

**PLANNING AND COMMISSIONING COMMITTEE**

**MINUTES OF THE MEETING HELD ON FRIDAY 6 APRIL 2018  
THE BOARD ROOM, WILBERFORCE COURT**

**PRESENT:**

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair  
 K Billany, NHS Hull CCG, (Head of Acute Care)  
 E Daley, NHS Hull CCG (Director of Integrated Commissioning)  
 P Davis, NHS Hull CCG, (Head of Primary Care)  
 J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)  
 K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
 P Jackson, NHS Hull CCG (Lay Member) Vice Chair  
 S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)  
 K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
 A Oehring, NHS Hull CCG, (Clinical Member)  
 R Raghunath, NHS Hull CCG, (Clinical Member)  
 M Whitaker, NHS Hull CCG, (Practice Manager Representative)

**IN ATTENDANCE:**

D Robinson, NHS Hull CCG (PA - Minute Taker)  
 A Molyneux, North of England Commissioning Support (Pharmacist)  
 T Yel, NHS Hull CCG, (Senior Commissioning Lead Mental Health & Vulnerable People)

**1. APOLOGIES FOR ABSENCE**

M Bradbury, NHS Hull CCG, (Head of Vulnerable People Commissioning)  
 B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)  
 K McCorry, North of England Commissioning Support (Senior Pharmacist)  
 D Storr, NHS Hull CCG (Deputy Chief Finance Officer)  
 T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 2 MARCH 2018**

The minutes of the meeting held on 2 March 2018 were submitted for approval. .

**Resolved**

(a)	The minutes of the meeting held on 2 March 2018 to be taken as a true and accurate record and signed by the Chair.
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**3. MATTERS ARISING FROM THE MEETING**

The Action List from the meeting held on 2 March 2018 was provided for information there were no updates required:

**Resolved**

(a)	Committee Members noted the Action List.
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#### 4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

##### Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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#### 5. GOVERNANCE

##### 5.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest which the Action taken
- (iv) be declared under this section which at the top of the agenda item which it relates too;

There were no declarations of interest declared.

Name	Agenda No	Nature of Interest / Action Taken
Dr A Oehring	7.1	Declared a Financial Interest as GP Partner at Sutton Manor
Dr R Raghunath	7.1	Declared a Financial Interest as GP Partner at James Alexander Family Practice
Dr V Rawcliffe	7.1	Declared a Financial Interest as GP Partner at Newall Surgery

##### Resolved

(a)	The Planning and Commissioning Committee noted that there were declarations of interest declared. It was noted that participation in the discussion would be permitted..
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##### 5.2 GIFTS AND HOSPITALITY

The Gifts and Hospitality Declarations made since the March 2018 Committee were provided for information.

The Head of Primary Care declared receipt of a pair of tickets including hospitality as part of the teaming up for "health" partnership between the CCG and Hull FC and Hull Kingston Rovers Rugby league clubs.

## Resolved

(a)	Planning and Commissioning Committee Members noted the gifts and hospitality declared.
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### 5.3 R & D - EXCESS TREATMENT COSTS - CRYOSTAT- 2

The Head of Primary Care presented a report to provide an overview of the NIHR Health Technology Assessment (HTA) CRYOSTAT – 2 study and to seek approval for the Excess Treatment Costs associated with local participation in the study.

CRYOSTAT-2 Early cryoprecipitate in trauma, was a multi-centre, randomized, controlled trial evaluating the effects of early high-dose cryoprecipitate in adult patients with major trauma haemorrhage requiring major haemorrhage protocol (MHP) activation which was funded by NIHR Health Technology Assessment Board.

This study would look at the effects of transfusing early high dose cryoprecipitate (which was a concentrated source of fibrinogen), to adult trauma patients with severe bleeding within 90 minutes of admission to hospital. The study would evaluate whether early cryoprecipitate reduces death rates when major bleeding occurs after injury.

Excess treatment costs were anticipated to be approximately £8k over the 2 years of the study.

## Resolved

(a)	Planning and Commissioning Committee Members considered the report.
(b)	Planning and Commissioning Committee Members approved the funding for the identified excess treatment costs.

## 6. STRATEGY

### 6.1 PUBLIC HEALTH WORK PLAN

There was no updated provided.

### 6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no policies to discuss.

### 6.3 HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

There were no policies to discuss.

### 6.4 NICE MEDICINES UPDATE (STANDING ITEM)

NECS pharmacist provided an update on the National Institute for Health and Care Excellence (NICE) Medicine update report to the Committee for information purposes, which in particular, attention was drawn to:

Lesinurad for treating chronic hyperuricaemia in people with gout – It was stated that the drug was no longer recommended and would not be going onto the formulary. Lesinurad was a red drug for existing patients only.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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## 6.5 PROGRAMME HIGHLIGHT REPORTS BY EXCEPTION

### Vulnerable People & L&D

- There were no exceptions to report.

