Creating a healthier Hull

NHS Hull Clinical Commissioning Group

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 3rd December 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)
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)
M Littlewood, NHS Hull CCG, (Interim Deputy Director of Nursing & Quality)
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)
J Stamp, NHS Hull CCG (Lay Member)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:
D Robinson, NHS Hull CCG, (Minute Taker)
Mike Foers, NHS Hull CCG (Commissioning Manager & Project Lead – Mental Health) Support Teams, (Item 6.4c)
Michelle Field, Humber TFT, (Clinical Service Lead). (Item 6.4c)

WELCOME & INTRODUCTIONS
The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
I Goode, NHS Hull CCG, (Lay Member) (Vice Chair)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)

2. MINUTES OF PREVIOUS MEETING HELD ON 1st October 2021

The minutes of the meeting held on 1st October 2021 were submitted for approval and taken as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 1st October 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 1st October 2021 had been provided for information.

Resolved

(a)	The Planning and Commissioning Committee noted that the outstanding actions would be discussed within agenda items.

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.

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	6.4b	Financial Interest – Partner at Haxby Group the declaration was noted.
Amy Oehring	6.4b	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted.

Name	Agenda No	Nature of Interest and Action Taken
Bushra Ali	6.4b	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, 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 October 2021.

Resolved

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

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 where currently 36 risks on the CCG Risk Register, 9 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:

- 1 rated extreme:
- 5 risks were rated as high;
- 3 risks were rated as moderate;

The Deputy Chief Finance Officer (JD) advised that two of the significant risks (speech and language therapy (932) and autism (839)) sit within her portfolio.

It was noted that the autism waiting list was significantly higher than the speech and language waiting list, these risks combined on the SEND risk register were a red risk.

It was stated that NHS Hull CCG have plans in place to reduce waiting list times, the autism waiting list was on trajectory and speech and language waiting list was not increasing.

A wide and varied conversation occurred around whether to downgrade the speech and language and up grade the autism risk as this would be counter intuitive.

Although referrals were increasing for both services more virtual interventions were taking place.

Committee Members agreed to maintain the risk level as documented and monitor to ensure they were meeting/sustaining trajectory.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls, and assurances within the 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, the following update had been emailed through.

Public Health Commissioning were approaching the end of the procurement for the 0-19 Public Health Nursing service the outcome would be announced imminently.

Resolved

(a)	Committee Members noted the update provided.

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 Hull & East Riding Prescribing Committee: 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:

Bimekizumab – Red drug – CCG commissioned - psoriasis biologics pathway is going to be updated
Tacrolimus Suppository – Red drug - Available for HUTH Drugs and Therapeutics Committees chairs approval only
Atectura (indacaterol/mometasone) Inhaler – Blue drug – CCG commissioned - For initiation by specialist asthma team only
Dienogest - Blue drug – CCG commissioned – endometriosis pathway is going to be developed
Delstrigo® - Doravirine, Tenofivir DF, Lamivudine – Red drug – NHSE commissioned
Inclisiran - Blue drug – CCG commissioned – the pathway for Inclisiran would be devised
Midostaurin - Red drug – NHSE commissioned

Resolved

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

6.2b2 HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES/GUIDANCE'S AND OTHER RELEVANT PAPERS

The Medicines Optimisation Pharmacist presented a report for the Planning and Commissioning Committee to consider and approve the Prescribing Guidelines/Guidance's and other relevant papers from the Hull & East Riding Prescribing Committee meetings in August/November 2021. These has already been approved by Hull and East Riding Prescribing Committee.

(a) Prescribing for Patient with Heart Failure Reduced Ejection Fracture (Update)
It was noted that the existing guidance had been updated to include Dapaglifozin on specialist advice as per TA679. It was noted that there was a cardiology programme group across Hull and East Riding who are looking at the entire heart failure pathway. Dr Ali expressed an interest in being part of the programme group as working GP.

