

Freedom of Information Disclosure Log

| Reference | Release Date | Overview of Request | Documents Provided | Release Status |
|------------------|--------------|---|-----------------------------|--------------------|
| FOI070410 sm1 | 23/04/10 | Copies of Policies and Procedures | Refer to Publication Scheme | |
| FOI070410 sm2 | 16/04/10 | Trust Board Meetings | Response | Released in full |
| FOI080410 km | 06/05/10 | Tissue Viability & Infection Control Nurses | Response | Released in full |
| FOI090410 mw | 22/04/10 | Osteopathy | Response | Released in full |
| FOI130410 bj | 06/05/10 | Cipralextm | Response | Released in full |
| FOI130410 jk | 11/05/10 | Cognitive Stimulation Therapy | Response | Released in full |
| FOI160410 en | 28/05/10 | Psychological Therapies | Response | Released in full |
| FOI190410 aj | 06/05/10 | Poly System Plans | Response | Released in full |
| FOI190410 gw | 06/05/10 | Project Consultancy Services | Response | Released in full |
| FOI190410 jm | 23/04/10 | Prescribing of Glucosamine Sulphate | Response | Released in full |
| FOI200410 ah | 28/04/10 | Integration of Community Provider Arm | Response | Released in full |
| FOI210410 kg | 17/05/10 | Procurement of Construction Consultancy | Response | Released in full |
| FOI210410 gi UBM | 10/05/10 | GP Appraisals | Response | Released in full |
| FOI220410 ti | 13/05/10 | Moving Services into the Community | Response | Released in full |
| FOI220410 ss | 10/05/10 | PMS Contract Reviews | Response | Released in full |
| FOI280410 pg | 10/05/10 | Out-of-Hours Service | Response | Released in full |
| FOI270410 kh1 | 25/05/10 | Cardiac & Stroke Network | Response | Released in full |
| FOI040510 nb | 10/05/10 | Summary Care Record | Response | Released in full |
| FOI040510 rk | 01/06/10 | Mental Health Commissioning | Response | Released in full |
| FOI040510 tm | 01/06/10 | Prescribing Incentive Schemes | Response | Released in full |
| FOI050510 la | 02/06/10 | GP Locum Cover | Response | Partially Released |
| FOI050510 sn | 13/05/10 | Summary Care Record | Response | Released in full |
| FOI060510 ss | 15/06/10 | Out of Hours Service | Response | Released in full |
| FOI110510 ti | 08/06/10 | APMS Contracts | Response | Released in full |
| FOI110510 gi | 08/06/10 | Board Structure Information | Response | Released in full |
| FOI110510 la | 21/05/10 | Vascular Checks Programme | Response | Released in full |
| FOI120510 ew | 09/06/10 | Spend per Cancer Patient | Response | Released in full |
| FOI120510 tm | 21/05/10 | Balanced Scorecards | Response | Released in full |
| FOI170510 nb | 20/05/10 | Summary Care Record | Response | Released in full |

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|-------------------|----------|---|--------------------------------|--------------------|
| FOI180510 rh | 27/05/10 | Insulin Initiation | Response | Released in full |
| FOI180510 la | 14/06/10 | Health Visitors | Response | Released in full |
| FOI190510 sc | 16/06/10 | MFD Contracts | Response | Released in full |
| FOI190510 pc | 16/06/10 | Gender Identity Disorder | Response | Partially Released |
| FOI190510 sc CCHR | 16/06/10 | ECT Administrations | Response | Released in full |
| FOI240510 fa | 17/06/10 | Cognitive Behavioural Therapy | Response | Released in full |
| FOI260510 jd | 24/06/10 | Trade Unions | Response | Released in full |
| FOI260510 sf | 21/06/10 | Management Consultancy Spend | Response | Released in full |
| FOI010610 nk | 09/06/10 | World Class Commissioning Reports | Available on Website | N/A |
| FOI010610 tm | 28/06/10 | Seasonal Flu Vaccine | Response | Released in full |
| FOI030610 lhs | 30/06/10 | GP Practices providing essential services | Response | Released in full |
| FOI040610 eh | 24/06/10 | Interventions for Obesity Management | Response | Released in full |
| FOI150610 td | 21/06/10 | Structure Charts | Referred to Publication Scheme | |
| FOI150610 tb | 07/07/10 | QIPP Initiative | Response | Released in full |
| FOI160610 dw | 14/07/10 | GP Prescribing | Response | Released in full |
| FOI160610 dp | 19/07/10 | Healthcare Waste Contract | Response | Released in full |
| FOI180610 sc CCHR | 15/07/10 | ECT Administrations | Response | Released in full |
| FOI180610 sr | 13/07/10 | Bariatric Surgery | Response | Released in full |
| FOI180610 tm | 14/07/10 | Homeopathic Surgery | Response | Released in full |
| FOI210610 rp | 07/07/10 | Pathology Contracts | Response | Released in full |
| FOI220610 pg | 19/07/10 | Out of Hours Service | Response | Released in full |
| FOI230610 td | 13/07/10 | Structure Charts | Referred to Publication Scheme | |
| FOI230610 gi | 21/07/10 | Practice Based Commissioning | Response | Released in full |
| FOI240610 hf | 21/07/10 | Community Pharmacy | Response | Released in full |
| FOI240610 zs1 | 21/07/10 | Local Pharmaceutical Committee | Response | Released in full |
| FOI240610 zs2 | 21/07/10 | Pharmacy Funding | Response | Released in full |
| FOI240610 zs3 | 07/07/10 | Professional Executive Committee | Response | Released in full |
| FOI060710 lb | 16/08/10 | Expense Claims | Response | Released in full |
| FOI080710 ew | 21/07/10 | Improving Dementia Services | Response | Released in full |
| FOI080710 rh | 16/08/10 | Residential Care | Response | Released in full |

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|----------------|----------|------------------------------------|--------------------------|------------------|
| FOI080710 eh | 16/08/10 | Dementia Services | Response | Released in full |
| FOI090710 sm | 16/08/10 | Early Diagnosis of Cancer | Response | Released in full |
| FOI090710 GI | 20/07/10 | Enhanced Services | Response | Released in full |
| FOI120710 ss | 16/07/10 | Fentanyl Patches | Response | Released in full |
| FOI130710 psnc | 16/07/10 | Pharmaceutical Services | Response | Released in full |
| FOI150710 la2 | 17/08/10 | NICE Approved Technologies | Response | Released in full |
| FOI160710 sr | 24/08/10 | Equality and Diversity | Response | Released in full |
| FOI160710 hc | 20/07/10 | VTE, CQUIN Target | Response | Released in full |
| FOI210710 sk | 17/08/10 | Spend on Knee Replacements 2009/10 | Response | Released in full |

Reference: FOI070410 sm2
 Response Date: 16/04/2010
 Subject: Trust Board Meetings
 Status: Released in full

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|--|---------------------|
| Question 1 | |
| For each financial year 2007/08 and 2008/09 and as per the definition provided, the number of board meeting held by your NHS Trust. | |
| Answer | Additional Comments |
| I have been advised that the number of board meetings held by NHS Herefordshire are as follows: 2007/08 – 6 Meetings 2008/09 – 6 Meetings | |
| Question 2 | |
| For each financial year 2007/08 and 2008/09 and as per the definition provided, the number of board members invited to attend each NHS Trust board meeting | |
| Answer | Additional Comments |
| I have been advised that the full board of 15 voting members and any co-opted members are always invited to every formal meeting. | |
| Question 3 | |
| Details of how board members are provided with board papers for each meeting | |
| Answer | Additional Comments |
| I have been advised that the board papers in hard copy are sent by post to members not based at the Trust. The Trust based members have papers delivered by hand or by internal courier. I have been informed that the papers are also available online via NHS Herefordshire's website a minimum of 3 days before the meeting. In accordance with the standing orders, members received their papers 5 days clear before the meeting. | |
| Question 4 | |
| An approximate figure for the average number of pages used in each set of board papers. | |
| Answer | Additional Comments |
| I have been advised that the number of pages used in each set of board papers varies according to the agenda and the business to be transacted according to the annual cycle. Board papers average 300 pages but this can be inflated with the inclusion of business cases or strategies, to around 450 pages. | |

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Reference: FOI080410 km

Response Date: 06/05/2010

Subject: Tissue Viability & Infection Control Nurses

Status: Released in full

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|---|---------------------|
| Question 1 | |
| How many whole time equivalent Tissue Viability Nurses were employed by the Trust in each of the following years? 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that 1 whole time equivalent Tissue Viability Nurse was employed by NHS Herefordshire during 2006/2007, 2007/2008, 2008/2009 and Quarters 1 and 2 of 2009/2010. | |
| Question 2 | |
| What nursing grades were the Tissue Viability Nurses employed by the Trust? | |
| Answer | Additional Comments |
| I have been advised that the Tissue Viability Nurse employed by NHS Herefordshire is a Band 6. | |
| Question 3 | |
| What was the average, shortest and longest waiting time for patients to be seen by a Tissue Viability Nurse following receipt of referral in each of following years? 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that in line with the Tissue Viability Nurse referral criteria, referrals would be prioritised into the following response times: High – within 3 working days Medium – within 5 working days Low – within 15 working days | |
| Question 4 | |
| How many patients were seen by the Tissue Viability Nurse at the Trust in each of the following years? 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that from 1 st October 2009 to 31 st March 2010 the Tissue Viability Nurse received 69 referrals. For the year 2008/2009 264 referrals were received by the Tissue Viability Nurse. | |
| I have been advised that no information is available for the years 2006/2007 and 2007/2008. | |
| Question 5 | |
| How many whole time equivalent Infection Control Nurses were employed by the | |

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|---|---------------------|
| Trust in each of the following years? 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that 1 whole time equivalent Infection Control Nurse was employed by NHS Herefordshire during 2006/2007, 2007/2008, 2008/2009 and Quarters 1 and 2 of 2009/2010 | |
| Question 6 | |
| What nursing grades were the Infection Control Nurses employed by the Trust? | |
| Answer | Additional Comments |
| I have been advised that the Infection Control Nurse employed by NHS Herefordshire is a Band 6. | |
| Question 7 | |
| What was the average, shortest and longest waiting time for patients to be seen by an Infection Control Nurse following receipt of a referral in each of the following years? 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that the Infection Control Nurse does not normally receive referrals and patients are seen as and when requested. | |
| Question 8 | |
| How many patients were seen by an Infection Control Nurse employed by the Trust in each of the following years? 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that this information is not recorded by NHS Herefordshire as some patients are seen across the PCT on an informal basis as well as inpatients at respective PCT Healthcare establishments. | |
| Question 9 | |
| What was the incidence of pressure ulcers in the community for the Trust population in each of the following years? (preferably expressed as a number per 10,000 population) 2006/07 2007/08 2008/09 Quarters 1 and 2 of 2009/10 | |
| Answer | Additional Comments |
| I have been advised that of the 69 referrals received during quarters 1 and 2 of 2009/2010, 16 were pressure ulcers. | |
| I have been informed that a pressure ulcer prevalence audit was | |

carried out in the Community Hospitals on 22nd June 2009; 104 patients were audited and of this number 30 were found to have pressure ulcers.
 The audit was repeated again on 14th February 2010 in the Community Hospitals; 108 patients were audited and of these, 18 patients reported to have pressure ulcers.

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Reference: FOI090410 mw
Response Date: 22/04/2010
Subject: Osteopathy
Status: Released in full

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| Question 1 | |
| How many osteopaths are currently contracted as service providers or listed as 'Willing Providers' in your PCT? | |
| Answer | Additional Comments |
| I have been advised that no Osteopaths are currently contracted as service providers or listed as 'Willing Providers' in NHS Herefordshire. | |
| Question 2 | |
| Does your PCT commissioning policy allow GPs to refer patients for osteopathic treatment, and in what circumstances is this recommended? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's policy does not allow GPs to refer patients for osteopathic treatment. Please refer to the enclosed Low Priority Treatments Policy which sets out criteria for funding. Information relating to osteopathy can be found on page 31. | |
| Question 3 | |
| How many patients were referred to osteopaths for treatment in 2009/10? | |
| Answer | Additional Comments |
| I have been advised that no patients were referred to osteopaths for treatment in 2009/10. | |
| Question 4 | |
| Does your PCT contract services with: Chiropractors – if so, how many patients were referred for treatment in 2009/10? Acupuncturists – if so, how many patients were referred for treatment in 2009/10? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not contract services with Chiropractors and Acupuncturists and no patients were referred for treatment in 2009/10. | |

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Reference: FOI130410 bj
 Response Date: 06/05/2010
 Subject: Cipralex®
 Status: Released in full

| Question 1 | |
|---|---------------------|
| <p>Would you kindly please supply me with the current guidance, recommendations or protocols that you provide prescribers, with respect to the use of Cipralex® (escitalopram) tablets (5mg,10mg and 20mg) and oral drops (10mg/ml and 20mg/ml) in licensed and unlicensed indications?</p> <p>Please include details held within any prescribing decision support software in use within your area (e.g. Scriptswitch) or prescribing incentive schemes, as well as copies of material which you hold in the form of paper and electronic records including email and any templates received from agencies such as Scriptswitch prior to your amendments at local level.</p> | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire does not have any specific local guidance regarding the use of Cipralex® (escitalopram) tablets (5mg,10mg and 20mg) and oral drops (10mg/ml and 20mg/ml) in licensed and unlicensed indications?</p> <p>I have been informed that NICE guidance is currently recommended.</p> | |

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Reference: FOI130410 jk
 Response Date: 11/05/2010
 Subject: Cognitive Stimulation Therapy
 Status: Released in full

| Question | |
|---|---------------------|
| <p>The Rt Hon Andy Burnham MP had advised that NHS organisations must provide funding for NICE recommendations and suggested that I contact all NHS organisations to find out what funding you have made available for Cognitive Stimulation Therapy the dementia treatment recommended in the 2006 NICE/SCIE guidelines for all people with mild-moderate dementia (letter attached).</p> <p>Please can you let me know what funding you have made available to date and what plans you have to do so?</p> | |
| Answer | Additional Comments |
| <p>I have been advised that there is no specific funding for Cognitive Stimulation Therapy over and above the internal provider arm funding for Older People Mental Health Services.</p> <p>I have been informed that future service developments around all services will be informed by the mental health procurement project which will be concluded around September 2010.</p> | |

