

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 6 JULY 2018
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

E Daley, NHS Hull CCG (Director of Integrated Commissioning)
 B Dawson, NHS Hull CCG, (Head of Children, Young People & Maternity)
 K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
 P Jackson, NHS Hull CCG (Lay Member) Vice Chair
 T Fielding, Hull City Council, (City Manager, Health and Wellbeing)
 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)
 M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (PA - Minute Taker)
 G Everton, NHS Hull CCG (Head of NHS Funded Care)
 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

K Billany, NHS Hull CCG, (Head of Acute Care)
 M Bradbury, NHS Hull CCG, (Head of Vulnerable People Commissioning)
 P Davis, NHS Hull CCG, (Head of Primary Care)
 J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
 V Rawcliffe, GP, NHS Hull CCG (Clinical Member) Chair

2. MINUTES OF THE PREVIOUS MEETING HELD ON 4 MAY 2018

The minutes of the meeting held on 4 May 2018 were submitted for approval.

Resolved

(a)	The minutes of the meeting held on 4 May 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 4 May 2018 was provided for information, the following updates were 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.

06.07.18 Status update – this item was on the agenda.

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 to;

There were no declarations of interest declared.

Name	Agenda No	Nature of Interest / Action Taken
Dr A Oehring	6.11, 7.1	Declared a Financial Interest as GP Partner at Sutton Manor
Dr R Raghunath	6.11,7.1	Declared a Financial Interest as GP Partner at James Alexander Family Practice

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 Associate Director, Communications and Engagement Chair declared receipt of an Invitation to attend the Disability Sports awards.

Resolved

(a)	Planning and Commissioning Committee Members noted the gifts and hospitality declared.
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5.3 R & D EXCESS TREATMENT COST

The R and D Lead Manager provided a report providing which was taken as read as overview of the recently published NHS England response to the public consultation: "Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract".

It was stated that the changes to the terms of the NHS Standard Contract was clinically driven for patients.

An overview was also provided of two research studies for which the Committee was asked to fund the payment of excess treatment costs..

Resolved

(a)	Planning and Commissioning Committee Members noted the outcome of the NHS England consultation on research in the NHS.
(b)	And approved the funding for the identified excess treatment costs associated with the ASPECT and CLASP 5 studies

5.4 TERMS OF REFERENCE

The Deputy Director of Commissioning provided the Terms of Reference (ToR) for approval with the following additions:

- The Committee would seek an opinion prior to reaching a decision, where appropriate, from the Primary Care Commissioning Committee on items of mutual interest to both committees.
- The Committee would refer items to the Quality and Performance Committee where there were concerns regarding quality / performance aspects of items of mutual interest to both committees.
- North of England Commissioning Support (Senior Pharmacist) be added to the in attendance section of the membership.

It was agreed that the attendance of members would continue to be monitored (either the member or deputy would be recorded) throughout the year and any concerns would be raised by the Clinical Chair.

It was noted that the North of England Commissioning Support Senior Pharmacist would be added to the in attendance section of the Terms of Reference and the attendance log.

Resolved

(a)	Planning and Commissioning Committee Members approved the amendments.
(b)	and North of England Commissioning Support Senior Pharmacist be added to the terms of reference and attendance log.

5.5 ANNUAL REPORT

The Deputy Director of Commissioning provided a report seeking approval prior to being submission the NHS Hull CCG Board.

A wide and varied conversation took place in relation to the monitoring of representation at the Planning and Commissioning Committee, it was acknowledged that an assigned deputy could attend for each Head of Service and the Hull City Council Representative.

It was acknowledged that the named representative from the Clinical Quality and Governance Team had changed during 2017/2018 year which helped deliver improved access and participation in the Committee. This had been appreciated by the wider Committee membership, as well as strengthening links with the Quality and Performance Committee.

Resolved

(a)	Planning and Commissioning Committee Members approved with minor amendments.
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6. STRATEGY

6.1 PUBLIC HEALTH WORK PLAN – OUTCOME FRAMEWORK

The City Manager, Health and Wellbeing, provided a broad update of current progress to the Committee.

It was stated that there were a number of procurements currently in standstill which could not be specifically discussed at this stage..

The FNP service had been decommissioned, a new service model was being developed within the refreshed budget, a pilot of the enhanced family support service was ready to commence.

A suicide prevention workshop had taken place, a number of pledges were agreed.

Hull City Council had signed up to the Food Charter, the role of NHS Hull CCG was yet to be clarified.

There had been an increased level of sign up for non-smoking sites for football, along with continued work with the FA to eradicate smoking and promote smoke free side-lines, it was noted that this would also be picked up with rugby teams.