### Acute Care

- There were no exceptions to report.

### New Models of Care

- Extended Hours of 30 minutes per 1000 patients within Primary Care would commence 1 October 2018, at present these were being taken through the relevant processes.

### Medicines Management

- Points of Prescribing was not operational on various PC's across the city, it was stated that there could be a cost to rectify the IT issue.

### Children Young People and Maternity (CYPM)

Feedback had been received on the SEND written Statement of Action identifying the following areas of improvement:

- the outcomes in the plan were too broad and the plan does not specify the difference your actions would make to children and young people who had SEN and/or disabilities and their families.
- section 3 of the plan does not provide a sufficiently clear picture of how you would improve arrangements for identifying, assessing and meeting the needs of children and young people who had SEN and/or disabilities in schools and settings.

And identifying the following strengths:

- the actions in your plan link closely to the areas for improvement we identified during the inspection
- the leadership and governance of the disability and special educational needs (SEN) reforms had been strengthened
- the plan clearly sets out how you would involve families in decision-making about the services and support they need.

A revised written Statement of Action submission was required to be completed and returned to Ofsted/ CQC within 20 days, the revised submission would be brought to the May 2018 Planning and Commissioning Committee.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	Members of the Planning and Commissioning Committee requested the re-submitted written Statement of Action be brought to the May 2018 Committee

## 6.6 BETTER CARE FUND/INTEGRATED COMMISSIONING

The Director of Integrated Commissioning stated that NHS Hull CCG and Hull City Council had been awarded 'highly commended' at the Local Government Chronical

(LGC) for Integrated Commissioning and Better Care. The Committees in Common had at present been stepped down due to the Full Local Election. It would be reconvene after the election at which point the membership would be reviewed.

### Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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## 6.7 UNPLANNED CARE – A & E DELIVERY BOARD

The Deputy Director of Commissioning reported that it was envisaged that the Winter return be stood down week commencing 16 April 2018.

It was acknowledged that there were vacancies in the Accident and Emergency department for a Consultant, Senior House Officer (SHO) and Registrar which were being recruited to.

It was noted that there was conflicting ideas on what information would be discussed at the A & E Delivery Board which would be resolved outside of the meeting.

Concern was raised in relation to placing patients in Community beds who were classed as medically fit from an acute perspective but not from a community perspective after the acute pathway had been altered.

Clarity was requested on the process of identifying patients entering the Primary Care workstream, it was acknowledged at present a computer triage was undertaken with it being suggested that a face to face triage would be more beneficial for an effective process to be implemented.

It was raised that some of the activity within the A & E Department was potentially due to the readmission of Elderly patients being discharged before being ready. Work was required to clarify this position. The Integrated Care Centre and associated frailty pathway should have a positive impact on this.

### Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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## 6.8 LESSONS LEARNT REPORT WANNACRY RANSOMWARE ATTACK

The Deputy Director Commissioning provided a report which advised Committee Members of the national lessons learnt from the national Wannacry ransomware attack and their likely impact upon NHS Hull CCG.

It was stated that since the attack the following areas had been implemented:

- A Cyber Handbook had been developed covering the expected actions from NHSE, NHSE and NHS Digital
- Independent cyber assessments of Trusts which had identified that capital investment was required - £21m was identified to address vulnerabilities in Major Trauma Centres and Ambulance Trusts, with a further £25m to address vulnerabilities in other systems
- A new Security Operations Centre was being procured

- NHS Digital Data Security Helpline now operates 24/7

With the following recommendations for preparedness being identified:

- CCGs are accountable for the commissioning of services from GP IT Delivery Partners.
- CCGs would ensure this includes ensuring that GP IT Delivery Partners act upon CareCERT Advisories within required timescales with CCG holding accountability through exception reporting.
- CCGs would ensure their commissioned GP IT Delivery Partner had allocated equivalent senior level responsibility for data and cyber security within their organisation.
  - Digital systems purchased by the practice or the CCG outside the GP Systems of Choice (GPSoC) framework which store or process patient identifiable data or which connect to the GP IT managed infrastructure should be reviewed for compliance with the 10 NDG security standards – the responsibility for this rests with the contract holder i.e. the GP or CCG.
  - In addition, each general practice was accountable for ensuring data security incidents and near misses are reported in accordance with national reporting guidance and legal requirements. This including maintaining a business continuity plan.

Clarification was sought as to whether Embed’s IT department had the expertise to assist if there was another Cyber-attack, it was stated that Embed do have the expertise to assist if the attack was under their control. It was stated that at present there was no formal training for practices to undertake apart from reading the circulated IT newsletter.

