Maintenance, Installation, Software 6. Hardware Brand: What is the hardware brand of the LAN equipment? 7. Contract Description: Please provide me with a brief description of the overall contract. 8. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include for each contract. 9. Contract Expiry Date: When does the contract expire for each contract? 10. Contract Review Date: When will the organisation is planning to review the contract? 11. Responsible Officer: Who within the organisation is responsible for each of these contract(s) please provide me with contact details including name, job title, contact number and email address? If the LAN maintenance is included in-house or managed please include the following information: 1. Hardware Brand: What is the hardware brand of the LAN equipment? 2. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable. 3. Number of Sites: Estimated/Actual number of sites the LAN covers. 4. Responsible Officer: Who within the organisation is responsible for LAN please provide me with contact details including name, job title, contact number and email address? | Individual | IT/Broadband/Telephone |
| 07-Jun-17        | 21168  | General Practice Model & Ownership - Please provide information for each of the columns for each General Practice. Specifically: - Practice code: Unique practice ID code - Practice name - CCG Code - CCG name - Federation name: If they don't belong to a federation please put '-'. If you don't have this data please put 'no data' - Vanguard name: If they don't belong to a vanguard please put '-'. If you don't have this data please put ino data' - Vanguard model: Type of vanguard (either 'PACS' (Integrated primary and acute care systems), 'MCP' (Multispecialty community providers), 'EHCH' (Enhanced health in care homes), 'UEC' (Urgent and emergency care), 'ACC' (Acute care collaborations)). If they don't belong to a vanguard please put '-'. If you don't have this data please put 'no data' - Ownership: Please provide the name of the provider/brand that owns GP clinic e.g. Virgin Healthcare. If you don't have this data please put 'no data' - Type of provider: (either 'Public - Company', 'Private - GP Owned', 'Social Enterprise', 'Charity', 'Other'). If you don't have this data please put 'no data' - Pharmacy on site: Does GP clinic own an on-site pharmacy? Yes or No. If you don't have this data please put 'no data'   | Individual | General Practice       |
| 08-Jun-17        | 21187  | Contact Details - Please could you let me know the names and email addresses for your: Head of Research Head of Analysis Head of Intelligence Head of Performance. If this/these exact job title is not in post at the CCG then the closest person to the role who performs statistical or survey analysis would be helpfu   | Business   | HR & Contacts          |
| 09-Jun-17        | 21209  | Out of Hours - Please can you supply details on the commissioned out of hours provider in your CCG. Name of provider and provider representative if available.   | Individual | Out-of-Hours           |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme                  |
|------------------|--------|---|------------|------------------------|
| 09-Jun-17        | 21235  | Organisation's Budget - Under the FOI Act please can you let me know your orginsations budget for: 2016 2017 This is the total operating budget for your orginsation across all departments etc   | Individual | Financial              |
| 14-Jun-17        | 21264  | Chiropractors & Osteopaths - Please provide a summary of health services the CCG currently commissions from: (a) Chiropractors/chiropractic clinics or any service provider where a chiropractor is involved in delivering the commissioned service (b) Osteopaths/osteopathic clinics or any service provider where an osteopath is involved in delivering the commissioned service and please provide a summary of health services the CCG previously commissioned, but no longer commissions, from: (a) Chiropractors/chiropractic clinics or any service provider where a chiropractor is involved in delivering the commissioned service (b) Osteopaths/osteopathic clinics or any service provider where an osteopath is involved in delivering the commissioned service  | Charity    | Commissioning          |
| 12-Jun-17        | 21273  | Horton Hospital - How Many beds were at the Horton Hospital in 2001. How many in 2016 and what is the projected figure for 2030? How many patients were seen at the Horton Hospital in 2001. How many in 2016 and what is the projected figure for 2030? What facilities have been improved at the Hospital between 2001 and 2016. What procedures carried out in 2001 are no longer carried out in 2016? How many patients from Banbury and adjacent areas were sent to Oxford Hospitals for treatment in 2001 and 2016. How many patients have died on the way to Oxford Hospitals from Banbury and District in the last 5 years because specialist facilities were not available locally? The inescapable conclusion is that facilities at the Horton are poor and should be improved. What reason do the Health Authority give for the inadequate treatment being given locally? How many beds were available in 2001 and 2016 at JR?   | Individual | Misc.                  |
| 14-Jun-17        | 21274  | GP Job Vacancies - a. The total number of job vacancies for general practitioners across the county of Oxfordshire at June 1st 2017 b. The total number of job vacancies for general practitioners by district council area in Oxfordshire at June 1st 2017 c. The number of times these vacancies have been advertised and how many applications were received on each occasion. d. How many GP locums were employed in Oxfordshire between January 1st and June 1st 2017.   | Individual | HR & Contacts          |
| 15-Jun-17        | 21277  | Community Pharmacy Commissioning - Q1 What services does CCG currently commission from community pharmacies in your area? (Please note, services may include minor ailments, smoking cessation, homeopathy, gluten-free prescriptions, vascular risk checks, Chlamydia screening, vaccinations etc) Q2 Has CCG decommissioned any health services provided by community pharmacies in your area in the last two years? (April 2015 – April 2017) Q3 Where a meeting was held to discuss stopping funding any community pharmacy services, please could you give me the following details: a) The date of the meetings b) A full list of the services discussed c) A full list of the attendees d) A copy of the minutes of the meetings Q4 Have there been any discussions around future plans to decommission health services currently provided by community pharmacies in CCG's area? Q5 Where such a discussion has been held, please could you give me the following details: a) The date of the meeting b) A full list of the services discussed c) A full list of the attendees d) A copy of the minutes of the meetings   | Individual | Commissioning          |
| 15-Jun-17        | 21282  | Prescribed Antibiotics - I would like to obtain some basic data from GP practices from January to December 2016 (1 year). This would include: ● the number of GP consultations for children under 5 years (pre-school) ● the number of children treated with antibiotics following consultation ● the conditions the antibiotics were prescribed for  | Business   | Health Statistics      |
| 16-Jun-17        | 21284  | Mobile Contracts - Could you please send me the following information with regards to the organisation's Mobile Phones. If there is more than one provider please split all the information including the annual average spend, number of users, duration, contract dates and internal contact details. 1. Network Provider(s) - Please provide me with the network provider name 2. Annual Average Spend- Can you please provide me with the average annual spend over the 3 years. If this is a new contract can you please provide the estimated annual spend. 3. Number of Users- Number of connections for each network provider. 4. Duration of the contract- please state if the contract also include contract extensions for each provider. 5. Contract Start Date- please can you provide me with the start date of the signed agreement. Please do not provide me with the framework contract dates of the signed agreement. 6. Contract Expiry Date- please can you provide me with the expiry date of the signed agreement. Please do not provide me with the framework contract date i require the contract dates of the signed agreement. If the contract is rolling please state. 7. Contract Review Date- Please can you provide me with a date on when the organisation plans to review this contract. 8. The person within the organisation responsible for this particular contract. Can you send me the full contact details Contact Name, Job Title, Contact Number and direct email address for each network provider? If full contact details cannot be provided please send me the actual job title. If the supply of mobile phones if provided by an external organisation please state the name of the organisation, the number of users (Connections of your organisation only) and the name of the network provider. Please can you provide me with the latest information- If the organisation's is currently out to tender please can you also state the approx. date of award along with the information above. Also if contract in the response has expired / rolling please can you provide | Individual | IT/Broadband/Telephone |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme                  |
|------------------|--------|---|------------|------------------------|
| 20-Jun-17        | 21314  | Prescribing QIPP & Rebate Schemes - A - Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your CCG during the financial year 2016/17? 1. Primary Care Prescribing Rebate Schemes 2016/17 Name of Scheme Drug(s) covered Companies involved in the scheme 2. What was the total income for the CCG from rebates during 2016/17? 3. QIPP Prescribing Schemes 16/17 Name of Scheme Drug(s) covered B - Could you please provide me with the details of any prescribing rebate schemes and QIPP/efficiency saving prescribing schemes active within your CCG for the current financial year 2017-18 (as they currently stand)? 1 Current Primary Care Prescribing Rebate Schemes 17/18 Name of Scheme Drug(s) covered Companies involved in the scheme 2 Current QIPP Prescribing Schemes 17/18 Name of Scheme Drug(s) covered  | Individual | Formulary              |
| 21-Jun-17        | 21332  | Pharmaceutical Rebate Agreements - I would like to request the list of pharmaceutical products/medicines/drugs that the CCG currently holds rebate agreements for. If possible, can you also provide the corresponding rebate start dates please? I understand that the financial details of the rebates would be considered commercially confidential but have been advised that the existence of a rebate with a product does not fall within a section 42 exemption. So, I am only requesting the product names and the rebate start dates.  | Individual | Formulary              |
| 22-Jun-17        | 21351  | Contact Details - I am wondering if you could please provide the contact email address for the purchasing department, for consumable supplies.  | Individual | HR & Contacts          |
| 26-Jun-17        | 21371  | Parking Space - 1. How many car parking sites fall under the remit of the the CCG? 2. Roughly how many spaces do they provide in total across all sites? 3. Does the organisation manage their Car Parks directly (go to Q5) or via a Third Party (go to Q4)? 4. If managed by a Third Party: a. Who is the provider b. Dates of the contract duration (from/to)? c. What is the basis of the contract (build/operate; land lease; management only etc)? d. Any pros/cons of this arrangement? 5. How is parking currently controlled, e.g. POF, P&D, Permit, parking officers, barrier control, in/out global counting, bay occupancy? 6. Are you currently able to readily identify any patterns of use of particular zones/bay types/long or short term stays etc and collate this data to address specific problems areas on certain days/time periods? 7. What existing customer service focused measures are in place, e.g. information provided at entry points, visual guidance to zones/bays with available spaces, on-site support staff? 8. What are the key challenges that the CCG face in regards to the provision of parking for staff? 10. Do you attend any conferences/events that focus on best practice in the management of parking/land use which you would recommend as good networking opportunities? 11. Who is the person responsible for Car Parks in your organisation (Name, Title, telephone and direct email)  | Business   | Misc.                  |
| 27-Jun-17        | 21390  | Fast-Track CHC - Question 1 How many people in all the hospitals within your CCG have died in hospital awaiting the start of a package of fast-track continuing healthcare. Question 2 What is the average time period in your CCG in hours/days from the point at which a fast-track CHC application is made to the care package being provided for the 12 month period to the end of March 2017? What is the average time period in your CCG in hours/days from the point at which a fast-track CHC application is approved to the care package being provided for the 12 month period to the end of March 2017?  | Charity    | СНС                    |
| 27-Jun-17        | 21407  | Cyber Attack - 1. For 2012, 2013, 2014, 2015, 2016 and 2017 (to date): a. The number of cyber attacks that you have been a target of, with the date of each attack b. For each attack, please state whether data was compromised and if so what was compromised c. For each attack, please state how many devices were affected d. For each attack, if known, the technique used i.e. DDoS (Direct Denial of Service), Adware, Phishing, Tampering, Spoofing, Bluejacking, Password attacks e. For each attack, whether it was reported to the Information Commissioner's Office  | Individual | IT/Broadband/Telephone |
| 29-Jun-17        | 21438  | Abortion Waiting Time - • The average length of waiting time (in days) for women choosing to have an abortion from and to, including the date of their initial referral appointment to the date of abortion, for NHS-funded surgical abortions for 2012, 2013, 2014, 2015, 2016. • The average length of waiting time (in days) for women choosing to have an abortion from and to, including the date of their initial referral appointment to the date of abortion for NHS-funded medical abortions for 2012, 2013, 2014, 2015, 2016. If you cannot provide this data, I instead request: • The percentage and number of women having to wait more than 2 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016. • The percentage and number of women having to wait more than 4 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016. • The percentage and number of women having to wait more than 8 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016. • The percentage and number of women having to wait more than 8 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016. • The percentage and number of women having to wait more than 12 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016. • The percentage and number of women having to wait more than 12 weeks for an abortion, from the date of their initial referral appointment/self-referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016. • The percentage and number of women having to wait more than 12 weeks for an abortion, from the date of their initial referral appointment/self-referral appointment/self-referral | Individual | Health Statistics      |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme                  |
|------------------|--------|---|------------|------------------------|
| 30-Jun-17        | 21446  | Non-Emergency Patient Transport Services - 1. Who is your current and previous NEPTS operator (spanning the last 3 years or existing contract- whichever is longer? 2. What is the current contract (s) end date (s) and are there any provision for extensions? 3. Who or which body would the procurement of your future contract be made by? 4. Please provide the name, address, email and telephone number of the person responsible for the commissioning of services and the same for the person responsible for reviewing contract performance. 5. Please provide the current Service Speciation's in place across the contract (s). 6. How is your current contract operated (in lots or as a whole)? What are the different budgets for these? 7. What is your forecast spend in the following years (please break this down by service: scheduled patient journeys excl. renal, renal patient journeys, high dependency, secure and staff (if this is not available then please provide the total spend) a. 2017/18? b. 2018/19? c. 2019/20? 8. Please provide KPI and Penalties measure in place across this contract and the most recent performance review of the same. 9. Please provide the current Patient Transport Eligibility policy and what are your provisions for revision to this? 10. What is your policy on transporting Escorts? Do you currently make payment provisions for this? | Business   | Misc.                  |
| 30-Jun-17        | 21458  | Healthy Individuals & Vaccination Spending - Could you please provide a figure for overall spending by your Clinical Commissioning Group or its predecessor Primary Care Trust(s) on the "Healthy Individuals" (21x) category as defined in the NHS Programme Budgeting Guidance for each of the past five financial years. 2011-12 2012-13 2013-14 2014-15 2015-16 Additionally, could you please provide a figure for your CCG's total spending on vaccination programmes for each of the past three years: 2013-14 2014-15 2015-16   | Business   | Financial              |
| 26-Jul-17        | 21247  | Contact Details - We would like to be sent a file containing contact information for the GP Practices in your CCG. Please supply email contact details, and / or fax numbers, for each practice. Ideally the file you send should include data, for each practice, for one or more of the following headings: GP Practice Code, GP Practice Name, GP Practice Address, Telephone Number, E-mail Address and Fax Number.   | Individual | HR & Contacts          |
| 04-Jul-17        | 21478  | IT Service Management - 1. Which IT Service Management (ITSM) solutions are currently being used by your organisation in their IT operations and Service Desk functions. 2. How much did the organisation spend on this solution? (Please provide initial setup / deployment costs and ongoing costs) 3. Which company did your organisation procure the current solution from and by which method? (i.e. Direct Award / Tender etc.) 4. When does the current ITSM solution contract expire? 5. Who in the organisation is responsible for deciding which ITSM tool is used? (Please provide name and job title)   | Individual | IT/Broadband/Telephone |
| 05-Jul-17        | 21497  | Continuing Healthcare - We emailed you October 2016 with the following information request: Please could you send a copy of your "Continuing Healthcare Choice & Equity Policy", or any similar policy which sets out how decisions for Continuing Healthcare are made. Our records indicate that you indeed sent us the requested policy. If, 8 months on, it has now been edited, updated or replaced, we would like a copy of this newer policy please.  | Media      | СНС                    |
| 05-Jul-17        | 21515  | Ankylossia - •Bow many babies (i.e) below the age of 1) were diagnosed with issues of ankylossia (tongue-tie) in each financial year since 2012/13.  •Df the babies diagnosed with issues of ankylossia (tongue-tie) in 2016, how many had a surgical procedure carried out by NHS surgeons to resolve these specific issues, and how long did they wait (on average, in calendar days) for the procedure following diagnosis?  •The 2016, what was the mean age of babies with such issues when the ankylossia (tongue-tie) procedure was performed?   | МР         | Specific Treatments    |
| 05-Jul-17        | 21532  | Integrated Musculoskeletal Service - Please provide the bidder responses for the procurement exercise that Oxfordshire CCG has recently undertaken for the provision of an Integrated Musculoskeletal (MSK) Service. It is not expected that any financial information will be shared.  | Individual | Financial              |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme               |
|------------------|--------|--|------------|---------------------|
| 06-Jul-17        | 21535  | Mental Health Disorder - Could you please provide your CCG's policy or care pathway for the following scenario in which a local patient and GP is seeking funding: a) The patient concerned has a mental health disorder, namely body dysmorphic disorder / obsessive compulsive disorder. b) The patient is being referred by the GP for a course of out-patient cognitive behaviour therapy which is specific for BDD/ OCD, for which there are NICE guidelines. The CCG has a commissioned provider for referrals through either a local primary care (Improving Access to Psychological Therapies – IAPT) service or for more complex problems with a local community mental health team (CMHT) and psychological therapy service. c) The GP and patient however wish the patient to be referred "out of area" to a provider that has existing NHS contracts with other CCGs. They have no other reason other than that it is the patient's choice to be seen at different service for BDD/ OCD to that provided locally or is already commissioned. The patient and GP are fully aware of their local commissioned service but do not wish to use it. d) The GP believes the referral to be clinically appropriate. The referral would be to another IAPT provider or if the patient has more complex problems to a consultant led tam for medication advice and to a more experienced psychologist/ cognitive behaviour therapist. The GP has assessed for risk – the patient does not have any significant risk factors (e.g. a risk of suicide or self-neglect) that require local CMHT involvement. Neither does the patient need care integrated with social services nor inpatient care. My questions for the FOI request all relate to the CCG's policy documents or agreed care pathway in the above scenario. 1) Can the GP refer direct to an out of area provider? If not, what is the pathway for such referrals? For example, must such referrals go to a clinical triage service to determine it is appropriate to refer to another provider? Must the referral go first to a panel to determine exceptiona | Charity    | Specific Treatments |