(b) SGLT2i in Heart Failure Patients with/without Diabetes (New)
The pathway was produced from a secondary care perspective and broken down into patients being admitted with or without diabetes and having heart failure. Draft NICE guidance is Type 2 diabetes had been produced and final recommendations are awaited. Dr Oehring queried the eGFR levels, the Medicines Optimisation Pharmacist agreed that this would be clarified, and the guidance/guidelines would be updated appropriately.

(c) Prescribing anticoagulants (update)
It was stated that the existing guidance had been updated to state as per new NICE guidance the first line approach for Non valvular Atrial Fibrillation (primary and secondary prevention) would be Direct Oral Anticoagulants (DOACs) i.e. apixaban, dabigatran, edoxaban, rivaroxaban with warfarin as a second line option.
The Chair questioned the dosage re: prophylaxis of VTE being 5000 units once daily and whether this should this be weight related. The Medicines Optimisation Pharmacist agreed that this would be clarified, and the guidance/guidelines would be updated appropriately.
Dr Ali stated that prescribing of prophylaxis in pregnancy should not be primary care responsibility. Committee Members agreed that prophylaxis should be prescribed in secondary care as GP do not always have the required clinical experience. The Chair advised that the line around pregnancy and Prophylaxis and dosage should be removed as primary care would not initially prescribe but follow up with a clear management plan. Dr Oehring advised that BCP had been stopped by the local laboratory at Hull and York and split into U & Es, bone profile and liver function tests therefore the narrative within the document needs to be amended to reflect this.

(d) Anticoagulation Choices in Non-Valvular Atrial Fibrillation (update)
The Medicines Optimisation Pharmacist advised that the algorithm specifically for non-valvular and anticoagulation choices had been amended along with the addition of the ORBIT score as per the latest NICE Guidance for Atrial Fibrillation. The Medicines Optimisation Pharmacist advised that clarity would be sought on the INR range in range under 50% meaning.

Resolved

(a)	Committee Members approved the Prescribing for Patient with Heart Failure Reduced Ejection Fracture (Update)
(b)	Committee Members approved the SGLT2i in Heart Failure Patients with/without Diabetes (New)
(c)	Committee Members approved the Prescribing anticoagulants guidance with amendments to be made to the pregnancy section (update)
(d)	Committee Members approved the Anticoagulation Choices in Non-Valvular Atrial Fibrillation (update)

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist presented the NICE update for August 2021 and September 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 August and September 2021 NICE Guidance summary.

QS2021 - Venous thromboembolism in adults - NICE stated this guidance would be applicable to Primary care and secondary care – acute – Commissioned via ICS/CCG - NICE stated this would be cost neutral - Implementation to be reviewed via Quality Meetings with all providers.
QS60 - Inducing labour - Implementation to be reviewed via Quality Meetings with all providers.
QS22 - Antenatal care - Implementation to be reviewed via Quality Meetings with all providers
NG201 - Antenatal care - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned via ICS/CCG NICE stated this would be cost neutral - Implementation to be reviewed via Quality Meetings with all providers.
NG202 - Obstructive sleep apnoea/ hypopnoea syndrome and obesity hypoventilation syndrome in over 16s - NICE stated this guidance was applicable to Secondary care - acute and Tertiary care – Commissioned via ICS/CCG - NICE stated to assess costs locally - Implementation to be reviewed via Quality Meetings with all providers
NG203 - chronic kidney disease: assessment and management - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned via NHSE/ICS/CCG - NICE stated this would be low cost - Implementation to be reviewed via Quality Meetings with all providers
NG204 - Babies, children, and young people's experience of healthcare - NICE stated this guidance was applicable to various organisations – Commissioned via NHSE/ICS/CCG - NICE stated this would be cost neutral - Implementation to be reviewed via Quality Meetings with all providers.
NG9 - Bronchiolitis in children: diagnosis and management - NICE stated this guidance was applicable to Primary care, secondary care - acute and Tertiary care - Commissioner: NHSE & ICS/ CCG
TA723 - Bimekizumab for treating moderate to severe plaque psoriasis - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via: ICS/CCG - NICE stated to assess costs locally - HERPC pathway to be reviewed.
QS202 - Workplace health: long-term sickness absence and capability to work - NICE stated this guidance was applicable to GPs and secondary care specialists and support services for people who are not in work and are receiving benefits – Commissioned via: Employers and their workplace representatives - NICE stated this would be cost

