

## Item 9.1

### PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 5 JANUARY 2018 CHAIR'S UPDATE REPORT

#### INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the January 2018 Planning and Commissioning Committee.

#### 6.1 Public Health Work Plan

It was specified that discussions were continuing to take place in relation to agreeing the budget proposals to balance the Public Health grant for 2019/20 it was expected that further amendments would be received in the future. A proposal to balance the budget for 2018/19 was taken to cabinet in December 2017 and would be taken to the Full Council on 18 January 2018. It was stated that all budget proposals had been approved with the exceptions of Doula/Breast Feeding, and Outreach for CYP affected by Domestic Abuse which will now also be reviewed and re-procured due to recurrent £200k monies being allocated from the Housing Budget. The Chair requested that a comprehensive written update be presented at the January 2018 Committee.

#### 6.5 Programme Highlight Report

##### Acute Care

A clinical review had recently been undertaken of patients who were receiving infusion therapy of either Lidocaine or Phenytoin for the treatment of chronic pain. The treatment was currently being received by 40 Hull patients. The treatment was not recommended by The National Institute for Health and Care Excellence (NICE) and the evidence to support its use was very limited. There were also a number of potential side effects. For these reasons, Infusion Therapy for chronic pain had not been routinely commissioned by NHS Hull Clinical Commissioning Group and the treatment would only be approved via an Individual Funding Request (IFR) and would only be approved the treatment in exceptional clinical circumstances.

An extraordinary IFR panel was held on the 19 December 2017 to undertake a full clinical review of these patients, in line with NICE guidance. When making a decision, the IFR Panel considered the clinical evidence and the plan for managing each patient. In the cases reviewed, the IFR Panel did not consider clinical exceptionality in the majority of the cases and therefore did not feel able to continue to approve current treatment regimes without review. Patients had received a letter outlining the individual treatment plans. The CCG had been contacted by patients who were unhappy with their review. Enquiries had also been received from the media and MPs on behalf of patients. The CCG was responding to the individual patient enquiries and the media interest.



**Vincent Rawcliffe**  
Clinical Chair, Planning and Commissioning Committee  
January 2018