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Reference: FOI160410 en
 Response Date: 28/05/2010
 Subject: Psychological Therapies
 Status: Released in full

| Question 1 | |
|--|---------------------|
| Please provide the names and contact details of the Heads of Specialities in Psychology at NHS Herefordshire: Head of Psychological Therapies Physical Health Adult Mental Health Primary Care Child and Families Learning Disabilities Older Adults | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire does not have an overall Head of Psychological Therapies. The Heads of Specialities are as follows:</p> <p>Physical Health – Dr Dave Quinn Adult Mental Health – Dr Brian Kiely Primary Care – Not Applicable Child and Families – Dr Steven Hughes Learning Disabilities – Dr Sean Slater Older Adults – Dr Mike Frost</p> <p>The contact telephone number for NHS Herefordshire headquarters is 01432 344344</p> <p>The provision of telephone, e-mail, fax or other electronic contact details in response to this request does not constitute permission to use them for the purposes of sales or marketing telephone calls, e-mails, faxes or other electronic communications, as outlined in the Privacy and Electronic Communications Regulations 2003</p> | |

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Reference: FOI190410 aj
 Response Date: 06/05/2010
 Subject: Poly System Plans
 Status: Released in full

| Question 1 | |
|---|---------------------|
| Under the Freedom of Information Act I am requesting details about the polysystem plans for Herefordshire Primary Care Trust including: The number of new build polyclinics/surgeries planned. | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire has one GP Led Health Centre which is currently operating from a temporary site; it will move to a permanent site in 2011.</p> | |

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| Question 2 | |
| The number of existing estates planned for development. | |
| Answer | Additional Comments |
| I have been advised that discussions are underway with the local Acute provider about developing the GP Led Health Centre on their site next to the A&E department. | |
| Question 3 | |
| Timeframes and site locations of all new build polyclinics /surgeries. | |
| Answer | Additional Comments |
| I have been advised that the GP Led Health Centre is planned to move to a permanent location on Hereford Hospitals NHS Trust site in 2011. | |
| Question 4 | |
| Timeframes and site locations of all estate developments. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire have approved the development of two GP surgeries (replacement) in Kington and Leintwardine. Future primary care development proposals will be subject to prioritisation and available financial resources. | |
| Question 5 | |
| Project lead contact details for new build / estate development projects. | |
| Answer | Additional Comments |
| I have been advised that Paul Edwards, Associate Director of Integrated Commissioning is the lead responsible for Primary Care Estate developments. | |

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Reference: FOI190410 gw

Response Date: 06/05/2010

Subject: Project Consultancy Services

Status: Released in full

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| Question 1 | |
| Could you please provide me with the contact details for the person(s) responsible for managing the lists of preferred suppliers for Project and Consultancy Personnel requirements that are put out to tender. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not have a preferred suppliers list for Project and Consultancy Personnel requirements. | |

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Reference: FOI190410 jm
Response Date: 23/04/2010
Subject: Prescribing of Glucosamine Sulphate
Status: Released in full

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| Question 1 | |
| Under the Freedom of Information Act I am interested in receiving any guidelines you may have in regards to the prescribing of Glucosamine Sulphate or Glucosamine products. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not have any specific guidance relating to the prescribing of Glucosamine Sulphate or Glucosamine products. NHS Herefordshire follows other NHS guidance such as the British National Formulary. | |

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Reference: FOI200410 ah
Response Date: 28/04/2010
Subject: Integration of Community Provider Arm
Status: Released in full

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| Question 1 | |
| Could you please let us know the name of the lead in connection with the integration of community provider arms? | |
| Answer | Additional Comments |
| I have been advised that Richard Carroll, Interim Director of Provider Services is the lead in connection with the integration of community provider arms. | |

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Reference: FOI210410 kg
 Response Date: 17/05/2010
 Subject: Procurement of Construction Consultancy
 Status: Released in full

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| Question 1 | |
| Can you please tell me how you procure Construction Consultancy Services? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire advertises all Construction Consultancy Services through the European Journal. | |
| Question 2 | |
| Can you please tell me how you procure Construction Contractors? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire procures Construction Contractors through a competitive tendering exercise. | |
| Question 3 | |
| If by your own framework please tell me: The title and content of the relevant framework Who is on the current framework The start and end dates of the frameworks Any possible extension periods to the frameworks The name and contact email of the person responsible for the frameworks. | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |

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Reference: FOI210410 gi UBM
 Response Date: 10/05/2010
 Subject: GP Appraisals
 Status: Released in full

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| Question 1 | |
| Please state whether the appraisal systems for GPs in your trust are being toughened in preparation for the introduction of revalidation in 2011? If so, please provide details of how appraisal processes have been/are being made more robust, with reference to the following areas: Organisational Ethos Appraiser selection skills and training Appraisal discussion Management of Appraisal System | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire uses the AQMAR criteria to guide the GP appraisal process which gives assurance in all of the above areas. | |
| Question 2 | |
| For each of the following years, please list the number of GPs in your PCT who have | |

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| <p>failed to successfully complete their annual appraisal due to performance issues identified in their appraisal.</p> <p>2005/06 2006/07 2007/08 2008/09 2009/10</p> | |
| Answer | Additional Comments |
| <p>I have been advised that none of the GPs on the Primary Medical Performers List have failed to complete their annual appraisal due to performance issues in each of the years requested.</p> | |
| <p>Question 3</p> | |
| <p>For each GP in your PCT who has failed to successfully complete their annual appraisal in each of the past five years, please provide the following information: Their age Whether or not they are single-handed GPs Whether or not they trained outside the UK</p> | |
| Answer | Additional Comments |
| <p>I have been advised that this is not applicable.</p> | |

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Reference: FOI220410 ti

Response Date: 13/05/2010

Subject: Moving Services into the Community

Status: Released in full

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|---|--|
| <p>Question 1</p> | |
| <p>Can you provide a list of services commissioned by the PCT that have been moved from a hospital setting to a community/primary care setting, since 2006? (or as far back as records allow)</p> | |
| Answer | |
| <p>I have been advised that the following services commissioned by NHS Herefordshire have been moved from a hospital setting to a community/primary care setting since 2006: Diabetic Specialist Nursing and management of patients insulin. Physiotherapy service to around half of the county. Dietetic services in one locality. Diagnosis and management of deep vein thrombosis. Minor ophthalmic surgical procedures (pre operative cataract assessment / post operative cataract assessment / Eye referral scheme / glaucoma referral refinement). Minor dermatology procedures. More intensive use of community hospital beds to enable early discharge from acute care. Monitoring of patients on Warfarin via GP surgeries rather than by a hospital follow up. Shared care between primary and secondary care of follow up care for patients on a range of complex prescribing regimes. Counselling for patients with mild to moderate mental health conditions.</p> | |

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| Question 2 | |
| Do you have any estimate of the savings this shift has generated for the PCT? | |
| Answer | |
| I have been advised that savings have been re-invested in further pilot projects. | |
| Question 3 | |
| What plans do you have for shifting services into the community this year? | |
| Answer | |
| <p>I have been advised that strategic context is a plan to shift up to 25% of activity (by volume) from secondary to primary care settings over the next planning period. Current plans include:</p> <p>A wider range of skin surgery and dermatology treatments including management and follow up care for patients with some chronic conditions.</p> <p>Diagnosis and treatment of a range of musculoskeletal conditions including chronic pain.</p> <p>Stroke Pathway Re-design.</p> <p>Modernise Maternity Services.</p> <p>Ensuring patients are in appropriate care setting.</p> <p>Develop the equitable access centre.</p> <p>Re-design the provision of care setting in line with the Transition Board Pathway work.</p> <p>Commission new Pathways to improve patient experience.</p> | |

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Reference: FOI220410 ss

Response Date: 10/05/2010

Subject: PMS Contract Reviews

Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| When was your last review of PMS contracts carried out? When do you plan to next review PMS contracts? | |
| Answer | Additional Comments |
| I have been advised that a benchmarking exercise was completed in January 2010. The last formal review of PMS contracts was in 2007; however annual QOF visits have taken place. I have been informed that the next PMS review is planned for May 2010 onwards. | |
| Question 2 | |
| Please provide a description of the changes imposed on PMS practices, following your most recent review. Has your PCT standardised payment per patient for PMS practices in your area? | |
| Answer | Additional Comments |
| I have been advised that this is pending the completion of the reviews. | |
| Question 3 | |
| What percentage funding uplift does your PCT plan to offer to PMS practices in 2010/11? Will PMS practices be asked to increase the services they provide or improve efficiency in order to receive this? If so, please provide information on how. | |
| Answer | Additional |

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| | Comments |
| I have been advised that this has not yet been determined. | |
| Question 4 | |
| How many PMS practices in your PCT area have returned to GMS contracts since April 2008? | |
| Answer | Additional Comments |
| I have been advised that no PMS practices within the NHS Herefordshire area have returned to GMS contracts since April 2008. | |
| Question 5 | |
| Did your offer the PMS practices returning to GMS contracts an MPIG equivalent payment? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |

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Reference: FOI280410 pg

Response Date: 10/05/2010

Subject: Out-of-Hours Service

Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| Which is the size of the population in the PCT in the financial year 1 st April 2007 to 31 st March 2008? | |
| Answer | Additional Comments |
| I have been advise that the size of the population in NHS Herefordshire during 2007/2008 was 180,189 | |
| Question 2 | |
| Is the PCT co-terminous (that is, have the same geographic boundaries) with a Local health Authority? If yes, which one? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire is not co-terminous. | |
| Question 3 | |
| Which organisation provided out-of-hours coverage in your PCT in the financial year 1 st April 2007 to 31 st March 2008? | |
| Answer | Additional Comments |
| I have been advised that Primecare provided the out-of-hours coverage in NHS Herefordshire in the financial year 1 st April 2007 to 31 st March 2008 | |
| Question 4 | |
| What proportion of the PCTs practices opted to continue providing out-of-hours care themselves? | |
| Answer | Additional Comments |
| I have been advised that none of the practices opted to continue providing out-of hours care themselves. | |

Reference: FOI270410 kh1
 Response Date: 25/05/2010
 Subject: Cardiac and Stroke Network
 Status: Released in full

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|---|---------------------|
| Question 1 | |
| Please provide the latest editions of the following documents for Herefordshire and Worcestershire Cardiac and Stroke Network: Annual Report 2008-2009 Business Plan 2010-2011 Prescribing Formulary 2010 | |
| Answer | Additional Comments |
| I have been advised that the Annual Report 2008-2009 for Herefordshire and Worcestershire Cardiac and Stroke Network is not currently available. The Business Plan 2010-2011 for Herefordshire and Worcestershire Cardiac and Stroke Network is currently under development and should be available in the next few months. I have been informed that Herefordshire and Worcestershire Cardiac and Stroke Network do not have a Prescribing Formulary 2010. | |

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Reference: FOI040510 nb
 Response Date: 10/05/2010
 Subject: Summary Care Record
 Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| Please could you kindly indicate how many GP practices within your PCT are currently (as of 30 th April 2010) uploading data to the Summary Care Record? | |
| Answer | Additional Comments |
| I have been advised that no GP practices within NHS Herefordshire are currently uploading data to the Summary Care Record. | |
| Question 2 | |
| Please could you kindly list the names of these GP practices that are currently uploading data to the Summary Care Record? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 3 | |
| Please could you kindly state how many GP practices in total there are within you PCT (uploading and not uploading) | |
| Answer | Additional Comments |
| I have been advised that there are 24 GP practices within NHS Herefordshire. | |
| Question 4 | |
| I am also interested in 'enrichment' of the SCR with GP and non-GP data. | |

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|---|---------------------|
| Please could you identify which of the GP practices, currently uploading 'core' data to the SCR, are also 'enriching' (or 'enhancing') SCRs with additional/supplementary data from their GP records. | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 5 | |
| Please could you confirm if any hospital departments, out-of-hours centres or specialist clinics within your PCT area are planning to upload non-GP data – so called Release 2 information – to the SCR within the next 6 months? | |
| Answer | Additional Comments |
| I have been advised that this is not planned within the next 6 months. | |

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Reference: FOI040510 rk
 Response Date: 01/06/2010
 Subject: Mental Health Commissioning
 Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| Please supply the name of the Mental Health Commissioner responsible for funding community based placements. | |
| Answer | Additional Comments |
| I have been advised that the Mental Health Commissioner responsible for community based placements is Mr Paul Ryan. | |
| Question 2 | |
| Please supply the name of the Mental Health Commissioner responsible for funding secure and/or forensic placements. | |
| Answer | Additional Comments |
| I have been advised that the West Midlands Specialised Commissioning team is responsible for secure and/or forensic placements. | |

