

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 4th JUNE 2021, 9.30 AM

Via MS Teams

Present

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, Hull CCG, (Clinical Member)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care) only until item 6.2d
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
I Goode, NHS Hull CCG, (Lay Member) (Vice Chair)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
A Oehring, NHS Hull CCG, (Clinical Member)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
J Mitchell, Associate Director of IT for the CCGs across the Humber

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
D Pullen-Higham, NHS Hull CCG, (Strategic Lead Mental Health)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF PREVIOUS MEETING HELD ON 7th MAY 2021

The minutes of the meeting held on 7th May 2021 were submitted for approval and taken as a true and accurate record,

Resolved

(a)	The minutes of the meeting held on 7 th May 2021 were 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 7th May 2021 had been provided for information, and the following updates were provided:

05.03.21 – 6.6 - Community Dyspepsia Pathway - No information had been received from HUTHT therefore would be chased again.

07.05.21 – 6.4a - Planned Care - No information had been received from HUTHT therefore would be chased again.

Resolved

(a)	The Planning and Commissioning Committee noted that the outstanding actions would be discussed within agenda items.
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4 NOTIFICATIONS OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

There were no items of Any other Business to discuss.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no items of Any other Business to be discussed at agenda item 10.1.
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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:

- (iv) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (iv) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and action taken
- (iv) be declared under this section which at the top of the agenda item which it relates to;

The following declarations of interest declared.

Name	Agenda No	Nature of Interest and Action Taken
Masood Balouch	6.2a	Financial Interest – Partner at Haxby Group the declaration was noted.

Name	Agenda No	Nature of Interest and Action Taken
Bushra Ali	6.2a	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, the declaration was noted.
Amy Oehring	6.2a	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted.
Vince Rawcliffe	6.2a	Financial Interest – Member of Family works within the Modality Partnership Hull. The declaration was noted

Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared.
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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 May 2021.

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 Chair presented the corporate Risk Register for discussion. The register provided a brief on the planning and commissioning risks on the corporate risk register.

It was noted that there were currently 38 risks on the CCG Risk Register, 8 of which related to Planning and Commissioning. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

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

- 6 risks were rated as high;
- 2 risks were rated as moderate;

The Deputy Director of Commissioning advised that the risks related to Planning and Commissioning were in the process of being updated.

Risk 911 – The Deputy Director of Quality and Clinical Governance / Lead Nurse advised that the work to be undertaken with Humber FT was in relation to their recovery plan, along with the number of patients in specific areas and how they were going to match these against staffing levels. The risk for NHS Hull CCG was around waiting lists and people being able to access services. The risk was more around Humber FT staffing although NHS Hull CCG were looking at what that means in terms of access assessment and treatment. The risk would be taken to the Quality and Performance Committee with changes and recommendations thereafter to the Integrated Audit Governance Committee.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls and assurances within the risk register.
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6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

There was nothing assigned to this agenda item.

Resolved

(a)	Committee Members noted there was no representative from Public Health at the Committee.
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6.1a FINANCIAL PLANNING

The Deputy Chief Finance Officer (DS) presented the Financial Planning report to be noted.

Committee Members were advised that the financial plan for 2021/2022 was being completed in two halves. The information currently received only indicates what money would be allocated for the first six months.

The Annual Account Report for 2020/2021 had been approved by the Governing Body on 25 May 2021 and submitted to NHS England on 3 June 2021. It was noted that all the requirements and guidelines set by NHS England had been met.

NHS Hull CCG were now part of the Integrated Care System (ICS) system. In the future the whole system would be measured against whether the system breaks even and not as individual organisations.

Committee Members should note that there was no contingency budget within the plan, which was due to the system as a whole not being able to afford this. However, where risks have been identified mitigating actions were available.

Resolved

(a)	Committee Members noted the contents of the report.
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6.1b IMT STRATEGY AND APPROACH

The Associate Director of IT Humber CCGs presented an update about the IT Programme, which sets out recent successes and activity going forward.

The update included the following areas:

- Recent Success
- EPaCCS
- Humber EPaCC Roll-Out
- YHCR – The Single Point of Truth
- Digital (First) Primary Care (Wider than Primary Care)
- GPIT Futures Funding
- Care Home Digital Maturity

- Talk Before You Walk\111First
- ICS Update

Dr Masood Balouch asked if all practices website access would be monitored and what were the required standards? The Associate Director of IT Humber advised that NHS England had implemented standards which practices must meet. N3i with Health Watch have conducted a piece of work compiling a report around technology and website access standards, the next stage of the process was for N3i to work with practices who were failing to meet the required standards.

Dr Bushra Ali asked what work had taken place with the practices near the Digital Hub? As the more e-consults a practice undertakes they were less likely to engage well with patients. The Associate Director of IT Humber advised that it was more around the model and in areas where there was not a GP practice nearby, the model could be used to enable video consultations to take place. It was stated that if pilots were not successful the hub would not be forced on all practices.

