

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 4th MARCH 2022, 9.30 AM

Via MS Teams

Present

I Goode, NHS Hull CCG, (Lay Member) (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, Hull CCG, (Clinical Member)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
A Oehring, NHS Hull CCG, (Clinical Member)
D Pullen-Higham, NHS Hull CCG, (Strategic Lead Mental Health)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
M Littlewood, NHS Hull CCG, (Interim Deputy Director of Nursing & Quality)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF PREVIOUS MEETING HELD ON 4th February 2022

The minutes of the meeting held on 4th February 2022 were submitted for approval and taken as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 4 th February 2022 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 4th February 2022 had been provided for information.

Committee Members noted that there were no outstanding actions to discuss.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no outstanding actions to discuss.
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4 NOTIFICATIONS 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.

There were no items of Any other Business to discuss.

Resolved

(a)	Members of the Planning and Commissioning Committee noted that there were no items of Any other Business to be discussed at agenda item 10.1.
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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:

- (iv) 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:

- (iv) 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	7.1	Professional Interest - Partner at Haxby Group the declaration was noted.
Bushra Ali	7.1	Professional Interest - Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, the declaration was noted.
Amy Oehring	7.1	Professional Interest - Partner at Sutton Manor Surgery, the declaration was noted.

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 February 2022.

Resolved

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

The Chair presented the corporate Risk Register for discussion. The register provided a brief on the planning and commissioning risks on the corporate risk register.

It was noted that there were currently 35 risks on the CCG Risk Register, 8 of which related to Planning and Commissioning. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

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

- 5 risks were rated as high;
- 3 risks were rated as moderate;

The Chair noted that there had no updates provided for risks 893 and 932. The Deputy Chief Finance Officer (JD) advised that feedback had been received from the speech and language therapy survey and the SEND review, the risks would now be updated, and risk rating readjusted. The Chair requested the SEND review information be circulated for information.

It was noted that NHS Provider Selection Regime had received a further consultation and would now be on a different timeframe to the Health and Social Care Bill.

Risk 927 – The Communication Emergency Exercise would take place in March 2022; the risk register would be updated after this as required.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls, and assurances within the risk register.
(b)	The Chair requested the SEND review information be circulated.

6. STRATEGY

6.1a PUBLIC HEALTH BY EXCEPTION

There was no representative from Public Health therefore an update was not provided.

Resolved

(a)	Committee Members noted that there was no update provided.
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6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no Clinical Commissioning Drug Policies to discuss.

6.2b1

HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

The Medicines Optimisation Pharmacist presented the Planning and Commissioning Committee a summary of new drugs or changes in usage applications and traffic light status for approval. The report provided Committee Members with recent new drugs or changes in usage application and traffic light status.

The summary of new drugs/change in usage application had been circulated for information.

The following drugs were highlighted relevant to CCG commissioned drugs:

Tebentafusp – Add to red list – Red drug – NHSE commissioned – The red list would be updated – not relevant to NHS Hull CCG commissioning

Apalutamide – Add to formulary and red list - Red drug – NHSE commissioned – The red list would be updated – not relevant to NHS Hull CCG commissioning.

Accrete D3 once a day – added to HUTH formulary – Green drug – CCG commissioned – The Vitamin D guidelines would be updated.

Calcichew D3 forte – Removed from HUTH formulary

Resolved

(a)	Committee Members approved the report provided re: new drugs or change in usage applications and traffic light status
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6.2b2

HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES/GUIDANCES AND OTHER RELEVANT PAPERS.

The Medicines Optimisation Pharmacist presented the Planning and Commissioning Committee a report to be considered and approve on the prescribing guidelines/guidance's from the Hull and East Riding Prescribing Committee meeting in January 2022. The below papers had already been considered and approved by the Hull and East Riding Prescribing Committee.

Primary care guidelines – Urinary tract infection chapter (update)

The Medicine Optimisation Pharmacist advised that the urinary tract infection charter with the implemented changes was in line with the NICE recommendations. It was

noted that cefalexin was mentioned more as a second line option and with the acute pyelonephritis was the first line option.

It was stated that the changes were in line with NICE guidance and local sensitivities.

Planning and Commissioning Members voted unanimously to approve the Primary Care Guidelines for the Urinary Tract Infection chapter.

