

**PLANNING & COMMISSIONING COMMITTEE  
MEETING HELD ON 7 MAY 2021  
CHAIR'S UPDATE REPORT**

**INTRODUCTION**

This is the Chair's report to the Clinical Commissioning Group Board following the May

**FOCUS AREA PLANNED CARE**

Committee Members were advised that the outpatient agenda had stalled due to the COVID pandemic, additional focus was now required, the Deputy Chief Finance Office (JD) had been identified to provide this.

**The following areas were highlighted from the report.**

**52 weeks wait** – Hull University Teaching Hospital NHS Trust (HUTHT) are required to reduce their 52 weeks wait down by 50% by September 2021, this being 8000/9000 patients. HUTHT had the highest number of 52 weeks wait patients in the country. Patients were being offered appointments at Bridlington, York, and Scarborough Teaching Hospital and across on the South Bank to try and reduce waiting times.

**Skin Cancer Referrals** – Communications were being written and would be circulated to practices W/C 10<sup>th</sup> May 2021 asking if their practice would like their dermatoscope and iphone and would be willing to use them. A Webinar had been scheduled to take place on the 9<sup>th</sup> June 2021 to show how to use a dermatoscope and demonstrate the process of linking images to the 2ww referral form.

**Ophthalmology** - The framework between Ophthalmology and providers had stalled due to pictures being required and providers not being able to undertake these.

**Outpatient Parenteral Antibiotic Treatment (OPAT)** – HUTHT had identified that in certain areas of the city patients were not attending appointments for treatment post discharge therefore are having to stay in hospital longer to complete treatment. A community site had been suggested in Hull (possibly The Parks). The aim was to offer IV antibiotics in the community to reduce length of stays and, in some cases, avert an admission attending Care homes to provide this service would be further along the line. Their service would be a joint delivery across providers. Clarity was requested on the operational process of the service; it was noted that a more comprehensive paper would be brought to the June 2021 Committee.

**Evidence Based Interventions / Humber Policies** - The second tranche of national evidence-based policies had been released. Work with Secondary Care was being undertaken to ensure they have processes in place, mainly around pain injections and diagnostics. Further information would be brought to the July 2021 Committee.

The Strategic Elective Board continues to meet across the Integrated Care System (ICS).

Initial work had commenced on having a single Patient Treatment List (PTL). P1 patients should be treated immediately, P2 should be treated within 28 days, if there were any P2 patients waiting for longer than 28 days and other trusts have capacity they should be transferred them.

## **HULL & EAST RIDING CHILDREN'S NEURODIVERSITY SERVICE**

The outline service was a co-produced model working with parents, young people, and professionals.

Work was being undertaken with Humber Teaching Foundation Trust (Humber TFT) for phase 1 developing a single service and working collaboratively with the Children's SEND Sleep Service (Hull). Development of the initial core Neurodiversity Service was in progress and would unite the following Hull and ERY services and teams:- Autism, ADHD, Children's Learning Disabilities and Sensory Processing Service (Assessment Hull Only) and was expected to be completed by Summer 2021.

Phase 2 commenced in March 2021 with a focus on the development and mobilisation of the single access 'front door' by the end of November 2021. This includes integrated working arrangements with both core and interdependent services. The front door was an open access, needs lead service. A request for support form was being developed for parents to complete, this would then be triaged to ascertain what support was required. Children and parents would be fully supported through their journey. There was a challenge to work in a different way and move from a pathway approach to triage approach.

The Committee were requested to approve nonrecurrent funding for 12/18 months to provide a blueprint for a need led population health service.

It was acknowledged that although East Riding CCG state they do not have funding to contribute to the service the money would have to be sourced as it was not the sole responsibility of NHS Hull CCG to commission the service. The Deputy Chief Finance Office (DS) would request the Chief Finance Officer NHS Hull to further discuss the funding of the service with the Chief Finance Officer NHS East Riding CCG.

It was stated that the service if approved would commence when the right staffing had been recruited via Humber TFT. It was noted that no funding would be released until recruitment had taken place.

It was requested that the model be reviewed, and the legacy long waiters be addressed along with new referrals.

A baseline data set was being compiled for all neurodiversity conditions to evidence impact and outcomes.



**Vincent Rawcliffe**  
**Clinical Chair, Planning and Commissioning Committee**  
**May 2021**