Dr Bushra Ali expressed her concern that an artificial intelligence box was being trailed which extracts data from e-consultations and uploads direct to patient records therefore information from patients goes straight onto their records without GP's being sighted on it.

The Associate Director of IT Humber advised that work was occurring with a company called Clinic who were an online consultation specialist going through the artificial intelligence methods that could be used to address the concerns around the number of e-consultations.

The Associate Director of Communication and Engagement advised that Hull had been recommended for a pilot communication and engagement programme called "Increasing Inclusivity Roots" to general practice in the Humber Coast and Vale Integrated Care System area. The Associate Director of IT Humber stated that he was the Chair of the group and Hull had the correct demographics for the programme. The programme would support improved engagement around tool sets. It was noted that the programme would bring resources with it.

The below presentation had been circulated to ensure completeness.



Hull CCG IT Update
June.pptx

Resolved

(a)	Committee Members noted the update provided.
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6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

Dr Bushra Ali, Dr Masood Balouch and Dr Oehring declared financial interests in agenda item 6.2a as partners in GP practices, Dr Rawcliffe declared a financial interest in agenda item 6.2a as Member of Family works within the Modality Partnership Hull. The declarations were noted. All remained on the call for that agenda item.

The NECS Medicine Optimisation Pharmacist presented the CCG Medicines Optimisation work plan for 2021/2022 for approval. The workplan proposed project areas in the CCG medicines optimisation work plan for 2021/2022. The ongoing COVID-19 pandemic response remains paramount to the CCG and PCNs/GP practices going into 2021/2022. It was unclear when the CCG medicines optimisation work plan would begin during 2021/2022 due to the COVID-19 pandemic situation; but the plan presently was that it would start from Q2 2021/2022. The NECS medicines optimisation resource was presently redeployed to support the CCG and PCNs/GP practices delivery of their essential core and stop/start list work during the pandemic response.

The workplan paper provided background in the growth of prescribing from a hospital trust and Primary Care perspective plus the pressures in the system around prescribing in the COVID19 time and into 2021/22.

It was noted that the primary care prescribing cost growth for Hull CCG was lower than the growth Nationally and in the Yorkshire and Humber region.

An increase to the primary care spends of up to £1.191M was predicted in the cost calculator. Based on the current forecast outturn position of approx. £50M across Hull CCG this was a 2.38% pressure on the primary care prescribing budget, without adjusting for ongoing population growth.

The Regional Drugs and Therapeutics Committee (RDTC) have recommended an uplift of between 3% and 5% to the CCG primary care prescribing budgets, from the 20/21 outturn, was recommended for 2021/22. The precise allocation at CCG level would vary based on current cost/ASTROPU and the anticipated scope for further efficiency savings.

The CCG Extended Medicines Management Scheme prescribing indicators have been reviewed and the paper included recommendations for 2021/22.

The workplan aligns with various other areas. It was stated that the NHS planning guidance which had been received was uncertain on the prescribing budget figure for 2021/22, uplift from the 2020/2021 outturn and any QIPP saving requirements. It was therefore agreed that the Deputy Chief Finance Officer (DS) and the NECS Medicine Optimisation Pharmacist, would meet outside of the Committee to further discuss this.

Dr Oehring stated she was happy that the indicators within workplan had not change and asked if it would become harder to achieve indicators if they had not been altered as improvements had already been made in practices. The Medicine Optimisation Pharmacist NECS advised that the baseline had been moved in line with previous years methodology.

Resolved

(a)	Committee Members approved the proposed CCG medicines optimisation work plan for 2021/2022 project areas
(b)	Committee Members approved the proposed changes to the CCG Extended Medicines Management Scheme prescribing indicators.
(c)	Deputy Chief Finance Officer (DS) and the NECS Medicine Optimisation Pharmacist, would meet to discuss the prescribing budget figure.

6.2b1 HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

The Medicines Optimisation Pharmacist presented the Hull & East Riding Prescribing Committee: Summary of new drugs or changes in usage applications and traffic light status for approval. The report provided Committee Members with recent new drugs or changes in usage application and traffic light status.

The summary of new drugs/change in usage application had been circulated for information.

The following drugs were highlighted relevant to CCG commissioned drugs:
Dapagliflozin for Chronic Heart Failure – Blue drug – CCG commissioned
Erenumab for Chronic and Episodic migraine - to be added to formulary – Red drug – CCG commissioned.