| 06-Jul-17        | 21549  | Continuing Healthcare Funding - 1. How many new assessments for standard NHS Continuing Healthcare (Adult) has the CCG undertaken between July 2016 – July 2017? Of those, how many were found ineligible for funding? 2. How many reviews for NHS Continuing Healthcare funding has the CCG undertaken between July 2016 – July 2017? Of those how many have had their funding withdrawn, where previously they had NHS Continuing Healthcare funding? 3. What is the CCG's annual budget for NHS Continuing Healthcare and what is your year to date actual spend in relation to this budget? (i.e. overspend or underspend). Please provide this for both CHC Adult Fully funded CHC and also for CHC assessment and support. For question 3, to clarify, please can you provide the budget and the actual spend to date for financial year, 2017/18, but also the budget for 2016/17, and the actual amount spent for that full financial year?  | Media      | СНС                 |
| 06-Jul-17        |        | Wheelchair & Integrated Community Equipment Service - Wheelchair Service 1. Which geographical area(s) does the service cover? 2. Does the service provide for Adults and Children?  3. What population size does the service cover? 4. Which organisation provides your clinical assessments a. What is the annual value of the contract? b. What are the start and end dates of the contract including any permitted extension 5. Which organisation provides you're Approved Repairer services a. What is the annual value of the contract? b. What are the start and end dates of the contract including any permitted extension? 6. What are the contact details of the Commissioner(s) responsible for the service? Integrated Community Equipment Service (ICES) In the event that your ICES contract is managed by a Council organisation, please provide the contact details of the person/Dept. responsible for answering FoI requests. 1. Which geographical area(s) does the service cover? 2. Does the service provide for Adults and Children? 3. What population size does the service cover? 4. Which organisation provides your clinical assessments a. What is the annual value of the contract? b. What are the start and end dates of the contract including any permitted extension 5. Which organisation provides you're Approved Repairer services a. What is the annual value of the contract? b. What are the start and end dates of the contract including any permitted extension? 6. What are the contact details of the Commissioner(s) responsible for the service?  | Business   | SLA & Contracts     |
| 06-Jul-17        | 21580  | Bariatric Surgery - 1. The CCG's policy on the commissioning of Tier 3 weight management clinics (in April 2017 commissioning transferred from NHS England to CCG's) 2. The CCG's policy on the commissioning of Tier 4 bariatric surgery (in April 2017 commissioning transferred from NHS England to CCG's) 3. Does the CCG offer Tier 3 services or out source them and if so where would patients be sent.   | Media      | Commissioning       |
| 10-Jul-17        | 21606  | Metal Hip Funding - I would like to know if you currently fund metal on metal hip resurfacing procedures (either routinely or if a specific request for funding is made)? If so, do you provide additional funding for follow up, compared to a standard total hip replacement, to cover the additional follow-up requirements for these implants as per the MHRA guidance of 29/6/17?   | Individual | Specific Treatments |
| 11-Jul-17        | 21617  | STP Management Consultancy Spending - I would like to request: • any data you hold on how much your STP has spent on management consultancy fees or contracts since the STP was created broken down by month or year (whichever is available most easily). • any planned expenditure on management consultancy fees for 2017-18. This would include any member organisation spend dedicated solely to STP activities, but please indicate if these have come from CCG, other NHS, PHE, local authority or other funds.   | Individual | Financial           |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme                  |
|------------------|--------|--|------------|------------------------|
| 05-Jul-17        | 21632  | Financial Data Access - I am told by staff at the John Radcliffe that GP's are not referring individuals for knee problems and other debilitating conditions when they should, presumably for cost reasons. Thus I would estimate many patients suffering considerably and literally drugged rather than investigated and treated properly and returned to health. Is this a directive from OCCG or do the GP's decide this for themselves not to treat certain individuals, presumably for reasons of profit?. As I am sure that somewhere you must have some sort of cost ledger, how do I get FOI access to your accounts systems and those of GP practices. How do you measure cost effectiveness of health service(Oops, I nearly inlouded the word "Care" then) providers as these are private sector companies that exist for profit?. Is the OCCG itself a private company and how is it funded?   | Individual | Financial              |
| 04-Jul-17        | 21633  | Medical Records - Please advise where the Oxfordshire Care Summary, for patients who did not opt in, but were opted in unbeknown to them, was disseminated when your IT system went "live". Which dates did it go live? Was it 2013 or 2014? I need ALL the destinations where this was released. I wish to contact ALL organisations, personnel who had access to this medical record in the period it would have been accessible (up to mid 2016). Please advise why the page is still down? Why has it disappeared?  I wish to know all personnel/individuals/organisations who have had accessed my Oxfordshire care Summary during the period it went "live". i.e., between 2012(?) and 2016(end of that year). Please also state the organisations when an individual cannot be named.   | Individual | IT/Broadband/Telephone |
| 13-Jul-17        | 21636  | Obesity - GENERAL Please state the name of your clinical commissioning group: Who is the designated policy lead for weight management/obesity-related intervention provision in your CCG? Please provide their name and email address. PREVALENCE Please state the number of patients requiring weight management intervention(s) in the past years 2014, 2015 and 2016 by tier 1, 2, 3 or 4. SERVICE PROVISION General What tier weight management intervention(s) do you commission? Please select all that apply: • Tier 3 • Tier 4 who is the commissioned organisation to deliver the intervention? Please specify and indicate which tiers each intervention covers (e.g. Tier 3, Tier 4 etc): Please state the name of the relevant organisation and intervention previously provided that has been decommissioned in the past five years. Referral route and entry criteria How do patients access this intervention(s)? Please select all that apply from the list below: • Universally available • Self-referral • GP/rurse referral • Other health professional referral • Direct referral from NHS Health Checks What is the eligibility criteria for adults? Please select all that apply from the list below: • BMI • Postnatal Black and Minority Ethnic (BME) groups • People with learning disabilities • People with poor mental health • People with physical disabilities • Low income groups • Unemployed • Other, please specify: Intervention details What is the title and name of the intervention(s)? What are the aims and objectives of these intervention(s)? What NICE guidance CH43 • NICE Guidance PH47 • NICE G | Business   | Misc.                  |
| 14-Jul-17        | 21646  | Commissioned Services & Community Pharmacy - 1. What services the CCG currently commissioned through community pharmacy 2. Please send SLAs or service specifications for each commissioned service and details of lead commissioner plus contact details 3. Date that each service ends 4. Do you commission any health services through other providers and if so what services and who are the providers, please include contact details 5. Are there any future services being looked at that community pharmacy may be able to provide, and if so what are these services   | Business   | Misc.                  |
| 14-Jul-17        | 21648  | The Big Health & Care Consultation - 1) A detailed demographic break down in Oxfordshire (Map) of the number of members of the public and/or patients who participated, engaged or attended the The Big Health & Care Consultation initiative 2016-2017 ? 2) The methodology used to deliver the necessary integrity of outcome results produced for the Oxfordshire public ? 3) What methods were used to inform the public / patients of the Walk in Events . Number of Radio announcements, Number and size of local paper notifications and page location within paper? 4) Why were several of the 'walk in's' held on week days when the majority of the public would not be able to attend owing to work . ? 5) How much was paid to QA Research to carry out their management of the consultation work.   | Individual | Misc.                  |
| 18-Jul-17        | 21669  | Labels - Who currently supplies you with labels? Who is currently the contact to deal with label supplies? How much do you currently spend on labels annually? By labels I mean anything from stickers you would use around the hospital to inform people (warning labels?), or labels for prescriptions on medication, or labels you might use on machines etc.   | Individual | Financial              |
| 17-Jul-17        | 21683  | Non Emergency Patient Transport Eligibility Criteria - I have been trying to contact someone to obtain a copy of your eligibility criteria for non emergency patient transport. Hopefully you can obtain and forward a copy to me and / or put me in touch with the relevant person.   | Business   | Misc.                  |
| 19-Jul-17        | 21685  | Incentive Payment - • Does the CCG provide a local incentive payment to primary care for undertaking 24Hr ECG monitoring of patients? • If the CCG does provide such an incentive payment, how much is it? • What support does the CCG supply to practises in addition to the payment?   | Business   | Financial              |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme         |
|------------------|--------|--|------------|---------------|
| 19-Jul-17        | 21690  | NHS 111 - • Please provide dates in which your Clinical Commissioning Group will be contracting for NHS 111 services over the next 5 years. • Please can you also advise when the existing contract ends with your current provider of 111 services. • Who is the main point of contact responsible for procurement of NHS 111 services? o Please also provide contact details.  | Business   | NHS 111       |
| 19-Jul-17        | 21701  | CHC - I would be grateful if you would supply me with the following information on the number of cases for NHS Continuing Healthcare handled by you CCG for the last full three years for which you hold the relevant data.  1. Number of NHS Continuing Healthcare Checklists completed  2. Number referred for full assessment  3. Number of successful decisions made   | Individual | СНС           |
| 21-Jul-17        | 21704  | Property Rents - Can you tell me what rents are charged for the Maternity Unit and Hospital at Chipping Norton, and who they are paid to?  | Individual | Financial     |
| 21-Jul-17        | 21707  | Overseas Trip - 1.) In the financial year 2016-17, how many trips overseas have been undertaken by staff at your CCG? For each trip, please state and break down: • The date, destination and number of days the trip lasted • The purpose of the trip • Number of staff members who went on the trip • Total amount of money spent on hotels • Total amount spent on flights • Total amount of any other costs incurred   | Individual | Financial     |
| 24-Jul-17        | 21728  | IT Spend - The information that I require relates to the financial spend and forecast for FY 2015-16, FY 2016-17 and FY 2017-18. A. Total organisational spend on software (clinical and business related software, office and admin software including licences but excluding implementation and support). B. Total organisational spend on IT services and support. C. Total organisational spend on in-house IM&T staff (excluding spend on outsourcing services). D. Total organisational spend on hardware. E. Total organisational spend on communications. F. Other ICT spend (this will include ICT spend which is not captured in above mentioned categories, like other ICT charges, costs related to running services for other NHS bodies, Medical devices, POC testing, etc.)   | Individual | Financial     |
| 24-Jul-17        | 21744  | STP - I am writing to make a Freedom of Information request relating to the Sustainability and Transformation Partnership for your area. In particular, I am hoping to gain a greater understanding of the development of decision-making criteria for major service change proposals across England. 1) Is the STP forming proposals for or implementing major service change? Has any major service change been implemented already through the STP? 2) What areas of care are/were in scope for the development of proposals for major service change? (e.g. emergency care and acute medicine) 3) Have the following been drafted to guide the decision-making process?: a) Fixed points b) Hurdle criteria c) Evaluation criteria 4) What is the status of each of these elements i.e. how far progressed, what is in the public domain, what is the extent of formal and informal engagement or consultation on these elements and with which audiences (including high-level details of the formal and/or informal engagement carried out with [i] clinicians and [ii] the public): a) Fixed points b) Hurdle criteria c) Evaluation criteria 5) Please provide the latest available version(s) of the fixed points, hurdle criteria and evaluation criteria. (Note that if there is a work-in-progress version which is intended for future publication which cannot yet be released, then I would be grateful if you could provide or direct me to the most recent public version if one exists and provide information on the timeline for future release of the final criteria) | Individual | Commissioning |
| 26-Jul-17        | 21766  | Contact Details - I require the Names, Job titles, Email addresses and Telephone numbers of: • The person who leads and is responsible for IT & Information Security. • The Person who is responsible for the compliance of GDPR (General Data Protection Regulation). Can you also please confirm the number of contractors in said areas?  | Business   | HR & Contacts |
| 26-Jul-17        | 21780  | Financial Spend - Under the terms of Freedom of Information Act I would like to request information regarding the CCG's overall financial spend for FY 2015-16, FY 2016-17 and projected spend for FY 2017-18. A. Total organisational income. B. Total organisational spend. C. Deficit/ surplus of organisation (A - B). Please provide below mentioned information: A. Number of IM&T staff (includes total IM&T staff FTE equivalent, interim IM&T staff and IM&T contractors) employed by organisation during 2016-17. B. Number of hardware units purchased by organisation during 2016-17.  | Business   | Financial     |
| 27-Jul-17        | 21800  | CAMHS - The total yearly spend of the CCG on children and adolescent mental health services broken down by year for as many years as you have information? The amount of extra funding provided to the CCG for the purpose of providing extra child and adolescent mental health services broken down by year? The amount of extra funding that has been provided for child and adolescent mental health services which has been spent or allocated to other services broken down by year?   | Individual | Financial     |
| 31-Jul-17        | 21817  | Contact Details - Under the freedom of information act please could you provided me with the name and email address of the person with the following job titles for Chief Clinical Information Officer Chief Nursing Officer Chief Nursing Assistant Director of Nursing CEO Chief Operating Officer CFO/Finance Director Medical Director / Chairperson IT/ICT Manager Head of Information Governance Caldicott Guardian SIRO Head of IT Director of Transformation Head of Compliance If your IT is provided by a third party please could you give me the name.   | Individual | HR & Contacts |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme               |
|------------------|--------|--|------------|---------------------|
| 31-Jul-17        | 21835  | Adults' Psychological Therapies Spend - Please provide answers to the questions below, for the previous five financial years (2012-13, 2013-14, 2014-15, 2015-16 and 2016-17) and your agreed budget for financial year 2017-18. The following questions all relate to services for adults (aged 18-65) - this excludes CAMHS (Child & Adolescent Mental Health Services), CYP IAPT (Children & Young People's Improving Access to Psychological Therapies) and Early Intervention Services (EIS). 1. What was the total amount of money spent (£) on IAPT (Improving Access to Psychological therapies) services by your CCG? 3. How much of this total spend on IAPT was made up of central-government funding earmarked for IAPT? Please answer as an amount of money (£).  4. Does your CCG commission primary care psychological therapies other than IAPT? If so, what was spent (£) on these? Please specify. 5. What was the total amount of money spent (£) on all secondary care (non-IAPT) psychological therapies by your CCG? 6. Please provide a breakdown of the type of secondary care (non-IAPT) psychological therapy (e.g. cognitive behavioural therapy, dialectical behavioural therapy, family therapy, dynamic psychotherapy etc) and the amount of money spent (£) on each type of therapy by your CCG. 7. Does your CCG commission any other more specialised (e.g. tertiary care) psychological therapies? If so, what was spent (£) on these? Please specify. | Business   | Financial           |
| 01-Aug-17        | 21865  | STP Contributions - • The total number of staff that have been seconded over to your local STP programme since December 2015. Please provide the name of your STP and data both in total number and Full Time Equivalent if staff have only been partially seconded. • The total pay bill of these staff seconded to the STP footprint area and the time period this covers. • Your organisation's total spend on outsourced consultancy related to drafting and implementing the STP programme, if possible broken down by contracted company • The total value of any further financial contributions or benefits in kind to the STP programme from your organisation with a brief description of what it constituted.   | Individual | Misc.               |
| 02-Aug-17        | 21880  | Financial Data - (if applicable) Please can you provide me with a copy of the current statement of car parking charges for staff? If such a document doesn't exists, please can you tell me how much you charge (hourly rate) for staff working at your hospital(s) - What are the wages and job titles of your five highest paid members of staff? - How much money has the trust spent on public relations and marketing (including staff costs) in the past two financial years (15/16 and 16/17). (If this information is easy to obtain please include – if this will take my combined request over the cost/time limit, please do not process this part of the request)  | Business   | Financial           |
| 03-Aug-17        | 21903  | Management Consultancy Spending - I would like to request: • any data you have on the amount spent by the CCG on management consultancy broken down by year from 2012/13 – 2016/2017. • any planned expenditure on management consultancy fees for 2017-18.  | Individual | Financial           |
| 04-Aug-17        | 21918  | Toric Intraocular Lenses Funding - 1. Does the CCG fund toric intraocular lenses for NHS patients with astigmatism undergoing cataract surgery? 2. If yes to Qu1, please list the criteria under which toric intraocular lenses are available to patients, and please send us copies of any policy documentation.  | Individual | Specific Treatments |
| 04-Aug-17        | 21947  | Cataract & Orthopaedic Referral Policies - 1. Please state the total number of orthopaedic referrals from primary care in A) 2015/16 and B) 2016/17. 2. Please state the total number of referrals from primary care for cataract treatment in A) 2015/16 and B) 2016/17. 3. A) What are the current eligibility guidelines/criteria for referrals for orthopaedic procedures? Please cut and paste any relevant information or provide a link (and page number if relevant) to the relevant website/document. B) When were these current guidelines introduced? 4. A) What are the current eligibility guidelines/criteria for referrals for cataract treatment? Please cut and paste any relevant information or provide a link (and page number if relevant) to the relevant website/document. B) When were these current guidelines introduced?  | Media      | Specific Treatments |
| 07-Aug-17        | 21961  | Cardiology Investigations Tests - Would you be so kind to please send me information regarding several aspects of cardiology investigations? The cardiac investigation tests are: a) 24-Hour Holter Monitor (also known as 24-Hour ECG) b) 48-Hour Holter Monitor c) 72-Hour Holter Monitor d) 7-day Holter Monitor e) Echocardiogram (also known as 'Cardiac Ultrasound') f) 24-hour Blood Pressure Monitor g) Exercise Tolerance test For each of the tests stated above, please may you provide the following information from years 2014-present (financial years acceptable): 1) Cost of each individual test 2) Number of tests requested 3) Average waiting time for each test i.e. from request to examination. 4) Breach time (if any) for each test 5) Cost of breaching on each said test Should individual test cost not be available, please can you provide a gross cost for said years. Should any tests be part of a wider 'deal', please may you state the specifics of such an agreement   | Individual | Misc.               |
| 07-Aug-17        | 21973  | CCG Spending - Under the Freedom of Information Act 2000, please could you kindly provide me with the following information for your CCG (or if you represent a CSU, for all the CCGs you are responsible for). Please find attached an Excel spreadsheet with a table for your completion. Table 1 Spending Programme 2017/18 2016/17 2015/16 £m £m £m Acute Primary Care Community Mental Health Continuing Care Ambulance Running Costs All Other Total CCG Funding   | МР         | Financial           |
