

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 6 MARCH 2020, 9.30 AM THE BOARD ROOM, WILBERFORCE COURT

PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
A Oehring, NHS Hull CCG, (Clinical Member)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
I Goode, NHS Hull CCG, (Lay Member) (Chair)
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning) – *Left after Item 6.1 / Re-joined after Item 6.4a*
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH) – *Left After Item 6.4a*

IN ATTENDANCE:

E Jones, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
V Anand, Modality Partnership, (GP)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

B Ali, NHS Hull CCG, (Clinical Member)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 FEBRUARY 2020

The minutes from 7 February 2020 were submitted for approval and taken as a true and accurate record subject to the following amendment:

6.1 PUBLIC HEALTH BY EXCEPTION

Delete paragraph 4 and replace with:

Discussions had taken place at Primary Care Network (PCN) level with regard to Long Acting Reversible Contraception (LARC) services and the timescale had been extended as this service was not directly commissioned by PCNs currently.

6.2bi HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

Paragraph 4, replace with:

A wide and varied discussion occurred around Sativex as the CCG was responsible for commissioning Sativex to treat spasticity. It was agreed that the use of Sativex should **not be routinely commissioned**, only by via an IFR **Policy** request and approval would be time limited until demonstrable improve in symptoms/quality of life. It was suggested that this be included in all FOI responses.

Paragraph 6, replace with:

Dymista **gives** relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis. Due to the price reduction/changes **HERPC and HUTH Drug and Therapeutic Committee** had given approval for use as a cost effective drug. It was agreed that Dymista be included in the existing pathways for allergic rhinitis.

Resolved

(a)	The minutes of the meetings held on 7 February 2020 were taken as a true and accurate record subject to the above amendments and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 7 February 2020 was provided for information, and the following updates were provided:

05.07.19

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM) – FLASH GLUCOSE MONITORING SYSTEM (FREESTYLE LIBRE)

The flow of money for FreeStyle Libre has been discussed. The Status of Action was 'Completed'.

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

The Chair had received prior notification with regard to the following:

- Perinatal Mental Health

This would be discussed under Item 6.6 on the Agenda.

Resolved

(a)	The Planning and Commissioning Committee noted the additional item of Any Other Business to be discussed.
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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 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:

- (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;

The following declarations of interest declared.

Name	Agenda No	Nature of Interest and Action Taken
A Oehring	6.2e and 6.4a	Financial Interest – Partner at Sutton Manor Surgery

Resolved

(a)	The Planning and Commissioning Committee noted the declarations made.
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5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in February 2020.

Resolved

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

The Interim Director of Integrated Commissioning conveyed that the incorrect report had been submitted and this would be discussed at the next meeting.

It was noted that Coronavirus would need to be included on the CCG's Risk Register.

Resolved

(a)	Members of the Planning and Commissioning Committee that the incorrect report had been submitted and this would be discussed at next meeting.
(b)	It was noted that Coronavirus would need to be included on the CCG's Risk Register.

6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant Director Health and Wellbeing/Deputy Director of Public Health gave a verbal update on the work which was being undertaken by Hull City Council (HCC).

It was noted that inflationary costs for public health services were already included in the funding allocation and requests had been made for these monies from Humber Teaching NHS Foundation Trust (Humber FT) and City Health Care Partnership (CHCP) for the services commissioned from them.

Discussions were taking place with regard to 0-19 year services as well as Asylum Seekers and a key point of contact within Housing was going to take forward a strategic meeting which would include health representation.

It was noted that concerns had been raised with regard to 5G coverage rollout in Hull as health apprehensions had been raised with regard to this. A request through Scrutiny had been made and a report had been submitted which was in the public domain. There were no areas for concern and this was low level risk.

With regard to Coronavirus, it was conveyed that people would be updated with regard to this and a Humber Coronavirus Committee had been established. All steps were being taken and quarantine arrangements were being put in place where needed.

Matt Greensmith, Public Health Specialty Registrar was introduced to Committee Members and who would be presenting information with regard to the Referral Pathway to the Northern Gambling Clinic at Item 6.5 on the agenda.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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The Interim Director of Integrated Commissioning left the meeting.

6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no clinical commissioning drug policies to approve.

6.2bi HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

No report was assigned to this item.

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist provided an update of changes or additions to NICE publications, and their implications for CCG Commissioners.

The NHS Hull Clinical Commissioning Group Summary of NICE Guidance form had been altered to include a RAG rating which indicated who was responsible for the action.