neutral - Implementation to be reviewed via Quality Meetings with all providers and for CCG review of internal processes.
QS13 - End of life care for adults - NICE stated this guidance was applicable to Primary care, Community health care, Secondary care - acute and tertiary care – Commissioned via: ICS/CCG & LA - NICE stated this would be cost neutral - Discussed at HUTHTs Drugs & Therapeutics Committee and HERPC

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 advised Committee Members of the following reports would be presented at the December 2021 ICOB or Committees in Common:

Committees in Common
Independent Mental Health Report
Alcohol and Drugs Partnership Strategy

Integrated Commission Officer Board
Children and Young People's Emotional and Mental Wellbeing – Future Direction and Investment.
Community Wellbeing contract next steps.
Developing the Place Based Partnership.

Resolved

(a)	Committee Members noted the update.

6.4 INTEGRATED DELIVERY

FOCUS AREAS

6.4aiCANCER ALLIANCE

The Deputy Director of Commissioning presented a report providing a brief update of the work that the Cancer Alliance was involved in progressing.

There had been some communication challenges between the Cancer Alliance and CCGs which were in the process of being addressed as, at present, the Alliance only sends out quarterly updates.

Concern had been expressed across the ICS around the direction of travel of the Cancer Alliance and if the focus was correct. For example 3000 Cancer champions had been trained via the Alliance which was positive but there was little apparent impact on patient pathways through pathway redesign.

A Cancer Summit had been held to understand what should be implemented immediately as well as looking forward. No feedback had been received from this yet.

It was stated that there were significant challenges around diagnostics and obtaining diagnostic testing in a timely manner.

Clinical Oncology as a service was under pressure both nationally and locally, but locally there was a significant challenge around breast oncologists. HUTHT teamed with NLAG, both hospitals were understaffed so there was a significant reduction in breast oncology.

There were aspirations for HUTHT and NLAG to continue to develop joint working and to progress towards being a single cancer service spanning both hospitals. Across the ICS cancer services were under pressure to deliver the services, the availability of workforce and diagnostics being cited as common causes of delays.

The existing Managing Director of the Cancer Alliance had moved into an alternative role therefore another Managing Director was being sourced.

The local Radiotherapy Operational Delivery Network (ODN) was the Yorkshire & Humber ODN which encompasses Leeds, Hull, Sheff. This ODN was relatively unique as it had 3 large providers of radiotherapy. The ODN Board was well established. Initial work was focussing on

- the adoption/compliance of radiotherapy providers with the national service specification
- the development of the ODN to be compliant with the national ODN specification
- SABRE – nationally looking at use for lung cancer, all 3 local Providers already do this

Cancer cases were being cancelled due to the availability of critical care. Hull University Teaching Hospital NHS Trist (HUTHT) were on CRITCON 3 which was the highest level of challenge within the critical care service.

Clarification was sought on what the next steps where for the Cancer Alliance as this was a core programme within the ICS which at present was not working.

The Deputy Director of Commissioning advised that fundamental change was required, and it was expected that the new Managing Director would have a new more structured focus.

The Lay Member stated a single approach under the ICS was required, moving from territorial working towards system working, along with alternative ways of working.

Concern was expressed around the less positive work of the Cancer Alliance and how services would be delivered, this would be escalated to the ICS.

Resolved

(a)	Committee Members noted the contents of the report.

6.4aiiUnplanned Care

The Deputy Director of Commissioning presented a report providing a brief update of the work that was ongoing around the development of unplanned (urgent and emergency) care services.

