

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 4 MAY 2018
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair
K Billany, NHS Hull CCG, (Head of Acute Care)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
P Davis, NHS Hull CCG, (Head of Primary Care)
B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
P Jackson, NHS Hull CCG (Lay Member) Vice Chair
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
K Martin, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
A Oehring, NHS Hull CCG, (Clinical Member)
R Raghunath, NHS Hull CCG, (Clinical Member)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (PA - Minute Taker)
G Everton, NHS Hull CCG (Head of NHS Funded Care)
V Harris, Hull City Council (Assistant City Manager)
K McCorry, North of England Commissioning Support (Senior Pharmacist)
T Yel, NHS Hull CCG, (Senior Commissioning Lead Mental Health & Vulnerable People)

1. APOLOGIES FOR ABSENCE

M Bradbury, NHS Hull CCG, (Head of Vulnerable People Commissioning)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
T Fielding, Hull City Council, (City Manager Integrated Public Health Commissioning)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 6 APRIL 2018

The minutes of the meeting held on 6 April 2018 were submitted for approval.

Resolved

(a)	The minutes of the meeting held on 6 April 2018 to be 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 6 April 2018 was provided for information with the following updates provided.

02.03.18 6.3i Hull & East Riding Prescribing Committee – ‘Clinical Guideline On The Use Of High-Potency Vitamin D Replacement’

04.05.18 Status update – It was agreed that an update would be provided at the June 2018 Committee.

06.04.18 6.5 Programme Highlight – Children Young People

04.05.18 Status update – It was stated that the written statement of action had been submitted and if members required a copy to ask the committee secretary.

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;

There were no declarations of interest declared.

Name	Agenda No	Nature of Interest / Action Taken
Dr A Oehring	6.4,7.1	Declared a Financial Interest as GP Partner at Sutton Manor
Dr R Raghunath	6.4,7.1	Declared a Financial Interest as GP Partner at James Alexander Family Practice
Dr V Rawcliffe	6.4, 7.1	Declared a Financial Interest as GP Partner at Newall Surgery

Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared. It was noted that participation in the discussion would be permitted.
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5.2 GIFTS AND HOSPITALITY

The Gifts and Hospitality Declarations made since the March 2018 Committee were provided for information.

The Chair declared receipt of an Invitation to attend Teaching Excellence awards on 18 April 2018.

Resolved

(a)	Planning and Commissioning Committee Members noted the gifts and hospitality declared.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN – OUTCOME FRAMEWORK

The Director of Integrated Commissioning updated the Committee on the Place-based outcome framework advising that a piece of work had been undertaken looking at cross sector working identifying the principles for the outcome framework

- There would be high level indicators for each outcome
- It would be separate to 'performance management'
- Part of the JSNA
- Strategic and population-focussed
- Excludes outcome indicators that any one service/organisation was wholly/primarily accountable for, or are covered elsewhere

The outcome framework would be used to view the direction of travel across the breadth of the high level outcomes and to provide a detailed look at what was being done in relation to specific outcomes.

The Sentinel Outcome indicators would indicate the direction of travel of the overall outcome.

Workshops had been undertaken to update colleagues from various organisations of the Place Based Plan were feedback had been collated and would be cascaded prior to the final framework being taken to the June Place Based Plan Strategic Partnership Board.

It was requested that a mini workshop be undertaken at the June 2018 Committee to ensure the maximum number of colleagues are informed.

Resolved

(a)	Planning and Commissioning Committee Members noted the Outcome framework update.
(b)	That a Place-based outcome framework workshop be held at the June Planning and Commissioning Committee.

6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no policies to discuss.

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

The Medicines Optimisation Pharmacist provided an update on the change of usage applications on the following drugs.

Brodalumab – Red (CCG commissioned)
Sarilumab – Red (CCG commissioned)

It was acknowledged that the drugs identified were specialist prescribing drugs.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.3i HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING FRAMEWORK FOR GUANFACINE HYDROCHLORIDE (INTUNIV) FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

The Medicines Optimisation Pharmacist provided an update and seek approval for the prescribing framework for Guanfacine Hydrochloride (Intuniv) for Attention Deficit Hyperactivity Disorder (ADHD).

