

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 7 SEPTEMBER 2018 THE BOARD ROOM, WILBERFORCE COURT

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
 K Billany, NHS Hull CCG, (Strategic Lead Acute Care)
 E Daley, NHS Hull CCG (Director of Integrated Commissioning)
 B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
 J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
 K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
 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)

IN ATTENDANCE:

N Dunlop, NHS Hull CCG (Head of Commissioning, Integrated Delivery)
 V Harris, Hull City Council (Assistant City Manager of Public Health)
 G Hepworth, NHS Hull CCG (Project Manager Diabetes)
 K McCorry, North of England Commissioning Support (Senior Pharmacist)
 D Robinson, NHS Hull CCG (PA - Minute Taker)
 T Yel, NHS Hull CCG (Head of Commissioning, Integrated Commissioning)
 S Walker, NHS Hull CCG (Project Manager Diabetes)

1. APOLOGIES FOR ABSENCE

M Bradbury, NHS Hull CCG, (Strategic Lead Vulnerable People Commissioning)
 P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
 T Fielding, Hull City Council, (City Manager, Health and Wellbeing)
 P Jackson, NHS Hull CCG (Lay Member) Vice Chair
 D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
 M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 3 August 2018

The minutes of the meeting held on 3 August 2018 were submitted for approval.

Resolved

(a)	The minutes of the meeting held on 3 August 2018 to be taken as a true and accurate record and signed by the Chair after minor amendments.
-----	--

3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 3 August 2018 was provided for information, there were no updates.

03.08.18 7.1 Procurement Update

Status Update – a table top discussion was scheduled for 13th September 2018 – action closed.

Resolved

(a)	Committee Members noted the Action List.
-----	--

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)	That there were no items of Any of Business to discuss.
-----	---

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	6.1, 7.1	Declared a Financial Interest as GP Partner at Sutton Manor, participation in the discussion would be permitted.
Dr V Rawcliffe	6.1, 7.1	Declared a Financial Interest as GP Partner at Newhall Surgery, participation in the discussion would be permitted.
Dr R Raghunath	6.1, 7.1	Declared a Financial Interest as GP Partner at James Alexander Family Practice, participation in the discussion would be permitted.

Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared. It was noted that participation in the discussion would be
-----	--

permitted.

5.2 GIFTS AND HOSPITALITY

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

Resolved

(a)	Planning and Commissioning Committee Members noted there were no gifts and hospitality declared.
-----	--

6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN

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

The Assistant City Manager of Public Health provided the Committee with an update on the progress of work projects.

There had been a delay in the Sexual Health procurement, evaluation was taking place at present on one of the procurement lots with the evaluation and moderation taking was taking place on the 28th September 2018. The second lot had not reached tender closure yet.

NHS Health check correspondence had been circulated to all practice groupings.

The Drug and Alcohol procurement had been awarded to CGL ReNew and the Shared Care had been awarded to Humber Teaching NHS Foundation Trust.

An obesity audit had been undertaken throughout the council, recommendations would be brought to a future meeting.

An all age Physical Activity Strategy was being progressed, NHS Hull CCG representation at meeting was requested.

Resolved

(a)	Planning and Commissioning Committee Members noted the update.
-----	--

6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

The Medicines Optimisation Pharmacist provided an update to consider and agree a CCG commissioning statement in the relevant therapeutic areas.

The following Clinical Commissioning Drug Policies/therapeutic statements were proposed to the Committee for consideration and approval after a review of the NHS England Guidance. These are items would should not be routinely prescribed.

Lidocaine plasters – presently CCG commissioned as a *Guideline Led – prescribed on advice of specialist or in line with national / local guideline* – which had led to usage outside of the NHS England Guidance

Proposed change

Only to be commissioned as per licensed indication i.e. neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).

Lutein and Antioxidants – presently AREDS preparations commissioned for prevention of wet age-related macular degeneration (AMD) but AREDS -2 preparations are not routinely commissioning.

Proposed change

AREDS preparation also not to be routinely commissioned for wet AMD.

Norethisterone to delay menstruation for social reasons, e.g. holidays, sport, etc. – presently there was no commissioning policy related to this.

Proposed change

Norethisterone to delay menstruation for social reasons, e.g. holidays, sport, etc. not to be routinely commissioned on the NHS as this would be regarded as a medicine to treat a condition where there was no clinical need for treatment.

It was considered whether the risks of using Norethisterone should be discussed at Council of Members on 13th September 2018 – it was agreed not to do so at this time. It was requested that a national statement / guidance should be sought as prescribing approach would not generally be altered unless there was a change in national guidance and/or national narrative. The Royal College of Gynaecologists and local clinicians to be approached to seek their views. It was agreed that, at present, there would be no change to the commissioning position.

It was agreed that the Chair would contact local secondary care clinicians to establish if they were sighted on the issues/risks.

Resolved

(a)	Members of the Planning and Commissioning Committee approve all 2 Clinical Commissioning Drug Policies therapeutic statements
(b)	The Chair would discuss Norethisterone issues/risk with secondary care clinicians
(c)	Planning and Commissioning Members approved the 3 rd policies/therapeutic statement subject to receiving guidance from The Royal College of Gynaecologists and HEYHT.

