

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 6 AUGUST 2021
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the August Committee.

PLANNED CARE

MSK

Several meetings had been held nationally; it was acknowledged that the ICS were undertaking MSK as a significant piece of work. The ICS would be promoting a pathway approach. Hull were unique across the ICS in having commissioned health share to provide MSK support. It was acknowledged that other areas were working with primary care and putting first contract physios in primary care to deliver the service. Work was being carried out on whether Hull CCG would continue with the service that was in place or move towards having first contact physios in Primary Care sites. Health Share had spoken to all Clinical Directors about placing first contact physios in Primary Care Sites.

It was stated that the Health Share contract was payment by results therefore NHS Hull CCG would not be financially damaged if the number of appointments reduced.

Skin Cancer Referrals

All practices within Hull hold a dermatoscope holder and Iphone. It was noted that the PIP pages on the Hull portal had the old versions of documents and referral forms uploaded. It was noted that work was being undertaken to align the pages as the joint PIP page on the portal had the most up to date versions uploaded.

It was requested that Simon Caruthers present quarterly webinars for a year, so all clinicians have the opportunity to attend.

Community Diagnostic Hubs

The principle of having diagnostic hub was that planned elective diagnostics would be out in the community and the hospital should focus on the needs of urgent, emergency care and inpatients.

The expectation nationally for Community Diagnostic Hub was that appropriate elective diagnostic were pulled out of the hospital.

A spending review was under way to ascertain how much money would be required to create a Community Diagnostic Hub.

The ICS would put forward nationally a model of where diagnostic hubs and spokes would be across the whole of the ICS. The ICS information would be high level and non-committal.

Local discussions would be held to determine what was needed and required for the Hull and East Riding Community Diagnostic Hub and escalated to ICS level.

The ICS would then look at sourcing 50m across Hull and East Riding to put in place a Full Diagnostic Hub. The preferred location of the hub was Hull City Centre. Spokes would be identified which would have the majority of services that were in the hub although the CT and MRI would be mobile. Conversations were being held with PCNs and practices on local hublets to ascertain where they would be placed. The hublet, spoke and hub would be connected into a single virtual model using the same documentation and IT.

A general submission would be placed week commencing 9th August 2021, further discussions may occur in September 2021 when the vision for Hull and East Riding would be voiced in more detail.

Engagement/Consultation would be required to move significant amounts of diagnostics from where they were provided at present.

VULNERABLE PEOPLE AND LEARNING DISABILITIES

It was acknowledged that the national target for Learning Disability Annual Health Checks target had not been reached. It was noted that there had been discrepancies between the national and local data. Quarter 1 data was awaited as the issue which was causing the discrepancies had been addressed. It was stated the Health and Wellbeing service would focus on the nationally reported data to ensure Learning Disability Annual Health Checks being achieved.

An expression of interest had been submitted to become an exemplar site, to work across the Humber sharing the learning of Hull.

COVID Vaccination Data

89.4% of 16 + and on a LD register had received their first vaccination.

92.6% of 16 + and on a LD register had received their second vaccination.

A comparison was being worked on to determine how this data equates to the non-LD population.

The Profound and Multiple Learning Disability Speciality Doctor had been in post for 4 months. Feedback had been extremely positive for this appointment. A piece of research was due to be undertaken to evaluate the appointment, this would be used nationally as the Profound and Multiple Learning Disability Speciality Doctor in Hull was the first appointment of a in the county.

Out of Area placements at the end of Q4 was against trajectory. At present time Humber were 5 above trajectory. It was noted that coming out of lockdown had seen the complexity of cases in the community increase and placement becoming unstable, this was being managed by the Transforming Care Programme.



Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
August 2021