It was stated that the framework including dosage had been reviewed and approved at the Hull and East Riding Prescribing Committee (HERPC).

Enhanced testing had been undertaken to ensure Guanfacine Hydrochloride was in line with existing medication.

Concern was raised in relation to the patients reaching adolescence. It was confirmed that transitional work was being undertaken at present which would review ADHD for adolescents and adults.

Resolved

(a)	Members of the Planning and Commissioning Committee approved Prescribing Framework for Guanfacine Hydrochloride (Intuniv) for Attention Deficit Hyperactivity Disorder (ADHD)
(b)	That Guanfacine be added to the CCG near patient testing drug list at Level 2 i.e. The provider works within the shared-care guidelines to issue prescriptions and undertakes physiological monitoring (e.g. blood pressure checks, height & weight etc). Consultant retains responsibility for dosing

6.4 NICE MEDICINES UPDATE (STANDING ITEM)

Dr A Oehring, Dr R Raghunath and Dr V Rawcliffe declared a financial interest due to being GP Partners.

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:

Attention deficit hyperactivity disorder: diagnosis and management – CCG Commissioned, NICE stated this would be cost neutral.

Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism - CCG & NHSE Commissioned, NICE stated this would be cost neutral.

Stop smoking interventions and services - CCG & NHSE Commissioned, NICE stated this would be cost neutral.

Learning disabilities and behaviour that challenges: service design and delivery - CCG & LA Commissioned, NICE stated cost neutral should be assessed locally.

Thopaz+ portable digital system for managing chest drains CCG Commissioned – NICE stated this would lead to a cost saving.

Clarification was sort on the remuneration of smoking cessation medication it was agreed that the Deputy Chief Finance Officer would review the charges for anti-nicotine medication and if monies were rechargeable.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	That anti-nicotine charges in relation to the Local Authority be reviewed

6.5 PROGRAMME HIGHLIGHT REPORTS BY EXCEPTION

Vulnerable People & L&D

- There were no exceptions to report.

Acute Care

- There were no exceptions to report.
- Personal Stroke Audit had taken place with good provider/stakeholder representation.
- The introduction of a consultant to go MDT at Rossmore Care home was being explored.

New Models of Care

- Local Quality Medical screening had been circulated to the 5 groupings.

Medicines Management

- Points of Prescribing was not operational on various PC's across the city, it was stated that there could be a cost to rectify the IT issue.

Children Young People and Maternity (CYPM)

- The SEND Written Statement of Action (WSA) was resubmitted on 01.05.2018 to HMIC, Ofsted and CQC with an expected outcome within 10 working days. The SEND Accountability Forum was responsible for taking forward the WSA and SEND Improvement Action Plan and meets monthly.

The DMO role had been strengthened through the Community Paediatric Medical Service and the DCO commences in post in the CCG 14 May. This would provide additional strategic clinical capacity across the health family.

The national pilot for SEND Tribunal (Single Route of Redress) commenced 3 April 2018 for 2 years. Parents appealing against education assessment and provision now includes health and social care.

- Speech and Language Service. The CCG had additional resource to take forward the requirements for service improvement and remodelling that would address the waiting times and ensure a long-term sustainable model. There would be an application to the June prioritisation panel for non-recurrent funding supported by a clear improvement plan that would address the waiting list to ensure the service was 18 week compliant within a specified timescale.
- Sensory Processing assessment and support. There was a current gap in service provision. The integrated project group (including parent representation) was developing a service model with the intention to include sensory processing assessment that was integrated to other universal and specialist assessments wherever possible with clear criteria for specialist assessment. Initial plans were for the model to be tested over an agreed period from Autumn 2018 that would further define capacity and demand and support plans for a more sustainable model going forward.
- Hull Maternity Voices Partnership (MVP). A successful inaugural meeting took place on 25.04.2018 and was chaired by a service user. The MVP had agreed the outline of the annual work plan that was aligned to the Humber Coast and Vale Local Maternity System delivery plan and objectives. The CCG was working with maternity provider and service users to establish the requirements for service user engagement, involvement and co-production as required in the national maternity transformation plan.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.6 INTEGRATED CARE CENTRE UPDATE

The Director of Integrated Commissioning updated the Committee on The Jean Bishop Integrated Care Centre.