The following key areas within the report were drawn out:

- HUTHT were delivering 50% against the 4-hour A & E delivery target.
- On the previous day two ambulances had waited over 3 hours to transfer their patients into the Trust.
- 27 ambulances had waited between 1 – 3 hours.
- 87 COVID patients were within HUTHT, 10 of which were medically fit to go home
- There had been several wards closed within Hull University Teaching Hospital NHS Trust (HUTHT) due to infections circulating.
- There were significant medical staffing issues within HUTHT as more wards open.
- 2 or 3 12-hour trolley waits were occurring each month, these were usually for mental health beds.
- There were not sufficient mental health beds either within the local community beds and or out of area, causing long delays.
- Hull City Council have half the number of care home beds for the individuals that require them.
- The elective recovery trajectory was not being achieved.
- An additional 15 beds had been spot purchased in the community's health system.
- The UCR RADIAR App had been rolled out to Primary Care. The Primary Care OPEL level would be added to the App.
- The Winter plan had been submitted.
- 7-day reporting was now in progress against certain criteria.
- A discharge to assess workshop had taken place (delayed transfer of care was now known as lack of right to reside)
- 2-hour crisis response had gone live on 1st November running Monday to Friday accepting referrals from clinicians. A 7 day a week, 12 hours a day service needs to be in place by 1st April 2022.
- The frailty crisis line implemented during the pandemic continues.
- Narrative of what the frailty crisis line and 2-hour crisis response was used for would be disseminated.
- Both crisis lines would be joined together to improve efficiency.
- The UTC at the front door of ED had been launched. This would not be publicised at present. The UTC information should be included in the OOH report.

Resolved

(a)	Committee Members noted the contents of the report.

6.4b PROJECT EXCEPTIONS

Mental Health and Learning Disabilities
Hull University Teaching Hospital NHS Trust (HUTHT) and Humber TFT (HTFT) had submitted a bid to the ICS for funding for a crisis pad for children and young people to avoid admission to hospital.

HTFT had been awarded funding for additional CAMHS support in reach.

Children, Young People and Maternity
The Neurodiversity service was due to commence in February 2022.

Medicine Management
No Exceptions to report.

Planned Care
No Exception to report.

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

PCN Reconfiguration

- There would be some changes to the 5 current Primary Care Networks from April 2022
- Bevan PCN would no longer remain as currently constituted; 4 practices were proposing to create a new PCN – NHS E approval awaited
- Discussions were taking place in other PCNs about their constitutions.
- Some other single practice moves expected.
- In summary currently anticipate 6 PCNs from April 2022.

Winter Access Fund
The National Winter Access Fund had been launched to provide resource to support additional primary care capacity/access during the remainder of 2021/22. A number of ICS wide initiatives have been approved as well as individual Hull CCG PCN initiatives – focus on improving access and particularly to urgent same day appointments where needed. NHS Hull CCG were working closely with the PCN Strategic Leads to implement the schemes in Hull and operationalise as soon as possible, along with taking forward specific schemes which support all practices in the city.

COVID Vaccine Booster Campaign
NHS Hull CCG were operating on the delivering boosters to over 40yrs and any at risk. Additional capacity was being looked at in order to meet current demand. There would be new national guidance focusing on offering booster vaccine to all adults by the end of January 2022 and this would be shared once received; There was some anticipate r-elaxation of certain workload requirements in general practice, but details awaited.

Resolved

(a)	Committee Members noted the exceptions.

6.4c HULL CHILDREN'S SENSORY PROCESSING SERVICE: EVALUATION OF THE PROOF OF CONCEPT AND REQUEST FOR SERVICE CONTINUATION THROUGH RECURRENT FUNDING.
The Commissioning Manager & Project Lead – Mental Health Support Teams, NHS Hull CCG and Clinical Service Lead. Humber Teaching Foundation Trust represented a report to inform the Planning and Commissioning Committee of the evaluation of the

proof of concept of the Hull Children's Sensory Processing Service and seek approval for service continuation through existing recurrent funding.

