Item 11.1

PLANNING AND COMMISSIONING COMMITTEE

The Meeting was not Quorate, and the Chair would have final approval after the requested had been completed

MINUTES OF THE MEETING HELD ON FRIDAY 5th March 2021, 9.30 AM

Via MS Teams

Present
V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, Hull CCG, (Clinical Member)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
I Goode, NHS Hull CCG, (Lay Member) (Vice Chair)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
A Oehring, NHS Hull CCG, (Clinical Member)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:
D Robinson, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)

WELCOME & INTRODUCTIONS
The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
J Mitchell, Associate Director of IT for the CCG's across the Humber
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)

2. MINUTES OF PREVIOUS MEETING HELD ON 8th JANUARY 2021
The minutes of the meeting held on 8th January 2021 were submitted for approval and taken as a true and accurate record,

Resolved

(a)	The minutes of the meeting held on 8th January 2021 were taken as a true and accurate record and signed by the Chair.

3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 8th January 2021 was provided for information, and the following updates were provided:

Mental Health and Learning Disabilities - 05.06.20 – 6.2a

Status Update 05.03.21 – It was stated that crisis care was a multifaceted issue across the city. There were numerous workstreams which had commenced which were impacting on crisis care. It was proposed to employ a project manager to pull together a workstream to undertake a wholesale review of crisis care in its entirety and look at permanent solutions. A meeting had been arranged where Humber FT were looking at a proposal on how the crisis phone line operates. A key element within the meeting would be how the amended protocol was disseminated to PCN's.

It was stated that communication to the Crisis email address should now be directed to the ERS email. The ERS process would be communicated to PCNs via email so they were aware of the current procedure.

ITEM 6.6 PREVENTION OF STOKES RELATED TO ATRIAL FIBRILLATION

The Strategic Lead Primary Care advised Committee Members that the resources to support the PCN elements of the Atrial Fibrillation scheme had been approved on 26th February 2021 by the CCG Primary Care Commissioning Committee.

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 FIT (Faecal Immunochemical Test) < 10 in relation to Colorectal Cancer/Referrals would be taken as AOB at agenda item 10.1

Resolved

(a)	The Planning and Commissioning Committee noted that Faecal Immunochemical Test would be discussed at agenda item 10.1.

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 and 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
Masood Balouch	6.4a, 6.5	Financial Interest – Partner at Haxby Group the declaration was noted.
Bushra Ali	6.4a, 6.5	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, the declaration was noted.
Amy Oehring	6.4a, 6.5	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted.

Resolved

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

5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in January 2021.

Resolved

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

5.3 RISK REGISTER

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

There were currently 36 risks on the CCG risk register. Of these 8 were pertaining to Planning & Commissioning. Pertaining to

The overall profile of the Planning & Commissioning risks on the risk register was as follows:

- 6 risks were rated as high.
- 2 risk was rated as moderate.

Risk 839 – The Lay Member posed the question as to whether the recovery plan had been developed and if so, were there any trajectories. It was stated that the recovery plan had started to be implemented in terms of a new model of how the assessments were being undertaken. At present there were no trajectories although parameters around making sure the longest waits were assessed first had been voiced.

It was acknowledged that Children and Young People's needs should be supported and not the process of diagnosis therefore a personalised approach needed to be undertaken.

Resolved

(a)	The Planning and Commissioning Committee noted the relevant risks, controls, and assurances within the corporate risk register.

6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

Committee Members were advised that apologies had been received prior to the meeting from the Assistant Director Health and Wellbeing/Deputy DPH, therefore there would be no update.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there was no update provided.

6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no Clinical Commissioning Drug Policies to discuss.

6.2b1HULL & 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 drugs/change in usage application had been circulated for information.

The following drugs were highlighted.

Galcanezumab to be added to formulary – Red drug, CCG commissioned.
Dulaglutide – Line extension to include new 3mg and 4.5mg dose to be added to formulary – Blue drug, CCG commissioned.
Upadacitinib to be added to formulary – Red drub, CCG 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

6.2b2 HULL & EAST RIDING PRESCRIBING COMMITTEE Shared Care Framework to approve (updated). Plus additional commissioning cohort (learning disabilities) for Flash Glucose Monitoring (FreeStyle Libre®)

The Medicines Optimisation Pharmacist gave an update for Committee Members to consider and approve the Shared Care Framework from the Hull & East Riding Prescribing Committee meeting in January 2021; which had already been approved by Hull and East Riding Prescribing Committee. It was stated that shared care framework for Modafinil was already in existence. Committee Members were asked

to note that there had been a further indication added around excessive daytime sleepiness in Parkinson's and liver function testing had been added as needed therefore there would need to be a change in the CCG shared care monitoring drug list from level 1 only to level 1 or 3 or 4.

