`Item 3

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Shadow Governing Body held on 7 February 2013 at Priory Street Centre, York

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr Tim Hughes	GP Member and Deputy Chair
Dr Tim Maycock	GP Member
Dr Andrew Phillips	GP Member
Mrs Rachel Potts	Chief Operating Officer
Mr Keith Ramsay (Part)	Lay Member
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Mrs Carrie Wollerton	Executive Nurse

In Attendance

Mr Pete Dwyer	Director of Adults, Children and Education, City of York Council
Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York Council
Ms Michèle Saidman	Executive Assistant

Apologies

Dr Mark Hayes	Chief Clinical Officer
Dr David Hayward	GP Member
Dr Brian McGregor	Local Medical Committee Liaison Officer, Selby and York
Dr Shaun O'Connell	GP Member
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

Twenty seven members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting.

The following matters were raised in the public questions allotted time:

1. Barbara Sim, Selby District Disability Forum

(i) How will the funding cuts and deficit affect GPs?

Cath Snape responded that most services provided by GPs would continue as currently. Due to the financial position they would be looking to improve efficiency and effectiveness in delivering care.

(ii) Are mortality rates at York Trust reported separately for illness and accidents?

Carrie Wollerton reported that there are two main methods used for looking at mortality data; the Summary Hospital-level Mortality Indicator (SHMI) is a new indicator which covers deaths relating to all admitted patients that occur in all settings - including those occurring in hospital and those occurring 30 days post-discharge.

The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than would be expected, by comparing the expected rate of death in a hospital with the actual rate of death.

Overall data that is regularly published would not separate out road traffic accidents, deaths from which would be small compared to the overall number of deaths in a hospital, however it would be possible to look at the numbers of deaths resulting from road traffic accidents. Carrie Wollerton offered to talk to the individual outside of the meeting and discuss what information was being sought.

(iii) There were issues with the practical skills of young professional carers who attended patients at home. Selby Disability Forum wished to work with Selby College to assist in training young carers.

Pete Dwyer expressed the view that opportunities should be taken to ensure young people received an education which prepared them for adulthood with a broad range of skills. Cath Snape added that the CCG wished to work with the voluntary sector, and many organisations, to deliver this agenda.

2. Lesley Pratt, Chair of York Local Involvement Network (LINk)

(i) At the North Yorkshire and York PCT Cluster Board meeting on 22 January, the accountable officers from Harrogate and Rural District CCG and Scarborough and Ryedale CCG were present, and were invited to the table for the item on the North Yorkshire and York Clinical Services Review Report. York LINk would like to know why no one from the Vale of York CCG was present to participate in the discussion.

Rachel Potts advised that the invitation to CCG Leads had been to the press conference after the Board meeting and that Mark Hayes had attended this. The CCG regretted not having been there to join the discussion at the meeting.

(ii) *The PCT currently has a process for dealing with requests for an individual to receive a health care intervention that is not routinely funded by the PCT. The Individual Funding Request Panel (also known as the exceptions panel) is part of this process. Please can you confirm that the CCG has a policy to continue with this process, and tell us what the membership of the exceptions panel will be?*

Rachel Potts confirmed the continuation of the Individual Funding Request Panel by the CCG. Membership would comprise local Vale of York CCG GPs, advisers from Public Health, legal services, prescribing and Lay representation; appropriate specialist advice would be included as appropriate to the specific case.

3. John Yates, York Older People's Assembly

Will the Vale of York CCG please provide an update on when a formal "Place of Safety for those with Mental Health conditions" detained by the Police will be finalised. I understand that the Leeds York Partnership, Police and Crime Commissioner, Acting Chief Constable, Primary Care Trust and the various Councils involved are in agreement. Will the CCG, who I understand hold the finance for this unit, explain the reasons for the delay?

Adrian Snarr responded that joint discussions were taking place across the agencies to secure a North Yorkshire and York solution to the requirement for a Place of Safety. He confirmed that funding had been committed and advised that the delay was due to the need for agreement of a location. An interim solution would be put in place whilst a sustainable solution was being developed.

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Minutes of the Meeting held on 6 December 2012

The minutes of the meeting held on 6 December 2012 were agreed.

The Shadow Governing Body:

Approved the minutes of 6 December 2012.

4. Matters Arising and Action Log

Carrie Wollerton advised that Serious Incidents would be presented at the March meeting. Members reiterated the request that information from the conference *Innovation: Accelerating adoption and diffusion to improve health and healthcare* held in October 2012 be circulated.

All other matters had been completed or were ongoing.

The Shadow Governing Body:

1. Noted the updates.
2. Reiterated the request for conference information.

5. Chief Clinical Officer Report

Rachel Potts referred to Mark Hayes's report which provided information relating to authorisation, the North Yorkshire and York Clinical Services Review, the 2013/14 Plan and the Vale of York CCG 'Design a Logo' competition. In regard to authorisation the conditions had been in the main around a clear and credible plan and the financial plan and its delivery. Discussion was taking place with the Area Team in regard to the inserted support to the CCG. Colleagues in Contracting and Business Intelligence at the Commissioning Support Unit (CSU) were currently assisting in this regard.