| 07-Aug-17        | 21984  | Mental Health Spend - Under the Freedom of Information Act 2000, please could you kindly provide me with the following information for your CCG (or if you represent a CSU, for all the CCGs you are responsible for). What was your total spend on all mental health, learning disability and dementia services in 2016/17? What is your total planned spend on all mental health, learning disability and dementia services in 2017/18? Please breakdown the total spend figures in Q1 and Q2 as follows: CCG Spend on Mental Health, Learning Disability and Dementia Services 2016/17 2017/18 £'000 % £'000 % NHS Providers: * Please list each provider CAMHS provider Non-NHS Providers: ** Please list each provider Prescribing Other (please specify) *** Total Spend 0 0% 0 0% 3. Bas your Clinical Commissioning Group signed agreements with its local Mental Health Trusts that meets the mental health investment standard for each of the years 2017/18, 2018/19 and 2019/20?   | МР         | Financial           |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme               |
|------------------|--------|--|------------|---------------------|
| 08-Aug-17        | 22002  | Heart Failure & Furosemide - 1) Number of inpatients with heart failure in the last 5 years, with heart failure being any part of the diagnosis 2) Number of inpatients with heart failure in the last 5 years, with heart failure being the primary diagnosis 3) Number of inpatients, regardless of condition, were treated with Furosemide (tablets or intravenous injection) in the last 5 years 4) Number of inpatients that were treated with Furosemide in the last 5 years had heart failure as the primary diagnosis 5) Number of inpatients that were treated with Furosemide in the last 5 years had heart failure as the primary diagnosis   | Individual | Health Statistics   |
| 08-Aug-17        | 22030  | CGM Funding - 1. How many people are living with type 1 diabetes in your CCG? (Total number) 2. How many type 1 diabetic patients in your CCG currently use continuous glucose monitoring (CGM)? (Total number) 3. Does your CCG have a policy on the use and funding of CGM? (Yes/No) 4. How is CGM currently funded within your CCG? (e.g. routinely commissioned/ routinely commissioned within the scope of the NICE guidance/ Individual Funding Request/patient self-funded/ Hospital funded etc.) 5. Does your CCG specify specific CGM systems? (Yes/No) 6. Does your CCG differentiate between CGM and flash glucose monitoring (FGM)? (Yes/No) 7. How many IFR applications were received between 1st April 2016 and 31st March 2017 for CGM? (Total number) 8. How many IFR applications were received between 1st April 2016 and 31st March 2017 for FGM? (Total number)   | Business   | Misc.               |
| 09-Aug-17        | 22048  | Community MSK Service - I understand you recently tendered for your Community MSK Service and have appointed a new provider. We understand that in the bidding process, bidders would have identified which areas of the bid that are commercially sensitive. We therefore would be great full if you can share any information in the bids that is not commercially sensitive.  | Business   | SLA & Contracts     |
| 11-Aug-17        | 22067  | CCG Payments or Benefits in Kind - 1. Please confirm or deny that the clinical commissioning group received financial payments or benefits in kind from private sector companies or charities in 2015. 2. If the clinical commissioning group received any financial payments or benefits in kind from private sector companies or charities in 2015, please state: (a) how much each payment was for, and whether this value is exclusive or inclusive of VAT (b) the date of the payment (c) the organisation or individual from which the payment was received (d) what was funded through the payment or benefit 3. Please confirm or deny that the clinical commissioning group received financial payments or benefits in kind from private sector companies or charities in 2016. 4. If the CCG received any financial payments or benefits in kind from private sector companies or charities in 2016, please state: (a) how much each payment was for, and whether this value is exclusive or inclusive of VAT (b) the date of the payment (c) the organisation or individual from which the payment was received (d) what was funded through the payment or benefit For all questions, if this information is usually collected by tax year, rather than calendar year, please provide data for the tax years 2015/16 and 2016/17, rather than the calendar years 2015 and 2016.   | Media      | Financial           |
| 14-Aug-17        | 22090  | Decision Support Tool (DST) - Request 1. Can you please supply me with the template DST used by multi-disciplinary teams (MDT) in your own CCG when recording assessments for CHC eligibility? If it is identical in absolutely every respect to the original DST provided on the GOV.UK website (https://www.gov.uk/government/publicatio with no CCG logo or other additions, then please confirm that this is the case. Request 2 If multi-disciplinary teams in your CCG have any discretion about which version of the DST may be used in different settings (such as home, hospital or care home), please advise on the criteria for using the different versions. If they do not have any discretion to use a different version of the DST supplied in request 1, please confirm that this is the case. Request 3. I would like also the template version of the DST which is provided to applicants and their families when the outcome of the assessment is made known to them, if this is in any way amended or edited from the DST requested above. If the version of the DST given to the applicant or their family (when the outcome of the CHC assessment is made known to them) is exactly the same in every respect to the one referred to in request 1, please confirm that this is the case. Request 4. When the applicant or the family is told the outcome of the assessment for CHC funding, are they automatically also sent a copy of the DST? If the DST is not routinely provided, are applicants and their families told that the DST is available to them on request or is the wording phrased without a specific reference to the actual Decision Support Tool? I am seeking the materials that are actually used by your CCG, which may be slightly different from the national tools. Request 5. I would like to see any CHC Operations Manual that is specific to NHS Oxfordshire | Individual | СНС                 |
| 14-Aug-17        | 22093  | Bariatric Surgery - 1) What criteria, if any, has been stipulated by your CCG in relation to the provision of bariatric surgery? (e.g surgery restricted to BMI over 45 and/or other comorbidities, surgery only for those with BMI over 50) 2) When was the criteria introduced? 3) How many patients have been refused bariatric surgery since the criteria was introduced?  4) How many patients have received bariatric surgery since the criteria was introduced and how much has this cost the CCG?  | Media      | Specific Treatments |
| 15-Aug-17        | 22103  | Diabetes - 1. Does the CCG have a formulary for Blood Glucose Test Strips and Insulin Pen Needles If so please can provide the formulary/s or link to the formulary/s If you cannot provide a link can you advise which products are included under what guidance 2 Are there any Area Prescribing Committee guidelines or other regional guidance consulted when forming the above formularies for BGTS and PNs 3. Please advise the responsible Medicines Optimisation contact for the above formularies and their contact details 4. Please advise the date when the above Formularies are set for next review.   | Business   | Formulary           |
| 15-Aug-17        | 22109  | Consultant Led Maternity Service - I would be grateful if you could forward to me the full risk assessment undertaken internally by the OCCG in respect of the plan for the temporary removal of consultant-led maternity services from the Horton General Hospital to the John Radcliffe, Oxford. Would you kindly also forward to me the full risk assessment provided by the Oxford University Hospitals Foundation Trust in respect of the OCCG plan for the permanent removal of consultant-led maternity services from the Horton General Hospital to the John Radcliffe, Oxford. Would you also send me a copy of these risk assessment(s) as presented to the Oxfordshire Clinical Commissioning Group should these differ from the original, internal OUHFT one.  | Individual | Specific Treatments |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme                  |
|------------------|--------|--|------------|------------------------|
| 16-Aug-17        | 22110  | Integrated Musculoskeletal (MSK) Service Tender - Tender name – Oxfordshire Integrated Musculoskeletal (MSK) Service (Published July 2016) Details: · The name of the successful provider · The CCG evaluation documents pertaining to the successful tender documentation · The successful tender (with commercial information redacted where necessary).   | Business   | SLA & Contracts        |
| 17-Aug-17        | 22112  | Maternity Pathway Patients - The total activity, i.e. number of patients, per financial year for each maternity pathway payment category, including financial year 2017-18 YTD if available, completed within the table below. Ante-Natal Post-Natal Delivery Financial Year Standard Intermediate Intensive Standard Intermediate Intensive With Complications Without Complications 2013-14 2014-15 2015-16 2016-17 2017-18 YTD  | Business   | Health Statistics      |
| 17-Aug-17        | 22116  | Non-Emergency Patient Transport Services - 1. Please could you confirm whether non-emergency patient transport services (including secure transport) for the NHS trusts within your geography are procured by the CCG, or if each hospital trust procures their own services? 2. If the services are procured by the CCG, please could you confirm the name of the person/s responsible for the procurement of these services? 3. Please could you confirm the name of the provider/s currently delivering non-emergency patient transport within the geography of your CCG? 4. Please could you confirm the start date/s of the non-emergency patient transport contract/s operating in the geography of your CCG? 5. Please could you confirm the end date/s of the non-emergency patient transport operating in the geography of your CCG? 7. If you are using an e-procurement portal for suppliers to access opportunities for non-emergency patient transport services within the geography of your CCG, please could you provide the name of the portal and a hyperlink to access the webpage or webpage address?   | Business   | SLA & Contracts        |
| 17-Aug-17        | 22143  | General Practice Forward View Please send me the rating (of either red/amber/green) received from NHS England for the CCG's phase 1 GPFV delivery plan submitted to NHS England in December 2016 Please send me the rating (of either red/amber/green) received from NHS England for the CCG's phase 2 GPFV delivery plan which was submitted in February 2017 Please send me a copy of the phase 1 and phase 2 delivery plans submitted to NHS England.   | Business   | General Practice       |
| 18-Aug-17        | 22164  | Ransom Ware Attack - 1. How many GP practices in the CCG 's area had to shut down any IT systems in response to the ransomware attack, known as WannaCry, on or after 12 May, 2017? 2. How many computers/servers/devices in GP practices were infected in the ransomware attack, known as WannaCry, on 12 May, 2017? 3. How many planned appointments and did the GP practices have to cancel/postpone/reschedule as a result, either direct or indirect, of the WannaCry ransomware attack? 4. How many patients had to be recalled for tests by GP practices, as a result, either direct or indirect of the WannaCry ransomware attack?   | Business   | IT/Broadband/Telephone |
| 18-Aug-17        | 22195  | Commissioning Directorates - I would like to request an Organisation chart for all Directors, Managers, and employees within the Commissioning department.   | Business   | HR & Contacts          |
| 25-Aug-17        | 22222  | Commissioning Policies - 1. With the exception of IVF, do you have any commissioning policies which delay access to surgery based on alcohol consumption? 2. If so, please provide a copy of these policies.   | Business   | Commissioning          |
| 25-Aug-17        | 22244  | Prescribing Decision Support Systems - 1) Do your member practices use prescribing decision support systems? 2) If yes, how many practices (or what % of practices) use the following systems: Number (or %) of practices ScriptSwitch Eclipse FDM Optimise RX DXS Other (please specify) 3) Request for Re-use Please can you confirm whether we are permitted to reuse any information provided under the Open Government Licence?   | Business   | Formulary              |
| 31-Aug-17        | 22286  | Gainshare Agreements - 1. Are there any gainshare agreements in place between you the CCG and a provider (e.g. hospital trust)? A gain share agreement is one where the benefits associated with more efficient us of medicines not reimbursed through national prices is shared between the provider and the clinical commissioning group party to the agreement If "Yes", then please provide the following details: Agreement Disease Area Provider included in the gainshare agreement Name of specific drugs involved Savings apportioned between CCG and the provider 2. Do you have any other agreements with a provider to switch from branded to biosimilar products? If "Yes", then please provide details; Agreement Disease Area Provider included in the agreement Name of specific drugs involved Savings apportioned between CCG and the provider3. Are there any other agreements between you the CCG and a provider, not included in the above, for the following services? If "Yes", then please provide the following details: Agreement Disease Area Provider included in the agreement Name of specific drugs involved Type of agreement with the Provider1 Ophthalmology services [eg wet macular degeneration] 2 Multiple Sclerosis 3 Prostate cancer 4 Breast Cancer 5 Haemophilia | Business   | Formulary              |
| 01-Sep-17        | 22302  | STP Consultancy Expenditure - I would be grateful for details of how much the Oxfordshire Clinical Commissioning Group has paid for the services of consultants (management, design or any other consultancies) in the process of the Oxfordshire Transformation Plan and its part of the Bucks, Oxon and Berks West Sustainability and Transformation Plan between the start of the project and the end of July   | Media      | Financial              |
| 04-Sep-17        | 22345  | MIQUEST Software - 1. Does your CCG currently use MIQUEST software to extract GP data? 2. If Your CCG does not use MIQUEST, please could you give me the name of the software or process you use? 3. Please could I have the name of the person within your CCG who would be responsible for this?   | Individual | IT/Broadband/Telephone |
| 06-Sep-17        | 22397  | Horton General Hospital - I would be very grateful if, under the terms of the FOI Act, you would let me have a full breakdown of the results voting exercise undertaken by email, of GP surgeries in the North Oxfordshire area that feeds into the Horton, about the proposals for changes in maternity, critical care, stroke care, loss of beds and changes in planned care, between June - August 2017. I would also be grateful for papers, reports and emails internally within the Oxfordshire Clinical Commissioning Group, and externally to surgeries, concerning the timing of the email vote.  | Media      | Misc.                  |

| Date<br>Received | FOI ID | FOI Description  | Category | Theme                  |
|------------------|--------|--|----------|------------------------|
| 18-Sep-17        | 22460  | Continuing Healthcare - 1. How many people applied to your CCG for continuing healthcare funding between 2013 - present 2. Of these, how many are successful in being granted the funding between 2013 - present 3. Of these, how many were unsuccessful between 2013 - present 4. Of the cases that were unsuccessful, how many asked for the CCG to review their application for funding between 2013 - present? How many of these reviews found in favour of the applicant? 5. How many cases were transferred to an independent review panel between 2013 - present? How many of the independent reviews found in favour of the applicant  | Media    | СНС                    |
| 06-Sep-17        | 22479  | Agency Nursing Staff - Please can I request how much the organisation has spent on agency nursing staff to work within Continuing Healthcare? If possible please can you break this down by financial year? I.e. 2015-2016, 2016-2017. Please can you also confirm which agencies have been used during this period?   | Business | Financial              |
| 20-Sep-17        | 22486  | Eating Disorder Referrals - Can let me know how many people have been on the eating disorder referral waiting list for each of the last five years for adult mental health services and / or CAMHS, broken down by gender. Can you also let me know what the the average waiting time for referrals to specialist eating disorder units has been for each of the last five years for adult mental health services and / or CAMHS, broken down by gender.   | Media    | Health Statistics      |
| 22-Sep-17        | 22500  | Bisphosphonates & Breast Cancer Spreading - Is your CCG routinely funding the provision of bisphosphonates for all eligible women to reduce the risk of their primary breast cancer spreading to other parts of the body? Eligible women are defined as all postmenopausal women with primary breast cancer diagnosed within the last 6 months. NB: This question does not apply to the provision of bisphosphonates for other indications, whether in breast cancer or another disease. 2. If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but have not defined your eligible population as all postmenopausal women with primary breast cancer diagnosed within the last 6 months, how have you defined your eligible population? For example, is it risk stratified? 3. If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body: a. What proportion of patients receiving treatment with bisphosphonates are receiving zoledronic acid (regardless of whether they have received it once, or for the whole course of the treatment)? 4. If you are not routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body: a. What are your reasons for not doing so? b.  Who was involved in this decision-making process?   | Business | Specific Treatments    |
| 26-Sep-17        | 22525  | Mobile Security - Question Response Questions with a red mark in the top right corner have additional notes. Please hover mouse pointer over the question to see the notes. (anticipated answer format) 1/ Are your mobile devices enabled for corporate email? Yes / No If you answered No to Question 1, please move straight to Question 3 2/ Is corporate email delivered to your devices purely using Microsoft Exchange ActiveSync (with no other Mobile Device Management solution used)? Yes / No If you answered Yes to Question 2, please move straight to Question 6 3/ Which Mobile Device Management solution(s) do you use? If more than one, please list them 4/ How many MDM licences do you currently have? Approximate number, and whether they are device licences or user licences 5/ When are your Mobile Device Management licences valid until? Date 6/ If a user accidentally breaks their mobile device, how many days does it currently take to get a fully working replacement device to them? No. of days, and whether working days or calendar days 7/ Do you manage your MDM solution in-house or use a third party managed service? In-house / 3rd party 8/ If third party managed, which organisation manages your Mobile Device Management solution for you? Name of organisation 9/ Do you use any form of Endpoint Threat Prevention on your mobile devices to flag potential cyber risks proactively? Yes / No If you answered No to Question 9, please move straight to Question 14 10/ Which Endpoint Threat Prevention solution(s) do you use? If more than one, please list them all 11/ If you use Endpoint Threat Prevention solution(s), which of these security risks are detected: Distributed Denial of Service Yes / No / Don't know Suspicious Domain Yes / No / Don't know Information Leaks Yes / No / Don't know Credential Theft Yes / No / Don't know Phishing Yes / No / Don't know Malware Yes / No / Don't know Suspicious Mobile Apps Yes / No / Don't know are device licences or user licences 13/ When are your Endpoint Threat Protection licences valid until? D | Business | IT/Broadband/Telephone |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme                  |
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| 26-Sep-17        | 22541  | CHC - Where CHC is referenced in our question, please include continuing healthcare (CHC), funded nursing care (FNC) and Fast Track (FT) in your response. 1. Is your CHC process managed in-house? Or is part or all of the process outsourced to a 3rd party (e.g. CSU, Local Authority, Independent provider)? If outsourced, please state the name of the organisation and the services outsourced (all CHC, assessment, brokerage, invoice validation etc.) 2. Please provide the name and contact details for your head of CHC. 3. How many staff are engaged (including employees, contractors and agency staff) in managing your CHC process? Please indicate how many staff are involved with (a) managing patients and (b) managing finances. 4. How many active CHC funding appeals are you currently processing? 5. How many funding assessments are currently awaiting completion? 6. In financial year 16/17 what was your total CHC spend? 8. Does the CCG use any third party technology solutions to record patient information relating to CHC (Broadcare, Swift, Caretrack, QA Plus etc.)? If so, which solution(s)? If not how is this information recorded? (e.g. Excel) 9. Does the CCG use any third party technology solutions to record financial information (Broadcare, Caretrack, QA Plus etc.)? If so, which product(s)? If not, please advise how are invoices validated against care package details? 10. What is the renewal date of your current third party technology solution?  | Business   | снс                    |