It was acknowledged the requirements within the list of responsibilities of clinicians was not specific enough i.e. what actions to do at what level of BP/heart rate/LFTs relevant to 'Check BP, heart rate and LFTs 6/12 when on stable dosing'. The Medicines Optimisation Pharmacist advised he would link with the HERPC/Interface pharmacist so that clearer specific instructions are added.

Committee Members reviewed and approved the additional NHS England commissioning cohort (learning disabilities) to the present CCG commissioning criteria;

'People with Type 1 diabetes or insulin treated Type 2 diabetes who were living with a learning disability and recorded on their GP Learning Disability register.' insertion

Resolved

(a)	Members of the Planning and Commissioning Committee approved (a) Shared care framework – Modafinil (updated for a further indication) SCF for Modafinil for Daytime Hypersomnolence and excessive daytime sleepiness in Parkinsons. Agree also that Modafinil was changed on the CCG GP practice near patient testing drug list from Level 1 only to Level 1 or 3 or 4 (Liver function tests were now included in the SCF)
	(b) Flash Glucose Monitoring (FreeStyle Libre®) – approved the additional NHS England commissioning cohort (learning disabilities) to the present CCG commissioning criteria; 'People with Type 1 diabetes or insulin treated Type 2 diabetes who were living with a learning disability and recorded on their GP Learning Disability register.' Be added.

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 October 2020, November 2020, and December 2020 NICE Guidance summary.

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

October 2020

QS47 – Heavy Menstrual Bleeding - NICE stated this guidance was applicable to Primary care and secondary care – acute – Commissioned by NHSE & CCG. NICE stated this would be cost neutral
NG183 - Behaviour change: digital and mobile health interventions - NICE stated this guidance was applicable to Various organisations – Commissioned via CCG & LA.

There had been amendments to NG173, NG170 and NH163 Covid 19 rapid guidelines.

November 2020

TA659 - Galcanezumab for preventing migraine - NICE stated this guidance was applicable to Primary care – Commissioned via CCG

TA152 - Drug-eluting stents for the treatment of coronary artery disease - Implementation to be reviewed via Quality Meetings with HUTHT

TA71 - Guidance on the use of coronary artery stents - Implementation to be reviewed via Quality Meetings with HUTHT.

QS68 - Acute coronary syndromes in adults - Implementation to be reviewed via Quality Meetings with HUTHT.

NG 184 - Human and animal bites: antimicrobial prescribing - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned via CCG. Primary care antibacterial Guideline would be reviewed with microbiology input.

NG185 - Acute coronary syndromes - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via NHSE & CCG. NICE stated this would be low cost. Implementation to be reviewed via Quality Meetings with HUTHT.

December 2020

TA664 - Liraglutide for managing overweight and obesity - NICE stated this guidance was applicable to Secondary care – acute - Pathway to be reviewed via HUTHT and CHCP.

TA665 - Upadacitinib for treating severe rheumatoid arthritis - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via CCG - NICE do not anticipate a significant resource impact.

NG104 – Pancreatitis - Baseline assessment tool Various from 2018 Practical steps to improving the quality of care and services

NG69 - Practical steps to improving the quality of care and services - Baseline assessment tool Various from 2017Practical steps to improving the quality of care and services using NICE guidance

NG59 - Low back pain and sciatica in over 16s: assessment and management - NICE state this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned via CCG

NG28 - Type 2 diabetes in adults: management - Various from 2015

Practical steps to improving the quality of care and services using NICE guidance

NG18 -Diabetes (type 1 and type 2) in children and young people: diagnosis and management - NICE state this guidance was applicable to Primary care, Community health care and Secondary care – acute - Commissioned CCG

NG17 - NICE state this guidance was applicable to Primary care, Community health care and Secondary care – acute - Various from 2015 Practical steps to improving the quality of care and services using NICE guidance

CG177 - Osteoarthritis: care and management - Various from previous updates

Practical steps to improving the quality of care and services using NICE guidance

CG147 - Peripheral arterial disease: diagnosis and management - Various from previous updates Practical steps to improving the quality of care and services using NICE guidance

MTG52 - Zio XT for detecting cardiac arrhythmias - NICE stated this guidance was applicable to Primary care, secondary care - acute and Tertiary care – Commissioned via CCG.