It was stated that the Centre was:

- A purpose built facility
- A flexible building to allow for future change to support a Co-ordinated out of hospital model, Consultant led Including community diagnostics central to an integrated pathway driven model which starts in primary care(eFI).
- Providing long term efficiencies, wrap around care with better care for patients by co-ordinating early interventions and have Health and social care focus

The Centre would provide:

- MDT
 - Geriatrician
 - GPwSI
 - Advanced Nurse Practitioner (ANP)
 - Meds management - Pharmacist

- Therapies
- Generic support worker – Clinical Care Co-ordinator
- Local Authority - Support
- Voluntary Sector - Input
- Rehabilitation facilities
 - Diagnostics
 - Radiology
- Pathology
- Podiatry
- Conferencing
- Group sessions
- Humberside Fire and Rescue

The Centre had been commissioned to:

- To improve quality of life for patients and manage demand through earlier intervention

It was noted that the current system was not sustainable with a £2,201 average cost of an emergency admission over-65s and 8,163 emergency admissions for over-65s in 2016/17.

There are 12,814 patients in Hull were moderately or severely frail and at risk of admission and a third of older patients admitted to hospital as a medical emergency had no clinical need to be in a hospital bed.

It was noted that all patients with a severely frail eFI score would have:

- A comprehensive geriatric assessment
- Personalised Care Plan
- A named Clinical Care Coordinator
 - ensure interventions were delivered and reviewed
- Follow-up Rehabilitation programme
 - where required
- Responsive, timely interventions
- Contact for appropriate signposting in crisis and timely sharing of information

The evaluation of the ICC model had commenced.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.7 UNPLANNED CARE – A & E DELIVERY BOARD

The Director of Integrated Commissioning reported that the weekly it was envisaged that the weekly Winter Report call would be stood down with leaving 2 regional calls taking place.

A team from the Accident and Emergency Delivery Board were joining the A & E programme and taking forward the care home work as a system project.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.8 REVISED VITAMIN D REPLACEMENT

This item was deferred until June 2018

6.9 OFSTEAD CQC STATEMENT OF ACTION

The Head of Children Young People and Maternity advised that the written statement of action had been submitted, a copy of which would be circulated on request.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.10 CITY HEALTHCARE PARTNERSHIP (CHCP) INVESTMENT PROPOSAL

The Chief Finance Officer provided a report including three proposals for funding. The proposal represented bids for funding which had been considered previously at the prioritisation panel, however at the panel it was agreed that further work was required and that the proposal should be considered by the Planning and Commissioning Committee.

It was expressed that more work between the provider and commissioner was required to specify the work planned, rational, benefits and costings to ensure all services a fully integrated with clear outcomes aligned to NHS Hull CCG strategies.

It was agreed to accept proposal 1 in principle and review the number of bed commissioned and that it be stipulated that integrated extra work would be undertaken on proposals 1 and 2 reviewing the contracts, and opportunities for integration of serving, supporting care homes.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the proposals supporting information.
(b)	Members of the Planning and Commissioning Committee approved in principle proposal 1.
(c)	Members of the Planning and Commissioning Committee requested further integrated work be undertaken on proposal 2 and 3

6.11 SPECIFICATIONS FOR DRUG AND ALCOHOL TREATMENT

The Assistant City Manager provided a report which advised the Committee on the progress in relation to the recommissioning of drug and alcohol services, and to share the proposed service specifications.

Hull City Council Cabinet gave approval to procure a drug and alcohol service, made up of two lots, an end to end recovery treatment service, and a long term in treatment service in December 2017.

The new contract with the successful bidder(s) would be for a period of six years, based on an initial term of five years with an optional extension period of one year. This would be to create a stable and sustainable service, capable of delivering, and

being held to account, for long term outcome measures, and to ensure cost effectiveness.

The model outlined for recommissioning was based in the delivery of an early intervention approach alongside a strong recovery orientated treatment model, which builds on the existing model.