| 26-Sep-17        | 22559  | Wi Fi Provider Contract - 1. Wi-Fi Provider- Who is the contracted supplier for the Wi-Fi contract. 2. Average Annual Spend – Please state the annual average spend over three years for each supplier. If this is a new contract please state the estimate annual average spends. If there is more than one Wi-Fi provider please split annual for each individual provider. 3. Number of Wi-Fi Users- Please state the number of users the Wi-Fi contract is in place for. An estimate number of users will also be acceptable. If there is more than one Wi-Fi provider please state the number of users for each individual provider. 4. What is the contract Type: 1. WiFi= WiFi contract, 2. Managed=Part of a larger contract, 3. In-house=is the Wi-Fi managed and maintained in-house. 4. Number of Locations/Sites - I require the number of locations/sites the Wi-Fi contract is contracted for. If there is more than one Wi-Fi provider please state the number of sites for each individual provider. 5. End User Offer- What the Wi-Fi offers to the end users e.g. Unlimited, Pay as you go, free 1 hour access or just free access. If there is more than one Wi-Fi provider please state the number of sites for each individual provider. 6. Manufacturer Name/Brand- Please provides me with the brand names of the Wi-Fi equipment which many include manufacturers of the access points and routers. If there is more than one Wi-Fi provider please state the Manufacturers of the access points and routers. If there is more than one Wi-Fi provider please state the contract description of the solution in place for Wi-Fi and any other services provided under the contract. If there is more than on Wi-Fi provider please state the contract description for each individual provider. 8. Actual Contract Start Date- Please can you state the Start date of the contract. If there is more than on Wi-Fi provider please state the contract description for each individual provider. 9. Actual Contract Renewal/Expiry Date- Please can you state the renewal/expiry date of the contract. | Individual | IT/Broadband/Telephone |
| 26-Sep-17        | 22565  | Wallingford Physio Therapy Department - I write to ask if someone at the Oxford Health Trust will be able to provide information concerning the outsourcing of the physiotherapy department at Wallingford NHS hospital. • why it was decided to outsource the physiotherapy function at Wallingford NHS hospital • when the decision was taken • the projected cost savings over say the next 10 years • the full registered name and address of Healthshare • whether patient information / personal data will be transferred to Healthshare or whether Healthshare will be given access to NHS systems to access and record patient information • whether the Oxford Health NHS Foundation Trust intends to write to patients and advise them of the change • whether Healthcare will be acting as a data processor or a data controller for the purposes of the Data Protection Act 1998  | Individual | Misc.                  |
| 27-Sep-17        | 22571  | Probation Service Clients - 1. What health services does the CCG commission specifically for probation service clients (those seen by the National Probation Service, Community Rehabilitation Companies, or housed in probation Approved Premises) for: - A) Mental health - B) Physical health Please describe each service (e.g. 'a one-off health clinic in a probation office'), and give grade and hours of work for staff at the service(s) 2. Does the CCG facilitate access to mainstream (non-offender-specific) healthcare for probation service clients in any way (e.g. directly making probation staff aware of the services that it commissions and referral procedures)? If so, please could you describe how you do this?  | Researcher | Commissioning          |
| 29-Sep-17        | 22605  | Caesarean Section - • Advise how many maternal request caesarean sections with no obstetric, medical or significant psychological reason were paid for by your CCG between April 2016 and April 2017. • Advise how many maternal request caesarean sections carried out primarily for a psychological reason were paid for by your CCG between April 2016 and April 2017 • Advise on any guidance, policies or contractual agreements you have in place with Trusts setting out in what circumstances you will pay for maternal request caesareans?   | Business   | Specific Treatments    |

| Date<br>Received | FOI ID | FOI Description   | Category           | Theme           |
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| 29-Sep-17        | 22608  | Spend Over £25k - Please could you send me your "spend over £25k" data for 2014/15. This data was not available on your website.  | Business           | Financial       |
| 29-Sep-17        | 22615  | NEPTS - 1. Does the CCG operate a Non-Emergency Patient Transport Service (NEPTS) (Y/N) If not, is a NEPTS service currently being considered (Y/N) Thank you for responding. 2. Does the CCG operate the NEPTS service with other CCGs – if so which CCGs? 3. Is NEPTS Health Care Professional (HCP) or Patient Led Booking (PLB) or both: Please answer:- • HCP Only or • PLB only or • Both 4. If the NEPTS service is wholly or partly PLB: a. What date was this introduced? (MM/YY) b. Has PLB caused an increase in activity? (Yes/No) c. Which mobility categories have been most affected?  | Business           | Commissioning   |
| 29-Sep-17        | 22631  | STP Salary - 1. What is the remuneration of the Chief Executive of the STP? 2. What is the remuneration of the STP? 3. What is the remuneration of any other individuals paid by the STP? 4. What private consultants have been commissioned by the STP and what is the value of the contracts? 5. If the release of any of this information is prohibited on the grounds of breach of confidence, I ask that you supply me with copies of the confidentiality agreement and remind you that information should not be treated as confidential if such an agreement has not been signed.  | Political          | Financial       |
| 28-Sep-17        | 22723  | Facilities Management Services - I have wanted to send a freedom of information request relating to the Organisation's existing contracts relating to facilities management. A. Lift Service and Maintenance B. Air Conditioning and Ventilation Servicing and Maintenance C. Cleaning and Janitorial D. Mechanical And Electrical Maintenance E. Property Maintenance And Day To Day Repairs 1. In regards to the types of contracts I have displayed above can you please send the Organisation's primary contracts? Or can you please send me the contracts that are above £1000. Also, so that I understand the information you have provided to me please state information if the Organisation doesn't have any contract I have stated within this request. • Contract Type – Please use the list I have provided above. • Existing Supplier – Please state the supplier for each contract. • Annual Spend - Please can you provide me with the spend for each individual supplier? • Contract Duration - Please note if there are any extensions period available and if so what? • Contract Start • Contract Expiry • Contract Review • Contract Description - a small description of the type of services included within each contract. • Number of sites covered for each contract e.g. the organisation may have a maintenance agreement with a supplier that covers several sites/buildings. • Can you also send me the contact details of the person within the Organisation that is responsible for each one of these contract you have submitted.   | Individual         | SLA & Contracts |
| 02-Oct-17        | 22634  | IT Internal Plan & Strategy - a. IM&T, IS, ICT Strategy 2016 (Not Clinical Strategy) b. IM&T, IS, ICT Business/Departmental Plan 2017/18- Update/Version c. IM&T, IS, ICT Department Org  | Individual         | Misc.           |
| 02-Oct-17        | 22647  | SAR - 1. How many subject access requests did you receive the identifying paperwork for and process in 2014? 2. How many subject access requests did you receive the identifying paperwork for and process in 2016? 4. How many subject access requests you rejected in 2014? 5. How many subject access requests you rejected in 2015? 6. How many subject access requests you rejected in 2016? 7. What was the average cost for you to process a subject access request in 2014? 8. What was the average cost for you to process a subject access request in 2015? 9. What was the average cost for you to process a subject access request in 2016? 10. How much do you charge an individual to process a subject access request?   | Individual         | Misc.           |
| 02-Oct-17        | 22654  | MSK Services - 1. Which other companies/organisations were also invited to tender (ITT)? 2. Given the potential effect of this contract on the overall health system in the county, where can we find details of the sensitivity analysis, impact and equality assessments that were carried out before the contract was awarded? 3. Who sits on the Clinical Executive that made the decision to award this contract? 4. Was a toolkit submitted to the Joint Health Overview and Scrutiny Committee in view of the substantial change to where and how these services will be delivered? 5. If a toolkit was submitted, when did this take place? 6. What consultation process was undertaken to engage the public before this major decision was taken? 7. What discussions were held with the workforce affected by the award of this contract to a private contractor? 8. Given that previous services were located in Oxford Health NHS FT property, and unavailable to a private contractor, in which locations and buildings throughout the county will the MATT services be available, and from what date? 9. Given the unavailability of NHS property to a for-profit commercial company, were the costs of providing alternative locations in all six localities included in the fixed contract value agreed with Healthshare? 10. How much was allocated to cover the costs of providing alternative accommodation? 11. Will the public be able to self-refer? 12. What patient data-protection protocols are in place to protect confidential and personal medical data from being misused by for-profit commercial providers, such as Healthshare?  | Campaigning Groups | SLA & Contracts |
| 05-Oct-17        | 22673  | Chronic Obstructive Pulmonary Disease - We request information in relation the following medicines which are marketed for the treatment of chronic obstructive pulmonary disease: a)  Anoro (vilanterol and umeclidinium) which is marketed by GlaxoSmithKline b) Braltus (tiotropium) which is marketed by Teva c) Duaklir (aclidinium bromide and formoterol fumarate dihydrate) which is marketed by Astra Zeneca d) Eklira (aclidinium) which is marketed by Astra Zeneca e) Incruse (umeclidinium) which is marketed by GlaxoSmithKline f) Seebri (glycopyrronium) which is marketed by Novartis g) Spiolto (tiotropium and olodaterol) which is marketed by Boehringer Ingelheim h) Spiriva (tiotropium) which is marketed by Boehringer Ingelheim i) Trimbow (formoterol fumarate dihydrate, beclometasone dipropionate and glycopyrronium (as bromide) which is marketed by Chiesi j) Ultibro (indacaterol and glycopyrronium) which is marketed by Novartis or Pfizer (the "COPD Medicines"). In respect of each of the COPD Medicines, please could you provide us with the following information:  1) A copy of any agreement relating to a rebate, discount, patient access, risk-sharing or other pricing scheme entered into by the CCG in relation to the COPD Medicines which results in the CCG paying less than the NHS list price for such COPD Medicines (whether by way of discount, rebate etc). 2) A copy of any communications between the CCG and the company or companies marketing such COPD Medicine in relation to such scheme 3) Any information or requests sent to GP practices comprised within the CCG in the 6 months since contract signature with respect to such COPD Medicines schemes | Individual         | Formulary       |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme           |
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| 09-Oct-17        | 22685  | Commissioning - 1. The statutory period of notice for the decommissioning of a service by a CCG. 2. The protocol for decommissioning, for example An impact assessment Statement. 3. The professional composition for the Group. 4. How many of the Commissioners are in private practice? 5. Can I have a copy of the declared interests by Members? 6. How many complaints have been made by members of the public and how many have you successfully addressed? 7. Has the Commission ever breached any statutory guideline? 8. Has the Commission been sanctioned in any way? If yes why and what were the outcomes? 9. What is the maximum period can the Chair of a CCG serve? 10. Are members entitled to an honorarium? If yes how much and how is this controlled? 11. Are the accounts audited? By Whom and how are they appointed? 12. Who do they present their audited reports to? 13. What are the joint and several liabilities of Members? 14. Should the Commission publish notice of every meeting? 15. Which of these meetings are closed? How often must the Board meet? 16. Can a Chairperson be removed? 17. Can the Commission independently issue a press release? 18. Are all contracts subject to public scrutiny? 19. How often must the Board (commission) meet? 20. What are the roles of the CEO and the Director of Commissioning? 21. What are the remits of the Director of Finance? 22. The Statutory responsibilities of the Commission? 23. The responsibilities of the Compliance Officer? 24. Does the Commission have in place a risk management policy? 25. What percentage of the Fund is commissioned to Circle MSK? 26. What provision is in place for Podiatry Services especially for people with diabetes and on Insulin? 27. What is the structure of your CCG? 28. Do you have an internal audit team in place? 29. Is your recruitment procedure outsourced? 30. What institution(s) is/are responsible for the assessment of the CCG? | Individual | Misc.           |
| 09-Oct-17        | 22686  | Private Providers - The information in the spreadsheet is incomplete, however, and there appear to be some anomalies: 1. Why are NHS trusts included in a list of private providers? 2. Some contracts have both columns without contract value or an end date: rows 19, 20, 22 and 23. Why is this? 3. Some contracts do not have a contract value: rows 29, 52, 53, 54, 55, 56, 57, 61. Why is this? 4. Some contracts appear to have expired, if the end date of the contract is accurate. What is the contractual status of the following contracts: Ramsay Healthcare UK (Horton) (row 9); Refugee Resource (21); PML [Hospital at Home] (33); Sue Ryder Care (34); Katherine House Hospice (36); Sobell House Hospice (42); Kingwood Trust (44); Autism Diagnostic Research Centre (49); 52; 53; 54; 60? 5. Why do some contracts not have an end date? For example, OCCG Primary Care Contract (30); Bozpo Limited (47)? 6. What specific services to patients do/did each of the following contracts provide: 6.1. Ramsay Healthcare UK (Horton) (9)? 6.2. Circle (10)? 6.3. Nuffield Health (The Manor) (11)? 6.4. Foscote (12)? 6.5. Ramsay Healthcare – Berkshire Independent Hospital (13)? 6.6 Spire Healthcare – Dunedin (14)? 6.7. BMI Ridgeway (15)? 6.8 SeeSaw (17)? 7. Why is there no reference to the recent Healthshare contract commissioned by OCCG? 8. The AQP Podiatry contract provided by Oxford Health appears to have expired in March 2016. Which organisation provided podiatry services after then?   | Individual | SLA & Contracts |
| 10-Oct-17        | 22716  | Cervical Screening Activities - 1. a. What activities has the CCG undertaken to promote cervical screening and increase uptake over the last year (August 2016 - August 2017)? (We are looking for an outline of any activities that the CCG has been involved in or led, for example, mapping the area using PHE data to target resources in increasing uptake among certain groups; using PHE's interactive screening coverage tool to investigate screening coverage for their practices; working directly with GP surgeries to raise awareness of screening; and using quality schemes, such as locally enhanced services, to improve screening coverage. We do not need any documentation, but would be grateful for as high level of detail as you are able to give). b. What were the outcomes of those activities? For example, greater awareness, increased screening coverage. c. Have local targets been set to improve cervical screening level? i. Yes / no ii. If yes, please give details d. Does your CCG have a budget to encourage uptake of cervical screening? i. Yes / no ii. If yes, please give details 2. a. Are you aware of the report published by Jo's Cervical Cancer Trust in January 2017, 'Cervical Screening in the Spotlight: an audit of activities undertaken by local authorities and clinical commissioning groups to increase cervical screening coverage in England'? i. Yes / No b. If yes, have any additional activities to improve cervical screening coverage been undertaken or planned as a result of the 'Cervical Screening in the Spotlight' report? i. Yes / No If yes, can you outline what? 3. Has your team accessed cervical screening programme coverage statistics (management information) in the GP data hub on NHS digital i. Yes – if so, how have they used them? ii. No – why not?   | Business   | Commissioning   |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme            |
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| 11-Oct-17        | 22726  | Wallingford Physio Therapy Department - • what contingency plans the Trust put in place to ensure continuity of patient care during the transition from NHS to HealthShare Ltd? • how many patients referred for physiotherapy of MSK assessments have been denied access to services as a result of the transfer of services • how much money the Trust has saved by not providing MSK/Physiotherapy services during the transition period • how the lack of services has impacted on waiting times for patients Secondly and regards the response from your FOI team, I have the following questions which I hope someone can answer. 1. The business case was approved in 2015 and subject to an evaluation panel. Could I ask: o who were the 2 x patient representatives (name and address of organisation) o how GP practices were consulted and notified of the intended change and of the period of disruption o what arrangements the Trust has made to ensure that patients in my position are offered treatment - no-one has actually contacted me. 2. Savings range from £984,000 to £1639000 over the period of the contract. That is quite some variance. Could I please ask: o how the estimated cost savings were reached and why such a wide variance? o what is the length of the contract with HealthShare? 3. Personal data processing: Could I please ask: o for a copy of the data transfer agreement o the precise categories of personal data being transferred to Healthshare? 3. Personal data (for example, I have been a patient of the physio department at Wallingford Hospital and the JR on a number of occasions - will my data be transferred?) o a copy of the patient letter o the precise legal basis under the Data Protection Act upon which data are transferred on an opt-out basis? 0 what is considered a 'relevant patient' 4. Data Protection Act 1998. o The Trust claims that HealthShare will be both a data processor and data controller. The reply is ambiguous. Could I please ask: 8#61607; when will Healthshare be a data processor and when will it be a data controll | Individual | Misc.            |
| 11-Oct-17        | 22729  | Financial Service - 1. Since the creation of CCGs in 2013 following the Health and Social Care Act in 2012, has the CCG merged with any other CCGs? 2. Does the organisation use an external provider for VAT advisory services? If so please state the name of the organisation used? (E.g. Ernst Young, Berthold Bauer, Liaison, CRS, KPMG, RSM etc.)? a. Please state the contract start and end date or review period. b. Please confirm the total value of VAT recovered by the provider in 2016/17. c. Please state the total amount spent by the organisation for these services in 2016/17. 3. Did the organisation use an external provider to re-review VAT recovered in the last financial year (16/17)? If so please state the name of the company used. 4. Please state the total number of Accounts Payable invoices processed by the organisation in the last financial year (16/17). 5. Please state the total value of Accounts Payable invoices in the last financial year (16/17). 6. Which Finance system is used by the CCG (Oracle, Agresso, Sage, E-Financial, SAP etc.). 7. How many active suppliers are currently on the Supplier Masterfile? 8. How many inactive suppliers are currently on the Supplier Masterfile? 9. Is 3rd party pre-payment software utilised by the CCG to prevent invoice payment errors from occurring? a. If so, please provide contract period. 10. Since 2013, please state the name(s) of all external organisation(s) used to review AP and identify and recover erroneous payments, and the period(s) reviewed by each. a. Please state the total value of moneys recovered by each provider in the period(s) reviewed. b. Please state the total amount paid to any external parties/ total cost to of utilising these services, for this review work. 11. Do you use any external provider to ensure invoices correlate to the contract charges i.e. checking volume discounts have been applied (please state name)? a. What % fee or rates does the trust pay for this service? 12. What internal controls does the CCG have to prevent payment errors occurring | Individual | Financial        |
| 12-Oct-17        | 22748  | GP Patients Interchange - Please provide me with all correspondence sent to surgeries within a 5 miles radius of Banbury, Oxfordshire that instructed them that there should be no interchanging of patients between surgeries who were already registered at a surgery within that area. Date range: 1 April 2016 to 25 Sept 2017."   | Individual | General Practice |
| 11-Oct-17        | 22752  | Organisational Structure Chart - I am writing to request the organisational structure chart of your Trust under the Freedom of Information Act. I would like to place particular emphasis on the structures of any Human Resources, Recruitment, Workforce, Learning and Development, Employee Relations and Organisational Development (clinical and non) departments and management staff.   | Individual | HR & Contacts    |
| 11-Oct-17        | 22757  | Leuteinising Hormone-Releasing Hormone Analogue - 1.) Do you currently have any enhanced (non GMS or PMS) service contracts involving prostate cancer and/or Leuteinising Hormone-Releasing Hormone Analogue (LHRHa) administration with GP practices? 2.) Does this service involve payments for the administration of the following LHRHA's please indicate which? i. Zoladex (Goserelin) ii. Prostap (Leuprorelin) iii. Decapeptyl (Triptorelin) 3.) What is the frequency of payment? 4.) What is the payment amount? 5.) Does the service include other factors such as: • PSA • symptom questionnaires • patient review follow ups 6.) Is there a specific payment for this?   | Business   | Formulary        |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme               |