It was noted that relevant NICE guidance had been discussed at HUTHs Drugs and Therapeutic Committee.

A wide and varied discuss occurred around the prescribing of opioid for back pain. It was acknowledged that these were prescribed from various areas. HUTHT drug therapeutics were doing a piece of work around deescalating opioids before discharge. It was questioned as to who initially prescribed the medication it was agreed to further discuss outside of the meeting.

Clarity was requested and whether there was a group that would be responsible for compiling a collative review of opioid prescribing? it was agreed that the Deputy Director of Commissioning would discuss further with The Medicines Optimisation Pharmacist and Consultant in Public Health Medicine and Associate Medical Director NHS Hull CCG and Hull City Council to identify a way forward.

The Long Covid Clinic would be soft launched on 8th March and practices would be able to refer into the service.

Care homes were receiving Vitamin D batches without guidance, the question was posed as to whether guidance would be received on how to administer. The ICC have been reviewing the Vitamin D guidance and would be disseminated shortly.

Committee Members were advised that the action tracker devised from the actions identified from the Summary of NICE Guidance had been successful and at present there were only 4 actions outstanding.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.

6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Deputy Chief Finance Officer (JD) advised Committee Members that the Committee in Common (CiC) had met and approved the SEND Joint Commissioning Strategy, Community Wellbeing pre-procurement report and the BCS Plan. The Integrated Commissioning Officer Board (ICOB) was due to meet and would look at social prescribing and welfare advice and the homeless discharge service. Longer term projects include how telehealth and telecare could be integrated better across health and social care.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.

6.4 INTEGRATED DELIVERY

6.4a FOCUS AREAS

Dr Bushra Ali, Dr Masood Balouch and Dr Oehring declared financial interests in agenda item 6.4a as partners in GP practices. The declarations were noted. All remained on the call for that agenda item.

PRIMARY CARE

The Strategic Lead – Primary Care provided a report to update Committee Members on Primary Care.

The following areas were highlighted from the report.

COVID – 19 General update links had been inserted into the report.

Communication had been circulated to practices in January 2021 from NHS England and Improvement regarding supporting the COVID vaccination programme.

Additional funding for Clinical Directors of PCNs or employees had been disseminated due to the amount of effort that was being undertaken to ensure the vaccination programme was operating correctly.

An Oximetry@Home patient self-monitor model for support for COVID patients had been implemented. Practices would refer patients onto the scheme for 14 days, patients would then move off the monitoring programme and the equipment be returned.

A Standard Operating Procedure had been released for General Practice around Lateral Flow Testing and freeing up resources.

The transfer of money to PCNs for extended access had been deferred nationally until April 2022. Conversations had commenced in Hull therefore from April 2021 the extended access service would be transferred from City Health Care Partnership to PCNs.

There were three main providers for COVID vaccinations, Hospital Hubs, Large Scale Vaccination Centres and PCN sites. 70% of the vaccinations were being delivered from the PCNs sites and general practice. The Large Scale Vaccination centre appointments were booked via a national booking service. It was stated that patients were confused as they were receiving a letter from the national booking service and were receiving calls from PCNs.

GP Contract 2021/22 update summary

- In order to support pandemic response and vaccination programme – minimal changes and also delays to some previously agreed elements
- Would remain under review depending on progression of pandemic and vaccination programme
- Discussing introduction of a new enhanced service re obesity and weight management as early as possible during 2021/22 - need assurance regarding services being available in all areas.

Specific PCN DES changes:

- Extension of roles for ARRS
- Additional service specifications delayed

- New mental health practitioner role – 50% funded from mental health trusts and 50% through ARRS – working with the Strategic Lead for Mental Health and PCNs to implement (increases by a further 1 per year over next 2 years
- No change to care homes service
- Minor changes to early cancer diagnosis eg. sharing of cervical screening capacity, and Structured Medication Reviews

Targeted Lung Health Check
The service was planning to restart in mid-April. The restart would be phased increasing over time, and the amended national service would mean telephone assessment initially and no spirometry.

Community Pharmacy Enhanced services
Following the circulation of the PODIS paper in February, SLT had approved continuation of all services the CCG commissions from community pharmacies to 31/3/2022.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.

6.4b PROJECT EXCEPTIONS

Unplanned Care
ED performance was settling at early 70% of target, which had increased from last year's performance although they were seeing approximately 100 patients less.
NHS 111 and 111 First was having an impact. 111 were hearing and treating or triaging nearly 50% of calls to an alternative service.
Acute Care Navigation Hub data would be sourced and circulated to committee members.

