

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 1 MAY 2020, 9.30 AM

GoToMeeting

Present

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
A Oehring, NHS Hull CCG, (Clinical Member)
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)
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

D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

2. MINUTES OF PREVIOUS MEETING HELD ON 6 MARCH 2020 AND 3 APRIL 2020

The minutes from 6 March 2020 and 3 April 2020 were submitted for approval and taken as a true and accurate record subject to the following amendment

March 2020

6.2e Optimisation Work Plan

Delete paragraph 6 and replace with

Dr Oehring expressed that this was really pleasing to see the reduction in Pregabalin/Gabapentin analgesic volume was being replaced by reduction in the inappropriate prescribing of hypnotics and anxiolytics; she felt that GPs would had

more influence on the prescribing of these drugs rather than pregabalin/gabapentin which were commonly initiated by secondary care.

3. MATTERS ARISING FROM THE MEETING

The Action List was not distributed due to there being no outstanding actions.

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.

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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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 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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5.2 GIFTS AND HOSPITALITY

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

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no gifts and hospitality declared.
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6. STRATEGY

There were no items of Strategy to discuss.

6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

The Medicine Optimisation Pharmacist NECS provided a report for Committee approval of Brolucizumab indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (AMD).

It was stated that Brolucizumab had been considered via the Hull University Teaching Hospitals NHS Trust (HUTH) – Drugs Therapeutics in April 2020 and it was felt it was clinically satisfactory to approve.

Brolucizumab would be used for the treatment of neovascular (wet) age-related macular degeneration (AMD).

It was stated that Brolucizumab had not yet been reviewed by NICE and the NICE TA decision had been delayed due to COVID19 prioritisation by NICE.

The Drugs and Therapeutics (D&T) at HUTH submission explained that the product is needed due to 'The intravitreal service was at a red on the risk register for Ophthalmology due to lack of capacity to inject and assess patients in a timely manner. Head to head studies with Eylea (HAWK/HARRIER) demonstrate a more potent action for controlling disease activity with Brolucizumab which would lead to a reduced demand for injections and would improve timely treatment for injection patents with fewer DoC and SI events.

The question was posed as to whether the Committee should approve Brolucizumab when NICE had not approved. It was agreed that Brolucizumab be approved as there were no controversial issues within the information received with a caveat that if additional information was received in the future and when NICE had made a decision, Brolucizumab could be reviewed.

A IFR threshold/criteria would be drawn up for the use of Brolucizumab by the Deputy Directors of Commissioning in Hull and East Riding CCG's along with The Medicine Optimisation Pharmacist NECS and if patients did not meet this then a request could be submitted to the IFR panel to look at exceptionality.

Resolved

(a)	Members of the Planning and Commissioning Committee approved Brolucizumab indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (AMD) with the caveat of future change if required.
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6.2b HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

There was no report was no report assigned to this item to discuss.

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

There was no report was no report assigned to this item to discuss.

6.3 INTEGRATED COMMISSIONING

6.3a COMMUNITY EATING DISORDER SERVICE, CYP

The Strategic Lead – Mental Health & Learning Disabilities presented the joint Hull and East Riding of Yorkshire Children’s & Young People’s Community Eating Disorder Service Specification with amendments which had been requested at the February 2020 Committee Meeting.

It was stated the service was operational and that both paediatricians at HUTH and lead GP from East Riding had been heavily involved in the initial development of the service specification as NHS East Riding are the contract leads for the Humber Teaching NHS FT mental health services.

A wide and varied discussion occurred around the initial assessment of children. It was stated that a children would not generally wait in excess of 20 days for a routine referral into the service therefore the section of the Service Specification requiring GPs to monitor young people who are waiting initial assessment would be minimal and if required would predominantly be undertaken by nurses or HCAs in the GP surgery.

Concern was raised around the monitoring of BMI and BP, it was stated that this could be undertaken remotely utilising technology when appropriate ensuring that there was continuity for children.

It was stated that the Eating Disorder service was not a service which was best delivered remotely as the condition was extremely emotional hence children would be seen at GP ‘cold’ sites due to the current COVID 19 restrictions.

It was acknowledged that children are in receipt of supplementary support services should they had to wait for the eating disorder service initial assessment.

Additional engagement work would be undertaken as part of the wider Thrive Partnership communication and engagement work plan.

Resolved

(a)	Members of the Planning and Commissioning Committee approve the Eating Disorder Service Specification with the caveat of additional engagement work being undertaken.
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6.3b COVID 19 PATHWAY CHANGE PROCESS AND KNOWN CHANGES

The Deputy Director of Commissioning provided a report outlining the interim process set up across Hull and East Riding of Yorkshire CCGs to support the review and

agreement of system changes relating to the COVID 19 response. It also identifies those changes that had been notified to the CCG.

Provider organisation Business Continuity Plans (BCPs), and the contracts agreed between commissioners and providers, outline those services which commissioners see as essential to continue at all times and those which could be stood down in times of an emergency.

A number of organisations suspended services in line with organisational BCPs, regrettably the communication of these changes was not always systematic and whilst individual managers were sometimes notified this was not always undertaken nor were the changes communicated wider.

In order to resolve this situation a process has been put in place jointly by Hull and East Riding CCGs which sets out how the CCGs expect service changes to be communicated to the CCGs and the process that would be followed to review the service changes and confirm that the CCGs would endorse the changes.

Wherever possible the aim was to be consistent regarding how guidance was implemented across the whole STP. This was starting to develop however local commissioning differences and organisational working practices means that a single STP wide document was not always feasible and, in these cases, a core interpretation of guidance was maintained and local differences are included.

A list of services changes were identified which was not exhausted, an exercise had commence on identifying all service changes

A second phase of NHS response to COVID 19 had been received from Simon Stevens identifying the areas of work which need to be addressed.



second-phase-of-nhs-response-to-covid-19-

Within the letter it stated that there would be an increased demand for COVID 19 aftercare and support in community health services, primary care and mental health.

The following specifics areas were highlighted to be undertaken within the next 6 weeks:

- Safe switch to deliver services again.
- Systematic testing for patients.
- A national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service, a letter would be circulated to care homes shortly advising them of the expectations.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the implementation process and the not exhaustive service changes list which the CCG had been notified of.
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7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

There was no report was no report assigned to this item to discuss.

8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

There were no items to refer to another Committee.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The minutes of the Quality and Performance Committee on 26 February 2020 were circulated for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no minutes to circulate.
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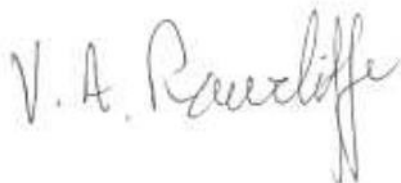
10. GENERAL

10.1 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 **5th June 2020, 9.30 Via GoToMeetings.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 5th June 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