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Reference: FOI040510 tm
 Response Date: 01/06/2010
 Subject: Prescribing Incentive Schemes
 Status: Released in full

| | |
|---|---------------------|
| Question 1a | |
| Please confirm or deny whether you PCT has any prescribing incentive schemes in place and/or any metrics on prescribing ratios. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not have any prescribing incentives or metrics for 2010/11. | |
| Question 1b | |
| Please supply copies of such schemes and/or details of any metrics on prescribing ratios. | |
| Answer | Additional Comments |
| <p>I have been advised that the West Midlands Prescribing Metrics 2010/11 are as follows:</p> <p>West Midland Prescribing Metrics 2010/11 % statins prescribed as either simvastatin or pravastatin. Aspiration $\geq 75\%$</p> <p>ACE/A2RB prescribing. Aspiration $\geq 75\%$ ACEIs</p> <p>Antibiotic prescribing Items/STAR-PU. Aspirational target ≤ 1.17 items/STAR-PU for a 12 month period % antibiotics prescribed as quinolones Aspiration $\leq 2.5\%$</p> <p>NSAID prescribing NSAID volume Aspiration ≤ 4.5 ADQs/STAR-PU for a 12 month period % NSAIDs Rx as ibuprofen or naproxen Aspiration $\geq 60\%$</p> <p>% PPIs prescribed as generic omeprazole capsules or generic lansoprazole capsules. Aspiration $\geq 90\%$</p> <p>% drugs used in the management of osteoporosis (using toolkit drug list) prescribed as generic alendronic acid. Aspiration $\geq 75\%$</p> <p>Benzodiazepines and 'z' drugs volume indicator. Aspiration ≤ 1.75 ADQs/STAR-PU for a quarter. (Toolkit indicator)</p> | |
| Question 2a | |
| Please confirm or deny whether your PCT has issued guidance to healthcare professionals (in primary and/or secondary care) on implementing prescribing incentive schemes and/or metrics on prescribing ratios. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has issued various updates including Practice Based Prescribing feedback and newsletter updates to Healthcare Professionals. | |

| | |
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| Question 2b | |
| Please supply copies of this guidance and any communications with healthcare professionals on this. | |
| Answer | Additional Comments |
| Please find attached a copy of the prescribing newsletter from February 2009. | |
| Question 3a | |
| Please confirm or deny whether your PCT has issued guidance to healthcare professionals (in primary and/or secondary care) on assessing the risk to patient safety of changes to medication. | |
| Answer | Additional Comments |
| I have been advised that patient safety is a key issue for all prescribers especially concerning medicines. Changes to medicines should occur as part of ongoing medicines review and part of good practice recommendations. | |
| Question 3b | |
| Please supply copies of this guidance and any communications with healthcare professionals on this. | |
| Answer | Additional Comments |
| I have been advised that National guidance and good practice recommendations are followed. | |
| Question 4a | |
| Please confirm or deny whether your PCT has issued guidance to healthcare professionals (in primary and/or secondary care) on how to communicate with their patients about changes in medication. | |
| Answer | Additional Comments |
| I have been advised that changes to medicines should occur as part of ongoing medicines review and part of good practice recommendations. | |
| Question 4b | |
| Please supply copies of this guidance and any communications with healthcare professionals on this. | |
| Answer | Additional Comments |
| I have been advised that National guidance and good practice recommendations are followed. | |
| Question 5a | |
| Please confirm or deny whether you have developed guidance for patients on the potential patient safety risks of changes to their medication. | |
| Answer | Additional Comments |
| I have been advised that patient safety is a key issue for all prescribers especially concerning medicines. Changes to medicines should occur as part of ongoing medicines review and part of good practice recommendations. | |
| Question 5b | |
| Please supply copies of this guidance and any communications with patients on this. | |
| Answer | Additional Comments |
| I have been advised that National guidance and good practice recommendations are followed. | |

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Reference: FOI050510 la
 Response Date: 02/06/2010
 Subject: GP Locum Cover
 Status: Partially Released

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| Question 1 | |
| For how many GPs did the PCT provide locum cover to replace a female GP on maternity leave this last year (April 2009-2010), and the previous two years? | |
| Answer | |
| <p>I can confirm that NHS Herefordshire does hold the information requested for the years 2009/10 and 2008/09, however we are unable to disclose the number of GPs the PCT provided locum cover for to replace a female GP on maternity leave as there are 5 or less which could enable individual staff members to be identified. This information is therefore withheld under Section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to the fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful.</p> <p>I have been advised that during 2007/2008 no GPs provided locum cover to replace a female GP on maternity leave.</p> | |
| Question 2 | |
| How many GPs/GP practices received the full contribution toward locum maternity cover this last year (April 2009-2010), and the previous two years? | |
| Answer | |
| <p>I can confirm that NHS Herefordshire does hold the information requested for the years 2009/10 and 2008/09, however we are unable to disclose the number of GPs that received full contribution toward locum maternity cover as there are 5 or less which could enable individual staff members to be identified. This information is therefore withheld under Section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to the fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful.</p> <p>I have been advised that during 2007/2008 no GPs received contribution toward locum maternity cover.</p> | |
| Question 3 | |
| Did any GPs/GP practices receive more than the legally required payment? If so how many this last year (April 2009-2010), and the previous two years? | |
| Answer | |
| I have been advised that no GPs received more than the legally required payment. | |
| Question 4 | |
| What total contribution has the PCT made toward locum maternity cover - the entire amount - this last year (April 2009-2010), and the previous two years | |
| Answer | |
| I can confirm that NHS Herefordshire does hold the information requested for the years 2009/10 and 2008/09, however we are unable to disclose the total contribution the PCT has made towards locum maternity cover as the small amounts could | |

enable individual staff members to be identified. This information is therefore withheld under Section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to the fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful.

I have been advised that during 2007/08 NHS Herefordshire made no contribution towards locum maternity cover.

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Reference: FOI050510 sn

Response Date: 13/05/2010

Subject: Summary Care Record

Status: Released in Full

| | |
|---|---------------------|
| Question 1 | |
| On what date did the PCT begin contacting GP practices about the rollout, to ascertain their interest in taking part – or if this has not yet happened, what the latest estimate is for when this will take place? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire will be contacting GP Practices about the rollout of the Summary Care Record during May 2010. | |
| Question 2 | |
| On what date were letters first sent to patients as part of the Public Information Programme (ie letters informing them that a Summary Care Record will be created for them unless they choose to opt out)? Or if this has not yet happened, what the latest estimate is for when this will take place? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire will be sending letters to patients as part of the Public Information Programme no earlier than July 2010. | |
| Question 3 | |
| On what date were Summary Care Records first uploaded within your PCT – or if this has not yet happened, what is the latest estimate for when this will take place? | |
| Answer | Additional Comments |
| I have been advised that Summary Care Records will first be uploaded no earlier than 12 weeks after the first letter has been sent out; September 2010. | |
| Question 4 | |
| How many GP practices have been invited to take part in the rollout, and how many have so far agreed to take part? | |
| Answer | Additional Comments |
| I have been advised that no GP Practices have been invited to take part in the rollout. | |
| Question 5 | |
| How many patients have been sent letters regarding Summary Care Records, and at how many practices | |
| Answer | Additional |

| | Comments |
|---|---------------------|
| I have been advised that no patients have been sent letters regarding Summary Care Records. | |
| Question 6 | |
| How many patients have actually had a Summary Care Record created for them, and at how many practices? | |
| Answer | Additional Comments |
| I have been advised that no patients have had a Summary Care Record created for them. | |
| Question 7 | |
| How many times have Summary Care Records created for patients within the PCT been accessed (please include all settings eg OOH, A&E etc)? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 8 | |
| How much has the PCT spent in total on the Summary Care Record rollout so far (please include and if possible itemise: public information programme costs, staff costs, additional IT costs, payments and incentives to practices, support costs for local NHS organisations) | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 9 | |
| How much funding has the PCT been given by Connecting for Health and/or the Department of Health towards supporting the Summary Care Record rollout? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |

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Reference: FOI060510 ss

Response Date: 15/06/2010

Subject: Out of Hours Service

Status: Released in Full

| | |
|--|---------------------|
| Question 1 | |
| Do you have a vetting system in place to test English language skills of European (EEA) GPs who want to work for an out-of-hours provider before they are allowed on to a performers list? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire is currently developing a process to do this in line with the interim guidance supplied by the Department of Health on language knowledge and the issue of The National Health Service (Performer Lists) Directions 2010. I have been informed that PCTs cannot impose testing in a systematic way on all applicants from the EEA and will need to make a case by case decision and this will need to be proportionate dependant on the work the doctor is going to undertake and other evidence provided. | |

| | |
|--|---------------------|
| Question 2 | |
| When was this introduced? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 3 | |
| Please provide details of the vetting system in place to test the English Language skills of European GPs. | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 4 | |
| If you don't already have a vetting system to test the English language skills of European GPs, do you have plans to implement one? If so, when? Please provide details of what the test would entail. | |
| Answer | Additional Comments |
| Please refer to the response to question 1. | |
| Question 5 | |
| Do you have a vetting system in place to test the fitness to practice of European (EEA) GPs who want to work for an out-of-hours provider before they are allowed onto a performers list? | |
| Answer | Additional Comments |
| Please refer to the response to question 1. | |
| Question 6 | |
| When was this introduced? | |
| Answer | Additional Comments |
| Please refer to the response to question 1. | |
| Question 7 | |
| Please provide details of the vetting system that tests the fitness to practice of European GPs. | |
| Answer | Additional Comments |
| Please refer to the response to question 1. | |
| Question 8 | |
| If you don't already have a vetting system to test the fitness to practice of European GPs, do you have plans to implement one? If so, when? Please provide details about what the test would entail. | |
| Answer | Additional Comments |
| Please refer to the response to question 1. | |

Reference: FOI110510 ti
 Response Date: 08/06/2010
 Subject: APMS Contracts
 Status: Released in Full

| | |
|---|---------------------|
| Question 1 | |
| How much did the PCT spend in the financial years 2008/2009 and 2009/2010 on premises of GP providers on APMS contracts? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire did not spend any money on premises of GP providers on APMS contracts during 2008/09 and 2009/10. | |
| Question 2 | |
| How much did the PCT spend in the financial years 2008/2009 and 2009/2010 on premises of GP providers on GMS/PMS/ other contracts? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire spent the following amounts on premises of GP providers on GMS/PMS/ other contracts: 2008/09 - £1,381,959.40 2009/10 - £1,374,605.30 | |

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Reference: FOI110510 gi
 Response Date: 08/06/2010
 Subject: Board Structure Information
 Status: Released in Full

| | |
|--|---------------------|
| Question 1 | |
| Does your Primary Care Organisation currently have a GP Medical Director? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not have a GP Medical Director. I have been advised that the Medical Director for NHS Herefordshire Provider Services is a Consultant. | |
| Question 2 | |
| How many members of your Primary Care Organisations current Professional Executive Committee (PEC) are GP's? (In number and as a proportion of the total PEC membership?) | |
| Answer | Additional Comments |
| I have been advised that 2 members of NHS Herefordshire's Professional and Executive Committee are GP's. There are 14 Committee members in total. | |
| Question 3 | |
| How many GPs are currently in paid management roles in your Primary Care Organisation? | |
| Answer | Additional Comments |

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|--|---------------------|
| I have been advised that no GPs are currently in paid management roles within NHS Herefordshire. | |
| Question 4 | |
| How many GPs are currently in paid advisory roles in your Primary Care Organisation? | |
| Answer | Additional Comments |
| I have been advised that 5 GPs are currently in paid advisory roles within NHS Herefordshire. | |
| Question 5 | |
| Please can the Primary Care Organisation provide the same information for questions 1 -4 for the year 2007? | |
| Answer | Additional Comments |
| I have been advised that the information provided above for questions 1 to 4 was the same for the year 2007. | |

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Reference: FOI110510 la
 Response: 21/05/2010
 Subject: Vascular Checks Programme
 Status: Released in Full

| | |
|--|---------------------|
| Question 1 | |
| Does the Trust have a vascular checks programme in place? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire is about to commence a pilot of an NHS Health Checks programme in Herefordshire. | |
| Question 2 | |
| If yes does the Trust use a targeted screening (specifically targeting people by age, ethnic group, those with a family history of cardiovascular disease etc) or a universal screening programme where everyone aged 40-74 years of age is screened for cardiovascular disease? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire plans to use a universal screening programme. | |
| Question 3 | |
| If you use a targeted approach, what groups are included in the screening programme? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 4 | |
| How much money has the Trust spent on vascular screening since you began your programme? | |
| Answer | Additional Comments |

| | |
|---|---------------------|
| I have been advised that NHS Herefordshire has a budget of £175,000 for 2010/11. I have been informed that there has been no expenditure in previous years. | |
| Question 5 | |
| Would the Trust consider switching screening strategies in the future? | |
| Answer | Additional Comments |
| I have been advised that the pilot will be evaluated and that evaluation will inform future strategy, | |
| Question 6 | |
| Has the Trust switched screening strategies in the past? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 7 | |
| If you have or will switch screening strategy, how many people do you estimate would have to be rescreened or had to be rescreened? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire do not anticipate the need to rescreen people. | |

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Reference: FOI120510 ew

Response: 09/06/2010

Subject: Spend per Cancer Patient

Status: Released in Full

| | |
|---|---------------------|
| Question 1 | |
| Please could you tell me the spend per cancer patient figure for NHS Herefordshire for 2008/2009. | |
| Answer | Additional Comments |
| <p>NHS Herefordshire does not hold information relating to the spend per cancer patient during 2008/09 however, we do hold outturn information by activity and finance for Gloucester Hospitals and Hereford Hospitals for chemotherapy and radiotherapy services, this is by activity in total not by each patient (a patient may have a number of treatments e.g. outpatient attendances for each course of treatment). We will be able to provide this information if required.</p> <p>The programme budgeting return for 2008/09 for NHS Herefordshire showed a total expenditure for Cancers and Tumours as £17,205,000.00 against a weighted unified population figure of 171,200.</p> <p>I have been informed that programme budgets are a retrospective appraisal of expenditure by health care condition. Healthcare organisations are required to split their expenditure by programmes of care based on medical condition.</p> <p>There are twenty three healthcare programmes, based on</p> | |

medical condition and linked to the World Health Organisation's International Classification Scheme of Disease (ICD 10). Cancers and Tumours is one of the programmes.

In the completion of the overall Programme Budgeting return the following processes are undertaken:

Calculate the split of gross expenditure across the programme categories.

Calculate the split of income by programme category.

Adjust for expenditure funded through appropriations in aid.

Adjust for expenditure which is on other PCTs populations

Calculate split between primary and secondary care by programme.

