

## PLANNING AND COMMISSIONING COMMITTEE

### MINUTES OF THE MEETING HELD ON FRIDAY 4<sup>th</sup> SEPTEMBER 2020, 9.30 AM

#### GoToMeeting

#### Present

I Goode, NHS Hull CCG, (Lay Member) (Chair)  
A Oehring, NHS Hull CCG, (Clinical Member)  
B Ali, NHS Hull CCG, (Clinical Member)  
M Balouch, Hull CCG, (Clinical Member)  
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
M Whitaker, NHS Hull CCG, (Practice Manager Representative)  
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)  
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)  
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)

#### IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)  
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)  
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)

#### WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

#### 1. APOLOGIES FOR ABSENCE

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)  
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)  
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)  
J Mitchell, Associate Director of IT for the CCG's across the Humber

#### 2. MINUTES OF PREVIOUS MEETING HELD ON 3<sup>rd</sup> JULY 2020

The minutes of the meeting held on 3<sup>rd</sup> July 2020 were submitted for approval and taken as a true and accurate record,

#### Resolved

(a)	The minutes of the meeting held on 3 <sup>rd</sup> July 2020 were taken as a true and accurate record and signed by the Chair.
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#### 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 3<sup>rd</sup> July 2020 was provided for information, and the following updates were provided:

**06.09.19 6.2 - Centralised Stoma and Continence Prescribing Service** – This would be reviewed as part of the community service contract.

#### 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)	The Planning and Commissioning Committee noted that there were no 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 to;

The following declarations of interest declared.

Name	Agenda No	Nature of Interest and Action Taken
A Oehring	6.2d, 6.4a	Financial Interest – Partner at Sutton Manor Surgery
B Ali	6.2d, 6.4a, 6.5, 6.6, 6.8	Financial Interest – Partner at Modality Partnership

##### Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared.
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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 June 2020.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no gifts and hospitality declared.
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### 5.3 Board Assurance Framework 2020/21 (BAF)

The Chair provided a report to advise Committee Members of the current Board Assurance Framework for discussion.

Committee Members were advised that the Board Assurance Framework (BAF) had been refreshed for 2020/21 and presents the current position against the assessed risks to the CCG.

The BAF comprises a total of 31 risks relating to the 9 strategic objectives of the CCG.

The risk ratings within the BAF are broken down as follows:

Risk Category	Number of risks
Extreme	6
High	24
Moderate	1

It was noted that the Health and Wellbeing Board had now reconvened following Covid 19 and priorities were being set in line with meeting the local inequalities agenda. Hull Placed Board priorities were being refreshed.

## Resolved

(a)	Members of the Planning and Commissioning Committee reviewed and commented on the Board Assurance Framework.
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### 5.4 RISK REPORT

The Chair provided a report to brief Committee Members on the commissioning risks on the corporate risk register.

There are currently 40 risks on the CCG risk register. Of these 8 are regarding Planning and Commissioning.

The overall profile of the P&C risks on the risk register are as follows:

- 6 risks are rated as high;
- 2 risk is rated as moderate;

It was noted that all risks had been reviewed and routine reviews would occur as planned.

Discussion took place around the following risks:

Risk 898 - This would be taken to IACG for closure.

Risk 839 - A further update was required.

Risk 932 – A wide and varied debate occurred around the risk rating. The Deputy Commissioning Manager suggested that the original and current risk rating were from when the risk was identified. It was agreed that a further review of the risk be undertaken and the risk be re-rated in light of current circumstances.

Risk 939 - Members requested that the risk be reviewed in light of the carbon footprint changes arising from the recent Covid 19 pandemic.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted and commented where appropriate on the relevant risks, controls and assurances within the corporate risk register.
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## **6. STRATEGY**

### **6.1 PUBLIC HEALTH BY EXCEPTION**

The Consultant in Public Health Medicine and Associate Medical Director updated Committee Members on the following topics:

NHS Hull CCG and Hull City Council Public Health are working together around the 2020 flu vaccination process. There was a substantial increase in the cohort of individuals being invited to partake.

The Inequalities group had compiled a Rapid Health Needs Assessment which would be presented to the NHS Hull CCG Board in September 2020. It was stated that once approved by the Hull City Council Public Health Director a copy would be circulated to Planning and Commissioning Committee Members.

It was noted that the procurement of 0 – 19 services were in progress. Tender would be published in June 2021 with mobilisation in December 2021.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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### **6.2 MEDICINES MANAGEMENT**

#### **6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)**

The Medicines Optimisation Pharmacist provided a report for Committee approval of Fremanezumab.