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

There were no new drugs or changes to be discussed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted that there were no new drugs or changes to be discussed.
-----	--

6.4 NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation 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:

Spondyloarthritis - NICE stated this guidance was applicable to Secondary care – acute

Medicines management for people receiving social care in the community - NICE stated this guidance was applicable to Community health care and Social care.

Brain tumours (primary) and brain metastases in adults - NICE stated this guidance was applicable to Secondary care – acute.

Rheumatoid arthritis in adults: management - NICE stated this guidance was applicable to Secondary care – acute.

Early and locally advanced breast cancer: diagnosis and management - NICE stated this guidance was applicable to Secondary care – acute.

It was stated the Interventional Procedure Guidance (IPG) circulated were in relation to secondary care.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

6.5 PROGRAMME HIGHLIGHT REPORTS BY EXCEPTION

Vulnerable People & L&D

- There were no exceptions to report

Acute Care

- Work was being undertaken regarding opticians in Hull referring to SpaMedica in Manchester to understand why this was occurring and what steps could be put in place to keep referrals local
- A request had been received from NHS England and NHS Improvement for what actions we are taking to improve RTT and the delivery of waiting list targets, a joint reply had been compiled.
- A letter had been received from J Hawkard advising that £700K had been defunded from cancer transformational money due to none delivery of the 62 day performance target. It was acknowledged that 62 day performance was not considered a focus of the original transformation funding bids. The original plans had been focussed on wider patient experience / outcomes work programmes. A Cancer Commissioning Group had being established.

New Models of Care

- There were no exceptions to report

Medicines Management

- Points of Prescribing were not operational in one practice across the city, it was stated that there could be a cost to rectify the IT issue. A meeting had been arranged with Embed to further discuss.

Children Young People and Maternity (CYPM)

- Delays in progressing the work with Paediatric Speech and Language Therapy Service (waiting list and service redesign) continue. Refreshed data and

trajectory to support the agreement for non-recurrent funding were awaited. Dates had been set for bi-monthly service remodelling meetings and wider stakeholder steering group. The July contract exception report shows 29.1% of children/young people were seen within 18 weeks for referral to assessment. This issue would be raised by Chief Finance Officer at the HFT/CCG contract meeting.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates.
-----	--

6.6 INTEGRATED COMMISSIONING UPDATE

The Director of Integrated Commissioning provided a verbal update to the Committee on Integrated Commissioning.

Integrated Commissioning Officer Board was due to re-commence on 14th September 2018.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

6.7 UNPLANNED CARE – A & E DELIVERY BOARD

The Director of Integrated Commissioning updated the Committee on the unplanned care activity.

NHS Hull CCG Chief Officer and Director of Integrated Commissioning attended a UEC escalation meeting along with representation from Hull and East Yorkshire Hospital Trust (HEYHT) and East Riding of Yorkshire CCG to discuss the poor performance in Accident and Emergency. It was stated that HEYHT had acknowledged that 80% of the performance challenges was due to internal system issues. HEYHT had appointed a transformational director to address process issues.

An outcome email from the UEC escalation meeting had been received and would be circulated to the Committee for information.

It was noted that 25% of patients 65 and over were readmitted, which was now being monitored through the work carried out by the Integrated Care Centre (ICC).

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
-----	--

6.8 DIABETES PROGRAMME UPDATES

The Project Officers provided an overview of a presentation on the National Diabetes Prevention Programme.

The embedded presentation demonstrated the information flow and provided members with assurance and understanding of the

- Eligibility Criteria
- Service model
- NDPP roll-out
- Treatment and Care Transformation
- Structured Education
- NICE Treatment Targets
- Mutli-Disciplinary FootCare Team



Item 6.8 Diabetes presentation (P&C 07C)

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
-----	--

6.9 ADULT COMMUNITY EATING DISORDERS SERVICE SPECIFICATION

The Head of Integrated Commissioning provided an update to the Committee on the service specification for the 2018 procurement of the provision of an Adult Community Eating Disorder Service.

Following a review of the service by Commissioners, and discussions with commissioning colleagues from East Riding CCG, it was proposed that the service being procured would be a Hull only service.

NHS Hull CCG published a Prior Information Notice (PIN) on 15 June 2018 to assess the market appetite for delivering these services; and to inform the market of our intention to launch a formal procurement process later in 2018. Interested parties were given a deadline of 4 July 2018 to register an interest in providing the services.

Approval from the Committee was being sought for the revised Adults Community Eating Disorders Service Specification. The current service contract was due to expire on the 31st March 2019 and a procurement would commence on 11th September 2018 for a new service model. Consultation had taken place with the public, patients, GPs and the LMC on the revised model and comments had been incorporated into the service specification. The main changes to the service model/specification were as follows:

- Physical monitoring included in the service
- Tests
- Transitional Protocol
- Response times broken down by severity of condition
- Care Coordination and MDTs

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed and approved the Adult Community Eating Disorder service specification.
-----	--

6.10 INDIVIDUAL FUNDING REQUEST POLICY

The Head of Acute Care provided a revised IFR policy for approval.