Direct acting oral anticoagulants (DOACs) (decide from options)

The national procurement for DOAC had been discussed at the February 2022 Planning, Commissioning Committee, and approved to go with the national framework. Further to the national procurement paper, NHSE/I had issued commissioning recommendations for DOACs in atrial fibrillation. It was noted that the NHSE/I national commissioning recommendations provides a more national steer.

The following three options had been articulated within the paper for committee members to review and approve a way forward.

Option 1

Do nothing and maintain the Hull and East Riding Prescribing Committee alphabetical order for DOAC choice in Non-valvular atrial fibrillation (NVAf) – see HERPC word document attached above.

Option 2

Change to the NHSE/I commissioning recommendation for atrial fibrillation and commencing patients i.e. For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this was clinically appropriate. If edoxaban was contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

Option 3

Change to the NHSE/I commissioning recommendation for atrial fibrillation and commencing patients i.e. For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this was clinically appropriate. If edoxaban was contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

Plus

For patients already prescribed a DOAC for the treatment of AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, commissioners may wish to consider developing local policy to review patients currently prescribed apixaban, rivaroxaban or dabigatran, where clinically appropriate. ..."

A wide and varied discussion took place with the following points being raised;

- There was an element of risk changing patients from one DOAC to another DOAC, as they may not be understanding the instructions of switching over and dosage schedule.

- There would be a workforce issue when switching patients over as there would be an initial GP appointment and potentially additional appointments if the patients have queries.
- The protocol needs to specify that DOAC was being proscribe on the cost element as per the NHSE/I commissioning recommendation and national procurement.
- It was stated the hierarchy was on the cost element from the NHSE/I national procurement.
- Concerns was raised on what would happen when DOACs comes off patient.
- The Acute would firstly prescribe the medication and GP would not want to change.

Committee Members voted unanimously for option 2

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Primary Care Guidelines for the Urinary Tract Infection.
(b)	Members of the Planning and Commissioning Committee approved Option 2 of the commissioning recommendations for national procurement for direct acting oral anticoagulants (DOACs).

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist presented the NICE update for October 2021 for noting. The report informed Committee Members of changes or additions to NICE publications, and their implications for CCG Commissioners.

The Committee Members were asked to note the November 2021 NICE Guidance summary.

TA753 - Cenobamate for treating focal onset seizures in epilepsy - NICE stated this guidance was applicable to Primary care, Secondary care – acute and Tertiary care - Commissioned via NHSE & ICS/CCG - NICE stated this would be cost neutral - It had been discussed at HUTHT Drugs and Therapeutics and agreed.

QS203 - Brain tumours (primary) and brain metastases in adults - NICE stated this guidance was applicable to Secondary care – acute and Tertiary care – commissioned via ICS/CCG - NICE stated this would be cost neutral - Implementation to be reviewed via Quality Meetings with all providers.

NG210 - Pelvic floor dysfunction: prevention and non-surgical management - NICE stated this guidance was applicable to Primary care Secondary care – acute and Community providers - Commissioned via NHSE & ICS/CCG - NICE stated to assess costs locally - Implementation to be reviewed via Quality Meetings with all providers.

NG131 - Prostate cancer: diagnosis and management - NICE stated this guidance was applicable to primary care, secondary care - acute, and tertiary care – Commissioned via NHSE & CCG - Implementation to be reviewed via Quality Meetings with all providers.

MTG63 - Endo-SPONGE for treating low rectal anastomotic leak - NICE stated this guidance was applicable to secondary care – acute – Commissioned via ICS/CCG – no action was required.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.2d ENHANCED SERVICES COMMISSIONED FROM COMMUNITY PHARMACIES

The Medicines Optimisation Pharmacist presented a report to Committee Members to review the services commissioned by the CCG from community pharmacies and to recommend future commissioning arrangements.

Dr Balouch asked for data around the usage of minor ailments from community pharmacies. The Medicines Optimisation Pharmacist advised that £125,000 medication had been prescribed for minor ailments for 20/21.

It was noted that the only consequence of not renewing the minor ailments scheme would be an increased pressure on Primary Care.

The minor ailments scheme was a well-established service which patients value.

The paper was taken as read.

Committee Members voted unanimously to continue commissioning enhanced services for community pharmacies.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Members of the Planning and Commissioning Committee approved the continued commissioning of the services for a further 1 year (with a 3 month notice period) to allow the services to be reviewed in light of the new NHS structures / commissioning arrangements and also to review the service specifications and costings to ensure they reflect current practice.