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Reference: FOI120510 tm

Response: 21/05/2010

Subject: Balanced Score Cards

Status: Released in Full

| | |
|---|---------------------|
| Question 1 | |
| Please could you tell me whether the PCT includes measures or generic prescribing in the balanced score cards it uses to assess GP practices? | |
| Answer | Additional Comments |
| I have been advised that the Local Medical Committee did not approve the use of a balanced scorecard approach for assessing GP performance in Herefordshire | |
| Question 2 | |
| What other measures are included in any balanced score cards that the PCT uses to assess GP practices? | |
| Answer | Additional Comments |
| I have been advised that the Local Medical Committee did not approve the use of a balanced scorecard approach for assessing GP performance in Herefordshire | |
| Question 3 | |
| Please could you tell me whether the PCT offers GP practices any local enhanced services that incentivise achievement on Quality and Outcome Framework (QOF) indicators above the thresholds included in the national GMS contract? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not offer GP practices any local enhanced services that incentivise achievement on Quality and Outcome Framework (QOF) indicators above the thresholds included in the national GMS contract. | |

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Reference: FOI170510 nb
 Response: 20/05/2010
 Subject: Summary Care Record
 Status: Released in Full

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| Question | |
| Please could you confirm whether or not your PCT has commenced its PIP (Public Information Programme), that is whether you have started sending letters to residents about the SCR. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has not commenced its Public Information Programme. | |
| Question 2 | |
| If you have commenced your PIP, please could you confirm that date it started? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 3 | |
| If you have not commenced your PIP, please could you specify whether or not you have plans to do so before March 31 st 2011 and if so the date you intend to commence your PIP? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has plans to commence the Public Information Programme no earlier than July 2010. | |

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Reference: FOI180510 rh
 Response: 27/05/2010
 Subject: Insulin Initiation
 Status: Released in Full

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| Question 1 | |
| Please could you provide a list of GP surgeries that have been trained and/or offering insulin initiation? | |
| Answer | Additional Comments |
| I have been advised that the following GP surgeries within NHS Herefordshire offer insulin initiation: Belmont Surgery Cantilupe Surgery Greyfriars Surgery King Street Surgery Moorfield Surgery Quay House Surgery Sarum House Surgery Wargrave Surgery Alton Street Surgery Pendeen Surgery | |

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|---|--|
| Marches Surgery Cradley Surgery Market Street Surgery Nunwell Surgery St Katherine's Surgery Ewyas Harold Surgery Fownhope Surgery Kington Surgery | |
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Reference: FOI180510 la

Response: 14/06/2010

Subject: Health Visitors

Status: Released in Full

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|---|
| Question 1 |
| Please could you tell me the total number and whole time equivalent number of health visitors – EXCLUDING nursery nurses and staff nurses – available to GP practices in 2009/10, 2008/09 and 2007/08. |
| Answer |
| <p>I have been advised that we are unable to provide exact figures with continual changes such as staff promotions, staff retirements and staff leaving the service. The figures provided below are approximates for each year:</p> <p>2009/10 - 19.9 whole time equivalent 2008/09 - 19.9 whole time equivalent 2007/08 - 19.9 whole time equivalent</p> |
| Question 2 |
| Any estimate the trust has of the current average case load of a whole time equivalent health visitor. |
| Answer |
| I have been advised that caseloads vary across the county and can be dependent on levels of deprivation. An average caseloads estimate is 232 children per whole time equivalent Health Visitor. |
| Question 3 |
| A list of the responsibilities held by health visitors employed by the trust working in general practice. |
| Answer |
| <p>I have been advised that primarily a Health Visitor's role is to promote health and ensure joint and local health policies are delivered, that services are accessible to individuals, families, and communities, enabling them to be empowered and take responsibility for their own well-being and good health. (HVA 1987, Chalmers 1993, Cowley 1995).</p> <p>Health Visiting is a specialist discipline within community nursing practice underpinned by four principles of practice</p> <ul style="list-style-type: none"> the search for health needs the stimulation of health needs the influence of policies affecting health the facilitation of health enhancing activities |

Objectives

To address the health needs of families in their community settings working in partnership with other agencies from statutory, voluntary and community sectors.

To focus on early intervention based on a holistic family health assessment
Maximise children's physical and mental health and emotional wellbeing.

To address proactively the needs of children in their family settings identifying triggers of heightened risk.

To respond appropriately to children and young people in need of protection.

To recognise the nature and level of health inequalities in child health and to understand the determining factors.

KEY RESPONSIBILITIES

Clinical Delivery

Provide and maintain a high standard of care adapted to meet the needs of a defined community, ensuring that service users receive an appropriate service jointly agreed with the Health Visiting Team

Negotiate individual health care plans with service users, continually assessing and evaluating to ensure that agreed outcomes are adequately met. Assess and prioritise specific health needs and facilitate group work.

Where appropriate, liaise with all members of the multi-agency team in planning, delivering and evaluating care with the specific aim of improving long term outcomes for vulnerable groups.

Be responsible for providing 9 month 2 year, and 3 year pre-school developmental reviews and health screening, interpreting the result and making the necessary referrals to other agencies and resources.

Provide a high level of specialist care, assessment and evaluation to families, children in need and children in need of protection, maintaining the standards set at local and national level.

Formulate Health Visitor team objectives, identify and support new initiatives.

EDUCATION

Take responsibility for one to one teaching and support of student nurses within their community placement, meeting the aims and objectives outlines by Universities.

Initiate health education programmes for individuals and groups.

Develop and deliver teaching programmes to statutory and voluntary groups.

3. RESEARCH AND AUDIT

3.1 Maintain a high standard of evidence based practice at all times.

Monitor and evaluate through clinical audit and formal evaluation, the standard of care given to service users.

Act as a specialist resource for Primary Care staff and other agencies.

Lead, initiate and participate in local research and audit projects.

Submit caseload data and contribute to the gathering of statistical information for future planning and provision of service.

4 PROFESSIONAL

Be responsible for own professional development and to keep up to date with current issues in identified professional field.

Continually evaluate own professional practice and maintain expertise; including participation in reflective practise and clinical supervision

Remain aware of relevant policies, procedures and guidelines relating to own specialist field.

Ensure accurate contemporaneous records are kept at all times.

Work within guidelines of the NMC Code of Professional Conduct.

Participate in the appraisal system and maintain own CPD.
Observe Health and Safety at Work Act 1974.

5 MANAGERIAL

5.1 Be professionally accountable for the work delegated to Family Support Workers and responsible for facilitating their clinical supervision.

Prioritise workload; manage time and caseload effectively.

Be responsible for reporting environmental issues that may affect the health of communities and liaise closely with the Director of Public Health.

This information has been taken from the service specification and Health Visitor job description.

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Reference: FOI190510 sc

Response: 16/06/2010

Subject: MFD Contracts

Status: Released in Full

| Question 1 | |
|--|---------------------|
| <p>I am interested to know information regarding the Trusts Multi Functional Devices Contracts. The information I would like is as follows:</p> <ul style="list-style-type: none"> • Start date of the contract • Duration of the contract • Total Value of the contract • Who within the Trust is the procurement leader for that specific contract • Who is the current supplier for this specific contract • Do you use framework agreements to purchase or lease? If so which? | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire uses the OGC Framework Agreement number RM450 for the lease of Multi Functional Devices. The current suppliers are Altodigital and Ricoh and the contracts are staggered as and when they come up for renewal. Each contract is taken on a 5 year lease. NHS Herefordshire currently has 35 MFD's and the current annual rental for these devices is £31,068.65 + VAT.</p> | |

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Reference: FOI190510 pc
 Response: 16/06/2010
 Subject: Gender Identity Disorder
 Status: Partially Released

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| Question 1 | |
| For each of the years 1995 to 2010 can you please let me have the following information: | |
| The policy of Hereford PCT covering the treatment of patients with Gender Dysphoria/gender Identity Disorder. | |
| Answer | |
| Please find attached a copy of NHS Herefordshire's Low Priority Treatment Policy which covers the treatment of patients with Gender Identity Disorder | |
| Question 2 | |
| For each of the years 1995 to 2010 can you please let me have the following information: | |
| The care pathway adopted in respect of patients with Gender Dysphoria/gender Identity Disorder. | |
| Answer | |
| I have been advised that there has been no care pathway adopted previously by NHS Herefordshire however a working group is looking at this at the present time. | |
| Question 3 | |
| For each of the years 1995 to 2010 can you please let me have the following information: | |
| The number of requests for referral to a gender identity clinic | |
| Answer | |
| I have been advised that between 2002 and 2010 NHS Herefordshire received 8 requests for referral to a gender identity clinic. | |
| I can confirm that the NHS Herefordshire does hold the information requested broken down by year, however we are unable to disclose it in this format as there are 5 or less in each year which could enable individual staff members to be identified. This information is therefore withheld under section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to that fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful. | |
| Question 4 | |
| For each of the years 1995 to 2010 can you please let me have the following information: | |
| The number of requests granted for referral to a gender identity clinic | |
| Answer | |
| I have been advised that between 2002 and 2010 all requests received were either granted referral to a gender identity clinic or deferred awaiting proof of exceptionality. | |
| I can confirm that the NHS Herefordshire does hold the | |

| | |
|---|--|
| <p>information requested broken down by year, however we are unable to disclose it in this format as there are 5 or less in each year which could enable individual staff members to be identified. This information is therefore withheld under section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to that fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful.</p> | |
| <p>Question 5</p> | |
| <p>For each of the years 1995 to 2010 can you please let me have the following information:</p> | |
| <p>The number of requests rejected for referral to a gender identity clinic</p> | |
| <p>Answer</p> | |
| <p>I have been advised that between 2002 and 2010 no requests for referral to a gender identity clinic were rejected.</p> <p>I can confirm that the NHS Herefordshire does hold the information requested broken down by year, however we are unable to disclose it in this format as there are 5 or less in each year which could enable individual staff members to be identified. This information is therefore withheld under section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to that fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful.</p> | |
| <p>Question 6</p> | |
| <p>For each of the years 1995 to 2010 can you please let me have the following information:</p> | |
| <p>The reasons given for rejection of requests.</p> | |
| <p>Answer</p> | |
| <p>I have been advised that this is not applicable.</p> | |
| <p>Question 7</p> | |
| <p>It is my understanding that treatment for Gender Dysphoria/gender Identity Disorder currently falls under the Low Priorities Treatment Policy, where under treatment is effectively denied unless exceptionality can be demonstrated. Please give examples of conditions that Hereford PCT would regard as meeting the exceptionality requirement.</p> | |
| <p>Answer</p> | |
| <p>I have been advised that NHS Herefordshire does not have examples of conditions that would be regarded as meeting the exceptionality requirement, however we are able to provide the definition of exceptionality below taken from the Individual Funding Request Policy.</p> <p>There is no complete definition of the conditions which are likely to come within the definition of exceptionality. However, in order for individual funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are:</p> <p>Significantly different to the general population of patients with the same condition in question Likely to gain significantly more benefit from the intervention than</p> | |

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| <p>might be expected from the average patient with the same condition</p> <p>The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for an exemption.</p> <p>If a patient's clinical condition matches the 'accepted indications' for a treatment that is not funded, their circumstances are not, by definition, exceptional.</p> <p>It is for the requesting clinician (or patient) to make the case for exceptional status.</p> <p>Social value judgments are rarely relevant to the consideration of exceptional status.</p> | |
|--|--|

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Reference: FOI190510 sc CCHR

Response: 16/06/2010

Subject: ECT Administrations

Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| Please provide the number of ECT administrations in the hospitals governed by the Trust for the calendar year 2009. | |
| Answer | Additional Comments |
| I have been advised that 130 ECT administrations took place in NHS Herefordshire during the calendar year 2009. | |
| Question 2 | |
| Please also provide the age categories/number of administrations of those to whom the ECT was administered for the same time period. | |
| Answer | Additional Comments |
| <p>I have been advised that the number of administrations by age categories is as follows:</p> <p>Age 32-54 = 25 administrations</p> <p>Age 55-68 = 34 administrations</p> <p>Age 69+ = 71 administrations</p> | |

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Reference: FOI240510 fa
 Response: 17/06/2010
 Subject: Cognitive Behavioural Therapy
 Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| I was wondering if you could tell me the cost of Cognitive Behavioural Therapy on the NHS for an individual? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire is unable to provide information relating to the cost of Cognitive Behavioural Therapy for an individual, as costs would depend on the method of delivery, the severity of the patient's symptoms and consequent duration of therapy. I have been informed that most CBT is delivered via computerised systems and other methods would either be by practice based counsellors or the psychology team. | |

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Reference: FOI260510 jd
 Response: 24/06/2010
 Subject: Trade Unions
 Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| The total amount of money paid to all trade unions for financial periods 2008-09 and 2009-10. Where possible this should be broken down by the individual payments to each trade union by name, however if this is disaggregated information is not available please continue to provide a total figure for union payments. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not pay any money to trade unions. | |
| Question 2 | |
| The amount of paid staff time, in terms of full-time equivalent staff members (FTE), spent working on behalf of a trade union – this is sometimes called 'Trade Union facility time' – in the financial periods 2008-09 and 2009-10. Where possible this should be broken down by each trade union by name, however if this disaggregated information is not available please continue to provide a total figure for staff time. | |
| Answer | Additional Comments |
| I have been advised that the amount of paid staff time spent working on behalf of trade unions in terms of full time equivalent staff members during 2008/09 and 2009/10 was 2 FTE. | |

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Reference: FOI260510 sf
 Response: 21/06/2010
 Subject: Management Consultancy Spend
 Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| How much did your organisation spend in total on management consultancy in the financial year 2008-2009? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire spent £378,000 on management consultancy in the financial year 2008/09. | |
| Question 2 | |
| Of this total, how much was spent on management consultants, such as PWC or KPMG, in connection with the preparation of World Class Commissioning panel presentations, for example mock panel days? | |
| Answer | Additional Comments |
| I have been advised that of this total £40,000 was spent in connection with the preparation of World Class Commissioning panel presentations. The management consultants were Mckinsey's. | |
| Question 3 | |
| How much did your organisations spend in total on management consultancy in the financial year 2009-2010? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire spent £797,000 on management consultancy in the financial year 2009/10. An increase in costs has been seen this financial year due to the considerable transformation agenda within Herefordshire. The transformational work includes greater integration across the Herefordshire Health & Social Care Economy which will lead to improved quality outcomes for patients/clients and will result in resources being released to frontline services. | |
| Question 4 | |
| Of this total, how much was spent on management consultants in connection with the preparation of World Class Commissioning panel presentations? | |
| Answer | Additional Comments |
| I have been advised that of this total £274,000 was spent in connection with the preparation of World Class Commissioning panel presentations. In 2009/10 the PCT as part of the transformation agenda and as a result of World Class Commissioning, redesigned 5 care pathways which involved the engagement of 200 clinicians. This work was supported by KPMG. KPMG supported the production of the Commissioning Strategy. Again this should yield significant savings. | |
| Question 5 | |
| How much has your organisation spent so far on management consultancy in the financial year 2010-2011 | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has spent £164,000 | |