The Committee Members were asked to note the January 2020 NICE Guidance summary, in particular:

- Guidance Reference QS33 – Rheumatoid arthritis in over 16s
- Guidance Reference QS20 – Colorectal cancer
- Guidance Reference NG149 – Indoor air quality at home
- Guidance Reference NG150 – Supporting adult carers
- Guidance Reference NG51 – Colorectal cancer

as well as the Medical Technology and Procedural guidance and it was noted that no further action was needed with regard to this.

All December actions were completed. There was one area in January 2020 that still needed to be progressed and evidence was being obtained to inform this.

Information with regard to changes to Nice Guidance was being communicated by the CCG to GP practices, so that practices could see if this affected their service provision.

It was suggested that Practice Managers also needed to be aware of these changes to ensure that whoever was responsible for NICE issues at GP practices is informed accordingly.

The Chair had received a query with regard to air control and Hull City Council (HCC) were undertaking a lot of work in terms of outside air quality and renewed and increased focus on internal air quality. The Government has put significant focus on internal air quality and the CCG had been invited to air quality workshops as a strategic view was needed with regard to this. It was acknowledged that there were some potential areas of conflict between external and internal air issues.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.2d Flash Glucose Monitoring System (Freestyle Libre)

The Medicines Optimisation Pharmacist presented the above report, which provided information with regard to Flash Glucose Monitoring System (Freestyle Libre) audit information from Hull University Teaching Hospital NHS Trust (HUTHT).

An overview of the report was provided and from a clinical outcome point of view reductions had been seen from patients that had started on the new technology.

Discussion took place and the Strategic Lead for Primary Care expressed that the graph evidence conflicted with the provided information and this needed to be translated into hard outcomes.

It was acknowledged that the longer term complications of diabetes in terms of the new technology would not be known for a period of time in terms of the outcomes.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.2e Optimisation Work Plan

Dr Oehring declared a Financial Interest as Partner at Sutton Manor Surgery. The declaration was noted and the Member would remain and participate in the item owing to the nature of the interest declared.

The Medicines Optimisation Pharmacist presented the proposed CCG Medicines Optimisation work plan for 2020/2021 project areas.

Committee Members noted the summary position information provided with regard to Primary Care Prescribing budgets in relation to national and actual cost growth and prescription item growth, which showed lower growth nationally / regionally and growth would be received with regard to NICE guidance.

The prescribing indicators within the current scheme were noted; in particular the Optimisation Work Plan project areas for 2020-2021.

Discussion took place and in view of the declaration of interest received, views were sought from GP Committee Members.

Clarification was sought in terms of the Primary Care Networks (PCNs) and the PCN Pharmacists and whether they are involved in these discussions. It was noted that regular meetings do take place and these meetings linked with the GP Contract meeting discussions. Also in Hull, specific PCN Pharmacist meetings are held.

Dr Oehring expressed that this was really pleasing to see the reduction in Pregabalin/Gabapentin analgesic volume was being replaced by reduction in the inappropriate prescribing of hypnotics and anxiolytics; she felt that GPs would have more influence on the prescribing of these drugs rather than pregbalin/gabapentin which are commonly initiated by secondary care.

Additionally, it was noted that there is extra capacity with regard to CCG Pharmacy support should GP practices require to access this.

Resolved

(a)	<p>Members of the Planning and Commissioning Committee reviewed and approve the proposed CCG medicines optimisation work plan for 2020/2021 project areas (Appendix 1) i.e.</p> <ul style="list-style-type: none">• The proposed medicines optimisation work plan for 2020/2021 project areas (Appendix 1) i.e.<ol style="list-style-type: none">1. OptimiseRx – Clinical decision support software optimisation.2. Pharmaceutical rebates – CCG approved rebates.3. Biosimilars opportunity utilisation.4. PbR High cost drugs/Blueteq implementation - Challenges/checks relevant to PbR excluded/high costs drugs.
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	5. Primary Care Prescribing Medicines Optimisation project – reviews and implement changes in chosen therapeutics areas.
	The proposed changes to the CCG Extended Medicines Management Scheme prescribing indicators.

6.3 INTEGRATED COMMISSIONING

6.3a INTEGRATED COMMISSIONING OFFICER BOARD (ICOB)/GENERAL UPDATE AND NOTES

The Director of Integrated Commissioning provided a verbal update advising that the last Committees in Common (CiC) had taken place on 26 February 2020 at which two items had been approved as follows:

- Agreement to the terms of the section 75 Partnership Agreement 2019-21 including Better Care Fund and Financial Contributions towards the Integrated Financial Plan
- Strategic Business Case for the Transformation of Council Regulated Services.

The Integrated Commissioning Officer Board (ICOB) was taking place later that day and the Better Care Fund (BCF) and supporting the voluntary sector were being considered.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the verbal update.
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6.4 INTEGRATED DELIVERY

6.4a FOCUS AREA PRIMARY CARE UPDATE

Dr Oehring declared a Financial Interest as Partner at Sutton Manor Surgery. The declaration was noted and the Member would remain and participate in the item owing to the nature of the interest declared.