6.3 INTEGRATED COMMISSIONING

6.3a ICOB / CIC GENERAL UPDATE

The Deputy Chief Finance Officer noted that at present there was not a large amount of decision making required as the main focus was the development of the Hull Place Partnership and how it would be established.

Resolved

(a)	Committee Members noted the update.
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6.4 INTEGRATED DELIVERY

FOCUS AREAS

6.4a PRIMARY CARE

The Strategic Lead – Primary Care provided a report to advise the Planning & Commissioning Committee of the update on developments in primary care.

Dr Balouch asked what would happen if the 2 new PCNs were not approved. The Deputy Commissioning Manager advised that The Strategic Lead – Primary Care would be asked to clarify this.

The report was taken as read.

Resolved

(a)	Committee Members considered the contents of the report.
(b)	Clarity was requested on what would happen if the 2 new PCNs were not approved.

6.4c PROJECT EXCEPTIONS

Medicine Management

No Exceptions to report.

Cancer Alliance

Dermatoscopes and cameras were being provided to every Primary Care site in Hull.

Unplanned Care

Pressure continues within unplanned care; the amount of community capacity was extremely low. There had been significant waits in A & E, including 26 12-hour trolley wait (from decision to admit to admission) breaches in 24 hours. HUTHT had been on Opel 4 for the last 3 weeks. CHCP were on Opel 4 and the Local Authority were on Opel 3 but working to the Opel 4 actions.

Dr Oehring expressed concern around urgent admissions telephone numbers for HUTHT as these keep changing which delays the admissions of patients and increases the footfall within A & E. The Deputy Director of Commissioning advised that the correct threshold and telephone number protocol would be gained and circulated to the whole Primary Care network.

Resolved

(a)	The correct threshold and urgent admissions telephone numbers for GPs to call would be obtained and circulated.
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Vulnerable People & LD

No Exceptions to report.

Children Young People & Maternity

The Hull & ERY Children's Neurodiversity Service commenced on Monday 28 February 2022. The service was using existing 'referrals' to test the processes and ensure the systems in place were working correctly. Parents contacted this week have been positive about the new service. The service would be formally launch on Monday 14th March 2022, Neurodiversity Week.

NHS Hull CCG have taken delivery of additional paediatric oximeters, these would be distributed to all practices with Standard Operating Procedure guidance within the coming week.

Resolved

(a)	Committee Members noted the exceptions.
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7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

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

It was noted that the proposed national adoption of the NHS Provider Selection Regime would be delayed.

NHS Hull CCG were looking to separate the two wheelchair services from the community care equipment and wheelchair integrate service they are currently part of. The proposal is that the Wheelchair services would be reprocured during the next 12 months as there had been significant supply issues. Committee members stated that the wheelchair services did not align well with the wider community care equipment service.

It was noted that proposals were being taken to the NHS Hull CCG Board to be considered around contracts that were coming to an end withing the next 12 to 15 months.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the procurement activity being planned and undertaken.
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7.2 COMMUNICATION & ENGAGEMENT ACTION PLAN

The Associate Director of Communications and Engagement provided a report to advise Committee Members on the Communications and Engagement Delivery Plan for 2021/22.

The Associate Director of Communications and Engagement advised Committee Members that the action plan had been circulated for information and would be happy to take any specific questions.

The Deputy Chief Finance Officer (JD) stated that she would like to acknowledge the amount of work that had been undertaken by the engagement team in support of each piece of work undertaken. It was generally acknowledged that the Communication and Engagement team had been unwavering in terms of delivering the coproduction elements.

It was noted the Head of Engagement was developing the Place Citizen and Engagement model, and that the 'over and beyond' attitude NHS Hulls CCG's Communication and Engagement team demonstrates would not be lost in this piece of work.

The Head of Engagement had been working at ICS level to develop the engagement model as NHS Hull CCG were an exemplar of best practice. The engagement model would reflect the ways of working NHS Hull CCG displays.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Members of the Planning and Commissioning Committee were assured on the delivery of the actions within the Communication and Engagement Delivery Plan.

8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

There were no referrals to any other Committees.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

There were no Quality & Performance minutes to be distributed for information.

Resolved

(a)	Committee Members noted there were not minutes to be circulated.
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10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of Any other Business to discuss.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **6th May 2022, 9.30 Via MS Teams.**



Signed:

(Vice chair of the Planning and Commissioning Committee)

Date: 6th May 2022

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
ExxxH	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
ODN	Operational Delivery Networks
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