

Item: 11.1

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 6 OCTOBER 2017 THE BOARD ROOM, WILBERFORCE COURT

PRESENT:

R Raghunath NHS Hull CCG, (Clinical Member) (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
P Davis, NHS Hull CCG, (Head of Primary Care)
S Lee, NHS Hull CCG (Associate Director, Communications and Engagement)

IN ATTENDANCE:

E Jones, NHS Hull CCG (Business Support Manager - Minute Taker)
J Mitchell, NHS Hull CCG (Head of/Associate Director IT) – *Left at Item 7*
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
K McCorry, North of England Commissioning Support (Senior Pharmacist)
P Howell, Hull City Council, (ACM Integrated Commissioning)
G Dowley, NHS Hull CCG, (Commissioning Manager - Acute Care) – *Item 6.2 and 6.3*

1. APOLOGIES FOR ABSENCE

B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer) G Everton, NHS Hull CCG & Hull CC (Integrated Commissioning Lead)
K Billany, NHS Hull CCG, (Head of Acute Care)
M Bradbury, NHS Hull CCG (Head of Vulnerable People Commissioning)
M Whitaker, NHS Hull CCG, Practice Manager Representative
P Jackson, NHS Hull CCG (Lay Member) Vice Chair
T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)
T Yell, NHS Hull CCG, (Senior Commissioning Lead Mental Health & Vulnerable People)
V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair

2. MINUTES OF THE PREVIOUS MEETING HELD ON 1 SEPTEMBER 2017

The minutes of the meeting held on 1 September 2017 were submitted for approval and the following grammatical amendments and changes were agreed:

6.5 Programme Highlight Reports by Exception

Acute Care

The NHS England (NHSE) Clinical Peer Review deadline for implementation was 30th September 2017. It was stated that a service specification may be developed to ensure consistency whilst undertaking peer reviews. It was

stated that the deadline for implementation would not be achieved and the Key Lines of Enquiry had been submitted to NHS England (NHSE) and was awaiting approval.

6.10 Process to Assess Impact of new National Institute of Clinical Excellence (NICE) and other national Guidance / Guidelines

- Systematic assessment and review process to be finalised by **the Quality Lead.**

6.11 Joint NHS East Riding of Yorkshire CCG and NHS Hull CCG Specialist Palliative and End of Life (EoL) Care Strategy

It was requested that more integration with the Integrated Commissioning agenda take place along with the balancing of services between NHS Hull CCG and NHS East Riding of Yorkshire CCG (NHS ERY CCG) with NHS ER CCG moving up to the standard of NHS Hull CCG.

It was agreed to approve the strategy subject to extra work being undertaken with Integrated Commissioning as well as reflecting the need to work with the Local Authority (LA) on the home care provision and both LA's working jointly and sharing information ensuring NHS ERY CCG share the same packages that NHS Hull CCG do.

6.12 Joint Community Integrated Chronic Obstructive Pulmonary Disease (COPD) Service

The Commissioning Manager for Acute Care and **Planned Care Lead – Pathway Development NHS East Riding of Yorkshire (ERY) CCG** presented the **Joint Community Integrated Chronic Obstructive Pulmonary Disease Service.**

A meeting had been held with City Health Care Partnership which identified that primary care are not included within the COPD flowchart and had requested that this be reviewed due to them needing to be present at the beginning of the process to assist in the diagnosis stage.

It was also acknowledged that NHS East Riding CCG Service Redesign and Commissioning Committee would present the same report and service specification on Tuesday 5 September 2017.

6.15 Minor Surgery Provision in Primary Care

At the Primary Care Joint Commissioning Committee in December 2016, it was resolved to continue to commission extended primary care medical services (Minor Surgery) and it was proposed to extend the contracts for a further 12 months to 31 March 2018. After discussions with NHS Hull CCG Chair and colleagues, various options had been identified with the preferred option being option 6.

Going forward the NHS Hull CCG wish to further develop and extend the GPs extended knowledge and, competencies competence to enable them to which skills they may require to provide services beyond the scope of their generalist role. This would enable them to see and treat dermatological conditions that are currently being undertaken in secondary care. They would have the ability to diagnose and manage skin disease and to peer support colleagues to enable treatment to remain within the primary care setting.

6.16 Humber Coast and Vale Clinical Commissioning Policy Review Update

The approved 22 policies would then be implemented into acute care contracts and uploaded to the NHS Hull portal.

