

Item 9.1

PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 2 MARCH 2018 CHAIR'S UPDATE REPORT

INTRODUCTION

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

6.10 PRIORITISATION PANEL

The Prioritisation Panel reviewed a total of six schemes across a number of work-stream areas. In total these applications came to £2,676k. These were a mixture of recurrent and non-recurrent funding requests.

Of the six cases put forward four have been recommended for approval, another was recommended for partial approval and the final one has not been recommended for approval at this stage. The table at Appendix 1 of the document provided a brief summary of each scheme, the funding requested and the recommendation of the Prioritisation Panel including any conditions or requirements that they felt were necessary.

City Health Care Partnership (CHCP) had been advised to divide the Transformation Case into 3 separate proposals which would be further discussed at the Planning and Commissioning Committee in April 2018 and then if approved be taken to the May 2018 NHS Hull CCG Board.

The number of Physician Associates (PA) in Primary Care Roles had been increased to ensure equity across the practice groupings. Work was continuing with the LWAB to ensure the CCG offer was consistent with the wider STP scheme. Further communications would be circulated in relation to the available PA roles.

6.13 STROKE UPDATE

The Trust had approved a business case to develop the stroke service and increase the Hyper Acute Stroke Unit (HASU) bed base from 4 to 8 as recommended by the Peer Review in February 2017. A new Consultant post has been advertised but not successfully recruited to yet. Additional nursing staff had been recruited but some vacancies remain. Speech & Language Therapy are now at full establishment following recruitment of additional Band 4, 5 and 6 posts. The Admin support to the Stroke Co-ordinators was currently in recruitment. All patients are now being admitted to a HASU bed and the Trust was participating in the regional thrombectomy group.

Committee Members were also informed that a concern regarding the care of patients in a community stroke rehabilitation facility had been raised with NHS Hull CCG and as a result a visit had been made to the facility and actions were being put in place to address the concerns. The Head of Primary Care clarified that the NHS Hull CCG's contract for community services, including the community rehabilitation beds, was with City Health Care Partnership (CHCP) CIC and that CHCP sub-contract the beds from another part of the CHCP group which now owns the care home. A full quality visit was to be arranged within 4-5 weeks.



Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
March 2018