The 7-day rate for Hull COVID was 157.8 per 100,000 which was above the national rate. The over 60 rates were 102.2 per 100,00 which was above the national rate.

HUTHT have 105 COVID positive patients on site which had dramatically reduced therefore the bed base was being reconfigured to assist with the increase of elective care. HUTHT had received advice from NHS England on in house COVID transmission as they were an outlier.

Diversionary pathways for 111 must completed by 31st March 2021. The main service was the frailty service helpline.

Mental Health and Learning Disabilities
No exceptions to report.

Planned Care
No exceptions to report.

Children, Young People and Maternity
Work was ongoing on the SEND Commissioning Strategy. The SEND Co-commissioning charter had been approved.

Cancer Network
No exceptions to report.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the exceptions.

6.5 SKIN CANCER REFERRAL PATHWAY

Dr Bushra Ali Dr Masood Balouch and Dr Oehring declared financial interests in agenda item 6.5 as partners in GP practices. The declarations were noted. All remained on the call for that agenda item.

The Deputy Director of Commissioning provided a report which sets out the joint work that had been undertaken between NHS Hull CCG, NHS East Riding of Yorkshire CCG, Hull University Teaching Hospitals NHS Trust and the Humber Coast and Vale Cancer Alliance to develop a revised two week wait pathway for suspected skin cancers that promotes the usage of tele dermatology where possible and includes Consultant referral review, advice and guidance as an integral part of the pathway.

The documents presented with the report were the near final documents that have been developed by the joint working group and which were reviewed by the Pathway Review Group where minor amendments were requested. These amendments were in the process of being undertaken and the final approval of the documents had been delegated to the joint Chairs of the Pathway Review Group. Final versions would be circulated to the Planning and Commissioning Committee members when available.

The Planning and Commissioning Committee was asked to consider, delegate the final approval of the documents as a Chair's Action.

Hull was identified as outliers (by) not offering the facility for primary care to submit pictures with skin referrals.

It had been proposed that three photos were submitted, one to give the position on the body, one a plain photo of the lesion, and a close up to provide detail (optional).

Money had been obtained from NHS Digital and through the Cancer Alliance to purchase iphone 6's, dermascopes and dermascope holders. It was stated video training would be shared on how to use the equipment.

ERS had been updated to receive photos which would be allocated to a consultant who would review all information, provide help and guidance and allocate onto the appropriate pathway if required. There would be no detrimental difference between referrals with or without photographs although a differential diagnosis would be obtained more quickly with photographs.

There was a strong expectation for photographs to be uploaded, concern was raised around the downgrading of referrals. It was stated that if HUTHT do not take the responsibility for speaking to patients about the downgrades then it would defer back to primary care. It had been voiced with HUTHT that the pathway may be changed if the downgrading of patients becomes an issue with primary care which could involve consultants contacting patients to discuss the findings rather than just downgrading. It

was hoped that the downgrading of lesions process be documented in the final completed documents.

Concern was raised around the numerous pathways, it was stated there remains a two week wait referral system, photos were optional but would assistant in diagnostics. The consultant would contact the patient and GP to advise them of all decisions.

It was acknowledged that each practice would have the appropriate equipment although may be shared across practices.

The Chair requested if Committee Members had any issues/questions or concerns around the pathway that they be forward to The Chair of NHS Hull CCG, The Chair of Planning and Commissioning and the Deputy Director of Commissioning and they would be raised at the next task and finish group meeting.

The Committee was asked to delegate authority to the Chair of Planning and Commissioning to approve the finalised documents.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the work to date on revising the two week wait skin cancer pathway.
(b)	Members of the Planning and Commissioning Committee reviewed the latest versions of the pathway documents, noting proposed changes.
(c)	Members of the Planning and Commissioning Committee noted and supported the Pathway Review Groups endorsement of the direction of travel and the principles that under
(d)	Members of the Planning and Commissioning Committee considered and supported, delegated approval of the documentation to the Chair.

6.6 COMMUNITY DYSPEPSIA PATHWAY

The Deputy Director of Commissioning provided a report which presents the proposed revised Community Dyspepsia Pathway that had been jointly reviewed by the Pathway Review Group. The Pathway Review Group identified minor changes to the proposal, which have been enacted, and the Pathway Review Group now recommend that Planning and Commissioning Committee approve the attached pathway for use.