This model aims to supports the strategic principles of Hull City Council, Hull CCG and the Office of the Police and Crime Commissioner by ensuring that services that tackle drug and alcohol problems were capable of identifying and responding to existing and emerging trends in relation to drug and alcohol use, by having a more flexible and assertive approach to identification and screening, and in then supporting people to address their drug and alcohol use.

It was recognised through consultation and collaboration with partners, and intelligence from local communities that alcohol had become an increasing problem, linked to street drinking, domestic abuse, and frequent hospital attendances and there needs to be a greater collaborative approach to tackling this, in which this service should be seen as a leader.

Development of the specifications had been supported by a partnership working group. This working group includes a range of representatives across Hull City Council, Hull CCG, the OPCC, the Adults and Children’s Safeguarding Boards. This group would be involved in the evaluation of bids. It was supported by Hull City Council officers in relation to financial evaluation, social value and legal requirements.

Apprehension was raised in relation to:

- Tier 4 provision meeting patient requirements.
- Lot 2 Primary Care based long term treatment working alongside Primary Care to ascertain what was required.
- GP who are regularly/repeatedly prescribing opiate drugs

Resolved

(a)	Members of the Planning and Commissioning Committee noted the proposed model and specification.
(b)	Members of the Planning and Commissioning Committee considered the areas that needed further development as part of the tender award and mobilisation.

6.12 NHS FUNDED CARE ELIGIBILITY PANEL TERMS OF REFERENCE

The Head of NHS Funded Care provided a report to seek approval for the implementation of the NHS Funded Care Eligibility Panel to replace the existing NHS CHC Panel.

Revised National Framework includes clarification regarding the role of Panels to enable decision verification. Practice Guidance 38 describes how panels could be used as part of decision making processes. The proposed terms of reference and panel processes are fully compliant with the National Framework. The previous NHS-CHC panel did not have ratified terms of reference and was not compliant with regards to joint funding arrangements.

It was stated that a panel may be used to ensure consistency and quality of decision-making. However, a panel should not fulfil a gate-keeping function, and nor should it be used as a financial monitor.

The final decision on who was eligible for NHS funded care rests with the CCG, but there was a requirement to consult with Local Authorities and to recognise the limit of the powers of the Local Authority to provide care.

A comprehensive review had taken place in relation to the Terms and Reference (ToR).

It was noted that NHS Hull hold a NHS Funded Care Eligibility Panel each week to assess cases and review where CCG funds are being utilised.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Terms of Reference and authorise the new NHS Funded Care Eligibility Panel.
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6.13 NHS CONTINUING HEALTHCARE DISCHARGE TO ASSESS MODEL

The Head of NHS Funded Care provided a report to see approval to implement the attached NHS Continuing Healthcare Discharge to assess Model.

The Department of Health and Social Care had recently released a revised National Framework for NHS Continuing Healthcare (NHS-CHC) and NHS-funded Nursing Care (FNC). The revised 2018 National Framework was statutory guidance and sets out the principles and processes.

There had been a number of clarifications of policy areas; however the most important being:

- Setting out that the majority of NHS Continuing Healthcare assessments should take place outside of acute hospital settings. This would support accurate assessments of need and reduce unnecessary stays in hospital.
- Providing additional advice for staff on when individuals do and do not need to be screened for NHS Continuing Healthcare in order to reduce unnecessary assessment processes and respond to a call for greater clarity on this.

A checklist was completed first as a referral. Once a valid checklist was received, the CCG must arrange for a full assessment via a Decision Support Tool (DST) within 28 days.

All valid positive checklists must result in a full CHC assessment (DST), which was only considered valid with multi-professional input ideally from health and social care. These assessments often take several hours to complete and in the majority was cases these could have been avoided had the checklist been completed in a community setting.

It was proposed to implement the NHS-CHC D2A model to separate the hospital discharge pathway and NHS-CHC assessment pathways. Exceptions would exist in the case of fast track arrangements or clinical exceptionality (individuals with needs

so complex that a “standard” nursing care home would be unable to meet the presenting needs.

This would be achieved through the introduction of a policy of only assessing individuals in the community, once fully recovered from their acute episode of care. This would create a community based process which was fair and equitable with checklists being completed by community based staff. This would usually be social workers or community nurses.