Resolved

(a)	Committee Members approved the report provided re: new drugs or change in usage applications and traffic light status
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6.2b2 HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES/GUIDANCES AND OTHER RELEVANT PAPERS

The Medicines Optimisation Pharmacist presented the Hull & East Riding Prescribing Committee – Prescribing Guidelines/Guidances. The report requested Committee Members to consider and approve the Prescribing Guidelines/Guidance's and other relevant papers from the Hull & East Riding Prescribing Committee meeting in May 2021 as per below.

- (a) 'Ditch the Dipstick' guidance
- (b) Humber Area Prescribing Committee proposal
- (c) Episodic and chronic migraine guideline updated for further NICE TAs for Erenumab and Galcenzumab.
- (d) Fremanezumab update information (with next steps to agree).

'Ditch the Dipstick' Guidance

It was stated there had been rejections of urine samples sent to the lab for microscopy, culture and sensitivities (MC&S). Some of this related to Covid and lab capacity and some to limited clinical details on the request form. It was requested that information on which urine samples the lab would accept for MC&S be circulated to primary care.

Committee Members approved the 'Ditch and Dipstick' guidance.

Humber Area Prescribing Committee proposal

At present there were two area prescribing committees, with the establishment of Humber Coast and Vale (HCV) Integrated Care System (ICS) there was an opportunity to streamline the process and improve health care inequalities by adopting one single approach to the decision-making process and thereby avoiding duplication.

If approved at NHS Hull CCG Planning and Commissioning Committee the paper would be progressed via a working group of the discussion points in the proposal and the formation of one Humber APC.

Committee Members approved the Humber Area Prescribing Committee proposal

Migraine and Cluster Headaches Guideline Updated

It was stated that two new drugs had been added to the Broad Recommendations/Summary i.e. Erenumab and galcanezumab for episodic or chronic migraines. Both had NICE TAs.

Information was also presented relevant to the similar anti-migraine drug fremanezumab. It was noted that Spire were the main user of this drug. 50 of the patients had been reviewed and no patients on the drug had been stopped. The Medicines Optimisation Pharmacist acknowledged that the figures received seemed unreliable and had asked the pharmacists at Spire and HUTHT to investigate and provide clarity.

The Deputy Director Commissioning advised Committee Members that at present there was a challenge in around Spire's reporting of infusions, it was suggested that the reporting of these drugs for migraine be added.

Committee Members approved the adoption of the Guideline.

Resolved

(a)	Committee Members approved the following: (a) 'Ditch the Dipstick' guidance (b) Humber Area Prescribing Committee proposal (c) Episodic and chronic migraine guideline updated for further NICE TAs for Erenumab and Galcenzumab. (d) Fremanezumab update information (with next steps to agree).
(b)	The Deputy Director of Commissioning to add these anti-migraine medications to the existing challenge with Spire.

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist presented the NICE update March 2021. The report informed Committee Members of changes or additions to NICE publications, and their implications for CCG Commissioners.

The Committee Members were asked to note the March 2021 NICE Guidance summary.

The following NICE guidance and Technology Appraisal were highlighted to Committee Members.

March 2021

TA681 - Baricitinib for treating moderate to severe atopic dermatitis - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via CCG, NICE stated to assess resource impact locally.

QS200 - Supporting adult carers - NICE stated this guidance was applicable to various organisations Commissioned via NHSE, CCG & LA, NICE stated this would be cost neutral.

QS32 - Caesarean birth - NICE stated this guidance was applicable to primary, community, secondary and tertiary care services – Commissioned via CCG.

NG189 - Safeguarding adults in care homes - NICE stated this guidance was applicable to Primary care and social care. Commissioned via CCG & LA, NICE stated to assess resource impact locally.

NG190 - Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute - Commissioned via CCG, NICE stated this would be cost neutral.

NG192 - Caesarean birth - NICE state this guidance was applicable to Secondary care – acute. Commissioned via CCG, NICE stated this would be cost neutral.

NG144 - Cannabis-based medicinal products - NICE stated this guidance was applicable to Primary care and secondary care – acute – Commissioned via NHSE & CCG.

NG80 - Asthma: diagnosis, monitoring and chronic asthma management - NICE stated this guidance was applicable to Primary care and secondary care – acute, Commissioned via NHSE & CCG.

CG57 - Atopic eczema in under 12s: diagnosis and management.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Chair advised Committee Members of the following updates:

Committees in Commons were due to meet in June 2021 and would be asked to approve:

- SEND Strategy
- Procurement of SENDIASS, Independent Visitors and Advocacy Services for Looked After Children
- Provision of Care and Support Services within Extra Care facilities

ICOB had met in May 2021 and discussed the above reports and in addition:

- Continuing Health Care – agreed the report needed further work and would come back to ICOB
- Section 75 agreement for MH and LD Social Workers in Humber Foundation Trust – ongoing external review
- An update about the Yorkshire and Humber Care Record – for information
- Development of Hull Place arrangements – emerging picture.