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|---|---------------------|
| on management consultancy so far this financial year. | |
| Question 6 | |
| How much of this was spent on management consultants in connection with the preparation of World Class Commissioning panel presentations? | |
| Answer | Additional Comments |
| I have been advised that none of this has been in connection with the preparation of World Class Commissioning panel presentations. | |

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Reference: FOI010610 tm

Response: 28/06/2010

Subject: Seasonal Flu Vaccine

Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| Please could you let me know the uptake of seasonal flu vaccine among eligible groups in the PCT in 2009/10? | |
| Answer | Additional Comments |
| I have been advised that during 2009/10, 412 NHS Herefordshire staff members received the seasonal flu vaccine. | |

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Reference: FOI030610 lhs

Response: 30/06/2010

Subject: GP Practices providing essential services

Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| Please confirm that you hold the information listed below and supply us with the information requested in a) and one copy of the documentation requested in b) a) Of the GP Practices in the PCT area providing essential services (as defined in Regulation 15 of the National Health Service Regulations 2004) What are the number of: GMS practices PMS practices APMS practices PCTMS practices | |
| Answer | Additional Comments |
| I have been advised that of the GP Practices in NHS Herefordshire providing essential services there are 18 GMS practices, 6 PMS practices, 1 APMS practices and no PCTMS practices. | |
| Question 2 | |
| b) In respect of the PMS practices, please provide a copy/copies of the model PMS Agreements that was/were in use on 31st March 2010. We emphasise that the | |

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| request is in respect of the model terms only and we do not require any information about individual contractor's identities, the financial arrangements for any contractor or any particular contact terms affecting only individual practices. | |
| Answer | Additional Comments |
| Please find attached a copy of the model PMS agreements for PMS practices within NHS Herefordshire. | |

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Reference: FOI040610 eh

Response: 24/06/2010

Subject: Interventions for Obesity Management

Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| Does your PCT monitor rates of obesity in your catchment area? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire monitors rates of obesity among adults via the Quality and Outcomes Framework (QOF) and among children via annual National Child Measurement Programme (NCMP) data. | |
| Question 2 | |
| What are the rates of obesity and morbid obesity collected for your PCT catchment area? (most recent available) | |
| Answer | Additional Comments |
| I have been advised that we do not hold information relating to morbid obesity. The information we hold relating to obesity is detailed below: Adult Obesity – 26.8% (Local Health Profiles 2009) Reception Year Children – 9.0% (2008/09) Year 6 Children – 18.9% (2008/09) | |
| Question 3 | |
| What is the opinion of your PCT regarding rates of obesity in your PCT catchment area compared to the national average? Above average Average Below Average Not sure | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire regards the rates of obesity in the catchment area compared to the national average as follows: Adults – significantly above average Year 6 Children – not significantly above average but higher among Year 6 children Reception Year Children – average | |

| | |
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| Question 4 | |
| What is the date of the most recent guidelines at your PCT relating to the surgical and pharmacological intervention of obesity? | |
| Answer | Additional Comments |
| I have been advised that the date of the most recent guidelines for NHS Herefordshire is June 2009. A Care pathway is in development for obesity which includes lifestyle modification, pharmacotherapy and surgical intervention. | |
| Question 5 | |
| Please outline the process used to refer patients for surgical and pharmacological intervention of obesity. | |
| Answer | Additional Comments |
| I have been advised that the process used to refer patients for surgical intervention of obesity is as follows: If criteria outlined in the Low Priority Treatments Policy are met then the referral is approved by the contracts department. If criteria are not met the GP or provider is required to apply for funding through the named patient panel on basis of exceptionality. If funding for surgery is approved patients are sent to either Gloucestershire Hospitals NHS Foundation Trust or Birmingham Heartlands Hospitals. | |
| Question 6 | |
| Please list the key criteria for determining whether a patient is suitable for referral for pharmacological intervention of obesity | |
| Answer | Additional Comments |
| I have been advised that this is determined by GPs. NHS Herefordshire does not have any criteria relating to this as it is the clinical responsibility of GPs to manage patients using pharmacotherapy in line with NICE guidance where clinically appropriate. | |
| Question 7 | |
| How does the criteria used at your PCT compare to NICE Obesity Guideline and Technology Guidance CG43? Our referral guidelines are equal to those in CG43 in all respects Elements of our referral guidelines are equal to those at CG43 as deemed appropriate Our guidelines do not match those at NICE but are specific to our PCT Unsure Other | |
| Answer | Additional Comments |
| I have been advised that for surgical interventions referral guidelines are fully in line with NICE Guidance CG43. | |
| Question 8 | |
| Please indicate the number of patients that your PCT has funded for surgical and pharmacological intervention of obesity in 2008/09 as follows: Surgical interventions only Pharmacological interventions only Both pharmacological and surgical intervention | |
| Answer | Additional Comments |

I have been advised that during 2008/09 NHS Herefordshire funded 27 patients for surgical intervention.

Question 9

Using the table below please indicate the number of patients by type to whom your PCT has referred for NHS funded surgical and pharmacological intervention of obesity in 2008/09.

| Answer | | | | Additional Comments |
|----------------------|----------------------------|-----------------------------------|--|---------------------|
| | Surgical Intervention Only | Pharmacological intervention Only | Both Pharmacological and Surgical Intervention | |
| NHS Trust Hospital | 27 | | | |
| Independent Provider | | | | |

Question 10

Using the table below, please indicate the number of providers by type to whom your PCT has referred patients for NHS funded surgical and pharmacological intervention of obesity in 2008/09.

| Answer | | | | Additional Comments |
|----------------------|----------------------------|-----------------------------------|--|---------------------|
| | Surgical Intervention Only | Pharmacological intervention Only | Both Pharmacological and Surgical Intervention | |
| NHS Trust Hospital | 3 Acute Trusts | | | |
| Independent Provider | | | | |

Question 11

If your PCT has facilitated the provision of private surgical intervention of obesity in 2008/09, what have been the main factors driving the choice of this option? Please Rank (1 most important. 5 least important)
 Patient convenience
 Your Trust did not meet criteria for NHS provision
 Length of waiting time for surgery at your PCT
 Insufficient capacity at your PCT
 Other factors (please specify)

| Answer | Additional Comments |
|--------|---------------------|
|--------|---------------------|

I have been advised that this is not applicable.

Question 12

Please outline your PCTs pathway for patients having surgical intervention of obesity.

| Answer | Additional Comments |
|--------|---------------------|
|--------|---------------------|

I have been advised that a care pathway is currently being developed. In the interim, patients meeting criteria (in line with NICE Guidance CG43) are referred to specialist centres for assessment.

Question 13

Is there a formal audit at your PCT to track outcomes of patients who have surgical intervention of obesity?

| Answer | Additional |
|--------|------------|
|--------|------------|

| | | |
|--|--------------------|---|
| | | Comments |
| I have been advised that NHS Herefordshire does not have a formal audit in place at present. | | |
| Question 14 | | |
| What are your PCTs plans regarding expenditure in surgical and pharmacological intervention of obesity during the next 5 years? (please select one) Increase expenditure Decrease expenditure Maintain current level or expenditure Other (please specify) | | |
| Answer | | Additional Comments |
| Other – I have been advised that the care pathway being developed includes upstream work to reduce prevalence and also population work to reduce obesity. | | |
| Question 15 | | |
| What are your PCTs plans with regards to the following interventions during the next 5 years? | | |
| Answer | | Additional Comments |
| | Decrease Provision | Maintain Current Provision |
| | | Increase Provision |
| Pharmacological intervention only | | As part of a structured care pathway. |
| Surgical intervention only | | As requests seem to be increasing there would be a need to increase provision under current local policy. |
| Pharmacological and Surgical intervention | | As part of a structure care pathway. |
| Question 16 | | |
| During the next 5 years do you anticipate that your criteria will be (please select one) More stringently applied Less stringently applied Applied at the present level Other (please specify) | | |
| Answer | | Additional Comments |
| Other – I have been advised that NHS Herefordshire's new care pathway will apply. | | |
| Question 17 | | |
| Has your PCT identified review dates for referral criteria? | | |
| Answer | | Additional Comments |

| | Yes | No | Date if applicable |
|---|-----|----|--------------------|
| Pharmacological intervention only | Yes | | Current |
| Surgical intervention only | Yes | | Current |
| Pharmacological and Surgical intervention | Yes | | Current |

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Reference: FOI150610 tb

Response: 07/07/2010

Subject: QIPP Initiative

Status: Released in full

| Question 1 | |
|---|---------------------|
| Please provide information on what the PCT has implemented and achieved regarding the 'QIPP' initiative. | |
| Answer | Additional Comments |
| <p>I have been advised that information regarding what NHS Herefordshire has implemented and achieved regarding the QIPP initiative can be found within NHS Herefordshire's World Class Commissioning Strategic Plan 2010-2014 which is available on the website.</p> <p>A link to this document has been provided below:</p> <p>Herefordshire NHS - Operating plan / commissioning plans</p> | |
| Question 2 | |
| Please provide a list of companies used for assisting in the PCTs 'QIPP' activities. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has not used any companies to assist in the QIPP activities. | |

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Reference: FOI160610 dw
 Response: 14/07/2010
 Subject: GP Prescribing
 Status: Released in full

| Question 1 | |
|---|---------------------|
| What proportion of your practices have had ScriptSwitch installed for more than 12 months? | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire does not supply or support the installation of ScriptSwitch. There has never been a formal PCT level analysis of the benefits of this software and there are no current plans to formally deliver it to all practices. It is purely a local GP Practice decision whether this software is used. I would therefore expect that each practice will have applied some justification for its use, but the Hereford Primary Care Trust has had no involvement in this process.</p> <p>As a result we do not hold information on the number of practices utilising the software. Should you require this information you need to contact the GP Surgeries directly.</p> | |
| Question 2 | |
| What was your PCT total primary care prescribing expenditure for Q3 financial year 2009/10? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's primary care prescribing expenditure for Q3 financial year 2009/10 was £6,810,440.00. | |
| Question 3 | |
| What was your total patient list size for quarter 3 financial year 2009/10? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's total patient list size for quarter 3 financial year 2009/10 was 180,662 patients. | |
| Question 4 | |
| Do more than 50% of your prescribing support team staff spend the majority of their time on hands-on work in GP practices to increase cost effective and evidence based use of medicines? | |
| Answer | Additional Comments |
| I have been advised that prescribing support team staff do not spend the majority of their time hands on in GP Practices. | |

Reference: FOI160610 dp
 Response: 19/07/2010
 Subject: Healthcare Waste Contract
 Status: Released in full

| Question 1 | |
|--|---------------------|
| In relation to the collection, transportation and disposal of healthcare waste (Pharmaceutical, Sharps, Cytotoxic and Cytostatic, Anatomical and General Clinical) please provide the following information: Contract Renewal Date Contract Term Contract Value for full contract term Annual Tonnages of individual waste streams | |
| Answer | Additional Comments |
| I have been advised that the details relating to the collection, transportation and disposal of healthcare waste within NHS Herefordshire are as follows: Contract Renewal Date: 1 st April 2011 Contract Term: 1 Year Contract Value for full term: £24,120 Annual Tonnages: 53.77 | |

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Reference: FOI180610 sc CCHR
 Response: 15/07/2010
 Subject: ECT Administrations
 Status: Released in full

| Question | |
|--|---------------------|
| Please provide the number of ECT administrations in the hospitals governed by the Trust for the calendar year 2009 in the following age categories: 0 - 16yrs = 10 PATIENTS - 100 ECT ADMINSTRATIONS 17 - 30yrs 31 - 45yrs 46 - 64yrs over 65yrs | |
| Answer | Additional Comments |
| I have been advised that the number of ECT administrations during 2009 in the age categories requested was as follows: 0-16yrs = none 17-30yrs = none 31-45yrs = 19 46-64yrs = 65 Over 65yrs = 46 I can confirm that the Trust does hold the information relating to | |

the number of patients receiving the ECT in each age category, however we are unable to release these figures as there are 5 or less in each age category which could enable individual patients to be identified. This information is therefore withheld under Section 40 (2) (Personal Information of a Third Party) of the Freedom of Information Act due to the fact that it would contravene the first Data Protection Principle which requires disclosure to be both fair and lawful.

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Reference: FO180610 sr
Response: 13/07/2010
Subject: Bariatric Surgery
Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| How many people in the PCTs population had a BMI which meets that of NICE criteria for bariatric surgery (i.e a BMI of 40 or BMI of 35-40 with other significant disease) in 2008/09 and 2009/10? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not hold information relating to how many of the population have a BMI which meets that of NICE criteria for bariatric surgery. We do however record the number of patients with a BMI over 30, this information can be provided to you if requested. | |
| Question 2 | |
| How many people in the PCTs population underwent bariatric surgery in 2008/09 and 2009/10 | |
| Answer | Additional Comments |
| I have been advised that the number of people that underwent bariatric surgery in 2008/09 and 2009/10 were as follows: 2008/09 – 29 2009/10 - 39 | |
| Question 3 | |
| Does the PCT have its own threshold BMI or additional criteria different from NICE guidance that must be met for bariatric surgery to be offered? Please provide details. | |
| Answer | Additional Comments |
| I have been advised that the threshold BMI for bariatric surgery is detailed within the Low Priority Treatments Policy. | |
| Question 4 | |
| Does the PCT have a specialist obesity service? Please provide details. | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's Health Improvement Plan 2010/11 is currently being developed and Obesity will be covered within the plan. | |

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Reference: FOI180610 tm
 Response: 14/07/2010
 Subject: Homeopathic Surgery
 Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| How much did the PCT spend on homeopathy services in 2004/05, 2007/08, 2008/09 and 2009/10? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not fund homeopathy services. | |
| Question 2 | |
| When was funding of homeopathy services last reviewed by the PCT? What was the reason for any decision to continue or cease funding homeopathy services? | |
| Answer | Additional Comments |
| I have been advised that funding of homeopathy services was last reviewed in June 2009. | |
| Question 3 | |
| What are the contact details for any homeopathy providers from which the PCT commissions services for patients? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |

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Reference: FOI210610 rp
 Response: 07/07/2010
 Subject: Pathology Contracts
 Status: Released in full

