

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 6 SEPTEMBER 2019
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the September 2019 Planning and Commissioning Committee.

STRATEGY

CESSATION OF MANAGED REPEATS

It feedback on the Cessation of Managed Repeat prescriptions was conveyed, to support the provision of resource from the Communication and Engagement team and to consider the outlined financial costs of printing and distributing of letters to patients receiving repeat medication across Hull CCG i.e. £29,200.00.

There would be an implementation stage and would be formulated from engagement with stakeholders. There would be close working with the Local Pharmaceutical Committee whose member community pharmacies operate these managed repeat systems to progress the implementation.

Concern was raised around the potential cost incurred for GP practices advising patients of the changes it was stated that NHS Hull CCG could potentially fund.

Concerns were raised about the limited detail about communication and engagement and it was agreed that a full discussion around the communication and engagement strategy was required to clearly articulate the plan and timeframes.

It was agreed that the implementation of the changes be moved from January 2020 to 1 April 2020 to allow for targeted engagement with practices, pharmacies and patients in receipt of repeat prescriptions and avoid the peak of winter pressures in primary care.

The Local Medical Committee (LMC) should be part of the next stages of the process. A task and finish group would be established to oversee the development of the Communications and Engagement Plan and as part of this would identify key stakeholders to be involved in the development and implementation of this work.

VERY LOW CALORIE DIETS AND DIABETES

The use a Very Low Calorie Diet Programme to support type 2 diabetics to lose weight and to potentially reverse the type 2 diabetes impacts was conveyed. The programme was to trial the approach with up to 150 patients and to formally evaluate the impact of the programme prior to considering whether to roll out further.

There had been an increasing focus on how the use of Very Low Calorie diets and bariatric surgery could reverse the development of type 2 diabetes in individuals who had a relatively new diagnosis. The actual mechanism that impacts on glucose regulation remains unclear but there was growing evidence that both interventions do have a positive impact on glucose regulation. It was envisaged that, in the future, there may be a tiered approach between the two interventions with very low calorie diets being used at lower levels of obesity and bariatric surgery being used at higher levels.

Concern was raised in relation to whether the programme was a clinical trial, it was stated that HUTHT had advised that programme was an outline business case and not a clinical trial.

A wide ranging discuss occurred with the following areas being highlighted:

- The patient selection was a major factor in the success of the programme.
- Patients would be provided with the actual food which should be consumed.
- Benefits for patients were to be fully investigated.
- The route of the programme was incorrect it acknowledged that navigating through the Research and Development route may be more appropriate.

Committee Members agreed that although HUTHT had advised that the programme was not a clinical trial the programme could not be approved and that approval for a clinical trial should be sought.



Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
September 2019