The purpose of the IFR policy was to enable officers of Hull CCG to exercise their responsibilities properly and transparently in relation to IFRs, and to provide advice to general practitioners, clinicians, patients and members of the public about IFRs.

Implementing the policy ensures that commissioning decisions in relation to IFRs were consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions were based on best evidence but made within the funding allocation of the CCGs.

The revised policy was significantly more explicit and stated what the role of the IFR panel.

The IFR terms of reference (ToR) had been revised and were now more unambiguous, the ToR had been taken and approved at the Integrated Audit and Governance Committee (IAGC).

Resolved

(a)	Members of the Planning and Commissioning Committee approved the IFR Policy.
-----	--

6.11 PRIMARY CARE PRESCRIBING REBATE OFFER

The Medicines Optimisation Pharmacist provided an update to consider and agree a CCG commissioning statement in the relevant therapeutic areas.

It was conveyed that the Fluticasone/ Salmeterol rebate offer had been independently considered by PrescQIPP and by North of England Commissioning Support medicines optimisation team in conjunction with the CCG GP Prescribing lead.

It was conveyed that the rebate was until March 2020 and could be terminated with 30 days' notice. The rebate was only payable on branded prescribing, GSK could terminate the agreement if the tariff price changes and could reduce prices if they decided to do so.

The approximate rebate would be £49,612.64 for 12 months based on the prescribing spend between May 2018 – June 2018 of £339,222.84.

Resolved

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

6.12 SENSORY PROCESSING DISORDER – SPECIALIST ASSESSMENT & SUPPORT SERVICE (PILOT) – SERVICE SPECIFICATION

The Head of Children, Young People and Maternity provided a report to seek the approval of the service specification for the children’s Sensory Processing Disorder: Specialist Assessment and Support Service (Pilot).

Between 9 October and 13 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Kingston upon Hull to judge the effectiveness of the area in implementing the reforms. Although recognising many positive developments, Inspectors also identified a number of areas of concern resulting in the local area having to submit a Written Statement of Action.

The Inspection report letter identified that “Sensory Processing assessments are not commissioned in an effective way. Many parents and carers spoke to inspectors about the impact of this gap in local area’s arrangements for assessing children and young people’s needs” (HMIC 6 December 2017).

NHS Hull CCG commissions Humber Teaching NHS Foundation Trust to deliver the Integrated Paediatric Therapies service that includes Occupational Therapy, which does not provide the specialist sensory processing assessment and support required to support children and young people with complex sensory difficulties.

NHS Hull CCG had been working with key stakeholders in the development of a service delivery model and pathways. Non-recurrent funding had been approved to pilot specialist service to support children and young people. The Prioritisation Panel and Planning & Commissioning Committee approved the business case non-recurrent funding to pilot this specialist service in August 2018.

The service was broken down in 4 area’s of support children, young people, parents/carers and professionals working with children and young people.

The service would provide:

- Information and Advice to parents and professionals
- Workforce Development
- Tools and Resources to support settings and parents/carers
- Specialist Assessment and Support planning with regular reviews.

Clarity was requested on the pathway process and who could be referred into the system, it was agreed that the output of the service would be reviewed once the pilot had been accomplished.

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed and approved the Sensory Processing Disorder – Specialist Assessment & Support Service (Pilot) service specification.
-----	--

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

Dr A Oehring and Dr R Raghunath 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 contract for Extended Access to Primary Care had now been awarded, the standstill period had concluded and mobilisation was in progress;
- The Invitation to Tender for the procurement of an APMS practice for Calvert and Newington area had been published, events for potential providers were scheduled and tenders were due to be received by 20 September 2018;
- The Invitation to Tender for the Community Eating Disorders service for Adults was being finalised with planned date for publication in mid-September 2018.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
-----	--

8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

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

9. REPORTS FOR INFORMATION ONLY

9.1 PROCUREMENT PANEL

Procurement panel minutes from 11th June 2018 and 9th July 2018 were circulated for information.

9.2 CHAIRS UPDATE REPORT – 3rd August 2018

Committee Members noted the contents of the Chairs Update report.

9.3 ICOB MINUTES

There were no approved minutes to circulate.

10 GENERAL

10.1 ANY OTHER BUSINESS

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 5th October 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.



Signed:

(Chair of the Planning and Commissioning Committee)

Abbreviations

5YFV	Five Year Forward View
AAU	Acute Assessment Unit
ACP	Advanced Clinical Practitioner
ANP	Advanced Nurse 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 TFT	Humber Teaching NHS Foundation Trust
ICC	Integrated Care Centre
IPG	Interventional Procedures Guidance
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
NHS-CHC	NHS Continuing Healthcare
NHS-FNC	NHS-funded Nursing Care
NHSE	NHS England

OSC	Overview and Scrutiny Committee
PALS	Patient Advise Liaison Service
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
TA	Technology Appraisal Guidance
ToR	Terms of Reference
UCC	Urgent Care Centre
YAS	Yorkshire Ambulance Service