Work was being undertaken with Embed on extending working hours to cover the hours of work undertaken by practices and CCG’s.

### Resolved

(a)	Members of the Planning and Commissioning Committee reviewed the outcomes of the national review into the Wannacry ransomware.
(b)	Members of the Planning and Commissioning Committee noted the specific areas of responsibility the impact upon NHS Hull CCG

## 6.9 FAECAL IMMUNOCHEMICAL TESTING (FIT) – FEASIBILITY STUDY WITHIN PRIMARY CARE

The Commissioning Manager Acute Care provided a report on the progress of the Faecal Immunochemical Test (FIT) feasibility study with primary care.

It was agreed at the Pathology Productive Elective Care (PEC) meeting in February 2017, that to increase detection and conversion rates, a FIT testing feasibility study should be undertaken. This would support the full implementation of the NICE guideline on a small sample size, allow testing of the process before full roll out and help to indicate patient activity around symptomatic presentation at their GPs and of these, how many were tested positive.

The feasibility study commenced in 26 June 2017, involving 6 practices across Hull. The take up and distribution of the samples varied between practices.

During the study some issues arose which would assist in supporting the successful wider roll out process.

Issue	Solution
GPs / practice not keeping a record (to act as a failsafe) of patients the test kits were given to, therefore unable to audit if patients had returned samples.	READ Codes had been developed to be added to the patient record allowing audit of distributed samples and their return.
Practices not communicating that the test was 'live' within their practice to all staff, e.g. not all consulting rooms had kits.	Communication delivered to all GPs via GP contact us, Council of Members, PTL to ensure all GPs are aware of the process.
Kits not being stored correctly, resulting in some being misplaced.	As above – when test kits distributed, an information / advice sheet given to explain the process and the requirement of the practice.

It was noted that the FIT had been rolled out to all GP Practices within Hull and East Riding fo Yorkshire from 1<sup>st</sup> April 2018 with a monthly report being compiled and circulated. All patients requiring treatment or additional test would be seen more swiftly due to the reliability of the rest.

### Resolved

(a)	Members of the Planning and Commissioning Committee noted the content of the report.
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## 6.10 PRIMARY CARE REBATE SCHEME

NECS pharmacist provided a report on the rebate offers which had been independently considered by PrescQIPP and by North of England Commissioning Support Medicines optimisation team in conjunction with the CCG GP Prescribing Lead.

An overview of each scheme was provided:

### GlucorX medley

- This was a relatively straightforward 12 month scheme, although the company could exit the scheme with 3months notice at any time.
- The contract covers three GlucoRx products; however you could elect to exclude any of the products if you wish.
- The contract was short but contains a significant amount of legal jargon.
- The rebate would commence the month following the contract being signed by both the CCG and GlucoRx Ltd.
- Approximate rebate value per 12 months of £12,699.66 based on December 2016 to November 2017 prescribing spends of £63,786.32.

### Convatec

- This Scheme provides a 15% rebate on the range of Convatec Aquacel Dressings included.

- The term was for 2 years with no termination clause for the company (although a 1 month termination period exists for commissioners).
- The commissioner had to provide EPACT data only and would receive quarterly reports on rebate size with an annual payment although the contract does state this may be delayed by 2-4 months.
- Approximate rebate value per 12 months of £1,163.91 based on December 2016 to November 2017 prescribing spends of £7,187.70.

### **Apidra**

- Sanofi was offering the CCG, on a quarterly basis, a 20% rebate on the total amount of spend by the CCG on all Apidra Products in the relevant quarter (“Rebate”).
- The total amount of spend by the CCG on Apidra Products in the relevant quarter would be calculated with reference to the total cost at list price of all packs of Apidra Products charged against the CCG prescribing budget, as allocated by the NHSBSA Prescription Pricing Division (“PPD”).
- PresQIPP assessment: Not fully appropriate due to the current low usage of these products mean benefits could potentially be small to the majority of commissioners.
- Approximate rebate value per 12 months was £3,873.00 based on the prescribing between December 2016 to November 2017 spend of £17,940.99.

### **Insuman**

- Sanofi was offering the CCG, on a quarterly basis, a 20% rebate on the total amount of spend by the CCG on all Apidra Products in the relevant quarter (“Rebate”).
- The total amount of spend by the CCG on Apidra Products in the relevant quarter would be calculated with reference to the total cost at list price of all packs of Apidra Products charged against the CCG prescribing budget, as allocated by the NHSBSA Prescription Pricing Division (“PPD”).
- PresQIPP assessment: Not fully appropriate due to the current low usage of these products mean benefits could potentially be small to the majority of commissioners.
- Approximate rebate value per 12 months £6,475.94 based on prescribing December 2016 to November 2017 prescribing spend of £30,004.73.