6.17 Primary Care Prescribing Offer NHS Hull CCG Zaluron XL

It was stated that the PrescQIPP governance process had been followed which approved the scheme from a clinical, contractual and financial assessment perspective. The PrescQIPP review came back with “no significant reservations”

The impact of the rebate would be approximately £9k per annum. This is already a review incorporated in GP practice workplans as a more cost effective option.

Conversation had been held with Humber NHS Foundation Trust (Humber FT) who have indicated their agreement to use Zaluron in the future.

Resolved

(a)	This would be submitted to the Integrated Audit and Governance Committee (IAGC).
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10.1 Any Other Business

i) Musculoskeletal (MSK) Clinical Review and Triage Investment

The Head of Acute Care presented an MSK Clinical Review and Triage Investment proposal for approval.

It was stated that HealthshareHull would be approached to approve sharing protocols.

Resolved

(a)	The minutes of the meeting held on 1 September 2017 to be taken as a true and accurate record subject to the above amendments being made and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 1 September 2017 was provided for information and the following update was provided:

03.05.17

6.10 Emotional Vulnerability Hub Specification

A status update would be obtained with regard to this and reported at the next meeting. The Status of Action was 'In Progress'.

Resolved

(a)	Committee Members noted the Action List.
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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.

Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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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:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary 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 which the Action taken
- (iv) be declared under this section which at the top of the agenda item which it relates too;

Name	Agenda No	Nature of Interest / Action Taken
Bushra Ali	6.4 / 6.6 / 6.7 / 6.14	Declared a Direct Pecuniary Interest as GP Partner
Raghu Raghunath	6.4 / 6.6 / 6.7 / 6.14	Declared a Direct Pecuniary Interest as GP Partner

Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest that were declared.
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5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts which Hospitality made since the Planning and Commissioning Meeting in September 2017.

Resolved

(a)	Planning and Commissioning Committee Members noted that there were no gifts or hospitality declared.
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6. STRATEGY

Dr Raghu Raghunath and Dr Bushra Ali declared a Direct Pecuniary Interest as GP Partners.

6.1 PUBLIC HEALTH WORK PLAN

No update was provided.

6.2 OUT OF HOSPITAL CARDIOLOGY SERVICE

The Commissioning Manager Acute Care presented the Out of Hospital Cardiology Service specification. The main aim of the service was to provide a 'one stop' (same day) community cardiology service for patients registered with Hull practices with quick access to diagnostics and full Consultant consultation, where required, with minimum follow-up.

A three tiered nurse led out of hospital cardiology service was to be implemented, delivered in a number of venues / hubs including one main hub.

The new service would stop inappropriate referrals into hospital.

Discussion took place with regard to joint working with East Riding of Yorkshire (ERY) CCG, who had a consultant led service in place, which was different to the service that was proposed to be implemented by NHS Hull CCG. Concern and disappointment was expressed with the lack of joint working due to different models being taken forward.

It was reported that discussions had taken place at Council of Members (CoM) with regard to the care pathway in terms of the process for referral to treatment, especially with regard to the pre-referral tests as not all GP practices had electrocardiogram (ECG) machines in place. It was noted that SystemOne was able to receive results and appropriate patient information.

Reference was also made to 'loop event monitoring' as many practices do not undertake this and it was suggested and agreed that the terminology be changed to reflect that 'Pre-referral tests may be provided by GPs'.

The CCG would look at those GP practices that were able to provide all the pre-referral tests that could become centres of excellence whereby patients could be referred.

It was noted that there was opportunity to enhance GPs for this service and provide support accordingly.

In terms of 'Treatment and/or management of long term cardiology conditions' clarification was sought with regard to Cardiac rehabilitation as it was noted that this service was provided elsewhere. It was therefore agreed to remove this from the specification.

It was also acknowledged that there were issues with regard to data sharing and consideration to be given to a centralised clinical 'Cloud' based storage resource being implemented.

Amendments would be made to the specification and it was proposed that the revised specification be submitted.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the update.
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6.3 FAECAL IMMUNOCHEMICAL TESTING (FIT)

The Commissioning Manager Acute Care presented and update on progress of the Faecal Immunochemical Test (FiT) feasibility study within primary care across Hull and East Riding.

It was reported that there was no fixed end date in place for the study, however, it was agreed that to establish good evidence base, all of the sample pots should be utilised and tested.

To date, 63 samples returned, 9 positives, 2 requiring surgery

Following the completion on the feasibility study in November 2017 there would be an evaluation period which would be undertaken by Hull & East Yorkshire Hospitals NHS Trust (HEYHT) pathology laboratory. This would be presented to the Pathology working group and Cancer Alliance which would be later in the year.