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| 16-Oct-17        | 22785  | Autism Diagnosis - I am requesting the following information for the year 2016/17 (i.e. the year ending 31 March 2017). Please provide a breakdown of this data by i) adults and ii) children and young people (under 19s). 1. In your area, how many people with possible autism who were referred for a diagnostic assessment had the assessment started within 3 months of their referral? Please provide this information as a number and as a percentage. 2. What was a) the median and b) the longest wait for the start of the diagnostic assessment? 3. Out of those who received a diagnosis of an autistic spectrum condition in 2016-17, what was the longest time from referral to final diagnosis? 4. Out of those who received a diagnosis of an autistic spectrum condition in 2016-17, what was the longest time from referral to final diagnosis as of 1 October 2017? Please provide this information as a number and as a percentage. 6. As of October 2017, what is the current waiting time from referral to the start of the diagnostic assessment? 7. As of October 2017, what is the expected waiting time from referral to a final diagnosis of autism?   | МР         | Specific Treatments |
| 17-Oct-17        | 22821  | Autism Diagnoses - It would be useful to receive this information for the past 5 years - however, if for some reason information over a different time period is given (e.g. if an assessment centre opened more recently than that) the information would still be useful for my analysis, as long as the time period it relates to is specified. 1. Names of all assessment centres to which adults in the CCG are referred for autism diagnostic assessments. Firstly, I would like the names of all centres to which adult patients under this CCG are referred for NHS assessment and diagnosis of autism (including both autism with intellectual disability and "high functioning" autism or Asperger Syndrome). 2. 2. Number of patients of each gender who were referred to each centre for an autism assessment. Secondly, I am specifically interested in the number of women and the number of men who were referred to each diagnostic centre. However, if there are any additional patients who identify as intersex, non-binary gender or non-recorded gender, I would also like this information. 3. 3. Number of patients of each gender who received a diagnosis of any form of autism or autism spectrum disorder from each centre. Finally, I would like to know how many patients of each gender were diagnosed with any autism spectrum condition. If information about sub-categories is available (e.g. how many men and women were diagnosed with Asperger's as opposed to other autism spectrum conditions) this would be useful but is not required.  | Researcher | Specific Treatments |
| 23-Oct-17        | 22874  | Wheelchair Services - 1. Who provides your current Wheelchair Service a. Is your provider an NHS organisation or a contracted-out, non-NHS organisation? b. What is the name of your current provider? c. What is the name of the Wheelchair Service Manager? 2. How your wheelchair services are provided a. Do you combine your Wheelchair Service with any other service, such as Prosthetics or Community Equipment? If so, please provide a list of the other services. b. Is your Wheelchair Service exclusive to your CCG? c. If you service is combined with another please provide a list of the CCGs that share this Wheelchair Service and confirm who is the lead CCG? d. Is the Repair and Maintenance element of the service "integrated" or contracted out to a 3rd party Approved Repairer? e. If you have an externally provided Approved Repairer, what is the name of your current provider? 3. About your wheelchair service a. What is the size of the population covered by your Wheelchair Service? b. How many registered service users are served by the Wheelchair Service? 4. About the Integrated (Combined service and Repair & Maintenance) contract with your provider a. What is the contract spend in the last financial year for the Integrated Wheelchair Service? b. Please state the dates of your last financial year. c. When was the Integrated Wheelchair Service last tendered? d. When does the current contract expire? Please provide details of any potential contract extension? e. Please provide the date this Wheelchair Service will be next tendered 5. About the Repair and Maintenance (R&M) sub-contract with your wheelchair provider (where appropriate) a. What is the contract spend in the last financial year for the R&M Wheelchair Service? b. Please state the dates of your last financial year. c. When was the R&M Wheelchair Service last tendered? d. When does the current R&M sub-contract expire? Please provide details of any potential contract extension e. Please provide the date that R&M Wheelchair Service sub-contract will be next tendered | Individual | SLA & Contracts     |
| 24-Oct-17        | 22892  | APMS Contract - 1. What is the total number of APMS contracts held by the (CCG)? 2. What is the Date of renewal against each APMS contract? 3. When will tender processes begin for each APMS contract? 4. What is the value and value calculation for any APMS contract? 5. Are you partnered with a GP federation. If you are I request the following details of the GP Federation Address Web address Contact Telephone Contact Email Number of active members (GP Practices) Number of patients represented Board members names and contact details if available.  | Individual | SLA & Contracts     |
| 24-Oct-17        | 22903  | Sexual Assault & Harassment How many allegations of a) sexual assault and b) sexual harassment has your organisation received against GPs or CCG employees in each of the past four years? - In how many of the cases were any of the alleged victims aged 18 or under at the time of the alleged offence? - In how many of the cases were any of the alleged victims current or former patients? - For each case, did it lead to i) internal disciplinary proceedings, ii) external disciplinary proceedings (i.e. through a regulator) and/or iii) a financial settlement For each case, please provide a broad description of the allegations involved, including the number of alleged victims / alleged perpetrators; their age (within a 10-year band); the date of the alleged offence and whether the alleged perpetrator occupied a managerial position For each case, please list the gender of the alleged perpetrator and the alleged victim. Alternatively, provide totals for the genders of the alleged perpetrators and alleged victims across all of your cases For each case which was dealt with by disciplinary proceedings, how many alleged offenders were i) fired; ii) suspended, iii) received written or verbal warnings Please provide the value of any financial settlement in each case Did any settlements (financial or otherwise) include clauses placing any restriction on the ability of the alleged victim to discuss the events involved? If so, how many?  | Media      | General Practice    |
| 25-Oct-17        | 22934  | Chronic Migraine - 1.) Does your CCG commission services for chronic migraine? YES/NO 2.) If your CCG does commission chronic migraine services who are the providers commissioned to provide these services?  | Individual | Specific Treatments |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme     |
|------------------|--------|---|------------|-----------|
| 27-Oct-17        | 22965  | Personal Health Budget - In relation to the current financial year (17/18) could you please provide me with information relating to the first 20 occasions in which you sanctioned the use of a patient's Personal Health Budget (PHB) to be spent on something that was NOT for the provision of care, medicine, or transport to a place where care or medicine was provided. 1. For each of these 20 occasions please state (i) what the money was spent on and (ii) how much money was spent on it and (iii) what was the outcome the patient was working towards as a result of this spend? NOTE: If you deal with FoI requests for more than one CCG please answer the questions separately for each CCG. 2. How many PHBs for individual patients were in operation in the 2016/17 financial year and what was the total cost of them?  | Media      | Financial |
| 27-Oct-17        | 22987  | Children with Disability - Under the Freedom of Information Act we would like to receive the figures for how much CCG (Clinical Commissioning Group) spend has been appointed for the following areas; • complex equipment for children with disability. • mild-moderate equipment for children with disability. I would like this information please for this financial year and last year please  | Business   | Financial |
| 27-Oct-17        | 23004  | Zero Range of Emollients - Can you please supply me with any details that you hold regarding discounted prices on the "Zero" range of emollient products which you have agreed with the company Thornton and Ross, especially Zeroderm for 2017. Can you please include the price at which you acquire all Zero products, especially Zeroderm via either a discounted price to Oxfordshire CCG or the details of any rebates you receive for prescribing Zero range products, especially Zeroderm for 2017. Can you also supply me with the volumes required to reach a rebated price for all Zero range products, especially Zeroderm this year. Finally, can you please let me know if you operate a prescribing incentive scheme to GP practices to switch their patients onto the "Zero" range of products, especially Zeroderm and what the details of that scheme are for 2017.   | Individual | Formulary |
| 30-Oct-17        | 23014  | GP Funding - The GPFV set out that CCGs should provide £171 million of practice transformational support to general practice. This investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. As set out in the NHS Operating Planning and Contracting Guidance 2017-2019, CCGs will need to find this funding from within NHS England allocations for CCG core services. CCGs should plan to spend £3 per head as a one-off non-recurrent investment commencing in 2017/18. This could for example be £3 split between 2017/18 and 2018/19 (e.g. £1.50 in 2017/18 and £1.50 in 2018/19) or £3 in one of these years (i.e. either £3 in 2017/18 or £3 in 2018/19). 1. Has the CCG budgeted to provide full transformational funding to general practice by the end of 2018/19? 2. If so, how much of this transformational funding is the CCG planning on providing to general practice: a. Per head for 2017/18? b. In total for 2017/18? c. Per head for 2018/19? d. In total for 2018/19? 3. If the CCG cannot provide the full transformational funding by the end of 2018/19, what is the main reason this?   | Business   | Financial |
| 31-Oct-17        | 23048  | Audiology Service - 1. Regarding the CCG: · Are adult hearing services currently being delivered through Any Qualified Provider (AQP) within the CCG? · Does the CCG use AQP for any other services provided? If so, what services? 2. Regarding the CCG IF currently using AQP in the audiology service (IF NOT, please move to part 3): The audiology services provided by AQP: · When did the CCG begin using AQP? · Who are the current providers for audiology services? · How many AQP providers does the CCG have? · What percentage of provision is provided by private sector companies and NHS services within the CCG? Type of AQP service provided: · Are they a Consultant led service? · What are the current appointment waiting times for the Audiology service? · What percentage of patients are fitted with bilateral hearing aids? · Are the type of hearing aid that providers fit audited? If so, what make and model of Hearing Aids are used? · Does the AQP service provide balance/diagnostic services? · Does the AQP service offer appointments for repairs or open clinics? Referral to the audiology service: · Is a 'Choose and Book' system used for audiology referrals? · Can patients be directly referred to an AQP audiology service by their GP? · From what age of patient do they accept Direct Referrals? · What percentage of referrals are a direct referral to an AQP audiology service: · What is the current contract value of the Audiology service provided by AQP? · Is the Audiology service being operated within the current contract value? · What is the current contract length for the Audiology service? · When is the current contract due to expire? · Does the CCG have plans to continue using AQP for the audiology service after the current contract ends? 3. Regarding the CCG IF NOT currently using AQP in audiology: · Has the CCG used AQP to provide audiology services before? · When did the CCG stop using AQP in audiology? | Individual | AQP       |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme             |
|------------------|--------|--|------------|-------------------|
| 30-Nov-17        | 22726  | Wallingford Physio Therapy Department - • what contingency plans the Trust put in place to ensure continuity of patient care during the transition from NHS to HealthShare Ltd? • how many patients referred for physiotherapy of MSK assessments have been denied access to services as a result of the transfer of services • how much money the Trust has saved by not providing MSK/Physiotherapy services during the transition period • how the lack of services has impacted on waiting times for patients Secondly and regards the response from your FOI team, I have the following questions which I hope someone can answer. 1. The business case was approved in 2015 and subject to an evaluation panel. Could I ask: o who were the 2 x patient representatives (name and address of organisation) o how GP practices were consulted and notified of the intended change and of the period of disruption o what arrangements the Trust has made to ensure that patients in my position are offered treatment - no-one has actually contacted me. 2. Savings range from £984,000 to £1639000 over the period of the contract. That is quite some variance. Could I please ask: o how the estimated cost savings were reached and why such a wide variance? o what is the length of the contract with HealthShare? 3. Personal data processing: Could I please ask: o for a copy of the data transfer agreement o the precise categories of personal data being transferred to Healthshare and the historic nature of the data (for example, I have been a patient of the physio department at Wallingford Hospital and the JR on a number of occasions - will my data be transferred?) o a copy of the patient letter o the precise legal basis under the Data Protection Act upon which data are transferred on an opt-out basis? o what is considered a 'relevant patient' 4. Data Protection Act 1998. o The Trust claims that HealthShare will be both a data processor and data controller. The reply is ambiguous. Could I please ask:  when will Healthshare be a data processor and when will it | Individual | Misc.             |
| 01-Nov-17        | 23058  | Growth Hormone - I am writing to you today to formally request details regarding Growth Hormone use and policies within your organisation. 1. For each of the listed licensed Somatropin preparations in the table below (Table 1.1 – Somatropin Table) please provide information on: (Table 1.1 is at the bottom of response template) Restrictions i. Are there any restrictions to the prescribing of each preparation? IF YES - Please state, where possible, the reason for the restriction and if the restriction applies to children (patients aged 18 or under) ii. Are there any planned changes to these restrictions over the period of the rest of this financial year (2017/18) and 2018/19? IF YES - please provide details of planned changes.  2. Please provide a copy of the latest written policy, protocol, pathways, shared care agreement or other literature outlining your organisation's recommendations for the use of licensed Somatropin preparations in children (patients aged 18 or under) in line with NICE TA 188? If the information is already in the public domain could you please provide the direct URL to where this information is located? 3. Are local policies for the use or restriction of licensed Somatropin preparations in patients aged 18 or under led by specialists in hospital or medicines optimisation/medicines management pharmacists within your organisation? 4. Does your organisation monitor adherence or have internal audits in place to monitor adherence in patients who have been prescribed a Somatropin product? IF YES please provide details: Restrictions Restricted? Yes/No If restricted, please state reason given. Does this restriction apply to children (patients aged 18 or under)? Are there any Planned changes to Restricted status? Yes/No If yes please provide details Genotropin Humatrope Nordiflex Norditropin Nutropin Omnitrope Saizen Zomacton  | Individual | Formulary         |
| 01-Nov-17        | 23085  | Haemangioma Diagnosis - 1. Number of haemangioma diagnosis' within your commissioning group area for the last 5 year period, split by age group of patient, as per below table:2.  Using the same table layout as above; could you then advise how many of these diagnosis' were actually located on the patients face or classified as on their facial area? 3. Using the same table layout; of those numbers from request '2' diagnosis on the facial area, could you please confirm how many were or are due to be surgically removed? 4. Using the same table layout; of those numbers from request '2'; could you please confirm how many were classified as on a 'sensitive area'? 5. Again, using the same table layout; of those from request '4', how many were or are due to be surgically removed?  | Individual | Health Statistics |
| 01-Nov-17        | 23092  | Hernia Commissioning - 1. Provide a copy of the CCGs hernia commissioning guidance. 2. Provide a list of names of those who contributed to the guidance, and their email addresses. 3.  Who is the lead clinical advisor for hernia (if application) at your CCG? What is their email address?   | Individual | Commissioning     |
| 01-Nov-17        | 23101  | Musculoskeletal Assessment Treatment and Triage Service - (MATT) Details: • The name of the successful contractor • The buyer's evaluation documents pertaining to the successful tender documentation • The successful tender (with commercial information redacted where necessary)  | Business   | SLA & Contracts   |
| 03-Nov-17        | 23111  | Expenditure - 1. How much did your Trust spend on purchasing drugs and medical equipment from suppliers located abroad in the financial years 2016/17, 2015/16 and 2014/15? 2. What are the five largest purchases of drugs and medical equipment from overseas since July 2016, please could you provide the total amount spent, the date of the purchase and the country they were purchased from? 3. Has your Trust produced any estimate of the impact of the fall in the value of the pound on supply costs and if so has this affected procurement strategy?   | МР         | Financial         |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme                  |
|------------------|--------|---|------------|------------------------|
| 06-Nov-17        | 23136  | Care Homes - 1.The number of patients who have been admitted to hospital from care homes, between: a.1 December 2014 - 30 November 2015 b.1 December 2015 - 30 November 2016 c.1 December 2016 - the latest date recorded 2.The average MUST score on admission of patients to hospital from care homes, between: a. 1 December 2014 - 30 November 2016 c. 1 December 2016 - the latest date recorded 3. The average MUST score on discharge of patients from hospital to care homes, between: a.1 December 2014 - 30 November 2015 b.1 December 2015 - 30 November 2016 c.1 December 2016 - the latest date recorded 4.The number of patients who have been admitted to hospital due to dehydration, between: a.1 December 2014 - 30 November 2015 b.1 December 2015 - 30 November 2016 c.1 December 2016 - the latest date recorded 5.How you are recording the use of oral nutritional supplements 6.The annual spend on Oral Nutritional Supplements in relation to the national spend per 1000 patients 7.The breakdown of patients on Oral Nutritional Supplements referred to a dietitian  | Business   | снс                    |
| 06-Nov-17        | 23139  | GP at Hand - Could you please provide me figures under the Freedom of Information Act of how much each CCG is paying to GP at hand 2017 to provide this service - https://www.gpathand.nhs.uk/our-nhs-service   | Business   | General Practice       |
| 07-Nov-17        | 23174  | GP Appointments - 1. Total Number of GP Appointments per GP Practice years 2008, 2009, 2010, 2011, 2012,2013, 2014, 2015, 2016, 2017 2. Total Number of GP Appointments per CCG years 2008, 2009, 2010, 2011, 2012,2013, 2014, 2015, 2016, 2017   | Business   | General Practice       |
| 07-Nov-17        | 23176  | Urinary tract Infection - We are currently researching the change in GP prescribing behaviour in urinary tract infections. Please can you provide us with the following information: Do you have a formulary used by primary care prescribers? If so, what is the current status of nitrofurantoin and trimethoprim with respect to urinary tract infections (e.g. first line, second line, etc) Has the status of either nitrofurantoin or trimethoprim changed in the formulary since November 2014? If so, can you please provide the previous status(es) and details of the date(s) of change. Have you had any work plans in place with respect to nitrofurantoin and trimethoprim prescribing since 2014? If so, can you please provide documents and start date. Have you had any GP prescribing incentive schemes or similar which relate to trimethoprim or nitrofurantoin prescribing since November 2014? If so, can you please provide the documents.   | Researcher | Misc.                  |
| 10-Nov-17        | 23330  | Heath App Funding - As part of the Freedom of Information process, please provide the following information in electronic format regarding the use and funding of health apps in the CCG. 1) Does your CCG have a policy on the use of health apps? 2) If yes, please provide the policy (or policies) and contact details. 3) Do you currently have specific budgets for the use of health apps within your CCG? 4) If yes, please provide a contact for any budgets related to the use of health apps. 5) Are there individual health apps specified for patient use? Please provide a list of these. 6) If yes, please specify which of these health apps is paid for by the CCG. 7) Please specify who is responsible for the funding of each app that is paid for by the CCG and provide contact details? You may provide the answers to question 5, 6, and 7 in an excel sheet. Definition "health app": A health app is an application optimised for smartphone or tablet use which delivers an intervention to the patient, including but not limited to: Education, coaching, peer to peer support, Health Care Professional support, collection of health data such as blood glucose values, heart rate, pulse, weight etc.,, and assistance in managing a health condition such as COPD. The app can be part of a wider service offered to the CCG (for example myCOPD). Any software that solely relies upon desktop systems or is fully web browser based are excluded. Definition "specified for patient use": Made available to the patient by prescription, referral or recommendation by either a healthcare professional or through a CCG run programme such as the CCG website or an initiative. | Business   | IT/Broadband/Telephone |

