



Item: 9.1

PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 5 MARCH 2021 CHAIR'S UPDATE REPORT

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the March 2021 Planning and Commissioning Committee.

FOCUS AREA UNPLANNED CARE

The Emergency Department 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.

NHS Hull CCG, NHS East Riding of Yorkshire CCG, Hull University Teaching Hospitals NHS Trust and the Humber Coast and Vale Cancer Alliance are working together 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.

Vincent Rawcliffe

V. A. Roweliffe

Clinical Chair, Planning and Commissioning Committee

March 2021