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|--|---------------------|
| Question 1 | |
| Could you please provide us with a list of hospitals with which you have direct access pathology contracts indicating in each case whether the contract is: Payment by results (per test) using the indicative tariff Payment by results (per test) using a local tariff A Block Contract Block Contracts with activity based tolerances Other – Please specify | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has a pathology contract with Hereford Hospitals NHS Trust using a cost per case local tariff. | |
| Question 2 | |
| Are the contracts your PCT folds Direct Access Pathology with NHS Trusts An Individual Direct Access Contract As Part of the Standard Acute Contract Other – Please specify | |
| Answer | Additional Comments |

| I have been advised that the contract forms part of the Standard Acute Contract. | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|---|--------------------------------------|-----------|--|-----------------------------------|---------|--|------------------|--|--|--|------|--|------------------------------------|--|-----------|--|
| Question 3 | | | | | | | | | | | | | | | | | | | | |
| Is the contract type under review for your Direct Access Pathology? | | | | | | | | | | | | | | | | | | | | |
| Answer | Additional Comments | | | | | | | | | | | | | | | | | | | |
| I have been advised that the contract is not under review for Direct Access Pathology. | | | | | | | | | | | | | | | | | | | | |
| Question 4 | | | | | | | | | | | | | | | | | | | | |
| If the answer to question 3 is yes, what would the PCTs preferred contract type be for its Direct Access Pathology? Payment by results (per test) using the indicative tariff Payment by results (per test) using a local tariff A Block Contract Other – Please specify | | | | | | | | | | | | | | | | | | | | |
| Answer | Additional Comments | | | | | | | | | | | | | | | | | | | |
| I have been advised that this is not applicable. | | | | | | | | | | | | | | | | | | | | |
| Question 5 | | | | | | | | | | | | | | | | | | | | |
| Could you please provide us with the total test volume and total spend for your Direct Access Pathology by discipline | | | | | | | | | | | | | | | | | | | | |
| Answer | Additional Comments | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Discipline</th> <th>Total Test Volume</th> <th>Total Test Cost</th> </tr> </thead> <tbody> <tr> <td>Biochemistry</td> <td>1,261,066</td> <td></td> </tr> <tr> <td>Haematology</td> <td>105,944</td> <td></td> </tr> <tr> <td>Microbiology</td> <td></td> <td></td> </tr> <tr> <td>Histopathology</td> <td>2524</td> <td></td> </tr> <tr> <td>Other - Specify</td> <td></td> <td></td> </tr> </tbody> </table> | | Discipline | Total Test Volume | Total Test Cost | Biochemistry | 1,261,066 | | Haematology | 105,944 | | Microbiology | | | Histopathology | 2524 | | Other - Specify | | | |
| Discipline | Total Test Volume | Total Test Cost | | | | | | | | | | | | | | | | | | |
| Biochemistry | 1,261,066 | | | | | | | | | | | | | | | | | | | |
| Haematology | 105,944 | | | | | | | | | | | | | | | | | | | |
| Microbiology | | | | | | | | | | | | | | | | | | | | |
| Histopathology | 2524 | | | | | | | | | | | | | | | | | | | |
| Other - Specify | | | | | | | | | | | | | | | | | | | | |
| Question 6 | | | | | | | | | | | | | | | | | | | | |
| What is your Direct Access Pathology contract notice period for Change Termination For each type of contract held? | | | | | | | | | | | | | | | | | | | | |
| Answer | Additional Comments | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>Notice Period for change of contract</th> <th>Notice period for termination of contract</th> </tr> </thead> <tbody> <tr> <td>PBR per test using indicative tariff</td> <td></td> <td></td> </tr> <tr> <td>PBR per test using a local tariff</td> <td></td> <td></td> </tr> <tr> <td>A Block Contract</td> <td></td> <td></td> </tr> <tr> <td>Block Contracts with activity based tolerances</td> <td></td> <td></td> </tr> <tr> <td>Other – Cost per case local tariff</td> <td>3-6 months depending on material adverse effect on staff</td> <td>12 months</td> </tr> </tbody> </table> | | | Notice Period for change of contract | Notice period for termination of contract | PBR per test using indicative tariff | | | PBR per test using a local tariff | | | A Block Contract | | | Block Contracts with activity based tolerances | | | Other – Cost per case local tariff | 3-6 months depending on material adverse effect on staff | 12 months | |
| | Notice Period for change of contract | Notice period for termination of contract | | | | | | | | | | | | | | | | | | |
| PBR per test using indicative tariff | | | | | | | | | | | | | | | | | | | | |
| PBR per test using a local tariff | | | | | | | | | | | | | | | | | | | | |
| A Block Contract | | | | | | | | | | | | | | | | | | | | |
| Block Contracts with activity based tolerances | | | | | | | | | | | | | | | | | | | | |
| Other – Cost per case local tariff | 3-6 months depending on material adverse effect on staff | 12 months | | | | | | | | | | | | | | | | | | |

| | |
|---|---------------------|
| Question 7 | |
| Do you have a process in place (standard operating procedure) which allows either an individual GP, or a PBC group to switch their Direct Access Pathology provider from one Hospital Trust Pathology Laboratory to another? | |
| Answer | Additional Comments |
| I have been advised that there is no local process, however guidance is available from the Department of Health. | |
| Question 8 | |
| If the answer to question 7 is Yes, could you please provide us with the process either written or a process for diagram? | |
| Answer | Additional Comments |
| | |
| Question 9 | |
| Do you tender for Direct Access Pathology? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not tender for Direct Access Pathology. | |
| Question 10 | |
| What guidance or assistance does the PCT use when commissioning Direct Access Pathology services? PCT procurement team Commercial Support Units External Support Other – Please Specify | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire uses guidance or assistance from the PCT procurement team when commissioning Direct Access Pathology Services. | |
| Question 11 | |
| Does the PCT commission Direct Access Pathology services on behalf of other organisations? Please specify Other PCTs Mental Health Trusts Care Trusts PCT Provider Arms Independent Sector Providers Out of Hours Services Prison Health | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire commissions Direct Access Pathology services on behalf of other PCTs. | |
| Question 12 | |
| What commissioning models does the PCT use for commissioning Direct Access Pathology services: Alone Lead a group of PCTs Joint Other | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire leads a group of | |

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| PCTs. | |
| Question 13 | |
| Who provides community based Phlebotomy, is it: Included within the GP contract (GMS/PMS) An Enhanced Service Contract The PCT commissioning directly Included within the standard acute contract with the Local Trust | |
| Answer | Additional Comments |
| I have been advised that Phlebotomy services are provided by NHS Herefordshire's provider services. | |
| Question 14 | |
| Does the PCT monitor usage and appropriateness of testing for its Direct Access Pathology | |
| Answer | Additional Comments |
| I have been advised that the PCT does monitor usage and appropriateness of testing for its Direct Access Pathology. | |
| Question 15 | |
| How desirable would a database providing Direct Access test information be to the PCT Very desirable Desirable Not Very Desirable Of No Interest | |
| Answer | Additional Comments |
| I have been advised that a database providing Direct Access test information would ne be very desirable. | |
| Question 16 | |
| Does the PCT have well-developed service specification for its Direct Access Pathology service requirements to ensure Value for Money? (i.e. no of collections a GP can expect, turnaround times, access to consultants, electronic requesting) | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does have a well developed service specification for its Direct Access Pathology service requirements to ensure value for money. | |
| Question 17 | |
| Does the PCT have an identified person for Direct Access Pathology commissioning and contract monitoring? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does have an identified team for Direct Access Pathology commissioning and contract monitoring | |
| Question 18 | |
| If the answer to question 17 is yes can you please provide the person's name, title and contact details? | |
| Answer | Additional Comments |
| I have been advised that the Contracts Treatment Team can be contacted on 01432 344344 | |
| Question 19 | |
| What are the KPI's used within the Direct Access Pathology contract and what | |

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| penalties are in place for non-performance? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 20 | |
| Are pathology services on your PCTs strategic agenda for the next financial year? | |
| Answer | Additional Comments |
| I have been advised that pathology services are not specifically on the strategic agenda for the next financial year. | |
| Question 21 | |
| What plans are in place for your PCT to achieve the Governments vision of reducing costs but improving quality within Pathology for the contract year 2010/11? | |
| Answer | Additional Comments |
| I have been advised that no plans are currently in place. | |

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Reference: FOI220610 pg

Response: 19/07/2010

Subject: Out of Hours Service

Status: Released in full

| | |
|--|---------------------|
| Question 1 | |
| What type of organisation provided out of hours care coverage in you PCT between 1 st April 2006 and 31 st March 2007? An NHS Body A Private Company run by General Practitioners A Large Private Organisation or commercial deputising service | |
| Answer | Additional Comments |
| I have been advised that the organisation providing out of hours care within NHS Herefordshire is a large private organisation or commercial deputising service. | |
| Question 2 | |
| Please list the name of the organisation that provided out of hours care coverage in your PCT between 1 st April 2006 and 31 st March 2007? | |
| Answer | Additional Comments |
| I have been advised that Primecare provided out of hours care coverage within NHS Herefordshire between 1 st April 2006 and 31 st March 2007. | |
| Question 3 | |
| How many GP Practices were there in your PCT between 1 st April 2006 and 31 st March 2007? | |
| Answer | Additional Comments |
| I have been advised that there were 24 GP Practices within NHS Herefordshire between 1 st April 2006 and 31 st March 2007. | |
| Question 4 | |
| How many GP Practices opted to continue providing out of hours care to their | |

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| patients between 1 st April 2006 and 31 st March 2007? | |
| Answer | Additional Comments |
| I have been advised that no GP Practices opted to continue providing out of hours care to their patients between 1 st April 2006 and 31 st March 2007. | |
| Question 5 | |
| Are the answers to questions 1-4 the same between April 2007 and 31 st March 2008? If not, please list the information for questions 1-4 for this period. | |
| Answer | Additional Comments |
| I have been advised that the answer to questions 1-4 are the same for the period 1 st April 2007 to 31 st March 2008. | |

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Reference: FOI230610 gi

Response: 21/07/2010

Subject: Practice Based Commissioning

Status: Released in full

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| Question 1 | |
| How much has your Trust spent in total on Practice Based Commissioning since it was first introduced? We wish this total to encompass all aspects of PBC support including: Managerial Support Incentive payments to practices Data Management (e.g. for indicative budgets) Support from external companies/consultants | |
| Answer | |
| I have been advised that NHS Herefordshire has spent the following on Practice Based Commissioning since it was first introduced: 2006/07 - £60,000 all aspects of managerial support and no financial incentives (baseline year). 2007/08 - £65,000 all aspects of managerial support and £178,000 engagement/incentive payments earned. 2008/09 - £198,000 all aspects of managerial support and £269,000 engagement/incentive payments earned. 2009/10 - £270,000 all aspects of managerial support and £241,000 engagement/incentive payments earned. | |
| Question 2 | |
| What are the total savings delivered through PBC in each year since it was launched in your PCT? | |
| Answer | |
| I have been advised that the total savings delivered through PBC each year since it was launched are as follows: | |

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| 2006/07 – nil, baseline year 2007/08 - £109,000 2008/09 - £285,000 2009/10 - £537,000 | |
| Question 3 | |
| How many new services have been commissioned using PBC in each year since it was launched? | |
| Answer | |
| I have been advised that the number of new services commissioned through PBC since it was launched are as follows: 2006/07 – nil, baseline year 2007/08 – 24 2008/09 – 59 2009/10 – 18 | |

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Reference: FOI240610 hf

Response: 21/07/2010

Subject: Community Pharmacy

Status: Released in full

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| Question 1 | |
| The total Spend on smoking cessation services through community pharmacy. | |
| Answer | Additional Comments |
| I have been advised that the total spend on smoking cessation services during 2009/10 was £116,000 I have been advised that two new Service Level Agreements are being issued for 2010/11 with a different payment structure and separating intermediate advice from pharmacotherapy dispensing. | |
| Question 2 | |
| Breakdown of this spend into service fees for pharmacy commissioned smoking cessation and spend on medicines/NRT prescribed. | |
| Answer | Additional Comments |
| I have been advised that a breakdown of the spend is as follows: NRT/Pharmacotherapy: £100,000 Intermediate Advice: £6,000 | |
| Question 3 | |
| Number of community pharmacies commissioned to deliver smoking cessation service, | |
| Answer | Additional Comments |
| I have been advised that 20 community pharmacies are commissioned to provide the service. | |
| Question 4 | |

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| The fee paid to pharmacies per patient treated, or details on the fee amount and structure if it is not paid per patient | |
| Answer | Additional Comments |
| I have been advised the £7.50 is paid to pharmacies for the initial consultation and the £2.00 for further consultations up to £15 for a quitter. | |
| Question 5 | |
| The total spend on any pharmacy Minor Ailments Service. | |
| Answer | Additional Comments |
| I have been advised that the total spend on the Pharmacy Minor Ailments Service during 2009/10 was £4158.00 | |
| Question 6 | |
| Breakdown of this spend into service fees and spend on medicines prescribed. | |
| Answer | Additional Comments |
| I have been advised that we do not hold the information broken down in this detail. | |
| Question 7 | |
| The total budget for the Minor Ailments Scheme | |
| Answer | Additional Comments |
| I have been advised that the total budget for the Minor Ailments Scheme for 2009/10 was £10,000 | |
| Question 8 | |
| Number of community pharmacies commissioned to deliver Minor Ailments Scheme | |
| Answer | Additional Comments |
| I have been advised that 26 community pharmacies are commissioned to provide the service. | |
| Question 9 | |
| The fee paid to pharmacies per patient treated, or details on the fee amount and structure if it is not paid per patient | |
| Answer | Additional Comments |
| I have been advised that the fee is set locally as a commissioned enhanced service. | |
| Question 10 | |
| Has the PCT commissioned, or is it planning to commission a community pharmacy Vascular Risk Assessment Scheme? | |
| Answer | Additional Comments |
| I have been advised that Community Pharmacy Vascular Risk Assessments are not part of the pilot study about to commence in Herefordshire, but are planned as part of the full systematic roll out in the next phase of delivery. | |
| Question 11 | |
| Has the PCT commissioned, or is it planning to commission, a general practice Vascular Risk Assessment Scheme? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has developed a Local Enhanced Service to pilot a general practice scheme. I have been informed that this has just been sent out to | |

