

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 3 APRIL 2020, 9.30 AM

GoToMeeting

PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
I Goode, NHS Hull CCG, (Lay Member) (Chair)
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
Sarah Milner, NHS Hull CCG (Senior Finance Manager)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

A Oehring, NHS Hull CCG, (Clinical Member)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

1a. 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.

The Chair had received no prior notifications of any other business.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no additional items of Any Other Business to be discussed.
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1b. GOVERNANCE

1bi 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 financial 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;

The following declarations of interest declared.

Name	Agenda No	Nature of Interest and Action Taken

Resolved

(a)	The Planning and Commissioning Committee noted there were no declarations made.
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1bii GIFTS AND HOSPITALITY

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in March 2020.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no gifts and hospitality declared.
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2 MEDICINES MANAGEMENT

2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no clinical commissioning drug policies to approve.

2b1 HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

The Medicines Optimisation Pharmacist provided an update on recent new drugs or changes in usage applications and traffic light status.

Tildrakizumab, Plaque Psoriasis as per NICE TA575, proposed Red drug to be added to formulary and Dermatology biologics pathway to be updated.

Certolizumab pegol, Plaque Psoriasis as per NICE TA575, proposed Red drug to be added to formulary and Dermatology biologics pathway to be updated.

Ibandronic acid, it was requested that there be formulary extension for hypercalcaemia of malignancy, this would be for infusion.

Relvar, it was requested that an extension of use be changed from a Red drug to Blue drug for Asthma. As this would be a Blue drug this would only be recommended by the hospital asthma team re: direct observed therapy (DOT). The Asthma guideline was to be updated.

Cephalexin - the HUTHT Advisory Committee on Antimicrobial Therapy (ACAT) recommended that this would be a Blue drug and added to formulary and Antibiotic Primary Care guidelines.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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2.b2 Hull & East Riding Prescribing Committee – Prescribing Guidelines, Policies or Shared Care Frameworks.

The Medicines Optimisation Pharmacist provided a report to the Planning and Commissioning Committee to consider and approve a Prescribing Guideline and a Shared Care Framework from the Hull & East Riding Prescribing Committee meeting 25/03/2020 as per below. This has already been approved by Hull and East Riding Prescribing Committee.

Liothyronine

The Shared care framework for Liothyronine (new) was presented and discussed: it was requested that the content of the Shared care framework be approved and that Liothyronine as per the Shared care framework be added to the CCG shared care monitoring drug list at Level 1, 3 or 4

Level 1 - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing.

Level 3 - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. Sampling is undertaken by a District Nurse or other externally funded provider

Level 4 - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. The practice also undertakes sampling.

It was stated that within the Hull CCG there are a small number of patients presently prescribed Liothyronine (approximately 7). The majority of patients for thyroid disease would not be clinically prescribed this medication.

It was stated that patients would not automatically be placed onto Liothyronine and there would be specific criteria prior to being prescribed as per the shared care framework. Liothyronine would only be prescribed via a consultant and would then be monitored via primary care once stabilised; any patients outside of the framework

criteria would be classed as a red indication and Liothyronine would not be recommended for them to take.

Patients would have a yearly appointment with consultants who would advise primary care of any medication adjustment.

It was noted that if patients were not under the shared care framework via a consultant they would be excluded from being prescribed Liothyronine.

It was acknowledged that some patients prescribed Liothyronine previously should now be reviewed.

It was stated that Liothyronine would go into the shared care drug list, the level claimed would be based on what primary care undertakes for the patient.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Liothyronine Shared care framework and also that Liothyronine be added to the CCG shared care monitoring drug list at Level 1, 3 or 4.
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Primary Care Vitamin Supplementation in Liver Disease (new)

A wide and varied discussion occurred around the indications in vitamin A, B and D groups. It was acknowledged that both acute and chronic liver diseases are associated with vitamin deficiencies. The aim of vitamin supplementation was prevention of further complications as well as improving prognosis for patients with chronic liver disease.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Primary Care Vitamin Supplementation in Liver Disease Guideline.
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2.2c NICE MEDICINES UPDATE (STANDING ITEM)

There were no nice medicines updates to discuss.

3. GENERAL

3.1 ANY OTHER BUSINESS

There were no items of Any Other Business.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **1st May 2020, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 3 April 2020

Abbreviations

A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
APMS	Alternative Provider Medical Services
ASC	Adult Social Care
BCF	Better Care Fund
BHC	Bransholme Health Centre
CAB	Citizens Advice Bureau
C&YP	Children & Young People
CHC/CC	Continuing Healthcare and Children's/Continuing Care Provider
CHCP	City Health Care Partnerships
COM	Council of Members
CQC	Care Quality Commission
DOIs	Declarations of Interests
EHaSH	Early Help and Safeguarding Hub
EPaCCS	Electronic Palliative Care Co-ordination System
EQIA	Equality Impact Assessment
ERoY	East Riding of Yorkshire
HCC	Hull City Council
HCP	Health Care Professional
HCV	Humber Coast and Vale Cancer Alliance
HERPC	Hull and East Riding Prescribing Committee
HSCN	Health and Social Care Network
HUTHT	Hull University Teaching Hospital NHS Trust
Humber TFT	Humber Teaching NHS Foundation Trust
IAGC	Integrated Audit and Governance Committee
IBCF	Integrated Better Care Fund
ICOB	Integrated Commissioning Officer's Board
IFR	Individual Funding Request

IPC	Integrated Personal Commissioning
ITT	Invitation to Tender
IRP	Independent Review Panel
JCF	Joint Commissioning Forum
LA	Local Authority
LDR	Local Digital Roadmap
LAC	Looked after Children
LRM	Local Resolution Meeting
MDT	Multidisciplinary Team
MH	Mental Health
MSK	Musculo-Skeletal
MSD	Merck Sharpe Dohme
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NHSI	NHS Improvement
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PDB	Programme Delivery Board
PHBs	Personal Health Budgets
PHE	Public Health England
PMLD	Profound and Multiple Learning Difficulties
PTL	Protected Time for Learning
SCR	Summary Care records
SHO	Senior House Doctor
SPD	Sensory Processing Disorder
SATOD	Smoking Status at Time of Delivery
SLIP	System Lead Interoperability Pilot
SOP	Standard Operating Procedure
SSSS	Specialist Stop Smoking Service
TCP	Transforming Car Programme
ToR	Terms of Reference
YHCR	Yorkshire & Humber Care Record