HUTHT undertook a review of the pathway to ensure that patients presenting with dyspepsia of greater than 4 weeks duration in the community were directed to the most appropriate pathway for their presenting symptoms. The draft was reviewed by the Pathway Review Group who, after minor alterations, approved the pathway and resolved to recommend to Planning and Commissioning Committee the adoption of the revised pathway.

Clarity was requested on what the response time would be for a referral into the service. It was agreed that the Deputy Director of Commissioning advised that this would be investigated and circulated to Committee Members.

Concern was raised around the process if no response had been received within six weeks then the result should be chased. It suggested that the provider had systems in place to ensure results were raised with the GP as GPs do not have a process in place to chase results after six weeks.

Clarity was requested as whether a referral could be requested if a Gastroscopy was not appropriate. It was agreed that the Deputy Director of Commissioning would investigate and circulate the outcome to Committee Members.

It was requested that the dosages on the flowchart be more specific.

Clarity was requested on how patients with high platelets (thrombocytosis) aged over 55 with any of the following: nausea, vomiting, weight loss, reflux, dyspepsia, upper abdominal pain are referred for upper gastrointestinal endoscopy as NICE advises they should be considered for referral via direct access non-urgent endoscopy. It was agreed that the Deputy Director of Commissioning would investigate and circulate to Committee Members.

The Committee was asked and approved to delegate authority to the Chair of Planning and Commissioning when clarity had been received on the above points.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Chair would be delegated to approved the pathway in line with the Pathway Review Group recommendation when the queries had been answered.
(b)	The Deputy Director of Commissioning would investigate what the referral time into the Community Dyspepsia Pathway would be.
(c)	The Deputy Director of Commissioning would investigate if a referral could be requested if a Gastroscopy was not appropriate.
(d)	The Deputy Director of Commissioning would investigate where patients with high platelets were referred to.

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.

- Evaluation had been undertaken of the Homeless Discharge Service pilot and options for recommissioning were being considered.

A further consultation document was published on 11 February 2021 *'NHS Provider Selection Regime: Consultation on proposals*'.
https://www.england.nhs.uk/wp-content/uploads/2021/02/B0135-provider-selection-regime-consultation.pdf

It was stated that there were concerns being raised around the changes to public contract regulations and what this will mean for procurement It was acknowledged that that this could mean more flexibility for procurement of healthcare services.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the procurement activity being planned and undertaken.

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 December 2020 Quality and Performance Committee were provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the December 2020 minutes.

10. GENERAL

10.1 ANY OTHER BUSINESS

FIT (Faecal Immunochemical Test) < 10 in relation to Colorectal Cancer/Referrals

The report presents a revised proposal from Hull University Teaching Hospitals NHS Trust regarding the management of individuals with a Faecal Immunochemical Testing (FIT) result of < 10 with normal blood indices in relation to colorectal cancer/ referrals. With a FIT test of < 10 and normal blood indices the risk of colorectal cancer was less than 1 in 250 which was a lower risk than the risk of complications from scoping.

Hospital Clinicians were proposing that these patients would receive a letter stating that with all the information we have your risk was low, if your symptoms persist or get worse over the next 6 weeks please visit your GP. If the patient, then attends primary care again, the GP would reassess to see if the symptoms do reflect colorectal cancer and consider an alternative condition.

Committee Members were asked to support if the FIT was < 10 and all the blood screens were normal, and the consultant was happy the patient was referred to primary care for them to self-monitor and represent after 6 weeks if the symptoms were still there.

Dr Oehring suggested that the provider holds the patient for 6 weeks and the patient contacts them if the symptoms continue. HUTHT advised referring to primary care would be a lower risk for patients.

It was noted that if patients were not referred back to primary care they sit on a patient tracking list within HUTHT thinking they were being dealt with.

It was stated that general practice was not geared up to proactively tag patients to make sure they were reviewed and attend appointments at the appropriate time.

Within secondary care if you do not turn up for an appointment your notes were still reviewed.

It was suggested that the pathway be altered to state if the patient had been discharged by the colonoscopy team and, if after 6 weeks the patient was still symptomatic and had a negative FIT test, then a rapid diagnostic referral be made. The Chair agreed that this would be put in as a suggestion to the colonoscopy consultants.

The Committee was asked to delegate authority to the Chair of Planning and Commissioning when clarity had been received on the above points.

Resolved

(a)	Members of the Planning and Commissioning Committee approved to delegate authority for approval of the pathway to the Chair of Planning and Commissioning when clarity had been received on the above points.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 7th **May** 2**021, 9.30 Via MS Teams.**

Signed:

(Chair of the Planning and Commissioning Committee)

Date: 7th May 2021

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