Committee Members were requested to review the NICE TA631 for Fremanezumab plus decide on the assurances in the prescribing of Fremanezumab as per NICE TA631.

Fremanezumab had been considered and approved by NICE. NHS East Riding of Yorkshire CCG had approved Fremanezumab with a cap of 50 patients per year. Discussion occurred around Fremanezumab and prescribing with the following points being highlighted:

- Fremanezumab had a 45% response rate and should be stopped if the migraine frequency does not reduce after 12 weeks of treatment.

- The potential use of the Blueteq system.
- Spire had a chronic migraine service and it was felt there would be a bigger impact there.
- There was a discrepancy within the numbers proposed for the use locally and the NICE modelling
- Due to the cost there would be a significant increase in cost to NHS Hull CCG.

It was agreed that Blueteq should be the monitoring tool for HUTH and Spire for patients commencing on Fremanezumab and reviewing patients on the drug relevant to the NICE TA.

The question was posed as to whether Fremanezumab was used prior to or after botox.

It was stated that a cap could not be applied but the figures needed to be monitored and understood. An indicative usage figure was to be agreed and the contract monitored against this would be discussed with the providers. If the indicative figure was being approached a review would be undertaken to assess the latest data against usage trends.

It was agreed that a robust monitoring system would need to be implemented and a report of activity and expenditure to be presented to the March 2021 Planning and Commissioning Committee.

### Resolved

(a)	Members of the Planning and Commissioning Committee approved Fremanezumab indicated and approved in line with NICE TA631
(b)	Members of the Planning and Commissioning Committee recommended that HUTH uses the Blueteq system related to new starts and follow up reviews
(c)	Members of the Planning and Commissioning Committee recommended that Spire uses the Blueteq system related to new starts and follow up reviews (subject to provider agreement and contracting input).
(d)	Members of the Planning and Commissioning Committee requested a report of activity and expenditure is presented to the March 2021 meeting.

### 6.2b 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 change in usage applications and traffic light status.

The Summary of new drug/change in usage application had been circulated for information. It was conveyed that the amendments would be no effect on CCG prescribing they were NHS England commissioned.

### Resolved

(a)	Members of the Planning and Commissioning Committee approved the report provided re: new drugs or change in usage applications and traffic light status
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## 6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist provided an update on changes or additions to NICE publications, and their implications for CCG Commissioners.

The Committee Members were asked to note the May 2020 and June 2020 NICE Guidance summary in particular:

The following NICE guidance and Technology Appraisal were highlighted to Committee Members.

### May 2020

NG175 - COVID-19 rapid guideline: acute kidney injury in hospital - NICE stated the guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners – the guidance was discussed at HUTH's Drugs and Therapeutics Committee.

NG176 - COVID-19 rapid guideline: chronic kidney disease - NICE stated the guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners – the guidance was discussed at HUTH's Drugs and Therapeutics Committee.

NG177 - COVID-19 rapid guideline: interstitial lung disease - NICE stated the guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners – the guidance was discussed at HUTH's Drugs and Therapeutics Committee.

NG167 - COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders - Discussed at HUTH's Drugs and Therapeutics Committee

NG160 - COVID-19 rapid guideline: dialysis service delivery - Discussed at HUTH's Drugs and Therapeutics Committee.

### June 2020

TA626 - Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure - NICE stated this guidance was applicable to Secondary care - acute – Commissioned CCG - Discussed at HUTH's Drugs and Therapeutics Committee – awaiting application from specialty.

TA631 -Fremanezumab for preventing migraine - NICE stated this guidance was applicable to Secondary care - acute and Tertiary care – Commissioned CCG - Discussed at HUTH's Drugs and Therapeutics Committee

TA633 - Ustekinumab for treating moderately to severely active ulcerative colitis – NICE stated this guidance was applicable to Secondary care – acute – Commissioned CCG - Discussed at HUTH's Drugs and Therapeutics Committee – Gastro Biologics pathway to be reviewed for inclusion

NG 178 - COVID 19 rapid guideline: renal transplantation - NICE state this guidance is for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners - Discussed at HUTH's Drugs and Therapeutics Committee.

N157 - Joint replacement (primary): hip, knee and shoulder - NICE stated this guidance was applicable to Secondary care – acute -Commissioner: CCG - NICE anticipate a cost saving - Implementation to be reviewed via Quality Meetings with HUTH.

### Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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## 6.2d CCG Medicines Optimisation Work Plan for 2020/2021 Update Paper

Dr Bushra and Dr Amy Oehring declared financial interests in agenda item 6.2d as partners in GP practices, members could participate in the discussion. The declarations were noted. All remained on the call for that agenda item.

The Medicines Optimisation Pharmacist provided an update to advise Committee Members on the proposed start and recommendations of the CCG Medicines Optimisation Work Plan for 2020/21 which had been paused due to the COVID 19 pandemic.

It was conveyed that due to the Covid 19 pandemic work had not started on the Medicines Optimisation work plan for 2020/21 as the team had been redeployed to undertake Covid 19 response work.

A revised work plan had been compiled for the approval of the Planning and Commissioning Committee.

It was stated that if approved, work would commence with Primary Care Networks and GP practices. The agreed areas in the workplan to commence and progress work during 2020/21 were:

- OptimiseRx
- Pharmaceutical rebates
- Biosimilar opportunity utilisation
- PbR High cost drugs/Blueteq
- Patent expiry
- Control withdrawal of managed repeats
- Self-care
- Analgesia – Campaign to reduce opioid prescribing (CROP)
- Low value medicines – as per the NHS England Guidance
- Core work (specials, red drugs, high cost drugs, unspecified drug codes, ghost prescribing)
- Oral nutrition – SIP feeds
- Oral nutrition – baby foods

Due to the workplan being only for 6 months there would be an impact on QIPP delivery.

A caveat was agreed that if there was a resurgence of Covid 19 or other CCG/PCN priorities in year the work plan would be reviewed.

### Resolved

(a)	Members of the Planning and Commissioning Committee approved the proposed CCG Medicines Optimisation Work Plan.
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## 6.3 INTEGRATED COMMISSIONING

### 6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Deputy Chief Finance Officer advised Committee Members that the September 2020 ICOB had been postponed due to the number apologies received. Committees in Common would recommence meeting in October 2020.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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### 6.4 INTEGRATED DELIVERY

#### 6.4a PRIMARY CARE

Dr Bushra and Dr Amy Oehring declared financial interests in agenda item 6.4a as partners in GP practices, members could participate in the discussion. The declarations were noted. All remained on the call for that agenda item.

The Head of Commissioning – Integrated Delivery provided a report to update Committee Members on the developments in Primary Care.

The following areas within the report were highlighted.

Planning for the Phase 3 Operational plan had commenced in June and July 2020 across the 4 Humber CCGs footprint. The plan had been reviewed in light of the Phase 3 letter received. Local delivery plans were being developed at place.

An expanded Flu programme was being progressed.

From October 2020 further stages of the Primary Care Plan needed to be implemented.

General Practices had received a letter in August outlining the tasks that needed to be undertaken to secure and expand the workforce within Primary Care. PCN link managers were currently working with PCNs to support submission of workforce plans.

The move of Extended Primary Care Medical Service into Primary Care Networks had been postponed until April 2021. In addition to the services approved to move services from Practices to PCN's at the December 2019 Primary Care Commissioning Committee the following additional services/intervention are being reviewed to potentially move.

- Insertion of Ring Pessaries
- Secondary Care Generated Interventions - Hep B / Chicken Pox / Aranesp
- ECG
- PSA monitoring

There had been 2 GP returners in Hull. One was working in practice and the other was supporting CCG work.

All care homes were aligned with either a PCN or GP Practice. The Deputy Director of Quality and Clinical Governance / Lead Nurse stated that the changes being undertaken in care homes was extremely positive and a lot of lessons had been learnt which would apply to home based cares.

Pulse Oxymeters were being rolled out to care homes.



Concern was expressed around the introduction of technology and how practices would reach out to individuals. It was acknowledged that work needed to be undertaken to deliver technology effectively.

The Associate Director of Communication and Engagement stated that a large piece of work around patient and public engagement had been undertaken around patients reviews of primary care and the pandemic response which would be presented to the October 2020 Primary Care Commissioning Committee and December 2020 Planning and Commissioning Committee.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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### 6.4b PROJECT EXCEPTIONS

#### Unplanned Care

Talk before you Walk had changed to “Help us to Help you” and would be provided by NHS111. The proposal was that everyone would contact either 111 or their GP prior to setting off to access unplanned care (with the exception of those needing a 999 response).

Work was being undertaken on the directory of service and diversionary pathways to ensure patients are directed and given appointments in the most appropriate service for their needs.