Resolved

(a)	Committee Members noted the update.
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6.4 INTEGRATED DELIVERY

FOCUS AREAS

6.4a PLANNED CARE

There was nothing assigned to this agenda item.

6.4b PROJECT EXCEPTIONS

Unplanned Care

A large piece of work had commenced on the 2-hour rapid response scheme which was required to be implemented by September 2021. The 2-hour rapid response scheme was a national direction of travel which all areas must have in place. The 2-hour rapid response scheme does not include mental health. A steering group had been set up across Hull and East Riding. Work was also taking place across the Integrated Care System (ICS). Carol Waudby COO at CHCP was the Senior Responsible Officer (SRO). PCN's would be approached on how to take the model forward. A workshop would be taking place to work through the model and ascertain how the model fits in with 111 first, how individuals were moved on from the service.

Mental Health and Learning Disabilities

No exceptions to report.

Primary Care

The New Guidance and standard operating procedures document published 20th May includes:

- requirement for Primary Care to provide a blended approach of face to face and remote appointments.
- patients should have input into the appointment choice (face to face or virtual).
- Practice receptions should be open.

There were opportunities for expressions of interest for PCNs to be involved in early implementation of the following:

- National digital weight management programme (aimed at adults with BMI>30 with Hypertension and/or Diabetes for referral to digital interventions) – discussed with Erica and EOI to be submitted incorporating 2 PCNs at this stage that had practices who had responded to initial invite.
- Contraception pilot with community pharmacies – again looking to submit EOI for Hull PCNs.

Children, Young People and Maternity

A survey was being sent to all GPs to look at the advice and guidance element of The Humber Children's Community Care (Ill Child) project. A briefing would be circulated to all PCN's around the Humber work which was being undertaken inviting them to become involved.

Medicine Management

No exceptions to report.

Cancer Network

It had been flagged up that Breast Oncology were losing a locum who works across HUTHT and NLAG. There was concern around the breast oncology waits as there were no Oncologists available. There were long waits (patients waiting over 62 days) for Urology appointments. There had been difficulty reaching the cancer targets and it was envisaged that this would get worse before improving.

Planned Care

Hydroxy Chloroquine monitoring was being discussed at the Quality and Performance Committee as there were increasing concerns that there was no routine monitoring in place. New guidance had been received from the Royal College of Ophthalmology so there was now no need for a baseline assessment. Monitoring should be undertaken from the start for new patients but for the main group it was 5 yearly and if on more than 5ml per kilogram. Conversations were occurring on who would be monitoring patients. Hydroxy Chloroquine monitoring was being addressed at the HUTHT Delivery Group and a further update would be received.

Resolved

(a)	Committee Members noted the exceptions.
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6.4c LOWER LIMB WOUND PATHWAY

The Deputy Director of Commissioning presented the new lower limb wound pathway report. The report proposes a new service, one of the first in the country, to focus on these specific wounds and it was anticipated it would have a positive impact upon the management of these cases and in supporting Primary Care in managing these cases.

It was noted that the pathway was for wounds below the knee and at or above the ankle (lower limb part). The lower limb wound pathway links in with the diabetic leg service therefore creating a single access point.

The Medicines Optimisation Pharmacist asked if the dressing for lower limb wound patients would be investigated and who would be doing the dressing and incurring the cost. It was stated that this would be addressed as at present there were a large amount of lower limb wound patients in primary care and if they could be transferred into the service this would reduce primary care spend.

Dr Amy Oehring asked how the pathway links in with Extended Primary Care Medical Services, (EPCMS), it was agreed that the Deputy Director of Commissioning would review. It was stated that the lower limb wound pathway service would start at the treatment room then moved into the community and residential. Secondary to that it would be delivered in East Riding.

Resolved

(a)	Committee Members approved the Pathway Information Portal page and associated documentation.
(b)	The Deputy Director of Commissioning would review how the Lower Limb wound pathway links into Extended Primary Care Medical Services (EPCMS).

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

The Deputy Chief Finance Officer provided a paper to update Committee Members of the position in respect of procurement in NHS Hull CCG.

The paper was taken as read.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the procurement activity being planned and undertaken.
(b)	Members of the Planning and Commissioning Committee approved the revised Terms of Reference for the Procurement Panel.

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

There were no Quality and Performance minutes for distribution.

Resolved

(a)	Committee Members noted there were no minutes for distribution.
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10. GENERAL

10.1 ANY OTHER BUSINESS

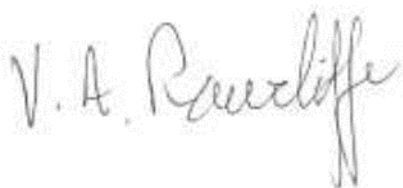
There were no items of Any Other Business to discuss.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no items of Any Other Business to discuss.
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10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **6th August 2021, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 6 August 2021

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