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| consultation with General Practice and is scheduled to become operational in August 2010 subject to final agreements. | |
| Question 12 | |
| The total budget for and community pharmacy Vascular Risk Assessment scheme of planned scheme? | |
| Answer | Additional Comments |
| I have been advised that the total budget is £180k for the remainder of the current year. | |

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Reference: FOI240610 zs1

Response: 21/07/2010

Subject: Local Pharmaceutical Committee

Status: Released in full

| | |
|---|---------------------|
| Question 1 | |
| When did the PCT last publish an update or new version of its pharmaceutical needs assessment? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire last published its pharmaceutical needs assessment in 2005; however this is in the process of being updated. | |
| Question 2 | |
| Has the PCT sent out a questionnaire to pharmacy contractors about its PNA in the last eighteen months? If so, when? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire sent a questionnaire to pharmacy contractors about its Pharmaceutical Needs Assessment mid June 2010. | |
| Question 3 | |
| Has the PCT met with the Local Pharmaceutical Committee to discuss the PNA in the last eighteen months? If so, how many times? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has held regular pharmacy contract meetings and had dialogue with the Local Pharmaceutical Committee to discuss the Pharmaceutical Needs Assessment. It is estimated at around 3 times in the last 6 months. | |
| Question 4 | |
| Has the PCT referred to the templates and guidance produced by the Pharmaceutical Services Negotiating Committee with regard to PNAs? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has referred to the templates and guidance produced by the Pharmaceutical Services Negotiating Committee but they have not been used exactly in the format outlined. | |

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Reference: FOI240610 zs2
 Response: 21/07/2010
 Subject: Pharmacy Funding
 Status: Released in full

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| Question 1 | |
| The patient population covered by the PCT? | |
| Answer | Additional Comments |
| I have been advised that the patient population covered by NHS Herefordshire is 180,000 | |
| Question 2 | |
| The number of pharmacies within the PCT? | |
| Answer | Additional Comments |
| I have been advised that there are 26 Pharmacies within NHS Herefordshire. | |
| Question 3 | |
| The PCTs spend on pharmacy contractual funding – not including the prescribing budget? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's spend on pharmacy contractual funding for 2009/10 was £3.491 million as per the Annual Accounts. This includes Pharmaceutical Services, Local Pharmaceutical Services Pilots and New Pharmacy Contract. | |
| Question 4 | |
| The PCTs spend on pharmacy advanced services (MURs)? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's on pharmacy advanced services during 2009/10 was £105,000.00 | |
| Question 5 | |
| The PCTs spend on commissioned pharmacy enhanced services? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire's spend on commissioned pharmacy enhanced services during 2009/10 was £58,000.00 | |
| Question 6 | |
| The average time taken to pay pharmacy contractors for services claimed for? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire adheres to the rules as set out in the Public Sector Payment Policy – therefore payments should be made within a 30 day period. | |

Reference: FOI240610 zs3

Response: 07/07/2010

Subject: Professional Executive Committee

Status: Released in full

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|---|---------------------|
| Question 1 | |
| How many people in total sit on the PCT's professional executive committee or equivalent? | |
| Answer | Additional Comments |
| I have been advised that 14 people in total sit on NHS Herefordshire's Professional Executive Committee. | |
| Question 2 | |
| How many pharmacists sit on this committee? | |
| Answer | Additional Comments |
| I have been advised that one pharmacist sits on this committee. | |
| Question 3 | |
| How many GP's sit on this committee? | |
| Answer | Additional Comments |
| I have been advised that 2 GPs sit on this committee. | |
| Question 4 | |
| Has the PCT appointed a board member with responsibilities for community pharmacy? | |
| Answer | Additional Comments |
| I have been advised that the Director of Quality and Clinical Leadership, who is responsible for managing the Pharmaceutical Advisor, is a Board Member. | |
| Question 5 | |
| How many times did a member of the PCT medicines management public health teams attend an official meeting of the Local Pharmaceutical Committee? | |
| Answer | Additional Comments |
| I have been advised that the Local Pharmaceutical Committee meets 4-6 times per year and a member of NHS Herefordshire's Clinical Governance Team attends and provides input into each meeting. | |
| Question 6 | |
| How many times did a member of the PCT medicines management or public health teams attend an official meeting of the Local Medical Committee? | |
| Answer | Additional Comments |
| I have been advised that a consultant in Public Health attends the Local Medical Committee meetings on a regular basis. | |

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Reference: FOI060710 lb

Response: 16/08/2010

Subject: Expense Claims

Status: Released in full

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|---|---------------------|
| Question 1 | |
| The number of payroll staff employed in your organisation that claimed personal expenses in connection with their work in a defined time period. The expenses should not include capital expenditure. | |
| Answer | Additional Comments |
| I have been advised that 849 staff within NHS Herefordshire claimed personal expenses in connection with their work. I have been advised that this includes commissioning and provider staff. | |
| Question 2 | |
| The total value of personal expenses in connection with work reimbursed to those staff in that period. | |
| Answer | Additional Comments |
| I have been advised that the total value of personal expenses in connection with work reimbursed to staff was £241,586.00. I have been advised that this is reimbursement for expenses paid in accordance with work duties and not personal expenses. | |
| Question 3 | |
| The length of that time period. This can be chosen to make it easy to get data. Ideally it should be a quarter or a year, since a month data may be atypical. | |
| Answer | Additional Comments |
| I have been advised that the time period is the three months from April 2010 to June 2010. | |
| Question 4 | |
| The start of that period | |
| Answer | Additional Comments |
| I have been advised that the start of the period was April 2010. | |
| Question 5 | |
| A breakdown of total expense by sub category i.e. travel, subsistence, stationary, miscellaneous. | |
| Answer | Additional Comments |
| I have been advised that a breakdown of expenses is as follows: Travel: £223,074.00 Subsistence: £2,363.00 Other: £16,149.00 | |
| Question 6 | |
| Does your organisation provide a credit or charge card for paying expenses? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not provide a credit or charge card for paying expenses. | |
| Question 7 | |
| Which range of job roles are able to use an organisation credit or charge card for paying for expenses? | |
| Answer | Additional Comments |

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| I have been advised that this is not applicable. | |
| Question 8 | |
| The standard method used for claiming expenses. Hard copy form – please give reference, online system, credit card account, other. | |
| Answer | Additional Comments |
| I have been advised that the standard method for claiming expenses is hard copy form. | |
| Question 9 | |
| How expenses are paid back to staff –e.g wire to bank account, by cheque, other | |
| Answer | Additional Comments |
| I have been advised that expenses are included in their monthly pay. | |
| Question 10 | |
| The frequency of reimbursement – e.g. monthly, quarterly, other | |
| Answer | Additional Comments |
| I have been advised that the frequency of the reimbursement is monthly. I have been informed that a policy is in place that all claims must be made within 3 months. | |
| Question 11 | |
| Any information relating to the above questions specific to your organisation that should be noted before comparing your data with that form equivalent organisations? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire has a very rural community and therefore community based staff travel a lot of miles. | |

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Reference: FOI080710 ew

Response: 21/07/2010

Subject: Improving Dementia Services

Status: Released in full

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| Question 1 | |
| Has a local baseline assessment of dementia services provided by your PCT been published, as detailed in the Audit Office report of January 2010 "Improving Dementia Services in England – an Interim Report". | |
| Answer | Additional Comments |
| I have been advised that a local baseline assessment of dementia services has been undertaken by NHS Herefordshire and Herefordshire Council, but not yet published. This work is part of our 'Living Well with Dementia in Herefordshire – A Joint Commissioning Plan for NHS Herefordshire and Herefordshire Council – A Local Response to the National Dementia Strategy 2010-2013' | |
| Question 2 | |
| Is this local baseline assessment available as a public document? | |

| Answer | Additional Comments |
|--|---------------------|
| I have been advised that the first draft of this document was released to members of the Dementia Strategy Clinical Reference Group on 12 th July 2010. The document will be finalised and published during August. | |
| Question 3 | |
| If yes, where can the local baseline assessment document be accessed? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 4 | |
| Has the PCT published further details of how the PCT is implementing the National Dementia Strategy, as recommended in the "Revision to the Operating Framework for the NHS in England 2010/11" published on 21st June 2010, and if so how can this document be accessed? | |
| Answer | Additional Comments |
| I have been advised that details of NHS Herefordshire's and Herefordshire Council's intentions with relation to local dementia services can be located on NHS Herefordshire's website. This includes the World Class Commissioning Strategic Plan 2010-2014 & the Herefordshire Operational Plan 2010-2011. A link to these documents is provided below: Herefordshire NHS - Operating plan / commissioning plans | |

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Reference: FOI080710 ew
 Response: 21/07/2010
 Subject: Improving Dementia Services
 Status: Released in full

| Question 1 | |
|---|---------------------|
| For week commencing 29 March 2010, confirming the standard / normal weekly fee your Trust paid to independent or voluntary sector providers of residential care for: Continuing Healthcare funding? Registered Nursing Care Contribution? | |
| Answer | Additional Comments |
| I have been advised that there is no standard weekly fee for Continuing Healthcare funding. The prices are submitted by providers and considered on an individual basis. Averages may be determined from the information provided in answers below. I have been informed that the standard weekly fee for Registered Nursing Care Contribution is £106.30 which is nationally applicable. | |
| Question 2 | |
| Details of the basis on which a. and b. were calculated. | |
| Answer | Additional Comments |

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| Please refer to the response to question 1. | |
| Question 3 | |
| The number of service users (patients) for whom a. Continuing Healthcare funding; and b. RNCC were paid to independent or voluntary sector providers during the financial year 6 April 2009 to 5 April 2010. Please ensure that the information provided shows for how many weeks of the year each patient was funded, or else give the total number of 'patient weeks' during the year. | |
| Answer | Additional Comments |
| I have been advised that the number of service users for whom Continuing Healthcare funding and RNCC were paid to independent or voluntary sector providers during 2009-2010 were as follows: Continuing Healthcare: 570 patients RNCC: 588 patients | |
| Question 4 | |
| The amount of such funding in total for that year, under each of the two headings. | |
| Answer | Additional Comments |
| I have been advised that the amount of such funding in total for that year was as follows: Continuing Healthcare: £9,895,274.00 FNC: £2,281,769.00 | |
| Question 5 | |
| In relation to Continuing Healthcare funding paid to people still living in their own homes, (a) the number of people (number of patient weeks) to whom such funding was provided; and (b) the total amount paid by the Trust, during the 2009-10 financial year. | |
| Answer | Additional Comments |
| I have been advised that in relation to Continuing Healthcare funding paid to people still living in their own homes, funding was provided for 208 patients at a cost of £2,171,402.00 Please note that these figures are within the CHC figures for question 3. | |
| Question 6 | |
| Details of any information sought, held or discussed by the Trust about the true cost to providers (including NHS providers) of supplying long term care and accommodation for a. general nursing patients, b. palliative patients, c. geriatric patients or d. learning disability patients. | |
| Answer | Additional Comments |
| I have been advised that consideration has been given to both the Laing and Buisson findings, bench marking with other PCT average costs and more recently co-operation with a regional collaborative commissioning project which will shortly result in a framework contract and tender exercise. | |
| Question 7 | |
| Policies, discussions or instructions given to staff on choosing between two or more providers (whether NHS, independent or voluntary sector providers) which might be able to supply the care and accommodation required for a particular patient or | |

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| category of patient. | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire and Herefordshire Council have a common policy of not commissioning services from any provider rated as zero stars by the Care Quality Commission. The PCT is inclined toward purchasing only from care services rated as two stars and above but will contract with a one star home where choice (user or family) is an important factor in considering the most appropriate placement.</p> <p>NHS Herefordshire will always seek to contract with the Nursing Home able to provide for the needs of the individual at the lowest cost. There is no distinction made between NHS, Independent or Voluntary Sectors although the PCT will make use of any capacity within existing block contracts before spot purchasing is considered.</p> | |
| Question 8 | |
| <p>The number of staff (full time equivalents) employed by or contracted to the Trust during the financial year 2009-10 who had any responsibility for or involvement in: Drafting, negotiating, or monitoring contract arrangements between the Trust and independent or voluntary sector care homes; Negotiating or setting fees paid to independent or voluntary sector care homes.</p> | |
| Answer | Additional Comments |
| <p>I have been advised that 5 nurse assessors spend a small proportion of their time monitoring relevant service provision. 7 Contract Management and Contract Monitoring Staff work on negotiating, drafting and monitoring contract arrangements across all care services for both NHS Herefordshire and Herefordshire Council.</p> <p>I have been advised that these roles equate to 1.5 Whole Time Equivalents.</p> | |
| Question 9 | |
| <p>The total cost during 2009-10 of those staff undertaking those areas of work, including (but not limited to) salary, training, equipment and other overheads e.g. proportion of central costs, accommodation resources.</p> | |
| Answer | Additional Comments |
| <p>I have been advised that the costs of 1.5 whole time equivalents undertaking these areas of work amounted to £54,725.00 during 2009-10</p> | |

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Subject: Dementia Services
 Status: Released in full

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| Question 1 | |
| Has a local baseline assessment of dementia services provided by your PCT been published, as detailed in the Audit Office report of January 2010 "Improving Dementia Services in England – an Interim Report". | |
| Answer | Additional Comments |
| I have been advised that a local baseline assessment of dementia services has been undertaken by NHS Herefordshire and Herefordshire Council, but not yet published. This work is part of our 'Living Well with Dementia in Herefordshire – A Joint Commissioning Plan for NHS Herefordshire and Herefordshire Council – A Local Response to the National Dementia Strategy 2010-2013' | |
| Question 2 | |
| Is this local baseline assessment available as a public document? | |
| Answer | Additional Comments |
| I have been advised that the first draft of this document was released to members of the Dementia Strategy Clinical Reference Group on 12 th July 2010. The document will be finalised and published during August. | |
| Question 3 | |
| If yes, where can the local baseline assessment document be accessed? | |
| Answer | Additional Comments |
| I have been advised that this is not applicable. | |
| Question 4 | |
| Has the PCT published further details of how the PCT is implementing the National Dementia Strategy, as recommended in the "Revision to the Operating Framework for the NHS in England 2010/11" published on 21st June 2010, and if so how can this document be accessed? | |
| Answer | Additional Comments |
| I have been advised that details of NHS Herefordshire's and Herefordshire Council's intentions with relation to local dementia services can be located on NHS Herefordshire's website. This includes the World Class Commissioning Strategic Plan 2010-2014 & the Herefordshire Operational Plan 2010-2011. A link to these documents is provided below: Herefordshire NHS - Operating plan / commissioning plans | |