It was acknowledged that if patients turn up at A&E or Urgent Treatment Centres and had not called NHS111 they would be triaged and directed to the most appropriate venue for treatment.

Communication plans were being developed to raise public awareness of the service.

It was stated that a more formal paper would be brought to the November 2020 Planning and Commissioning Committee.

#### Mental Health and Learning Disabilities

Interviews were taking place for the Strategic Lead for Mental Health on 11<sup>th</sup> September 2020.

Expressions of interest for the Project Lead for the NHS England funded Mental Health Support Teams in schools had been circulated internally within the CCG.

#### Planned Care

The Trust are looking into surgical and theatre capacity and how they could increase the capacity level to 90% of the pre Covid capacity.

A mobile x-ray unit was being looked into.

Waiting lists in all specialities are being reviewed and appointments would be provided on a high risk, high priority status.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
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### 6.5 INDIVIDUAL FUNDING REQUEST

Dr Bushra Ali declared financial interests in agenda item 6.5 as partner in a GP practice, member could participate in the discussion. The declarations were noted. Dr Bushra Ali remained on the call for that agenda item.

The Deputy Director of Commissioning provided a report updating Committee Members on the applications of the Individual Funding Request Policy and Process for assurance and quality purposes.

Committee Members were advised that the annual report provides assurance and information regarding the activity and performance of the Individual Funding Request (IFR) service for the financial year 2019/2020.

It was stated that during the pandemic all IFR requests had been clinically triaged and then endorsed virtually by the IFR panel.

General Practice refer the majority of cases to the IFR panel and a guidance note is being prepared outlining what should be referred and the information required in the referral.

It was noted that restrictions are being implemented for pain injections as this had escalated after the withdrawal of pain infusion.

## Resolved

(a)	Members of the Planning and Commissioning Committee approved the report.
(b)	Members of the Planning and Commissioning Committee recommend the report to the Integrated Audit and Governance Committee.

### 6.6 FIT TESTING

Dr Bushra Ali declared financial interests in agenda item 6.6 as partner in a GP practice, member could participate in the discussion. The declarations were noted. Dr Bushra Ali remained on the call for that agenda item.

The Humber Coast and Vale Cancer Alliance provided a report proposing the use of Faecal Immunochemical Testing (FIT) as part of the Lower Gastro-Intestinal (LGI) 2 week wait (NICE Guidance 12) referral process.

Extensive clinical engagement had taken place with regards to this policy in recognition that this was the first time that as a system we have been asked to implement a pathway change due to COVID 19.

It was stated that the proposal had presented to the 5 other CCGs across the patch and had been approved. The Local Medical Committee (LMC) had positively received the proposal.

Dr Ali asked what would happen if the FIT test was less than 10. Committee Members were advised that the patient would remain on a tracking list as a score of less than 10 was out of scope of the policy. It was conveyed that although not eligible for FIT testing patients may be considered via an alternative route. Committee Members were advised that patients with a score less than 10 some trusts discharge the patients and other trusts add patients to a cancer tracking list but the patient does not receive treatment. Clarity was requested on HUTHs approach.

### Resolved

(a)	Members of the Planning and Commissioning Committee noted and approved commencement of Lower GI pathway redesign of FIT as a standardised part of the 2 week wait referral pathway across HCV.
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## 6.7 HUMBER POLICIES PHASE 3

The Deputy Director of Commissioning provided a report advising Committee Members that the four Humber CCGs, Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust have been working together over the past 12 to 18 months developing joint commissioning policies specifically in relation to treatments / interventions where the evidence base is limited. This report presents the phase 3 policies that have been reviewed and are proposed for adoption across all 4 Humber CCGs as well as a refreshed Gamete Storage policy.

Phases 1 and 2 had been completed of the amalgamation of policies across the 4 Humber CCGs.

This third phase represents the final cohort of current commissioning policies that were either identified as being applicable to all 4 CCGs not just a single CCG or reflected changes to national policies. Gamete storage was also reviewed separately to ensure that it reflected national best practice on accessibility of gamete storage.

The following policies and EQIAs were circulated for approval.

- Acupuncture
- Cyclone Plus
- Facet Joint Injection
- Infusion Therapy
- Medical Branch Block
- Spinal Epidural Injection or Nerve Root Block
- Other Intervention for non-specific low back pain
- Intraneural Urethral Bulking procedures

The Phase 3 Commissioning Policies document was circulated for completion.