Resolved

(a)	Planning and Commissioning Committee Members noted the update.
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6.1i PLACE BASED OUTCOMES

The City Manager, Health and Wellbeing, provided an update advising the Committee on the progress of the Place-based outcome framework.

It was stated that work had been undertaken on the framework over the last few months.

Five outcomes had been developed /recommended, and the Health and Wellbeing Board had agreed, which set out how we would like to support Hull's residents to improve their health, wellbeing and to be able to achieve their full potential. A final document would be brought to the October 2018 committee for information.

Three high level outcomes indicators would be identified for each of the five outcomes. The overall outcome would be strategic/high-level and be outcome based not performance focused have high data quality (one page) for Hull.

The high-level view of the 'direction of travel' across the breadth of the outcomes would provide an overview of 'what was being done' in relation to specific outcomes. The Hull Place Based Board was a partnership which maintains an overview of progress. The Board is supported by a governance framework with any executive decision being taken back to each organisation for approval.

An Integrated Financial Plan was being worked on along with an integrated framework.

Resolved

(a)	Planning and Commissioning Committee Members noted the update.
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6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no policies to discuss.

6.3i 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.

Invertase Syrup – Red (hospital use)

Chloroprocaine Hydrochloride – Red (hospital use)

Dimethyl Fumarate – Red (CCG commissioned – included in Dermatology - Systemic biological therapy pathway)

Safinamide – Blue (CCG commissioned – Hull and East Riding Joint Formulary to be amended)

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.3ii HULL & EAST RIDING PRESCRIBING COMMITTEE

The Medicines Optimisation Pharmacist provided an update and sought approval for the Prescribing Guidelines, Policies or Shared Care Frameworks from the Hull & East

Riding Prescribing Committee meeting re: bullet points included in the recommendation section below.

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

An in-depth discussion in relation to each policy or framework transpired with the following outcomes being identified:

- (a) Type 2 diabetes HbA1c targets – New Guideline - Approved
- (b) Degarelix Shared Care Framework (SCF) – New SCF – It was noted that the monitoring of the drug would be via Hull and East Yorkshire Hospital Trust (HEYHT) – Approved. It was agreed also that Degarelix was added to the CCG shared care monitoring drug list at Level 1 i.e. – The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing – Approved.
- (c) HEY Systemic Biological Therapy for Rheumatoid Arthritis – New - Approved
- (d) Treatment Of Adult Asthma and Diagnosis of Airway Disease – Updated - It was requested that further conversation take place outside of the meeting to discuss the link with children’s respiratory medicine - Approved
- (e) COPD Treatment Pathway – Updated – minor amendments to be made to wording - Approved
- (f) Dementia medication Shared Care Framework (SCF) - Updated – It was noted that cardiac review should be amended as per the flow chart reference – Approved
- (g) Dermatology - Systemic biological therapy pathway – New - Approved
- (h) Gastroenterology – Systemic biological therapy pathway – New - Approved
- (i) Anastrozole for Chemoprevention of Familial Breast Cancer – New Shared Care Framework (SCF) - Approved
 - Agree also that Anastrozole was added to the CCG shared care monitoring drug list at Level 1 i.e. - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing - Approved
- (j) Prescribing Guideline of Ticagrelor 60mg after myocardial infarction (MI) – New – minor amendments to be made to wording – Approved
- (k) Antipsychotic Depot Medication Prescribing and Administration Guideline - minor amendments to be made to wording – Approved
- (l) High Dose Antipsychotic Guidelines minor amendments to be made to wording – Approved
- (m) Medicines Management Tool for Antipsychotics - minor amendments to be made to wording – Approved
- (n) CHCP Wound Management Formulary - Approved
- (o) Guideline on the use of high-potency Vitamin D replacement – Updated – maintenance dose inclusion in treatment section to be reviewed - Approved

Resolved

(a)	Members of the Planning and Commissioning Committee approved all the following policies and guidance
	(a) Type 2 diabetes HbA1c targets
	(b) Degarelix Shared Care Framework (SCF)
	(c) HEY Systemic Biological Therapy for Rheumatoid Arthritis

(d)	Treatment Of Adult Asthma and Diagnosis of Airway Disease
(e)	COPD Treatment Pathway
(f)	Dementia medication Shared Care Framework (SCF)
(g)	Dermatology - Systemic biological therapy pathway
(h)	Gastroenterology – Systemic biological therapy pathway
(i)	Anastrozole for Chemoprevention of Familial Breast Cancer
(j)	Prescribing Guideline of Ticagrelor 60mg after myocardial infarction (MI)
(k)	Antipsychotic Depot Medication Prescribing and Administration Guideline
(l)	High Dose Antipsychotic Guidelines
(m)	Medicines Management Tool for Antipsychotics
(n)	CHCP Wound Management Formulary
(o)	Guideline on the use of high-potency Vitamin D replacement