It was also useful to note that this study had been acknowledged by The National Institute for Health and Care Excellence (NICE) Health Technology Adoption Team, who were keen to gather information on how the study was implemented, challenges encountered and the impact that it had so far on patients and clinicians and also how the CCG included primary care and engaged with clinician. This information would be shared nationally in a case study early 2018 and it was hoped that the study would be rolled out nationally.

It was noted that the Laboratory contact the GPs directly to inform them of the results of the test and following the study evidence would be obtained with regard to the outcomes.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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6.4 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There was nothing to report.

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

There was nothing to report.

6.6 NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist provided an update on the National Institute for Health and Care Excellence (NICE) Medicine update report to the Committee for information purposes, which in particular, attention was drawn to:

- Bisphosphonates for treating osteoporosis - No significant resource impact anticipated
- Baricitinib for moderate to severe rheumatoid arthritis - NICE does not expect this guidance to have a significant impact on resources
- Eluxadoline for treating irritable bowel syndrome with diarrhoea - NICE state this guidance is applicable to Primary care, Community health care, Secondary care - acute and tertiary care
- Low back pain and sciatica in over 16s - NICE state this will be cost neutral
- Chronic kidney disease in adults - No additional resource impact is expected on top of the impact associated with implementing the underpinning guideline
- Developmental follow-up of children and young people born preterm - NICE state this guidance was applicable to Primary care and secondary care – acute. The potential resource impact was to be confirmed.
- Advanced breast cancer: diagnosis and treatment - No significant resource impact anticipated

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.7 PROGRAMME HIGHLIGHT REPORTS BY EXCEPTION

The Director of Integrated Commissioning reported that the CCG had been informed of the Care Quality Commission (CQC) inspection of children and young peoples' special educational needs and disabilities services (SEND) which had commenced week commencing 2 October 2017.

6.8 INTEGRATION & BETTER CARE FUND PLAN 2017-2019

The Director of Integrated Commissioning provided an update on the progress made in relation to the joint CCG and Local Authority (LA). And presented the refreshed a Integration & Better Care Fund (BCF) Plan report for 2017-2019, which had been submitted to NHS England (NHSE) on 12 September 2017. It was noted that the some appendices had been omitted which would be distributed following the meeting.

The primary purpose of the BCF was to continue to promote joint working between Health and Social Care bodies with the intention of reducing demand for health and social care services.

The plan for 2017-2019 highlighted the work to develop the new Integrated Care Centre (ICC) which was due to open in 2018 and provides a city wide hub of integrated care. The plan also sets out the new operating model for adult social care.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the update provided.
(b)	The correct appendices would be distributed following the meeting.

6.9 UNPLANNED CARE – A & E DELIVERY BOARD

The Director of Integrated Commissioning reported that A&E performance at Hull and East Yorkshire Hospitals (HEYHT) had been variable over the past weeks.

It was acknowledged that there were workforce issues at HEYHT which added pressure to the situation.

It was reported that there was opportunity to bid for funding to undertake direct referrals from primary care into core services in hours and it was agreed that this should be taken forward.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
(b)	There was opportunity to bid for funding to undertake direct referrals from primary care into core services in hours and it was agreed that this should be taken forward.

6.10 WINTER PLANNING

The Deputy Director of Planning provided an update with regard to what has been undertaken to date around winter planning for 2017-2018 winter period and the next steps that were occurring to ensure that the CCG's plan, system and processes would support the system coordination and management during the winter period.

The current Winter Plan for Hull and East Riding Health and Social Care Community was noted by Committee Members.

Hull and East Yorkshire Hospitals (HEYHT) had identified that in order to effectively manage the predicted demand for inpatient hospital care, based upon historical activity; an additional 40 beds were required.

It was stated that this was very high focus and the updated Winter Plan required to be submitted by 3.00 pm today.

An article had been published recently with regard to primary care managing demand in terms of winter planning via the telephone and a comprehensive communication plan was in place to get key health and wellbeing messages out to the CCG's wider populations.

Discussion took place and it was noted that there was an option via the Choose and Book (CAB) system to refer to the Community Frailty Team, although this was not activated.

It was also noted that Hull patients could be discharged to community beds in the East Riding area.

Discussion took place and concern was expressed with regard to workforce and ensuring that a sustainable model was implemented.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the Winter Plan and the outline of the further work required.
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6.11 LOCAL MATERNITY SYSTEM PLAN

This item was deferred to the November 2017 meeting.