In September 2019 a Sensory processing service had between commissioned as part of a proof of concept. Humber TFT had been commissioned to deliver a proof of concept which focused on information advice and guidance the development of a website and a consultation workforce development and then undertaking the assessments.

It was stated the services was needs led which then shows significant positive changes in children accessing the service.

Knowing the prevalence of the sensory processing difficulties in neurodiverse conditions it was expected the number of children wishing to access the service would be high. In a year period the service had supported 440 children, each child had received support within 3 weeks of being received referred.

The service process was adapted to meet the needs of the most vulnerable and at-risk children making sure early support was provided.

the child, reducing the stress caused by in inappropriate responses to behaviours and poor environments. Understanding the child enable the right learning techniques to be adopted.

Sensory processing assessments could help identify problems with motor function.

Sensory Processing support could increase independence skills.

The use of sensory assessments within neurodiversity diagnosis not only enables better understanding of the child/young person's needs but also could aid in timely diagnosis.

Sensory assessments and relevant support greatly improve the outcomes for children and young people, with less distress, improved quality of life and improved educational outcomes through better ability to identify and manage sensory needs.

It was noted that referrals were on need and not threshold.

It was noted that formal funding within the NHS was complex, at present the Children's Sensory Processing Service in encompassed within the Humber TFT block contract. In the future baseline contracts would be reinstated and the Deputy Chief Finance Officer (DS0 advised that the service may not be nailed in forever.

Committee Members supported the service and The Deputy Director of Commissioning advised that the funding request would be addressed with the Chief Finance Officer (ES) and the Interim Chief Operating Officer (ED) for approval.

The Lay Member acknowledge that there was an emergency in ensuring new services were protected in transition and the relevant money it allocated.

Resolved

(a)	Committee Members reviewed the evaluation report and referred the approval of existing recurrent funds to the Chief Finance Officer and Interim Chief Operating Officer.

6.4d REVIEW OF PULMONARY REHABILITATION SERVICE

The Deputy Director of Commissioning presented a follow up review of the Pulmonary Rehabilitation Service following a previous review in June 2020 and the delivery of the COVID 'Recovery & Restoration phase'

The review had been undertaken in response to a request from the Quality and Performance Committee for assurance that the service had addressed the backlog in referrals and had the capacity to maintain service provision and meet future predicted demand.

The Quality and Performance Committee had requested assurance that a sufficient Pulmonary rehabilitation service was being commissioned based on historical data.

A review was undertaken in October 2021 to ascertain the present position of the service and to seek assurance that the recovery and restoration had been successful, and the Team could meet future capacity and demand moving forward.

It was noted that the service was back up to a full complement of staff and an additional nurse had been employed for expansion.

A generic review of pulmonary rehab across all areas would be undertaken on respiratory work across the ICS and respiratory network to ensure best practice was taking place.

Dr Ali request clarification on why the number of feedback responses was lower in September 2021 rather than August 2021.

Dr Balouch queried how many referrals were from GP's and how many were from lung health checks, The Deputy Director of Commissioning confirmed that this information would be gained.

Resolved

(a)	Committee Members noted the outcomes of the review of the Pulmonary Rehabilitation Service.

6.4e CLINICAL PATHWAYS / COMMISSIONING STATEMENTS TO BE CONSIDERED FOR AMENDMENT

The Deputy Director of Commissioning presented a report which set out three clinical pathways that have been considered for amendment in light of changing national and local guidance. All have been discussed, to a greater or lesser extent, at Pathway Review Group and agreement reached that they should be considered within the two CCGs for approval. As such these were submitted to the Planning and Commissioning Committee for final oversight and approval prior to them being implemented.

Over recent years there has been a lot of focus on systemising the pathways and policies that were in place not only across Hull and the East Riding, but across the whole of the Humber. This has resulted in a range of joint Humber policies being in place.

However, the supporting information that underpins these policies was not static and the policies then become out of step with what was the latest best practice.

The following pathways/policies were recommended for review and amendment.