6.4 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:

- 1) Drug misuse prevention – Commissioner: NHSE, CCG & LA NICE suggested which would be cost neutral
- 2) Trauma - Commissioner: CCG, NICE suggested which would be cost neutral
- 3) Lyme disease - Commissioner: NHSE, CCG & LA, NICE suggested which would be cost neutral
- 4) Care and support of people growing older with learning disabilities - Commissioner: CCG & LA, NICE suggested assessing costs locally
- 5) Adjunctive colposcopy technologies for assessing suspected cervical abnormalities: the DYSIS colposcope with DYSISmap and the ZedScan - Commissioner: CCG, NICE suggest which would be cost neutral
- 6) Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups - Commissioner: NHSE, CCG & LA, NICE stated which would be cost neutral
- 7) Cystic fibrosis - Commissioner: NHSE & CCG, NICE stated which would be cost neutral

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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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.

New Models of Care

- There were no exceptions to report.

Medicines Management

- Points of Prescribing was not operational in one practice 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 (WSOA) had been approved and the following DfE/DH SEND monitoring visit on 25 June 2018 had highlighted the progress made to date and the requirement for the local area to provide evidence of improved outcomes for children and young people going forward.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates.
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6.6 INTEGRATED COMMISSIONING UPDATE

The Director of Integrated Commissioning updated the Committee on progress made since The Jean Bishop Integrated Care Centre had opened.

It was stated that a Committees in Common development session had taken place. There had been a review of the Committees in Common membership with new council members attending.

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 Deputy Director of Commissioning reported that the Accident and Emergency (A&E) Delivery Board had been reviewed and was now concentrating on 5 areas;

- Management of stranded and super-stranded patients
- Care homes work
- Elimination of breaches in minors
- Ensure 4 main areas were progressed for winter
- Ambulance turnaround times (link with above item)

A meeting had been held with the Director of Urgent Care & Integration from Yorkshire Ambulance Service NHS Trust (YAS) were it was agreed there needed to be a more strategic approach between organisations.

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 discussed in agenda item 6.3ii.

6.9 SECTION 117 LOCAL FRAMEWORK

The Head of NHS Funded Care provided a report to seek approval for the implementation of the Section 117 Local Framework.

It was stated that Section 117 of the Mental Health Act 1983 (MHA 1983) places a joint duty on CCGs and Local Authorities to provide free aftercare services to individuals who had been detained under certain provision of the MHA 1983. The CCG and Local Authority do not currently have a formal local agreement which was a requirement under the statutory guidance. The proposed Section 117 Local Framework establishes integrated commissioning principles and links to the NHS Funded Care Eligibility Panel, to determine CCG funding apportionment for aftercare arrangements.

The purpose of the Hull local framework was to provide clarity regarding the provision of aftercare services to people who were entitled to those services under section 117 of the MHA 1983 and should ensure that:

- All partner organisations were aware of their section 117 responsibilities;
- Individual staff within partner organisations were aware of their section 117 responsibilities;
- Local interpretation of section 117 was in line with the legal requirements under the MHA 1983;
- There was an agreement of NHS Hull CCG and Hull City Council to the practices in relation to section 117 aftercare decision-making, and commissioning of packages of care;
- Set out the arrangements under which an Individual could be discharged from Section 117.

It was state that all applications would be taken to the Joint Working Forum who would bring experts in as required and then forward onto the Integrated Panel for approval.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Section 117 Local Framework.
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6.10 IMT STRATEGY AND APPROACH

The Associate Director of IT (for the CCG’s across the Humber) updated the Committee on the progress of the IT & Digital roadmap headlines with the following areas being identified;

- Clinical record sharing – The focus continues to be on the rollout of the eSCR with the use of eSCR significantly increasing across Humber. The biggest challenge to the rollout of eSCR was capturing patient consent. Social workers would have access to eSCR in the near future.
- A national pilot had commenced for S1 & EMIS, a Test bed had been complete and had worked, S1/ EMIS record sharing was now going to be rolled out to all sites across Humber.
- IT enabling services for CCG’s and Primary Care were provided on a Y & H footprint by eMBED. The Hull CCG recognise the importance of ‘The Place’ and were looking to implement a model to better support services when the current contract ends.
- NHS England (NHSE) had award funding to rollout technology packs to Care Homes including laptop, secure WiFi and NHS Mail accounts. Decisions now need to be made on whether care homes were to be provided with WiFi

access at a single point or flood fill the homes, a pilot was being developed to evaluate the options.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.11 SPECIFICATIONS FOR SEXUAL AND REPRODUCTIVE HEALTH

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

The Programme Lead for Public Health Assistant City Manager provided a report which advised the Committee of the progress in relation to the recommissioning of Sexual and Reproductive Health services, and to share the proposed service specifications.