6.12 COMMUNITY FRAILTY PATHWAY – PHASE 1

The Head of Transformation presented the aims and objectives of Phase 1 of service delivery from the Integrated Care Centre (ICC) and to specify the requirements of the lead service provider.

One of the main priorities of the Humber Coast and Vale Sustainability and Transformation Plan (HCV STP) was the redesign of out-of-hospital services. It was acknowledged that without effective and integrated community services the envisaged changes in hospital based services would not be possible.

In Phase 1, the aim of the service was that in Year 1 all patients (approximately 3100) identified as severely frail through the agreed process within primary care would be invited to participate in an integrated assessment. There would be a process which ensure a robust baseline position and could measure the outcomes of the re-design model.

Discussion took place and clarification was sought with regard to District Nurses in terms of shadowing arrangements. The CCG were targeting some of the really high admission Care Homes in terms of piloting a Multi-Disciplinary Team (MDT) model. MDT's were evolving although it was acknowledged that the function was yet to be defined and through the programme of work taking place over the winter period it would help identify this.

It was also expressed that the level of integration with Social Care needed to be determined in terms of the support required within the MDT and for this to be reflected in the specification. Conversations would be needed with the Local Authority (LA) to pursue this aspect further.

The momentum of work taking place was acknowledged and the need to use this as an opportunity and case for change with evidence of credible results.

From an IT perspective the record flow was more complex in terms of how patient information was shared. There would be a requirement for dual data entry, although a centralised record would be held for patients.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Clarification was sought with regard to District Nurses in terms of shadowing arrangements.

(c)	The level of integration with Social Care needed to be determined in terms of the support required within the MDT and for this to be reflected in the specification.
(d)	Agreed to commission the Community Frailty for Phase 1 of the Integrated Care Centre service model.

6.13 END OF LIFE BED PROVISION

This item was deferred until the November 2017 committee.

6.14 CLINICAL PEER REVIEW SERVICE SPECIFICATION

The Head of Primary Care presented the Clinical Peer Review Service (CPRs) specification report. CPRs were in reference to GPs reviewing each other's new referrals, to provide constructive feedback in a safe learning environment and ensure service users were seen and treated in the right place, at the right time and as quickly as possible. This was mandated centrally although the resource element was unclear.

The three different elements of GP referrals were noted, these were:

- **Necessity**
- **Destination**
- **Quality/process**

CPRs established a process to create sustainable changes in GP referral behaviours and Clinical Leads were to be identified to champion CPRs and act in a clinical facilitator/educational peer support role.

The overall aim was to improve upon the appropriateness of referrals and help streamline the referral process using the Pathway Information Portal (PIP), NHS e-referral system and advice and guidance.

CPRs were to happen weekly as an absolute minimum and would apply to the majority of referrals with local exceptions.

Discussion took place and concern expressed in terms that the CPR had been mandated. It was acknowledged that the value of peer review was difficult to assess and the three criteria identified do not necessarily reflect all aspects of a patient review accurately and the need for hospitals to focus on providing more advice and guidance to patients was conveyed.

It was noted that no national communications had been received with regard to this.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Clinical Peer Review specification.
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6.15 PRIMARY CARE PRESCRIBING REBATE OFFER NHS HULL CCG

The Medicines Optimisation Pharmacist presented the two primary care rebate offers as follows:

- Boehringer Ingelheim for Tiotropium & Olodaterol Respimat (Spiolto)
- Sandoz Limited for Mezolar Matrix (Fentanyl) Pain Patch

It was reported that both rebates had gone through an internal process.

The complex names of some of the inhalers were raised and it was noted that this was due to the combination of drugs being provided.

Following the CCG Rebate Policy assessment process the rebate offer had then come to Planning and Commissioning. It was noted that the CCG do not actively promote certain drugs but made this available to be prescribed. Also, the rebate does not influence what was prescribed.

Resolved

(a)	Members of the Planning and Commissioning Committee accepted and endorsed the primary care rebates for both Tiotropium and Olodaterol Respimat (Spiolto) and Mezolar Matrix (Fentanyl) Pain Patch.
(b)	Members of the Planning and Commissioning Committee were advised the rebate would be submitted to the Integrated Audit and Governance Committee (IAGC) for approval.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

The Deputy Chief Finance Officer Contracts, Performance, Procurement and Programme Delivery provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

The following key procurement activity had taken place:

- Further development in respect of Community Paediatrics contracts
- Proposals for community cardiology pathways are emerging

Committee Members noted the latest status report from the September 2017 meeting of the Procurement Panel.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

There were no referrals to be made.