Use of Sativex - Delta-9-Tetrahydrocannabinol and Cannabidiol Oromucosal Spray.

The Sativex policy was going through two routes,

1 – Commissioning route and how it was commissioned
2 – Medicine Management as HUTHT were seeking a shared care agreement.

Sativex has been approved by NICE for use for patients with Multiple sclerosis when criteria were met. It was noted to prescribe all other medical options would have had to be exhausted and there has to be moderate to severe spasticity. At present Sativex was an IFR and exceptionality was required. The MS consultant has advised that it was challenging to demonstrate exceptionality as there was a list of criteria and MS patients meet the criteria therefore, they were not exceptional.

NICE guidance recommends the use of Sativex Oromucosal Spray within its licensed indication and states: Offer a 4-week trial of THC:CBD spray to treat moderate to severe spasticity in adults with multiple sclerosis, if other pharmacological treatments for spasticity were not effective and the company provides THC:CBD spray according to its pay-for-responders scheme.

Committee Member would consider changing Sativex from an IFR and add to the VBC checker, so NHS Hull CCG still have evidence that the check list and criteria were being considered before being prescribed.

It was stated that NHS East Riding CCG had voiced that they would like Sativex to remain as a Red Drug and not be moved onto the shared care spectrum.

Committee Members voted unanimously to move Sativex from IFR to the VBC checker and available for the consultant to prescribe on a 4-week trial.

Hysterectomy for Heavy Menstrual Bleeding
It was stated that the national evidence-based interventions identifies that hysterectomies for heavy menstrual bleeding after certain criteria had been met and available via IFR however NICE guidance indicates women could express a preference.

HUTHT have requested that NHS Hull CCG would consider either commission in line with NICE Guidance or move from IFR to VBC.

Committee Member voted unanimously to move Hysterectomies for Heavy Bleeding from IFR to VBC.

Cholecystectomy
The cholecystectomy policy states hat cholecystectomy were routinely commissioned and does not require prior approval or IFR. It then progresses to state the criteria for funding. Committee Members were therefore requested that the

policy be moved from IFR to a VBC tick box so there was evidence showing the criteria has been met.

Committee Member voted unanimously to move the commissioning of cholecystectomies from IFR to VBC.

Resolved

(a)	Committee Members considered the attached pathway/commissioning statements proposed changes.
(b)	Committee Members approved the preferred proposed change of each pathway

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.

- The Community Navigation and Advice services (formerly Social Prescribing, Welfare Advice and General Advice) procurement continues and was being led by Hull City Council as the Contracting Authority and supported by the CCG's Strategic Lead for Primary Care.

- The contract award for Non-Patient Transport services (blood, pathology specimens and mail), for which Hull University Teaching Hospitals NHS Trust were the lead contracting authority, has been approved by all commissioners with an announcement of the successful provider expected early December.

- A number of projects were now being led by the Humber Coast and Vale Integrated Care System however as the ICS was not yet a legal entity, the contracting and financial management requires support from the CCGs as the existing statutory bodies in line with their established corporate governance arrangements. For transparency these projects have been included as a separate table in the Procurement Panel Status Report.

Resolved

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

8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

There were no minutes to be circulated for information.

Resolved

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

9.2 Planning & Commissioning Committee Dates 2022

Committee Members noted the dates for future Planning and Commissioning Committees.

Resolved

(a)	Committee Members noted the dates of future Planning and Commissioning Committees.

10. GENERAL

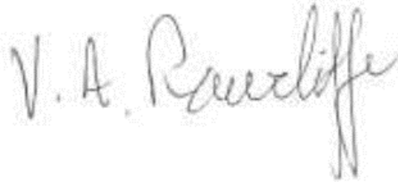
10.1 ANY OTHER BUSINESS

Two virtual decisions had been made in the absence of the November 2021 Committee meeting taking place.

Right Care Right Person - 7 Members Approved
Continuing Healthcare (CHC) redesign – Phase 1 – 5 Approved, 2 abstained.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **7th January 2022, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 7th January 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
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
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