| Date<br>Received | FOI ID | FOI Description  | Category           | Theme               |
|------------------|--------|--|--------------------|---------------------|
| 10-Nov-17        | 23339  | In Vitro Fertilisation Funding - I am making this request on behalf of LaingBuisson, for research purposes. I hope it will be possible to get answers to the following questions.  1. How many cycles of IVF has the authority funded in each of the financial years:  (a) 2014/15 (b) 2015/16 (c) 2016/17  2. What was the total amount paid by the authority in each of these years to providers in payment for IVF services?  (a) 2014/15 (b) 2015/16 (c) 2016/17  3. How many of the cycles stated in each year in answer to question 1 above were provided by NHS providers, and how many were provided by private or third sector providers?  (a) 2014/15 (b) 2015/16 (c) 2016/17  4. Bre individuals for whom the authority funds IVF services given any choice of provider? For example, does the authority procure a list of qualified providers and allow individuals eligible for IVF to choose from this list, or does the authority require individuals to use a provider nominated by the authority?  5. Bow, if at all have the authorities funding criteria for IVF services changed between the financial year 2014/15 and 01/11/2017. For example a. Bas the number of cycles funded changed (if so, from what to what)  C. Bas the minimum age changed (if so, from what to what)  d. Bas the minimum age changed (if so, from what to what)  e. Bave criteria relating to previous children changed (if so, from what to what)  f. Bave any other criteria changed or been introduced in this period, eg BMI | Researcher         | Specific Treatments |
| 13-Nov-17        | 23355  | PR and Communications - Part 1 1. Does your Trust/CCT currently use a private company to undertake any of the following services: • Public Relations • Social Media Communications • External Stakeholder Communications • Internal Stakeholder Communications. 2. If yes, can you please confirm: • When the current contract(s) was/were last let • When the current contract(s) expires/expire • Whether the current contract(s) has/have options to extend its length • When you expect to retender the contract(s). 3. If no (to question 1 above), are you considering letting such a contract(s) in the future and if so, do you have an approximate timetable for engaging the market? Part 2 4. Have you used a private company to help you with any other marketing or public information campaigns in the past 2 years? 5. If so, could you please provide a brief overview of what those campaigns were about and approximately how long your contract with the company was for to support the campaign(s)?  | Researcher         | SLA & Contracts     |
| 13-Nov-17        | 23372  | Commissioning of paediatric audiology services by NHS Oxfordshire CCG. Details in Case Correspondence.   | Campaigning Groups | Commissioning       |
| 15-Nov-17        | 23434  | Elective Procedures - Have referral policies changed for elective procedures for patients who are obese (with a BMI of 30 or above)? Have referral policies changed for elective procedures for patients who smoke? Are you considering changing referral policies for elective procedures for patients who are obese? Are you considering changing referral policies for elective procedures for patients who smoke? If yes to any of the above what has the change been or what change are you considering? What is the current average wait from referral to treatment for elective hip replacements for patients who are obese or smoke? What is the current average wait from referral to treatment for elective hip replacements for patients who are not obese and do not smoke?  | Media              | Specific Treatments |
| 16-Nov-17        | 23448  | Elective Care Restrictions - How many patients have been referred by their GP for elective care but have been unable to receive treatment because of a) being a smoker, and b) having a BMI over 30 for each of the following periods: -2014/15; -2015/16; -2016/17; - and the first two quarters of 2017/18.  Please ensure you provide answers for a) and b) in each period separately, where possible. Many thanks indeed for your assistance on this.  | Business           | Specific Treatments |
| 16-Nov-17        | 23457  | Mental Health Spend - I'm writing to you to request data on mental health spending, under the 2000 Freedom of Information Request Act, on behalf of the UK Council for Psychotherapy. According to the Freedom of Information Act we would like a response within 20 working days.1. What was your total CCG 2015/16 outturn? 2. What was your total CCG 2016/17 outturn? 3. What was your planned spend as a proportion of overall CCG allocation in 2015/16 on mental health? 4. What was your planned spend as a proportion of overall CCG allocation in 2016/17 on mental health? 5. What was your total planned spending for mental health 2015/16?  7. What was your mental health 2015/16 outturn? 8. What was your mental health 2016/17 outturn?  | Business           | Financial           |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme               |
|------------------|--------|--|------------|---------------------|
| 20-Nov-17        | 23498  | GP Federations - 1) A list of all GP Federations (alliance, network, social enterprise, collaboration or any other associative name) etc. that operate through your CCG. The list will include: - Name of the Federation -Number and list of names of practices -Structure of each Federation (whether a LTD company, LLP, coop, CIC etc.) -Main point of contact for each Federation - Population covered   | Individual | General Practice    |
| 20-Nov-17        | 23504  | Diabetes & Podiatry - 1. How much money was spent in total on the management of diabetic wounds (A: clinician hourly rates, B: cost of materials) effecting the sole of the foot between January 2015 and January 2017?  2. How much money was spent on offloading orthoses (insoles that reduce high pressure points of the foot) for patients with diabetes between January 2015 and January 2017?  3. How much money was spent on TTCs (Total Contact Casts) used in the management of foot wounds in diabetic patients between January 2015 and January 2017?  4. How much money was spent on bespoke footwear (customised shoes) made for patients with diabetes-related foot complications between January 2015 and January 2017?  5. How many home visits were there related to the care for patients with diabetic neuropathic ulcers in 2015-2017 by:  a) District nurses; and b) Podiatrists? 6. What is the total cost of routine podiatry appointments for patients with diabetic neuropathic ulcers?                  | Researcher | Specific Treatments |
| 20-Nov-17        | 23508  | Continuing Healthcare - 1. How many patients within your CCG were deemed eligible for NHS Continuing Healthcare packages in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? 2. How many patients within your CCG died in hospital while awaiting the start of a NHS Continuing Healthcare care and support package in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? 3. How many patients in the last four financial years have waited more than a) one week b) one month c) one year to receive a care and support package after being found eligible for NHS Continuing Healthcare? Please could I have this information broken down by year? 4. What was the longest wait between a patient being found eligible for NHS Continuing Healthcare and receiving a care and support package in the financial years 2016/17, 2015/16 and 2014/15? Please could I have this information broken down by year? | МР         | СНС                 |
| 21-Nov-17        | 23549  | Community Hospital Services - I should like electronic copies preferably, of all documents relating to OCCG's Community Hospital Services Clinical Working Group. This should include but not be limited to: the names and roles of all participants and contributors; the Terms of Reference of this working group (TOR); how often it meets, if not included in the TOR; to whom it reports, if not included in the TOR; minutes of its meetings; and decisions made since its inception.  | Individual | Misc.               |
| 23-Nov-17        | 23577  | Mental Health Patient Transport - • Do you hold the budget for Mental Health Transport or is it held by the Trusts in your area? • Who currently provides your NEPTS (Non-Emergency Patient Transport Services)? • When is your NEPTS contract up for renewal? • Are your mental health services commissioned within a wider Patient Transport Service? • Do you make use of providers other than your main contracts for Adhoc journeys or repatriations? • Do you use caged vehicles for your mental health journeys? • Do you commission a courier services and if so when does the contract expire?  | Business   | SLA & Contracts     |
| 24-Nov-17        | 23596  | Contact Details - Please could you tell me the name of the person who would be responsible for improving care in care homes for residents as well as email addresses wherever possible   | Business   | HR & Contacts       |
| 27-Nov-17        | 23604  | Dental Service - The FOI request is in the correspondence case.  | Individual | Dental              |
| 27-Nov-17        | 23619  | Fertility Preservation Policy - The FOI request is in the correspondence case.   | Individual | Specific Treatments |
| 28-Nov-17        | 23648  | Ursodeoxycholic acid 250mg TABLETS - Information request – 1 Does Hastings & Rother CCG currently have a guideline in place for the use of Ursodeoxycholic acid 250mg TABLETS? Information request – 2 If the answer is 'yes' to request 1, could you send me details of this guideline. I would like the above information to be provided to me via email with electronic attachments of relevant documentation where possible, or via post as a second option at the below address: Mr. Faisal Janjua Wharley Hall, Barston Lane Hampton In Arden, West Midlands England, B92 0HS If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary.  | Business   | Formulary           |
| 29-Nov-17        | 23705  | Care Homes - 1. The number of patients within your CCG that were admitted to hospital from Care Homes in the past 12 months 2. The total cost of these admissions 3. How many admissions were identified as Ambulatory/potentially avoidable 4. The number of patients within your CCG that were re-admitted within 7 days of discharge from Hospital in the past 12 months 5. The number of patients within your CCG that were re-admitted within 30 days of discharge from Hospital in the past 12 months  | Individual | снс                 |
| 29-Nov-17        | 23723  | CAMHS Tier 2 & Tier 3 - 1. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to assessment in a Tier 2 CAMHS service? 2. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to first point of treatment in a Tier 2 CAMHS service? 3. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to assessment in a Tier 3 CAMHS service? 4. For each of the last 3 years, what was the average waiting time for patients in your CCG from referral to first point of treatment in a Tier 3 CAMHS service? If differentiation between Tier 2 and Tier 3 services proves difficult, please feel free to collate the numbers into a single statistic  | Individual | Health Statistics   |
| 01-Dec-17        | 23676  | AQP - Please may you take this email as a freedom of information request. I am looking to obtain a current list of AQP's that is commissioned by your CCG.   | Business   | AQP                 |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme                  |
|------------------|--------|--|------------|------------------------|
| Received         |        | GP Services - Please, could you answer the following questions regarding GP services in your area?   |            |                        |
|                  |        | 1. How many GP surgeries/Family Practices/Walk-in centres with GP services there were in your commissioning area in 2010?  |            |                        |
|                  |        | <ul><li>2. How many patients those GP surgeries/Family Practices/Walk-in centres catered/cared for in 2010?</li><li>2a. Please break this data down to provide patient numbers per GP surgery/Family Practice/Walk-in centre?</li></ul>  |            |                        |
|                  |        | 3. What was the GP to patient ratio in your commissioning area in 2010?  |            |                        |
|                  |        | 4. How many GP surgeries/Family Practices/Walk-in centres with GP services closed in 2010?   |            |                        |
|                  |        | 5. How many GP surgeries/Family Practices/Walk-in centres with GP services there were in your commissioning area in 2015?  |            |                        |
| 01-Dec-17        | 23682  | <ol> <li>How many patients those GP surgeries/Family Practices/Walk-in centres catered/cared for in 2015?</li> <li>Please break this data down to provide patient numbers per GP surgery/Family Practice/Walk-in centre?</li> </ol>  | Individual | General Practice       |
|                  |        | 7. What was GP to patient ratio in your commissioning area in 2015?  |            |                        |
|                  |        | 8. How many GP surgeries/Family Practices/Walk-in centres with GP services closed between 2010 and 2015?   |            |                        |
|                  |        | 9. How many GP surgeries/Family Practices/Walk-in centres with GP services there were in your commissioning area in 2017?  |            |                        |
|                  |        | <ul><li>10. How many patients those GP surgeries/Family Practices/Walk-in centres catered/cared for in 2017?</li><li>10a. Please break this data down to provide patient numbers per GP surgery/Family Practice/Walk-in centre?</li></ul>  |            |                        |
|                  |        | 11. What was the GP to patient ratio in your commissioning area in 2017?   |            |                        |
|                  |        | 12. How many GP surgeries/Family Practices/Walk-in centres with GP services closed between 2015 and 2017?  |            |                        |
| 04.547           | 22607  | Excellence in Continence Care - I am writing to request the following information under the Freedom of Information Act on behalf of the Urology Trade Association. I would appreciate responses being sent in email format.  |            | Consider Toronton and  |
| 04-Dec-17        | 23687  | <ul> <li>Confirmation of whether the NHS South Gloucestershire CCG has implemented NHS England guidance Excellence in Continence Care, published in December 2015</li> <li>Minutes of any meeting confirming the implementation of such guidance</li> </ul>  | Business   | Specific Treatments    |
| 08-Dec-17        | 23847  | Prescribing & Referral Schemes - 1. What incentive schemes your CCG/health board currently runs for general practices to reduce prescribing, and any details about what they must achieve; 2. What incentive schemes your CCG/health board currently runs for general practices to reduce referrals, and any details about what they must achieve.   | Media      | General Practice       |
| 08-Dec-17        | 23900  | Helicobacter Pylori Testing - Information request – 1 Does the CCG have had (since 1st April 2013) a programme or scheme such as a 'Local Enhanced Service' or 'Local Incentive Scheme' in place with either your contracted secondary care providers or primary care providers (GPs and community pharmacists) for Helicobacter Pylori (H. Pylori) testing? Information request – 2 If the answer is 'yes' to request 1, could you send me details of the programme or scheme. Information request – 3 If the answer is 'yes' to request 1, is there a recommended or preferred test of choice? | Business   | Specific Treatments    |
| 13-Dec-17        | 23988  | Fixed Telecommunications & Internet Services - The FOI is in the correspondence case.  | Individual | IT/Broadband/Telephone |
| 14-Dec-17        | 24008  | Prescribing Schemes - I would be grateful if you could email me a copy of you CCG's GP practice prescribing incentive scheme (or equivalent prescribing improvement scheme or enhanced service) including the details of the achievements required and practice payments involved.   | Business   | Formulary              |
| 13-Dec-17        | 24021  | GP Practice Closures - Can you tell me the: 1. Name 2. Town 3. Patient list size of every GP practice branch surgery that has closed since April 2013. Please note, this is NOT including those that have closed as a result of a merger with another practice or where the whole practice has closed.   | Individual | General Practice       |
| 13-Dec-17        | 24044  | GP Practice Closures - Under the freedom of information act, can you provide details for the table below from 1 January 2017 through to the most recent date that figures (please specify) are available for every CCG you are responsible for: CCG area The name of each GP practice that has closed and had its patient list dispersed? The list size of each practice? The date of closure? The name of each practice branch that has closed as a result of mergers? The list size of the practice branch that closed as a result of mergers? The date of closure?                            | Media      | General Practice       |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme               |
|------------------|--------|---|------------|---------------------|
| 15-Dec-17        | 24071  | CHC - The FOI request is in the correspondence case.  | Individual | СНС                 |
| 19-Dec-17        | 24089  | STP Hospital Beds - • How many hospital beds have you found are available at trusts within your footprint as part of the STP's planning? In this context, 'available' should mean 'which are available for patients to have treatment or care', per the NHS England guidance for the KH03 bed availability and occupancy data collection. This should include overnight beds and day beds, and the number of beds by sector where possible (e.g. general and acute, maternity, mental illness & learning disability). This should be the latest available data (either quarter one or quarter two of 2017/18). • How many community beds are currently available within the footprint? • What plans are there to increase or reduce the number of beds (community and hospital) available within the footprint by 2020/21? How many beds are projected to be available by then (and again, please provide this information by sector if possible). • Please also send me any reviews, consultations, impact assessments carried out regarding the increase/decrease in the number of beds, and any evidence or clinical engagement that has been gathered or carried out to support both the assessment and the plan.   | Business   | Health Statistics   |
| 21-Dec-17        | 24110  | Organisational Chart - Please may I request a copy of your organisation's structural chart? Ideally with the name's of the people holding each position.  | Business   | HR & Contacts       |
| 21-Dec-17        | 24130  | Ophthalmology Service - • Do you currently commission Ophthalmology services in the CCG? • Do you have a separate community Ophthalmology contract running? • What are the expiry dates of the contracts? • Who are the providers, and which specialities do they deliver? • What is the tariff of each contract? • Are all providers paid on the same tariff structure?  | Business   | SLA & Contracts     |
| 22-Dec-17        | 24162  | Surgical Procedures Policy - Does your CCG have any policies that require minimum waiting times for surgical procedures? 2. If yes, please state which procedures. 3. Is your CCG considering any policies which include minimum waiting times?   | Business   | Commissioning       |
| 02-Jan-18        | 24218  | Organisation Structure - Please can I request the organisation structure for the finance team at Oxfordshire CCG.   | Individual | HR & Contacts       |
| 03-Jan-18        | 24241  | Lynch Syndrome - 1. Do you commission first line screening e.g. full 4 antibody IHC and/or MSI for molecular features of Lynch syndrome in all newly diagnosed bowel cancer patients? • Yes, this test is commissioned for all bowel cancer patients as per DG27 NICE guidance • Yes, but it is only commissioned in bowel cancer patients aged under 50 years at diagnosis - please specify why the guidance has not been implemented. • No, we do not commission this test – please specify why. • Other commissioning strategy – please provide information. 2. If first line screening is currently commissioned (either in all cases or as a subset) are second and third line genomic tests being commissioned in cases of MLH1 loss i.e. BRAF mutation and MLH1 promoter methylation, as per DG27 NICE guidance? • Both BRAF mutation and MLH1 promoter methylation are commissioned. • Only BRAF mutation is commissioned. • Neither are commissioned. Please specify why 3. If the full NICE guidance (DG27) is not currently implemented, do you intend to commission screening for molecular features of Lynch syndrome in all newly diagnosed bowel cancer patients across your area? • Yes, we intend to commission universal testing as per DG27 • No, we do not intend to commission DG27 – please provide information on why. | Business   | Specific Treatments |
| 04-Jan-18        | 24281  | Telehealth - 1. Who at the CCG takes a lead in telehealth? (an example would be home patient consultations based on the patient sharing information with the HCP by email or the cloud? 2. Who at the CCG takes a lead in the use of smartphone apps to improve patient care? (an example would be use of a smartphone to improve diabetes management)  | Business   | Commissioning       |
| 08-Jan-18        | 24308  | Inpatient Psychiatric Treatment - 1. How much money did the CCG spend on inpatient beds in private psychiatric hospitals in each of the past 5 years? 2. How much money did the CCG pay The Priory Group and Partnerships in Care for private inpatient psychiatric treatment in each of the past 5 years? Please name the hospitals used and provide a breakdown of the amount paid to each individual hospital. 3. How much money has the CCG paid The Priory Group for private inpatient psychiatric treatment since January 2016? 4. What is the average nightly rate paid by the CCG for an inpatient bed in a Priory Group psychiatric hospital? 5. How many of the CCG's NHS patients were treated as inpatients at psychiatric hospitals run by The Priory Group in each of the past 5 years? 6. How many of the CCG's NHS patients were treated as inpatients at psychiatric hospitals run by Partnerships in Care in each of the past 5 years? Please name the hospitals used and provide a breakdown of the number of patients treated at each individual hospital.  | Individual | Financial           |