It was noted the Hull City Council Cabinet had given approval to procure Sexual and Reproductive Health service, made up of two lots and a further GP/ LARC provision which would be delivered through the GP groupings. These include a specialist SRH (Lot 1), adults and young people promotion service (Lot 2) and a GP LARC service, working across primary care providing Long Acting Reversible Contraception fittings and removals.

The model outlined for recommissioning was based on the delivery of a promotional service, a clinical service and LARC service. This would be through a single contract for sexual health promotion targeting health inequalities across the life course, and also to procure clinical provision which would include a specialist clinic, GP provision, Pharmacy provision, and out of area cross charging activity.

The model aims to support the strategic principles of Hull City Council and Hull CCG services continue to build on previous success of the SRH system model in identifying and responding to existing and emerging trends in relation to sexual and reproductive health.

A full equality impact assessment had been undertaken; which found that the service impacts on a number of protected characteristics. Some of the findings included that fewer men than women access the service, those aged between 15 and 30 accessed the service most frequently, improved access by LGBT+ and that there were some gaps around reporting on disabilities. Identified risks on protected characteristics would be managed in line with the Authorities' policy.

It was requested that "a review should be undertaken six week after insertion" paragraph be removed from the LARC along with LMC quality audits.

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.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

Dr A Oehring and Dr R Raghunath 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 procurement for Extended Access to Primary Care was now live with tender submissions due on 2 July 2018;
- The procurement of an APMS practice for Calvert and Newington was progressing with tender documents currently being prepared;
- The procurement of the prescribing optimisation tools through a national framework agreement was being undertaken prior to the expiry of the current contract.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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7.2 RECOMMENDATIONS OF THE PRIORITISATION PANEL

The Deputy Chief Finance Officer provided a report presenting the recommendations made by the Prioritisation Panel following their review of the Project Approval forms submitted requesting recurrent/non-recurrent funding.

The Prioritisation Panel reviewed a total of five schemes across a number of work-stream areas. In total these applications came to £1,669.2k. These were a mixture of recurrent and non-recurrent funding requests.

Of the five cases put forward all have been recommended for approval, however in some cases the amount approved was less than initially requested. In addition the Panel suggested a number of requirements / control measures that should be incorporated with the investment.

CYP Autism Scheme had been approved although the panel did not accept the level of on-costs included in the proposal therefore the amount approved had been reduced by £80k. The panel were happy that the resource was set aside recurrently in the financial plan however this element (£222k after on cost reduction) should only be released non-recurrently with an appropriate service specification for the intervention service being approved.

It was agreed that the CYP Autism Scheme for 673.8k be taken to the NHS Hull CCG Board on the 27th July 2018 for approval.

Clarification was requested on the progress prioritisation panel scheme from City Health Care Partnership comprising of Intermediate Care Therapy Beds (£305k), Integrated Urgent Care (£144k), Integrated Community Services Workforce (764k) it was stated that the additional work/information requested had occurred and the scheme was being taken to the NHS Hull CCG Board for approval.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the schemes as recommended by the Prioritisation Panel for inclusion in the Medium Term Financial Plan.
(b)	That the CYP Autism Scheme be taken to the NHS Hull CCG Board for approval
(c)	That the CHCP Therapy Beds, Integrated Urgent Care and Integrated Community Services Workforce scheme be taken to the NHS Hull CCG Board for approval

7.3 RISK REPORT

The Chair provided a report to brief the Planning and Commissioning Committee on the planning and commissioning risks on the corporate risk register.

The Committee were advised that there were currently 28 risk on the CCG risk register, of which 7 were regarding planning and commissioning.

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

- 1 risk is rated as extreme;
- 3 risks were rated as high; and
- 3 risks were rated as moderate.

It was noted that the extreme risk was in relation the waiting times for CYP Autism – work was being undertaken with NHS East Riding to ascertain the opportunity for joint working.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the content 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 11 APRIL 2018 AND 14 MAY 2018 PROCUREMENT PANEL

The minutes were provided for information.

9.2 CHAIRS UPDATE REPORT – 4 MAY 2018

Committee Members noted the contents of the Chairs Update report.

9.3 19 MAY 2018 ICC BOARD MINUTES

The minutes were provided for information.

9.4 ICOB MINUTES

There were no approved minutes to circulate.

9.5 HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST STROKE VISIT

The minutes were provided 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 **3rd August 2018, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 3 August 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