A few policies remain that solely apply to NHS Hull CCG, mainly relating to drugs, which require reviewing as the areas identified are covered by guidelines under the Hull & East Riding Prescribing Committee and, therefore, represent a duplication.

In addition, national consultation had just closed on the next wave of national evidence-based interventions which would be released for CCGs to commission later this financial year. This would constitute phase 4.

## Resolved

(a)	Members of the Planning and Commissioning Committee approved the stated commissioning policies for us by the CCG in commissioning services from the relevant providers and as part of the Value Based Commissioning Checker process.
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### 6.8 TARGETED LUNG HEALTH CHECK (TLHC) PROGRAMME RESTART UPDATE

Dr Bushra Ali declared financial interests in agenda item 6.8 as partner in a GP practice, member could participate in the discussion. The declarations were noted. Dr Bushra Ali remained on the call for that agenda item.

The Deputy Director of Commissioning provided a report advising Committee Members with an update on the proposal to restart the Targeted Lung Health Check (TLHC) Programme in Hull in October 2020.

Committee Members were advised that The Targeted Lung Health Check (TLHC) Programme would recommence October 2020 for 2 days a week with initial consultations being undertaken over the telephone. Referrals would continue to be made to smoking cessation support.

In light of the COVID pandemic, NHS England have agreed to extend the length of the programme to ensure the same cohort of individuals who were eligible were seen.

## Resolved

(a)	Members of the Planning and Commissioning Committee considered the contents for the report and approved the restart of the Targeted Lung Health Check programme in Hull.
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### 6.9 HUMBERSIDE FIRE AND RESCUE, FALLS SERVICE

The Head of Contract Management provided a report to update Committee Members that after a pilot of supporting falls patients between NHS Hull CCG and Humberside Fire and Rescue Service (HFRS), a long-term agreement was made for the service to be delivered through City Health Care Partnership (CHCP) and financially supported by the CCG. This was agreed through the Prioritisation Panel process. This paper is a request to increase the financial support provided to HFRS for the delivery of the Falls Service, via CHCP.

A robust discussion occurred around the service with the following points being brought to Committee Members attention:

Clarification was requested on what where the plans for evaluation as the cost of the service seemed extremely expensive and no evaluation had been completed.

Dr Oehring and Dr Ali posed questions and requested data on the hours the service was available on how effect the service was.

It was stated that if the service does not continue there may a wider impact on the public as patients may be taken to the Emergency Department. Committee Members were advised that paramedics have alternative options for seeking advice following COVID changes.

The Deputy Chief Finance Officer noted that the nationally agreed finance package for CCGs had not as yet been received; therefore, if approved the CCG may not be able to allocate the funding.

Committee Members declined the request for further funding and requested that a full evaluation should be provided assessing value for money.

It was agreed that the Head of Contract Management would hold discussions with HFRS advising them of the decision as requesting a full evaluation of the service be presented to a future Planning and Commissioning Committee if the funding case was to be considered again.

## Resolved

(a)	Members of the Planning and Commissioning Committee declined an additional investment of £69K plus VAT, per year.
(b)	Members of the Planning and Commissioning Committee requested a full evaluation providing be brought to a future Planning and Commissioning Committee if the funding case was to be considered again.

## 7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

### 7.1 PROCUREMENT UPDATE (STANDING ITEM)

The Deputy Chief Finance Officer provided a paper to update Committee Members of the position in respect of procurement in NHS Hull CCG.

The Procurement Panel re-commenced meetings in July 2020 following an appropriate pause to enable support for the Covid19 emergency pandemic response.

From 1 April 2020 the Non-Emergency Medical Transport service became operational following a successful transition to the new provider, Yorkshire Ambulance Service NHS Trust.

From 1 April 2020 the Primary Care IT service became operational following a successful transition to the new provider, N3i Limited.

The refreshed *NHS Hull CCG Procurement Framework* and the *Financial Policy and Procedure - Procurement* had been circulated with tracked changes. Committee Members noted the alterations and approved both documents.

## Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the procurement activity being planned and undertaken.
(b)	Members of the Planning and Commissioning Committee approved the updated NHS Hull Procurement Framework.
(c)	Members of the Planning and Commissioning Committee approved the updated Financial Policy and Procedure - Procurement.

## 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

There were no Quality and Performance minutes to circulate.

#### 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 AoB to discuss.

#### Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no items of Any Other Business to discuss.
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### 10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **6<sup>th</sup> November 2020, 9.30 Via GoToMeetings.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 6<sup>th</sup> November 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