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Subject: Early Diagnosis of Cancer

Status: Released in full

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| Question 1 | |
| We would be interested to know if you made an application for funding from the Department of Health's £8m programme to promote early diagnosis of cancer, which closed for applications on 28 th April and if so, whether lung cancer was a central part of your application? | |
| Answer | |
| <p>I have been advised that an application for funding to support the next stages of our Lung Cancer work was submitted on NHS Herefordshire's behalf by the 3 Counties Cancer Network (3CCN). The bid requested the financial support for a specific Lung Cancer intervention which if successful will be developed and implemented before March 2011.</p> <p>Since summer 2009, 3CCN have been working on a project, addressing cancer awareness of our local communities, in particular awareness of Lung Cancer signs and symptoms. 3CCN have also undertaken a Primary Care Cancer Audit with local GPs to understand where delays are occurring and preventing earlier diagnosis. The bid would support the next stage of the Cancer Awareness Measure project.</p> | |
| Question 2 | |
| Does your PCT support GP professional education sessions within protected learning time, which focus on Lung Cancer Awareness? | |
| Answer | |
| <p>I have been advised that at the moment, this is not enforced by the NHS Herefordshire; however Practices may be undertaking their own sessions to share learning and development. Such sessions would contribute towards the Quality and Outcomes Framework (QOF) that practices partake in to demonstrate practice achievements and quality of care.</p> <p>As mentioned above, 3CCN have been carrying out an audit with the local GPs. The next stage of the audit will be to develop a collaborated (PCT, 3CCN and GPs) action plan to tackle areas of concern. Educational sessions are being considered amongst other methodologies.</p> | |
| Question 3 | |
| Is there any work within your PCT with community pharmacists on lung cancer, for example to create a lung cancer awareness campaign? | |
| Answer | |
| <p>I have been advised that no work is taking place in community pharmacies at present, However, during the Cancer Awareness Measure work carried out across the 3 Counties; Herefordshire, Worcestershire and Gloucestershire, a qualitative study was undertaken. Feedback from this work suggested that pharmacists are still highly regarded in local communities and were regularly suggested as a valuable source of information and advice.</p> | |

This amongst other methods of raising awareness will be being considered for the next stage of this work. Decisions as to how the PCT and 3CCN approaches raising awareness however, is still pending decision of the submitted bid.

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Reference: FOI090710 GI
 Response: 20/07/2010
 Subject: Enhanced Services
 Status: Released in full

| | |
|---|---------------------|
| Question | |
| What was the total budget allocated / spent by the PCT on Local Enhanced Services (LESs) for: a) this financial year (2010/11) b) the previous financial year (2009/10) | |
| Answer | Additional Comments |
| I have been advised that the total expenditure on Local Enhanced Services for 2009/10 was £2.112 million. I have been advised that NHS Herefordshire is currently undertaking a strategic review of Local Enhanced Services in line with the World Class Commissioning Strategic Plan 2010-2014. The planned expenditure in 2010/11 on LES is circa £3 million, as identified this is being reviewed and out turn may be different to plan. | |
| Question | |
| Please can the trust provide a full list of LESs offered in: a) this financial year (2010/11) b) the previous financial year (2009/10) | |
| Answer | Additional Comments |
| Please refer to attached document which provides a full list of LES offered in 2009/10 and 2010/11. | |
| Question | |
| Does the trust plan to a) review or b) withdraw its LES for extended GP opening hours for next year (2011/12)? | |
| Answer | Additional Comments |
| I have been advised that this will depend on National Guidance. | |
| Question | |
| Please list any other LESs that the trust is planning to a) review and b) withdraw for next year (2011/12)? | |
| Answer | Additional Comments |
| I have been advised that this will be dependent on the results of the current review taking place. | |

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Reference: FOI120710 ss
 Response: 16/07/2010
 Subject: Fentanyl Patches
 Status: Released in full

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| Question 1 | |
| Please can you provide information and guidelines on the usage of fentanyl patches in primary and/or secondary care? Do you recommend a specific type? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire follows the West Midlands Palliative Care Guidelines on the use of fentanyl patches. | |

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Reference: FOI130710 psnc
 Response: 16/07/2010
 Subject: Pharmaceutical Services
 Status: Released in full

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| Question 1 | |
| Please provide the postcodes of all pharmacies which are providing pharmaceutical services as at 1 st July 2010 which secured inclusion in the pharmaceutical list under the exemption for 100 hour pharmacies. | |
| Answer | Additional Comments |
| I have been advised that the postcode of the pharmacy providing pharmaceutical services which secured inclusion in the pharmaceutical list under the exemption for the 100 hour pharmacies is HR2 7JE. | |
| Question 2 | |
| Please indicate the total number of applications which have been granted prior to 1 st July 2010 and which have not expired for pharmacies using the exemption for 100 hour pharmacies, and which have not yet opened as at 1 st July 2010. | |
| Answer | Additional Comments |
| I have been advised that no applications have been granted prior to 1 st July 2010. | |
| Question 3 | |
| Please indicate the total number of pending applications for pharmacies which have yet to be determined for pharmacies applying to open under the 100 hour exemption, and indicating in which month the application was received. | |
| Answer | Additional Comments |
| I have been advised that no applications are pending | |
| Question 4 | |
| Please provide the postcodes of all pharmacies which are providing pharmaceutical | |

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| services as at 1 st July 2010 which secured inclusion in the pharmaceutical list under the exemption for distance selling (internet) pharmacies. | |
| Answer | Additional Comments |
| I have been advised that no pharmacies are providing pharmaceutical services as at 1 st July 2010 which secured inclusion in the pharmaceutical list under the exemption for distance selling (internet) pharmacies. | |
| Question 5 | |
| Please indicate the total number of applications which have been granted prior to 1 st July 2010 and which have not expired for pharmacies using the exemption for distance selling (internet) pharmacies, and which have not yet opened as at 1 st July 2010. | |
| Answer | Additional Comments |
| I have been advised that no applications have been granted prior to 1 st July 2010. | |
| Question 6 | |
| Please indicate the total number of applications for pharmacies which have yet to be determined as pharmacies applying to open under the distance selling (internet) pharmacies exemption, indicating in which month the application was received. | |
| Answer | Additional Comments |
| I have been advised that no applications for pharmacies are yet to be determined. | |

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Reference: FOI150710 la2

Response: 17/08/2010

Subject: NICE Approved Technologies

Status: Released in full

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| Question 1 | |
| I would like to make a freedom of information request, with regards to the funding of NICE-approved technologies. | |
| For each of the last three financial years , please could you indicate: the number of the following procedures the PCTs has funded at what total cost per year <i>in each case</i> , what clinical criteria the PCT applies when approving funding decisions | |
| The procedures I would like the information on are: Bariatric surgery In-vitro fertilisation Acupuncture for back pain Spinal manipulation for back pain Cochlear implants for hearing impairment Hip resurfacing or replacement Total knee replacement Tonsillectomies | |
| Answer | Additional Comments |

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| <u>Bariatric Surgery</u> 2007/08 12 procedures funded £ 64,036.00 2008/09 27 procedures funded £166,819.00 2009/10 28 procedures funded £172,928.00 | | <p>I have been advised that the costs given for Bariatric Surgery and In-vitro fertilisation are the costs for the number of procedures agreed to each year, due to the nature of these procedures they may not have actually taken place in this actual financial year</p> |
| <u>In-vitro fertilisation</u> 2007/08 46 procedures funded £111,090.00 2008/09 43 procedures funded £122,120.00 2009/10 44 procedures funded £130,460.00 | | |
| <u>Acupuncture for back pain</u> No procedures funded | | |
| <u>Spinal manipulation for back pain</u> No procedures funded | | |
| <u>Cochlear implants for hearing impairment</u> 2007/08 1 procedure funded 2008/09 3 procedures funded 2009/10 1 procedure funded | | |
| <u>Hip resurfacing or replacement</u> 2007/08 260 procedures funded 2008/09 357 procedures funded 2009/10 377 procedures funded | | |
| <u>Total knee replacements</u> 2007/08 258 procedures funded 2008/09 346 procedures funded 2009/10 266 procedures funded | | |
| <u>Tonsillectomies</u> 2007/08 169 procedures funded 2008/09 166 procedures funded 2009/10 133 procedures funded | | |
| Please find attached a copy of NHS Herefordshire's Low Priority Treatments Policy which covers off the criteria for funding decisions for each procedure above. | | |
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Reference: FOI160710 sr

Response: 24/08/2010

Subject: Equality and Diversity

Status: Released in full

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| Question 1 | |
| Did the DES review take place in 2009 and what was the outcome? | |
| Answer | Additional Comments |
| I have been advised that during 2009 a comprehensive consultation took place in order to draft a new 3 Year DES for NHS Herefordshire, Herefordshire Council and Hereford Hospitals NHS Trust. | |
| Question 2 | |
| Was the GES annual review completed and are there any progress reports available?(for example on the workforce for 2009?) | |
| Answer | Additional Comments |
| I have been advised that a GES review was not completed, however a joint GES has now been published on NHS Herefordshire's website. A link to this document has been provided below: Herefordshire NHS - Equality and diversity | |
| Question 3 | |
| Are there plans to produce a single Equality Scheme and if so when? | |
| Answer | Additional Comments |
| I have been advised that a draft policy is currently being consulted on. I have been informed that this will be a partnership document across Herefordshire Council, NHS Herefordshire, and Hereford Hospitals NHS Trust and may include other Herefordshire organisations. This will be called the Herefordshire Equality and Human Rights Charter and we aim to have it in place by the end of the year. | |
| Question 4 | |
| Has the Equal Opportunities in Employment been reviewed this year? | |
| Answer | Additional Comments |
| I have been advised that the policy is currently under review | |
| Question 5 | |
| What work is being done to introduce monitoring in services and employment on the grounds of religion or and sexual? The Trust was working to update employment records in 2009, has this resulted in more disabled employees declaring a disability? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire is monitoring this information and reports are being produced for the different boards, however employees are reluctant to disclose their sexuality. Employees declaring a disability in August 2009 = 0.41% Employees declaring a disability in August 2010 = 0.63% | |
| Question 6 | |
| Was Equality and Diversity training delivered to the Board in 2009? | |
| Answer | Additional Comments |
| I have been advised that Equality and Diversity training was not delivered to the board in 2009. | |

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| Question 7 | |
| As job sharing is promoted widely is there data on take up rates across the grades? | |
| Answer | Additional Comments |
| I have been advised that data regarding take up rates is not available at present. | |
| Question 8 | |
| Have targets been set for addressing under representation of women in senior grades (as in the GES)? | |
| Answer | Additional Comments |
| I have been advised that the action identified within the GES is to establish appropriate career progression and support mechanisms as part of the pay and workforce development strategy. The council and PCT will be working together to address under representation. We have previously held focus group events for women wishing to progress to senior roles and this may be considered as an option again, along with other methods. | |
| Question 9 | |
| Jobs online is referred to as a 'major success' is there evidence to underpin this? | |
| Answer | Additional Comments |
| I have been advised that online recruitment has increased during recent years and we have seen a steady increase in the number of online applications received. The current percentage is 98% online applications, which supports the reference to being a major success. NHS jobs is a nationally recognised recruitment site and feedback on the site itself from applicants is very positive. | |
| Question 10 | |
| Is the information on Mental Health promotion (on the website) up to date? Newsletters seem to be from 2005. | |
| Answer | Additional Comments |
| I have been advised that the information on Mental Health promotion on the website is not up to date. A Mental Health Divestment project is currently underway and the intention is to update this information once the divestment work has been completed. | |
| Question 11 | |
| Has a review taken place of the Travellers Health Project? Is the Trust able to report any positive impact in relation to addressing health inequalities for this community? | |
| Answer | Additional Comments |
| I have been advised that a needs lead assessment of the travellers health took place in December 2008 and is currently being discussed with partner agencies. The last review took place in 2007 and since then there has been changes in staff and there is no longer a GP in post. Therefore there is limited current information available regarding the impact that the team has had. The main aim of the team remains to provide a pro-active primary care service to meet the needs of travelling people in the county. The present team offers home visits to any traveller that requests one and the mobile unit visits official traveller sites across the | |

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| county. The travellers health team also works with migrant seasonal workers and homeless people. | |
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Reference: FOI160710 hc
Response: 20/07/2010
Subject: VTE, CQUIN Target
Status: Released in full

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| Question 1 | |
| VTE is now a CQUIN Target; due to this could you please provide your most recent Venous Thromboembolism (VTE) clinical policies or guidelines? | |
| Answer | Additional Comments |
| I have been advised that VTE forms part of the contract that NHS Herefordshire has with Hereford Hospitals NHS Trust and therefore we do not hold any policies or guidelines relating to VTE. | |
| Question 2 | |
| Do you use ScriptSwitch? | |
| Answer | Additional Comments |
| I have been advised that NHS Herefordshire does not supply or support the installation of ScriptSwitch. There has never been a formal PCT level analysis of the benefits of this software and there are no current plans to formally deliver it to all practices. It is purely a local GP Practice decision whether this software is used. I would therefore expect that each practice will have applied some justification for its use, but the Hereford Primary Care Trust has had no involvement in this process. | |
| Question 3 | |
| What is the coverage of Scriptswitch in your area? | |
| Answer | Additional Comments |
| As a result we do not hold information on the number of practices utilising the software. Should you require this information you need to contact the GP Surgeries directly. | |

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Reference: FOI210710 sk
Response: 17/08/2010
Subject: Spend on Knee Replacements 2009/10
Status: Released in full

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| Question 1 | |
| How much your health boards spends on knee replacement, this is from January 2009 to December 2009 | |
| Answer | Additional Comments |
| <p>I have been advised that NHS Herefordshire only holds information for the 12 month period April 2009 to March 2010. I have been advised that the spend on knee replacements for this period was £1.5 million.</p> <p>I have been informed that these costs relate to inpatient spells only and excludes associated outpatient costs. This figure also includes costs where the knee replacement procedure is the dominant procedure within a spell.</p> | |

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