Discussion took place identifying the positive benefit with Planning and Commissioning endorsing the rebates and agreed to forward onto the Integrated Audit and Governance Committee for approval.

The question was posed as to who should monitor the drug contracts and review when necessary, it was agreed that Medicine Management would monitor and review all rebate contracts.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee endorsed the above rebate schemes.
(b)	Members of the Planning and Commissioning Committee referred the above rebated schemes to Integrated Audit and Governance Committee for final CCG approval.



## **7. SYSTEM DEVELOPMENT AND IMPLEMENTATION**

### **7.1 PROCUREMENT UPDATE**

Dr A Oehring, Dr R Raghunath and Dr V Rawcliffe declared a financial interest due to being GP Partners.

The Deputy Chief Finance Officer provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

The following key procurement activity had taken place:

- The Out of Hospital Cardiology service Invitation to Tender had been paused pending the outcome of Humber, Coast and Vale STP discussions in respect of cardiology pathways.
- Proposals for securing services to meet the Extended Access to Primary Care requirements were presented to the CCG Committee on 23 March 2018.

It was stated it had been agreed to remove Accountable Care Organisation (Formerly MCP) from the status report at the March 2018 Procurement Panel.

#### **Resolved**

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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### **7.2 PROCUREMENT PANEL TERMS OF REFERENCE (ToR)**

The Deputy Chief Finance Officer provided an updated Terms of Reference (ToR) for the Procurement Panel.

It was stated that the ToR had been refreshed and configured into the current cooperate format.

#### **Resolved**

(a)	Members of the Planning and Commissioning Committee approved the Terms of Reference.
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## **8. STANDING ITEMS**

### **8.1 REFERRALS TO AND FROM OTHER COMMITTEES**

Four Primary Care Prescribing Rebate Schemes had been forwarded to the Integrated Audit and Governance Committee (IAGC) for approval.

## **9. REPORTS FOR INFORMATION ONLY**

### **9.1 JANUARY/FEBRUARY 2018 PROCUREMENT PANEL**

The minutes were provided for information.

### **9.2 CHAIRS UPDATE REPORT – 2<sup>nd</sup> MARCH 2018**

Committee Members noted the contents of the Chairs Update report.

### **9.3 ICC BOARD MINUTES**

Minutes of the February 2018 meeting were circulated for information.

## 9.4 ICOB MINUTES

There were no approved minutes to circulate.

## 10 GENERAL

### 10.1 ANY OTHER BUSINESS

Committee members were reminded that there was a drop in afternoon on 20<sup>th</sup> April 2018 2.00pm – 6.00pm at the Jean Bishop Integrated Care Centre, Rosmead Street, Hull, HU9 2TF.

### 10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 4<sup>th</sup> May 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 4 May 2018

## Abbreviations

5YFV	Five Year Forward View
AAU	Acute Assessment Unit
ACP	Advanced Clinical Practitioner
APMS	Alternative Provider Medical Services
A&E	Accident and Emergency
BAF	Board Assurance Framework
C&YP	Children & Young People
CHCP	City Health Care Partnerships
CQC	Care Quality Commission
CGMS	Continuous Glucose Monitoring
CORRS	Community Ophthalmic Referral Refinement
CVD	Cardiovascular Disease
DoH	Department of Health
DROP	Drugs to Review for Optimised Prescribing
ECPs	Emergency Care Practitioners
EoL	End of Life Care
ENT	Ear Nose & Throat
EPRR	Emergency Preparedness Resilience and Response
GPC	General Practitioners Committee
GCOG	General Practitioner Assessment of Cognition
H&WBB	Health and Wellbeing Board
HEYHT	Hull and East Yorkshire Hospital Trust
HERPC	Hull and East Riding Prescribing Committee
HCC	Hull City Council
Humber FT	Humber NHS Foundation Trust
ICC	Integrated Care Centre

JSNA	Joint Strategic Needs Assessments
IAPT	Improving Access to Psychological Therapies
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officer's Board
LMC	Local Medical Committee
LMS	Local Maternity System
IDS	Immediate Discharge Summary
ITT	Invitation to Tender
KPIs	Key Performance Indicators
LA	Local Authority
LAC	Looked after Children
MH	Mental Health
MDT	Multi-Disciplinary Team
MSK	Musculoskeletal
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NHSE	NHS England
OSC	Overview and Scrutiny Committee
PIN	Prior Information Notice
PIP	Planned Intervention Programme Board
PNA	Pharmaceutical needs Assessment
PTL	Protected Time for Learning
RIGS	Recommended Improvement Guidelines
RTT	Referral to Treatment
SHO	Senior House Officer
SRG	System Resilience Group
STP	Sustainable Transformational Partnership
ToR	Terms of Reference
UCC	Urgent Care Centre
YAS	Yorkshire Ambulance Service