The Strategic Lead Primary Care presented a summary of the changes to the GP contract for the period 2020/21 to 2023/24 and highlighted the action required of CCGs to support Primary Care Networks (PCNs) in delivery.

It was reported that a revised deal had been agreed, published on 6 February 2020, with the priority being in 2020/21 to expand the size of the general practice workforce by making full use of the investment guaranteed under the agreement.

With regard to Enhancing the Additional Roles Reimbursement Scheme, more roles had been added to the scheme from April 2020, with reimbursement for all additional role increases from the current 70% to 100% for roles. For the average PCN in 2020/2021, this equated to around 7 Full Time Equivalent (FTE) staff, through an average reimbursement pot of £344,000. This increased to 20 FTE staff and an average reimbursement pot of £1.13 million in 2023/24.

Committee Members were asked to note the number of measures included to support more doctors working in general practice. With regard to releasing time to

care in relation to the digitisation of Lloyd George records in 2020 it was hoped that in the new financial year GP practices would start to be involved in this.

With regard to improving access to patients it was expected that more people working in general practice would help achieve 50 million more appointments in general practice, this amounted to an extra 260,000 for Hull.

The payment model for vaccination and immunisation would be overhauled to support improved vaccination coverage and this would become part of the new contractual core standards.

Changes had also been made to the Quality and Outcomes Framework (QOF), which were less onerous and there was an expectation that primary care would work with community providers in terms of aligning services.

Regarding delivering PCN service specifications, the final requirements for three service specifications to be delivered in 2020/21 had been rewritten, these were:

- Structured Medication Review and Medicines Optimisation
- Enhanced Health in Care Homes
- Supporting Early Cancer Diagnosis

Two service specifications had been deferred until 2021/22 as follows:

- Anticipatory Care
- Personalised Care.

Additionally, it was noted that:

- Every care home would be supported by a single PCN with a named GP or GP team.
- By 31 July 2020 a delivery plan for the new service would be agreed with community provider partners.
- In addition a 'Care Home Premium' would provide additional resource to PCNs at £120 per bed per year.

The expectation of CCGs in supporting PCN development was acknowledged by Committee Members, with the priority for 2020-2021 being to get more staff working within primary care.

It was noted that the Investment and Impact Fund (IIF) was to be introduced as part of the Network DES in 2020/21 and the Network DES would require each PCN to outline the details of the collaboration agreement reached with its Community Services provider and Community Pharmacy. Requirements in relation to delivering service specifications would be part of community services contracts from April 2020, as would an obligation to configure to PCN footprints. As part of the DES, all PCNs would be expected to seek to utilise 100% of their available funding. CCGs would be placed under a corresponding duty to support their PCNs in doing so. A CCG-wide plan to use the available Additional Roles Reimbursement Scheme budget would be developed every year, jointly with Clinical Directors and Local Medical Committees (LMCs). Community partners should also be fully engaged and CCGs should offer immediate support from their own staff

Discussion took place and the Deputy Chief Finance Officer described the significant impact to CCG's financial plans in terms of these changes and Hull CCG was notified on 5 March 2020 of £0.5 million additional funding.

Clarification was sought with regard to the extra 30% resource needed in PCNs and what the impact of this would be and infrastructure and ability to deliver certain services was queried. It was stated that five people from the CCG will support the PCNs. A much clearer strategy in terms of workforce planning was being taken forward. It was acknowledged there will be a need to work as a system.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the summary of the Update to the GP Contract Agreement 2020/21 - 2023/24 and the associated requirements of CCGs and PCNs.
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DEMONSTRATION NATIONAL CAMPAIGN TO STAND AND DO MORE AND HANDWASHING

Committee Members participated with regard to the above, which was led by Dr Anand and Dr Rawcliffe.

The Assistant Director Health and Wellbeing/Deputy DPH left the meeting.

The Interim Director of Integrated Commissioning re-joined the meeting.

6.4b PROJECT EXCEPTIONS

Unplanned Care

No exceptions to report.

Mental Health and Learning Disabilities

No exceptions to report.

Children, Young People and Maternity

No exceptions to report.

Cancer Alliance

The new Chief Executive would commence in post in April 2020.

A Humber, Coast and Vale Cancer Alliance Celebration and Recognition Conference had taken place on 5 March 2020.

Medicine Management

No exceptions to report.

Primary Care

No exceptions to report.