| 08-Jan-18        | 24333  | Attention Deficit Hyperactivity Disorder (ADHD) - Please provide the following information about Attention Deficit Hyperactivity Disorder (ADHD) services in your area for people aged 18 and above. 1. Which NHS Clinical Commissioning Group/s (CCG) do you represent? a. Name: b. Postcode: 2. Please provide details of the Mental Health Commissioner (lead) for your CCG (the person responsible for commissioning adult ADHD services). a. Name: b. Email Address: c. Phone Number: d. Job Role: 3. Your details: a. Name: b. Email Address: c. Phone Number: d. Job Role: 4. Please indicate which NHS England region your CCG is part of: a. London b. Midlands and East of England c. North of England d. South of England 5. Does your CCG commission mental health services that treat/support people with ADHD aged 18 years and above? a. Yes b. No 6. Please provide details of the service/s (for as many services as you have) a. Name: b. Postcode: c. Town: d. Website: e. This service is a part of (please indicate): i. Adult Mental Health Services ii. Child and Adolescent Mental Health Services iii. A Specialist Mental Health Service iv. Other v. Don't know f. This service offers (please indicate): i. Treatment (Medication) ii. Treatment (Other Intervention)   | Business   | HR & Contacts       |

| Date<br>Received | FOI ID | FOI Description  | Category   | Theme         |
|------------------|--------|--|------------|---------------|
| 10-Jan-18        | 24387  | End of Life Care - 1. Name of CCG 2. Have GPs in your CCG been provided with the necessary information to support their patients to document their wishes for end of life care? (E.g. a document which explains ADRTs, LPAs, DNACPR orders, which organisations to sign-post people to, clarification on whether or not this is considered "private" work etc.) Basic information (yes/no) Places to signpost (please provide details if possible) Advance Decision to Refuse Treatment (ADRT) forms Do Not Attempt Cardio Pulmonary Resuscitate(DNACPR) orders Lasting Powers of Attorney (LPA) for Health and Welfare Clarification on whether advance care planning is private work Other (please explain) 3. Have you provided GP practices with a policy/protocol regarding DNACPR orders? Yes/No Supporting information Where to get the DNACPR order form Who can request a DNACPR order and how to do so What to do with the order once it is complete Other (please explain) 4. Have you provided GP practices with a policy on/system for placing Advance Decision to Refuse Treatment forms on a person's summary care record? Yes No Additional Information: 4. How do you monitor GP practices' adherence to the above policies? 5. Do you commission training for GPs on advance care planning and the Mental Capacity Act? Yes No Additional Information:   | Charity    | Commissioning |
| 10-Jan-18        | 24405  | Contact Details - Please could you tell me the name and email of the person who is responsible for improving the care of residents in care homes.  | Business   | HR & Contacts |
| 12-Jan-18        | 24426  | Type 1 Diabetes & Eating Disorder - 1. What information (including any numbers) do you have regarding the prevalence of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders in your area for the year 2016/17? 2. What challenges do you face to ensure sufficient funding is allocated to the management and treatment of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience. 3. What protocols and pathways do you have in place for the treatment of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience. 4. Can you share a copy of the treatment pathway for these patients? 5. Do you have a nationally agreed tariff with your providers for the care of these patients, with particular reference to the years 2016/17 and 2017/18? 6. Do you have a locally agreed tariff with your providers for the care of these patients, with reference to the years 2016/17 and 2017/18? 7. How many patients did you plan to treat in the years 2016/17 and 2017/18 with Type 1 Diabetes? How many did you actually treat in the year 2016/17? 8. How many patients did you plan to treat in the years 2016/17 and 2017/18 with any variant of Eating Disorders? How many did you actually treat in the year 2016/17? 9. What is the average cost of the treatment for an individual with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience. 10. What future plans do you have to review the current pathways and treatment protocols in place for these patients? | Individual | Misc.         |
| 15-Jan-18        | 24446  | Contact Details - Name (first and last) of the director responsible for the following areas, within the CCG and across the STP: 1. Children 2. End of Life 3. Maternity 4. Integration 5.  Personalisation 6. Discharge from Acute 7. Community equipment 8. Wheelchairs 9. Continuing Healthcare  | Individual | HR & Contacts |
| 15-Jan-18        | 24502  | Personal Health Budgets - 1. The total number of PHB patients the CCG currently has 2. The total number of patients with direct payments (current) 3. The average monthly budget for patients with direct payments 2017/18 (April-December) 4. The total spend on PHBs in 2016/17 and 2017/18 (April-December) 5. The Total spend on direct payments in 2016/17 and 2017/18 (April-December) 6. Does the CCG use a resource allocation tool to calculate/allocate budgets? If so, which one? 7. Is the CCG using any software to support management of PHBs, or commission software for PHB patients to use? If so, which one and when was this implemented?   | Individual | СНС           |
| 15-Jan-18        | 24512  | Continuing Healthcare - 1. Number of active CHC patients (at the end of December) 2. Total spend on CHC care packages in 2016/17 and 2017/18 year to date. 3. What software is currently utilised by the CHC team to manage: a. Assessments b. Care packages/placements c. Activity and financial reporting d. Invoicing 4. Name of Head of CHC and CHC Finance Lead.  | Individual | СНС           |
| 19-Jan-18        | 24574  | Out of Hours (OOH) Service - I would be grateful if you could provide the following information for community based services commissioned by the CCG or on your behalf by another CCG or CSU. Could you please complete the following table for as many providers of Out-of-hours (OOH) services as you have operating within the CCG area? If you have recently awarded a contract and it is due to start within the next three months, could you please answer for the new contract(s)? Name of CCG If you are lead commissioner: Names of other CCGs on whose behalf you commission these services If you are an associate commissioner: Name of the lead commissioning CCG If OOH services are not contracted for directly by the CCG but are part of a wider integrated urgent care contract, then name of the lead IUC contractor: Name of OOH provider in your CCG area Population served by OOH provider (000's) Who is the call handling (NHS111) provider? Current Annual Contract Value for OOH contract (£K) What other community based services are the OOH provider(s) contracted to provide? Current Annual contract value for other (non-OOH) services (£K) Date this contract started (month and year) When is contract due for re-tender? (month and year) When you re-tender will OOH be a separate contract or part of a wider IUC contract?   | Individual | Out-of-Hours  |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme               |
|------------------|--------|---|------------|---------------------|
| 22-Jan-18        | 24591  | MSK & Physiotherapy Service - I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect to the contracts below. Provision of Integrated MSK and Physiotherapy Service *For clarity, the details of the successful and unsuccessful suppliers are kept in the strictest confidence. These details are used only to contact and support suppliers regarding their bidding activity for the relevant contracts. 1. Suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages. PQQ ITT Successful Suppliers Unsuccessful Suppliers Successful Suppliers Unsuccessful Suppliers 2. Contract values of each framework/contract (& any sub lots), year to date. 3. Start date & duration of framework. 4. Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension? 5. Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed? 6. Who is the senior officer (outside of procurement) responsible for this contract?  | Individual | SLA & Contracts     |
| 23-Jan-18        | 24601  | GP Statistical Figures - 1. The number of people on your governing body/board 2. The number of voting members on your governing body/board 3. The number of GPs on your governing body/board 4. The number of GPs on your governing body/board 6. The number of locum GPs on your governing body/board 7. If there are no salaried or locum GPs on the governing body/board, any clauses in the constitution that, in effect, bar locum and/or salaried GPs from the CCG governing body/board 8. The number of salaried GPs who hold a clinical lead position 9. The number of locum GPs who hold a clinical lead position 10. The number of people on your Clinical Executive Committee 11. The number of GPs on your Clinical Executive Committee 12. The number of salaried and locum GPs on your Clinical Executive Committee 13. The number of locum GPs on your Clinical Executive Committee 14. If there are no salaried or locum GPs on the Clinical Executive Committee, any clauses in the constitution that, in effect, bar locum and/or salaried GPs from the Clinical Executive Committee  | Business   | HR & Contacts       |
| 26-Jan-18        | 24654  | Fracture Liaison Service - 1. Do you commission a fracture liaison nurse, or fracture liaison services for your patients? 2. If not, who is responsible for this service within your CCG?   | Individual | Commissioning       |
| 25-Jan-18        | 24676  | Social Media Spend - 1. Does your organisation have a Facebook Page(s)? If yes, what is/are the url(s) and when were they set up? 2. Does your organisation advertise or spend any money on Facebook? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2004? 3. Does your organisation have a Twitter Account? If yes, what is/are the url(s) and when were they set up? 4. Does your organisation advertise or spend any money on Twitter? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2006? 5. Does your organisation use Google G-Suite services (Google services) or does your organisation rely on google for any services (such as email hosting)? If yes, what are the services, when were they agreed and how much did they cost? 6. Does your organisation advertise or spend any money on Google? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since the payments first began?  | Individual | Misc.               |
| 29-Jan-18        | 24702  | Contact Details - Please could you give me the names and email address of the people that hold the following job titles within your CCG 1. Director of Commissioning 2. Planned Care Lead 3. Head of Commissioning 4. Contracts and Commissioning Manager 5. Commissioning Manager 6. Programme Manager – Planned Care Transformation 7. Project Manager for Planned Care 8. Acute Transformation Manager 9. Senior commissioning manager   | Individual | HR & Contacts       |
| 26-Jan-18        | 24706  | GP Services - What is the plan for providing GP services in and around Shrivenham and Watchfield with the agreed large housing developments and growing population  | Individual | General Practice    |
| 13-Feb-18        | 24680  | Mental Health Spending - For the purposes of this request, we define CAMHS as encapsulating any services that you provide or commission relating to children and young people's mental health or emotional wellbeing. The information request: Please can you provide us with the following information: 1) The (a) budget and (b) expenditure for Child and Adolescent Mental Health (CAMHS) services (total spend) for children and adolescents (for the purpose of this request defined as being between the ages of 0 and 18 years). 2) If available, the (a) budget and (b) expenditure for Child and Adolescent Mental Health (CAMHS) services (total spend) for children, adolescents and young adults (for the purpose of this request defined as being between the ages of 0 and 25 years). 3) The (a) budget and (b) monies received to deliver the Local Transformation Plan (LTP). 4) The (a) budget and (b) monies received to deliver the access and waiting time standards on Eating Disorders. 5) The (a) budget and (b) monies received to implement CYP Improving Access to Psychological Therapies (IAPT). 6) Explicit clarification of whether the budget and expenditure identified in response to 1) and 2) includes the budget and monies identified in 3), 4) and 5). For all of the above requests, we are requesting information for the financial years: 2013/14, 2014/15, 2015/16, 2016/17, 2017/18.  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). b. whether the expenditure / budget reported is the total amount of the shared budget, or your organisation's contribution to the shared budget. | Researcher | Specific Treatments |
| 06-Feb-18        | 24755  | Wheelchair Services - 1 - Do you have a joint contract with one or more local Clinical  Commissioning Groups? 2 - If yes, could you please provide the names of the CCG or CCGs  that are part of the joint arrangement? 3 - What is the population covered by your Wheelchair Service? 4 - What date did your current contract start for pressure care cushions (if  contract is in place), and when is it due to end? 5 - Could you please provide the financial value of pressure care  products that you use per year? 6 - What brand do you tend to use regarding pressure care cushions? 7- Could you please provide the financial value of the pressure care cushions in  2017 for each individual product?  | Business   | SLA & Contracts     |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme               |
|------------------|--------|---|------------|---------------------|
| 02-Feb-18        | 24757  | CHC - Has the CCG accepted and processed any retrospective reviews or previously unassessed period of care in relation to Continuing Health Care for the period post March 2012.  If the answer to 1 is yes then what has the financial impact been to the CCG?  NHS England regional team has advised LCCG that the period post March 2012 has not been closed down and any cases relating to this period should be dealt with in accordance with the PuPoC (Previously unassessed period of care), guidance.  I would like the above information to be provided to me in response to this email. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary.  | Individual | СНС                 |
| 05-Feb-18        | 24761  | Ophthalmology Services - Please note that this request relates to secondary care ophthalmology services. Many thanks in advance for your assistance. 1.Access to NICE approved treatments in ophthalmology Is the treatment listed below routinely available to patients according to it's NICE TAG? Please could you indicate by putting a cross in the applicable box below and sending the completed table back to RNIB (contact details below). Confirmation (i.e. indicating 'yes') means that patients do not have to use Individual Funding Requests to access aflibercept for treating choroidal neovascularisation.  Please put a cross in the relevant box: Yes No  Aflibercept for treating choroidal neovascularisation  Technology appraisal guidance [TA486] Published date: 01 November 2017   | Charity    | Specific Treatments |
| 06-Feb-18        | 24816  | Serious Incidence - 1) Have you got a Serious Incident (S.I.) policy/SOP/procedure/strategy in place? - If so, could you provide a link or copy of it? 2) How many S.I.'s have you reported in last 4 years( a yearly break- down)? - What type of S.I. was it (no detail required)? I.e. the 'heading' 3) What training do you have in place for Root Cause Analysis (RCA) / S.I.'s? - How many people do you have in the teams dealing with these incidents? - How many of them have been trained? - Who currently provides that training? - How frequently do you carry out the training (annually, quarterly etc)? - Who (which group/body) does your incident /S.I. investigations? 4) Do you have an appropriate committee / group / body in place to discuss incidents / S.I's? - If so, who does that for you? - Where do they sit (Federation, CCG, Trust etc)? 5) Do you have a CQC standards framework checking process? - How frequently is this done? - Do you have a patients experience/participation team? If so, how are they involved? 6) CCG relevant - Is there a set GP contract which has elements of incidents /S.I. compliance in it?   | Researcher | Commissioning       |
| 08-Feb-18        | 24829  | Individual Funding Requests - As part of a project exploring service provision within oculoplastic surgery across the nation, I would be grateful if you could send me the following details on each of the procedures listed below:  •   | Business   | Commissioning       |
| 09-Feb-18        | 24831  | Personal Data - > 1. Do you obtain freely given, specific, informed and unambiguous explicit consent from clients, by means of a clear affirmative action, before extracting and uploading (i.e. processing) their data? Or is such processing at present taking place on an "implied consent" and "opt-out" basis?  > 2. How do clients who wish to object to the extraction and uploading (i.e. processing) of personal data express that to you, the data controller? Or do you have no mechanism in place to respect an objection made directly to you?  > 3. On what legal basis from Article 6(1) of the GDPR are you planning to rely on to process personal data in this way (i.e. extract and upload it to the Connected Care database) after 25th May?  > 4. On what legal basis from Article 9(2) of the GDPR are you planning to rely on to process sensitive data in this way (i.e. extract and upload it to the Connected Care database) after 25 May?  > 5. Whether your current mechanism to ensure that data subjects can express an objection to the processing of their data in this way (i.e. extraction and uploading of their data to the Connected Care database) will be compliant with the EU GDPR (Article 21) by ensuring that no extraction and uploading (processing) of data from the records that you hold about the individual would then take place?  > 6. Whether your current mechanism to ensure that data subjects can express an objection to the processing of their data in this way (i.e. extraction and uploading of their data to the Connected Care database) will be compliant with the EU GDPR (Article 21) given that you appear to currently direct data subjects to express any right to object not to you, but to their GP surgery - a completely different data controller, and therefore one not responsible for the lawful processing of data held in your original patient/client records | Individual | Misc.               |
| 09-Feb-18        | 24868  | Bard Cobweb Platform - What tender process and consultation was adopted by the CCG before moving across to a Bard Cobweb Platform for all continence prescribing?   | Business   | Formulary           |
| 12-Feb-18        | 24872  | Contact Details - Name and contact e-mail address for the Primary Care Director / Head of Primary Care.   | Individual | HR & Contacts       |

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| 12-Feb-18        | 24881  | Contraceptive implants - To Whom It May Concern, I am writing to you under the Freedom of Information Act 2000 to request the following information from the CCG: 1. Please state the total number of girls aged 16 and under given the contraceptive implant Nexplanon (or equivalent brand as described here: https://www.nhs.uk/conditions/contraception/contraceptive-implant/) in each of the these calendar years:a) 2017b) 2016c) 2015  NB: If data for calendar years is not available, please provide data for financial years and highlight that this is the case. 2. For each year, a), b) and c), please break down this total number into the following age brackets:i) Aged 16ii) Aged 15iii) Aged 14iv) Aged 13v) Aged under 13 3. a) Does the CCG have any current policy or guideline on contraceptive implants? (Yes or No)b) If yes, please provide a direct link or attach the document, stating page number if applicable. If it is not possible to provide all the information requested due to the request exceeding the cost of compliance limits identified in Section 12, please answer these questions as fully as is possible within the time limits. Alternatively, please advise me as to how this request can be broken down to comply. If any of this information is available publicly, please provide a link to the exact document or webpage where the information is broken down exactly as requested. | Media      | Health Statistics      |
| 12-Feb-18        | 24892  | Contract Information - Information Description; Could you please advise i) which hospitals/NHS Trusts your organisation currently contract with, ii) the annual value of the contract and iii) whether the contract is in the form of a block contract or pay by performance please? Information Requested Response Name of CCG Name(s) of Acute NHS Trusts contracted with Block contract – Yes/No? Value of individual trust contracts (p.a.) Yes contact at CCG (Chief officer)   | Business   | SLA & Contracts        |
| 12-Feb-18        | 24910  | GP Groups and Organisations - We would like to know if you have one or more of the following models within your CCG's area. For each model you have please provide the name, number GP practices involved, population covered and lead individual for the group/organisation. The models are:  GP network, locality, or "primary care network"  Super partnership (with merged GP contracts)  Super partnership (GP contracts not merged)  Primary Care Home  Multi-speciality community provider  GP practices run by a corporate provider (i.e. Virgin, Care UK)  Single GP practice with a list size greater than 25,000  | Business   | General Practice       |