Pathway summary:

Checklist was not completed on the ward enabling faster hospital discharge and further recovery in appropriate community settings.

Adult social care would arrange for the care and support required on discharge and completion of checklist within 6 weeks of discharge (first review).

DST was completed in appropriate community settings.

The exception to the above would be:

Fast Track CHC arrangements, which would remain unchanged.

The Individual requires a period of rehabilitation via residential Stroke or Intermediate Care Beds.

The Individual requires a residential care home placement with nursing care i.e. a nursing home. The need for nursing care would be established as a result of the proposed FNC assessment beds.

The Individual had needs which are so complex that a bespoke solution was required.

Initial modelling of demand by the Local Authority and the NHS funded care assessment service suggest that 10 beds would be required to fully implement the model. It was recommended that the CCG fund a 6 month pilot from the NHS-CHC budget for this purpose. This would be procured by Social Care through the new dynamic purchasing system. A standard nursing bed in 2018/19 would cost £601.26 per week.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the adoption of the discharge to access as a way to improve the efficiency of hospital discharges.
(b)	Members of the Planning and Commissioning Committee approved that Nursing care home beds are funded by the CCG from existing NHS Continuing Healthcare budgets for the purpose of facilitating the discharge to assess model.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

Dr A Oehring, Dr R Raghunath and Dr V Rawcliffe declared a financial interest due to being GP Partners.

The Deputy Chief Finance Officer 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:

- The Out of Hospital Cardiology service Invitation to Tender had now been aborted due to the development of alternative cardiology pathways through the clinical network;
- The procurement for Extended Access to Primary Care was now progressing as an open procedure;
- An unexpected procurement for an APMS practice was being commenced through the publication of a Prior Information Notice;
- Review of options for prescribing optimisation tools was being undertaken prior to the expiry of the current contract.

It was stated that Joint working with Hull City Council continues and their procurement plan was considered at each meeting of the CCG procurement panel. Key procurements which where there was a common interest with the CCG are:

- Residential & Complex Care
- Housing Related Support
- Agency placements for Looked After Children
- Drug and alcohol services
- Sexual health services
- NHS Health Checks

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 other Committees.

9. REPORTS FOR INFORMATION ONLY

9.1 MARCH 2018 PROCUREMENT PANEL

The minutes were provided for information.

9.2 CHAIRS UPDATE REPORT – 6TH APRIL 2018

Committee Members noted the contents of the Chairs Update report.

9.3 ICC BOARD MINUTES

There were no approved minutes to circulate.

9.4 ICOB MINUTES

Minutes from 9th February 2018 were circulated for information.

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 1st June 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY. – This meeting was cancelled



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 6 July 2018

Abbreviations

5YFV	Five Year Forward View
AAU	Acute Assessment Unit
ACP	Advanced Clinical Practitioner
ANP	Advanced Nurse Practitioner
APMS	Alternative Provider Medical Services
A&E	Accident and Emergency
BAF	Board Assurance Framework
C&YP	Children & Young People
CHCP	City Health Care Partnerships
CQC	Care Quality Commission
CGMS	Continuous Glucose Monitoring
CORRS	Community Ophthalmic Referral Refinement
CVD	Cardiovascular Disease
DoH	Department of Health
DROP	Drugs to Review for Optimised Prescribing
ECPs	Emergency Care Practitioners
EoL	End of Life Care
ENT	Ear Nose & Throat
EPRR	Emergency Preparedness Resilience and Response
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 TFT	Humber Teaching 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
MH	Mental Health
MDT	Multi-Disciplinary Team
MSK	Musculoskeletal
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NHS-CHC	NHS Continuing Healthcare
NHS-FNC	NHS-funded Nursing Care
NHSE	NHS England
OSC	Overview and Scrutiny Committee
PIN	Prior Information Notice
PIP	Planned Intervention Programme Board
PNA	Pharmaceutical needs Assessment
PTL	Protected Time for Learning
RIGS	Recommended Improvement Guidelines
RTT	Referral to Treatment
SHO	Senior House Officer
SRG	System Resilience Group
STP	Sustainable Transformational Partnership
ToR	Terms of Reference
UCC	Urgent Care Centre
YAS	Yorkshire Ambulance Service