9. REPORTS FOR INFORMATION ONLY

9.1 AUGUST 2017 PROCUREMENT PANEL

The minutes were provided for information.

9.2 ICC BOARD MINUTES JULY 2017

The minutes were provided for information.

9.3 ICOB MINUTES SEPTEMBER 2017

The minutes were provided for information.

9.4 CHAIRS UPDATE REPORT – 1 SEPTEMBER 2017

Committee Members noted the contents of the Chairs Update report.

10 GENERAL

10.1 ANY OTHER BUSINESS

i) LOCAL QUALITY PREMIUM TO PRIMARY CARE PROVIDERS – CTOBER 2017 – MARCH 2018

The Deputy Director of Commissioning presented the Local Quality Premium to Primary Care Providers which was tabled at the meeting.

A Framework for incentivisation to support GP practices would be developed. Three areas had been identified, which would help commissioners and GP practices deliver the change needed in terms of:

- Managing Need
- Community Frailty
- Disease Management in Primary Care

This had been discussed with the Local Medical Committee (LMC) and would be discussed and shared further at the various CCG Committees as well as with the GP Groupings.

Committee Members were requested to provide feedback to the Deputy Director of Commissioning and would be further discussed at the next meeting.

Discussion took place in terms of managing the demand of the GP Groupings if specific support was required and this would, where possible be done collectively. The different needs of the GP Groupings were also recognised and support would be variable and the benefits of working at scale were acknowledged.

There was a big opportunity for the specialisation in primary care which could only improve the quality of service being provided.

Resolved

(a)	Planning and Commissioning Committee Members noted the verbal update provided.
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10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **3rd November 2017, 9.30 am** in the **Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed:



(Chair of the Planning and Commissioning Committee)

Date: 6 October 2017

Abbreviations

5YFV	Five Year Forward View
AAC	Augmentative and Alternative Communication
AAU	Acute Assessment Unit
ADASS	Association of Directors of Adult Social Services
APMS	Alternative Provider Medical Services
A&E	Accident and Emergency
BAF	Board Assurance Framework
BPPE	Birth Preparation and Parent Education
BMI	Body Mass Index
CANTAB	Neuroscience technology company delivering near-patient assessment solutions
C&YP	Children & Young People
CHCP	City Health Care Partnerships
CQC	Care Quality Commission
CAMHS	Children and Mental Health Services
CGMS	Continuous Glucose Monitoring
CORRS	Community Ophthalmic Referral Refinement
CVD	Cardiovascular Disease
DoH	Department of Health
DROP	Drugs to Review for Optimised Prescribing
ECIP	Emergency Care Improvement Programme
ECPs	Emergency Care Practitioners
EoL	End of Life Care
ENT	Ear Nose & Throat
EHCH	Enhanced Health in Care Homes
EPRR	Emergency Preparedness Resilience and Response
FNP	Family Nurse Partnership
GPC	General Practitioners Committee
GCOG	General Practitioner Assessment of Cognition
H&WBB	Health and Wellbeing Board
HEYHT	Hull and East Yorkshire Hospital Trust
HERPC	Hull and East Riding Prescribing Committee
HCC	Hull City Council
Humber FT	Humber NHS Foundation Trust
ICC	Integrated Care Centre

JSNA	Joint Strategic Needs Assessments
IAPT	Improving Access to Psychological Therapies
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officer's Board
LMC	Local Medical Committee
LMS	Local Maternity System
IDS	Immediate Discharge Summary
ITT	Invitation to Tender
KPIs	Key Performance Indicators
LA	Local Authority
LAC	Looked after Children
LDR	Local Digital Referral
LIFT	Local Improvement Finance Trust
LMS	Local Maternity System
MH	Mental Health
MDT	Multi-Disciplinary Team
MSK	Musculoskeletal
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NHSE	NHS England
ONS	Oral Nutritional Supplements
OSC	Overview and Scrutiny Committee
PIN	Prior Information Notice
PIP	Planned Intervention Programme Board
PFI	Private Finance Initiative (PFI).
PNA	Pharmaceutical needs Assessment
PTL	Protected Time for Learning
RIGS	Recommended Improvement Guidelines
RTT	Referral to Treatment
SOMB	System Oversight Management Board
SRG	System Resilience Group
STP	Sustainable Transformational Plan
ToR	Terms of Reference
UCC	Urgent Care Centre
VOCA	Voice Output Communication Aids
YAS	Yorkshire Ambulance Service