Planned Care

No exceptions to report.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.5 REFERRAL PATHWAY TO NORTHERN GAMBLING CLINIC

Matt Greensmith, Public Health Registrar with Leeds Teaching Hospitals NHS Trust is undertaking his first placement at Hull City Council (HCC) and presented information with regard to the new Northern Problem Gambling Clinic, funded by NHS England (NHSE) and GamCare, provided by Leeds and York Foundation Trust and was involved in implementing the actions from the needs assessment process in terms of Gambling.

The pathway development to Northern Clinic (Tier3) and locally delivered specialist counselling services (Tier 2) would benefit the Hull population where it is considered there is significant unmet need for support with gambling related harm assessed by Hull City Council (HCC) Public Health Team.

Gambling relation harms were considered to affect three domains of life:

- Resources
- Relationships
- Health

There were pre-existing services which accepted referrals directly or primary care but were not signposted clearly.

The service is funded nationally through a voluntary levy through gambling organisations.

Information was now available on the pathway information portal on the CCG's website.

It was acknowledged that there was a stigma associated with gambling addiction and this may not always be recognised as the trigger to other health issues. Primary Care needed to be aware of this.

The Tier 3 and Tier 2 services are delivered by Leeds and York Partnership Trusts in Leeds. This could also be undertaken by Skype and work had been taking place with services in the city with regard to accessing these services. The difference between Tier 3 and Tier 2 is the level of problem displayed by the individual.

The hull health and wellbeing data for gambling in Hull was noted and Hull was estimated to have between 1674 and 3676 problem gambling adults (16+) and services in Hull have reported an increase in problem gambling amongst women.

Discussion took place and Strategic Lead Primary Care reported that the welfare advice service was provided through primary care and through Citizens Advice Bureau (CAB) and could signpost where gambling is identified as an issue.

The Associate Director of Communications and Engagement expressed that a coordinated approach was needed with regard to communications and suggested that a campaign be undertaken with regard to this.

It was queried whether a problem gambler can ever become an unproblematic gambler. It was noted that with anyone that had an addiction to anything, some would abstain and some would control.

Clarification was sought as to whether there was any links to show how gambling commenced e.g. through alcohol / substance misuse. It was understood that people with substance misuse issues were at a higher risk and it was rare to have an addiction in isolation. Homelessness was an issue with problem gambling as well as cognitive issues.

Locally 70 people are trained in hull to support people with problem gambling. There were materials available that could be used and social marketing could be done. Working Voices had received some materials with regard to this and suggested that this be discussed at a Protected Time for Learning (PTL) event

Resolved

(a)	Members of the Planning and Commissioning Committee endorse the proposal to initiate a review of the pathway development implications of the launch of the Northern Problem Gambling Clinic.
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6.6 PERINATAL MENTAL HEALTH

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

The Director of Integrated Commissioning provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

It was noted that the Primary Care IT service continued with mobilisation for commencement on 1 April 2020 transferring from eMBED Health Consortium to N3i Limited. The Non-Emergency Medical Transport Service (NEMTS) would also transfer to Yorkshire Ambulance Service (YAS) on 1 April 2020.

Discussion took place and it was acknowledged that primary care was completely reliant on IT being delivered and it was anticipated that the new service would be significantly better. Connectivity and infrastructure discussions are also taking place.

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 reported that the Prioritisation Panel meeting was held on 21 February 2020.

Various schemes had been approved in terms of recurrent and non-recurrent funding as follows:

Teaming up for Health – this scheme had been running for a couple of years now and debate had taken place with regard to the benefits and the ‘reach’ this had for hard to reach groups. The amount was £110,000 and the Panel recommended that this is approved this recurrently and regular reporting on outcomes would take place. This funding would be provided on a recurrent basis. Committee were asked to note the availability of core funding from statutory organisations allowed them to attract significant funding from other markets.

Sensory Processing – this was in conjunction with Humber NHS Foundation Trust (Humber FT). A clinical lead had been appointed in September 2019. This was recommended to approve funding recurrently and £20,000 was identified for Personal Health Budgets (PHBs).

Mental Health Housing - £26,600 recommended approval that funding is committed on a non-recurrent basis although this would be allocated recurrently in the CCG budget.

Children and Young People ADHD - £137,500 recommended for funding in conjunction with East Riding of Yorkshire CCG. This was in relation to the community paediatric service transfer. This funding would meet the additional pressures within the service currently. Discussion took place with regard to the low level of community psychologists available and the salary that locums commanded. There is a priority clinical safety need for this service which was considered when the scheme was presented.

The Agenda and Papers from the meeting had been distributed to Committee Members for information.

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.
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8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

There were no items to refer to another Committee.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The minutes of the Quality and Performance Committee on 21 January 2020 were circulated for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no minutes to circulate.
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10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of Any Other Business.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **3 April 2020, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 3 April 2020

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
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