| 13-Feb-18        | 24929  | Sexual Assault Referral Services - 1. Which company(s) holds the contract to supply your current Sexual Assault Referral Services (SARCs) 2. Please state the full name of your CCG 3. Please state if this service was procured through a framework agreement with other trusts (if so please provide the names of the other CCG). If yes, please also state which trust holds the contract. 4. Please state the contract start date and end date of your current SARC services. 5. What is the expected total value of the contract? 6. What is your annual budget for SARC services? 7. Are there provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded 8. Please state the names of the organisations who bid for the contract 9. How many patients are treated annually by your SARCS service providers? 10. What would the procurement model be for future contracts? E.g. will the contract be procured jointly with another CCG? 11. What are the performance standards (KPIs) the current service provider(s) operate under? 12. What is the current provider's performance against these standards in the last 12 months?   | Individual | SLA & Contracts        |
| 15-Feb-18        | 24971  | Remuneration Package - What was former chief executive David Smith paid by Oxfordshire Clinical Commissioning Group before his retirement? Please provide details of any remuneration package David Smith received from Oxfordshire Clinical Commissioning Group at his retirement in December.  | Media      | Misc.                  |
| 19-Feb-18        | 25002  | Social Media Policy - Is there an official policy for the use of organisational Facebook or Twitter Accounts (ie how to post, what to use it for and when to delete or preserve records)? If there is a policy (or policies) please may I be provided with them?   | Individual | IT/Broadband/Telephone |
| 21-Feb-18        | 25027  | Funding of Enhanced Services - The following request relates to the resourcing and funding of enhanced services provided via general practices in England by your Clinical Commissioning Group. • A full list of all enhanced services, commissioned in 2016-17 and in 2017-18 by your Clinical Commissioning Group, including services funded outside of GMS/PMS essential services funding. To help with providing this information, I have attached an appendix of enhanced services that we believe are currently funded by many clinical commissioning groups. Please note that this should not limit your response as this is only a guide and is not exhaustive. • How much funding is currently allocated in 2017-18 to each enhanced service via GMS and PMS general practice in your CCG area, and how much was spent on each enhanced service in 2016-17?   | Business   | Financial              |
| 22-Feb-18        | 25074  | Cataract Surgery Referrals & Policy - 1. Please state the total number of referrals from primary care to Ophthalmology for cataract surgery (all types) in A) 2016, B) 2017 and C) 2018 to date. If it is not possible to provide data specifically regarding cataract surgery referrals then please provide data for all Ophthalmology referrals for A, B and C. 2. A) Has the CCG updated its eligibility guidelines and/or referrals policy for cataract surgery since 04/08/17? B) If yes, please provide a link to the relevant website or attach the relevant document, stating page number where applicable. I am requesting data from calendar years, not financial years.   | Individual | Specific Treatments    |

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| 26-Feb-18        | 25106  | Musculoskeletal (MSK) Service - Please complete the tables below with details of all current providers of the CCG's Musculoskeletal (MSK) service, including: a. Tier 1 Physiotherapy b. MSK Clinical Assessment and Treatment Service (MSK CATS) c. Rheumatology d. Pain Management Service e. Other sub specialities such as Chronic Fatigue Syndrome If one provider delivers the entire MSK service (including the sub specialities a-e above) please complete Table 1 only. If there are multiple providers for the MSK sub specialities, please complete Tables 2-6 for the corresponding speciality. Table 1 One provider of the entire MSK service Provider Contract Start Date Contract Duration (excluding any potential extension) If there is any extension period available, please specify the duration Annual Contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total contract value for AQP contracts) Expected commencement (month / year) of re-procurement if known Table 4 Rheumatology Provider (in multiple Any Qualified Provider Contracts please just state AQP in the box below) Contract Duration (excluding any potential extension) If there is any extension period available, please specify the duration Annual Contract value (£) (if multiple Any Qualified Provider Contracts) Expected commencement (month / year) of re-procurement if known Table 4 Rheumatology Provider (if multiple Any Qualified Provider Contracts please just state AQP in the box below) Contract Start Date Contract Duration (excluding any potential extension) If there is any extension period available, please specify the duration Annual Contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total con | Individual | Specific Treatments |
| 28-Feb-18        | 25142  | Buprenorphine Transdermal Patches - With respect to the following questions, please provide answers for any decisions made since 1 January 2016. 1. Has the CCG (or CSU) or Health Board recommended prescribing a particular brand or brands of 7 day buprenorphine transdermal patches? If so, what brand or brands were recommended to be prescribed? 2. If the CCG (or CSU) or Health Board recommends prescribing more than one brand of 7 day buprenorphine transdermal patches what, if any, guidance is there on which brand(s) should be prescribed? 3. For each brand of 7 day buprenorphine transdermal patches recommended, on what date was the decision made to recommend that brand?  | Individual | Formulary           |
| 28-Feb-18        | 25165  | Locked Rehabilitation - 1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in locked rehabilitation. Name Job title Telelphone No. Email Address 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 2016/17, and where possible, the most up to date snapshot available for 2017/18. 2. Please provide 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. 2013/14 2014/15 2015/16 2016/17 2017/18 Male 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. 2013/14 2014/15 2015/16 2016/17 2017/18 Detained under the Mental Health Act 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 'out of area'. 2013/14 2014/15 2015/16 2016/17 2017/18 In area 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 that were placed in NHS provision Independent provision 7. 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 Independent provision 7. 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 Independent provision 7. 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 Independent provision 7. Of the tota | Individual | Misc.               |
| 01-Mar-18        | 25192  | GP Appointments - How much in total is the CCG spending on evening and weekend GP appointments (the GP Access Scheme) in 2017/18? How much is this broken down by patient?  How much in total have you budgeted to spend on the scheme in 2018/19? How much is this broken down by patient? What is the current percentage uptake of weekday evening appointments? What is the current percentage uptake of Saturday appointments? What is the current percentage uptake of Saturday appointments?   | Media      | Financial           |
| 02-Mar-18        | 25212  | General Data Protection Regulation - With the new Data Protection and IG regulations coming into force from May, how will the CCG will gain consent from patients for their data to be held on these platforms?  | Business   | Commissioning       |

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| 05-Mar-18        | 25214  | Primary Healthcare Training Limited - Please advise of all payments made by the CCG to the company Primary Healthcare Training Limited, Companies House number 07942875.  | Individual | Financial              |
| 05-Mar-18        | 25232  | Oxfordshire Care Summary - 1). Please also advise whether the presence of either the 9Nd1, or the 93C3, or the 9Ndo read codes would also prohibit extraction and unloading of GP data to the OCS, in addition to the 93C1 read code. 2)Do you in fact undertake secondary processing of uploaded data, presumably as a data processor. If this is the case, please direct me to your published processing information that indicates that uploaded sensitive data will be processed for secondary purposes, or how patients might opt-out (or "object") to this. 3) Please could you provide me with a typical data sharing agreement, as signed by a GP practice agreeing to contribute to the OCS. 4) Please could you tell me whether the presence of either the Type 1 Objection (9Nu0) or Type 2 Objection (9Nu4) read codes, within the GP record of an individual, would prohibit secondary processing of their uploaded sensitive GP data (whilst still permitting direct care uses). 5) Please could you tell me how patients might prohibit secondary processing of their uploaded hospital (or other non-GP) data, whilst still permitting direct care uses of it. Do all data controllers contributing to the OCS have individual processes in place to assess and implement such objections, or are patients simply told to "see your GP" if they wish to object to secondary processing? | Individual | Commissioning          |
| 08-Mar-18        | 25241  | CCG Board Representation - 1. How many people are on the CCG board. 2. How many of these board members are GPs. 3. How many females and how many males are on the board. Of the board members that are GPs - how many are females and how many are male? 4. How many of the board members have disclosed their ethnicity, and how many identify as BME. Of the board members that are GPs - how many have disclosed their ethnicity, and how many identify as BME?  | Individual | HR & Contacts          |
| 09-Mar-18        | 25264  | Social Media - 1. Does your organisation have a Facebook Page(s)? If yes, what is/are the url(s) and when were they set up? 2. Does your organisation advertise or spend any money on Facebook? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2004? 3. Does your organisation have a Twitter Account? If yes, what is/are the url(s) and when were they set up? 4. Does your organisation advertise or spend any money on Twitter? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2006? 5. Does your organisation use Google G-Suite services (Google services) or does your organisation rely on google for any services (such as email hosting)? If yes, what are the services, when were they agreed and how much did they cost? 6. Does your organisation advertise or spend any money on Google? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since the payments first began? 7. Is there an official policy for the use of organisational Facebook or Twitter Accounts (ie how to post, what to use it for and when to delete or preserve records)? If there is a policy (or policies) please may I be provided with them?      | Individual | IT/Broadband/Telephone |
| 09-Mar-18        | 25270  | GP Surgeries - 1) Please provide the total number of GP surgeries operating in your area. And the total number of patients covered. 2) Please provide the total number of those GP surgeries which are being run by interim caretakers, rather than fully contracted out. Please also provide the number of patients those surgeries cover. 3) Please provide the total cost to the CCG of commissioning those interim caretakers, above. 4) For 2015, 2016, 2017 and 2018 so far, please provide the number of GP surgeries where partners have handed their contract back and please also attach the names of the surgeries and the registered partner (s). 5) Please provide the average total cost (or the cost in each instance if average is unworkable) to the CCG of putting the returned contract out to tender/procurement. Please breakdown the costs where possible to marketing, advertising, tendering, legal costs etc.  | Business   | General Practice       |
| 12-Mar-18        | 25276  | Referral Management - I am writing to you to inquire about the current Referral Management Services that you currently operate. Please could you provide information to the following questions: Question Answer 1.Does the CCG operate or commission a referral management service? 2.If yes when was this scheme procured by the CCG and when did it come into operation? 3.If no, does the CCG plan to implement a referral management service in the next two years? 4.Do you deliver this service yourself or is it commissioned from an external organisation? 5.If commissioned from and external organisation, please state who? If the CCG does operate, or has commissioned, a referral management service: 6.Please list the specialities that are covered by the referral management service? 7.How much did the CCG spend on referral management services for GP referrals in 2017/18, and how much does it plan to spend in 2018/19? 8.When are the existing referral management services due for renewal? And finally: 9.Does the CCG track or estimate the savings made from using a referral management service? 10.If yes, please provide actual or estimated savings?  | Researcher | Misc.                  |
| 13-Mar-18        | 25313  | General Practice - 1. Total number of GPs working full time in your CCG 2. Total number of GPs working part time in your CCG 3. Average waiting times for a GP appointment in your CCG  | Business   | General Practice       |
| 14-Mar-18        | 25370  | Contact Details - Under the Freedom of information act please could you provide me with the name and email address of the people that hold the following responsibilities within your CCG • Director of Commissioning • Planned Care Lead • Contracts and Commissioning Manager   | Individual | HR & Contacts          |
| 22-Mar-18        | 25449  | FreeStyle Libre - • How many people have been successful in getting the FreeStyle Libre system prescribed since it was included on the NHS Drug Tariff in November 2017? • What are the criteria on which decisions about prescribing the FreeStyle Libre system are made? • What was the decision-making process for establishing the prescribing criteria for the FreeStyle Libre system?   | Business   | Formulary              |

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| 23-Mar-18        | 25509  | Antenatal Education Providers - Freedom of Information Request from the National Society for the Prevention of Cruelty to Children (NSPCC) regarding Antenatal Education Providers 1. Do you commission antenatal education classes? – yes or no? If yes, what is the annual budget for this/these contracts/service provision? Commission antenatal education classes?  Annual budget 2. Answer only if you commission antenatal education classes: (a) Do the practitioners delivering the classes use a specific evidence-based programme/s/model/s? – yes or no? (i) If yes, which one/s and is it/are their email address/s? Use of specific evidence-based model/programme? Programme/s/model/s used Is it licenced? Name of senior manager Email address of senior manager 3. Answer only if you commission antenatal education classes: (a) Which organisation provides this/these service/s? What are the contract start and end dates? (b) Are the classes commissioned individually as a cost and volume contract or as part of a block contract? Programme/s/model used Name of provider organisation Contract start date Contract end date Cost and volume contract or part of block contract? 4. Here is a list of vulnerabilities/adversities that can impact on the ability of parents-to-be to engage with antenatal education: those with mental health difficulties those experiencing social isolation or from a socially marginalised community to survivors of domestic abuse those with learning difficulties those with substance use difficulties parents who have had previous children removed into care to care leavers teenage parents parents in prison those not speaking English as a first language those with chaotic or transient lifestyles black or minority ethnic communities those with anti-social or offender behaviour asylum seekers Much of this information is gathered by midwives at booking in appointments. 4. (a) Do you, or have you in the past, carry/carried out any analysis of this data, or collected and analysed any data, to determine whether parents-to-be expe | Charity    | Specific Treatments |
| 27-Mar-18        | 25532  | Paper Document Scanners - Not multi-functional devices, but paper document Scanners, DM systems and EPR systems. • How many employees do you currently have? • How many scanners (not multifunctional devices) do you currently have to scan paper based documents? • Which brand do you use (i.e. Brother, Canon, Fujitsu, Kodak Alaris etc)? • Which scanner model do you mainly use? • Who supplies these scanners? • Do you have a contract for these scanners? • If so, when does this expire? • What Document Management system(s) do you use? • What Electronic Patient Record (EPR)/Electronic Healthcare Record (EHR) do you currently use? • What is the name, job title, and email address of the person responsible for your scanner fleet?  | Individual | Misc.               |
| 26-Mar-18        | 25546  | Dressings & Bandages - Under the Freedom of Information Act 2010, can you please provide your organisation's total spend for either the last calendar year (2017) or last full financial year with NHS Supplies in respect of Dressings and Bandages. This is either direct spend by yourselves or as part of any contract, you let for these services.  | Individual | Financial           |
| 27-Mar-18        | 25569  | Emergency Contraception - Does the CCG have had (since 1st April 2013) a programme or scheme such as a 'Local Enhanced Service' or 'Local Incentive Scheme' in place with either your contracted primary care providers (GPs and community pharmacists) for Emergency Contraception? Information request – 2 If the answer is 'yes' to request 1, could you send me details of the programme or scheme.  | Business   | Commissioning       |
| 29-Mar-18        | 25656  | Walking Frames - • The last 5 years, how many walking frames (including zimmer frames, wheeled walkers, rollators and pick-up walkers) and how many walking sticks have been issued to patients by your CCG? Please include separate numbers for each category of walking aid.  • What was the total spend by your CCG on the above for each of the last 5 years? (if possible, please break this down by year and item type).  • Bow many of the above have been returned to your CCG by patients over the last 5 years? (if possible, please break this down by year and item type).  • Of those returned, how many were deemed fit for re-use and how many were classed as unfit for re-issue?  If it is possible for this information to be provided by return of email in Excel format it would be greatly appreciated.   | Business   | Health Statistics   |
| 28-Mar-18        | 25658  | Individual Funding Requests - For each of the following financial years 2014/15, 2015/16, 2016/17 and 2017/18: • The number of Individual Funding Requests submitted by doctors to your organisation – broken down by the nature of the request: eg cataract surgery, hip or knee surgery, mental health treatment AND whether the request was approved or denied. • The date each area of treatment covered by an Individual Funding Request stopped being commissioned locally, if the CCG ever commissioned that treatment.   | Researcher | Health Statistics   |

| Date<br>Received | FOI ID | FOI Description   | Category   | Theme |
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|                  |        | Oxfordshire Care Summary - Please could you provide me with the following information:  |            |       |
| 28-Mar-18        |        | DIRECT CARE   | Individual | Misc. |
|                  |        | <ol> <li>Any information/assessments (e.g. privacy or data protection impact)/position or discussion papers, or similar, that you hold to date as to what legal basis from Article 6(1) of the GDPR are you planning to rely on to process personal data in this way (i.e. extract and upload it to OCS database) after 25th May?</li> <li>If you currently secure consent (as defined by the GDPR) from patients/clients as a prerequisite for allowing extraction and uploading to the OCS, then please provide me with your</li> </ol> |            |       |
|                  |        | consent form  |            |       |
|                  |        | 3) Do you currently instruct the data processor to process your patients/clients' uploaded data for secondary purposes (research, commissioning, ""population health analytics"")?  |            |       |
|                  |        | SECONDARY PURPOSES  |            |       |
|                  |        | 4) If so, do you seek the explicit consent of patients/clients as a prerequisite to processing their information in this way? If so, then please provide me with your consent form (if different from 2) above)   |            |       |
|                  |        | 5) If so, are you intending to continue to allow secondary processing beyond the 25th May?  |            |       |
|                  |        | 6) If you are to persist with secondary processing, please provide me with any information/assessments (including privacy or data protection impact)/position or discussion paper, or similar, that you hold to date as to what legal bases from Article 6(1) and Article 9(2) of the GDPR are you planning to rely on to process personal data, for secondary purposes, in this way after 25th May   |            |       |
|                  |        | 7) If you are to persist with secondary processing, and you do NOT record the consent of patients/clients as a prequisite for such processing, then please provide me with any information/assessments (including privacy or data protection impact)/position or discussion paper, or similar, that you hold to date as how you will set aside the common law of confidentiality in order to process (i.e. extract and upload to the data processor) such data for secondary purposes   |            |       |
|                  |        | 1. If you have not begun to assess your forthcoming compliance with the GDPR, then please say so, and I will take it that you hold no information, and I will resubmit this entire request in April.  |            |       |
|                  |        | 2. How do clients who wish to object to the extraction and uploading (i.e. processing) of personal data express that to you, the data controller? Or do you have no mechanism in place to respect an objection made directly to you?  |            |       |
|                  |        | 5 whether your current mechanism to ensure that data subjects can express an objection to the processing of their data in this way (i.e. extraction and unloading of their data) will be  |            |       |