An initial draft of the 2013/14 plan had been submitted on 25 January as required. This was currently being refined; public and patient engagement would take place prior to finalisation.

Over 300 entries had been received in the 'Design a Logo' competition. Work was now ongoing with the Communications Team to use the winning logo alongside the NHS logo.

Rachel Potts informed members that the staff structure had been reviewed following confirmation of the running cost envelope. There were now 40 posts, of which 20 were currently vacant. It was hoped that recruitment would be complete by 1 April 2013 to all posts; interim appointments would be made in the event of unsuccessful permanent appointments. The CSU was assisting with the challenges associated with operating at reduced capacity.

In regard to publication of the Francis Report on 6 February, Carrie Wollerton noted that it would take time to gain a detailed understanding of the 290 recommendations but that many of the themes had been under discussion in the NHS from early in the review period. She highlighted that work had already begun on a number of the key themes identified during the investigation period, including working closely with York Teaching Hospital NHS Foundation Trust on mortality reviews and improving links with primary care. A stronger monitoring framework was being developed which would be implemented via the contract.

Carrie Wollerton additionally advised that a workshop session was planned for Shadow Governing Body members in March which would include the recommendations from both the Francis Report and the Winterbourne Report. She agreed to provide a summary of key points and associated action for members of the public to provide assurance that lessons were being learnt and action taken.

The Shadow Governing Body:

1. Noted the Chief Clinical Officer report.
2. Noted that a workshop was planned for members in regard to both the Francis Report and the Winterbourne Report.
3. Requested a summary of key points and associated action from the recommendations.

6. North Yorkshire and York Clinical Services Review

Rachel Potts presented the North Yorkshire and York Clinical Services Review report welcoming it as a framework for delivering local commissioning plans. She noted that the themes identified – primary care, community care, frail elderly, social care, planned care, maternity and paediatrics, urgent care and mental health – were in line with expected recommendations and the CCG's plans. The information in the report would be reflected in the 2013/14 plan which would be discussed with members of the public and patients.

Tim Hughes described the background to the report and referred to reaction on its publication in respect of lack of specific detail. He highlighted that, despite the disappointment expressed, this was the first occasion when all stakeholders across the health and social care system had worked collaboratively in an attempt to address the historic financial challenge in the North Yorkshire and York health economy. Continued dialogue and transparency in decision making was now required to implement difficult choices and introduction of new ways of working.

In order to achieve the required system change there was a need to focus on outcomes and recovery in provision of care with a greater level of care being moved in to the community. Developments would be informed by learning from cost efficiencies achieved in other areas through business process engineering and may be achieved through contract negotiations or through competition and collaboration processes.

Alan Maynard reiterated that the CCG would be required to make difficult choices and recognised public concern at potential reconfiguration of services. Dialogue would take place with the Public and Patient Engagement Forum and decisions would be made in as open and collaborative a way as possible.

The Shadow Governing Body:

Approved the North Yorkshire and York Clinical Services Review.

7. Performance and Quality Dashboard

Performance and Quality

Carrie Wollerton referred to the information on exception reporting for national performance and quality indicators. In regard to ambulance response times she noted challenges in terms of turnaround times, particularly at York Teaching Hospital NHS Foundation Trust in part due to winter pressures and ward closures due to norovirus. It had been agreed that from 1 April 2013 a more local Yorkshire Ambulance Service contract would be commissioned and monitored; this would be led by NHS East Yorkshire and Harrogate and Rural District CCG.

Mental health contracts with Leeds and York Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust were being closely monitored. Associated benefits would become more evident when the CCG took on full responsibility for these contracts.

In referring to the recently published Francis Report Carrie Wollerton noted that a number of the recommendations, including Care and Compassion and the Friends and Family Test, were already included in contract frameworks with providers and that the CCG would be closely studying the report to ensure that the appropriate actions were incorporated into the planning for 2013/14.

Carrie Wollerton highlighted the areas of most concern in the current dashboard as the percentage of patients waiting longer then four hours in A&E from arrival to either discharge or admission and the impact on electoral procedures which were being cancelled due to the ward closures. Work was continuing to eliminate the 52 week waiting lists by the end of March 2013 and joint working was ongoing with the PCT and Local Authorities to address delayed transfers of care.

In regard to the 30 reported cases of clostridium difficile, Carrie Wollerton noted that although York Teaching Hospital NHS Foundation Trust had breached its target of no more than 27 cases, this was a very challenging target and within the national context they did not appear to be a significant outlier. She also advised that three of the cases were being reviewed by the Department of Health.

Keith Ramsay advised that the Quality and Performance Committee on 29 January had discussed in detail concerns about Yorkshire Ambulance Service, and 52 week waits. He also noted discussion about data availability and quality with Business Intelligence.

In regard to the low implementation of Choose and Book, GP members explained that this did not mean that GPs were not offering choice. Work was ongoing to address local issues and the forthcoming introduction of a local Referral Support Service would facilitate this.

Rachel Potts referred to the data on secondary care activity trends and trajectories providing clarification of variances. She noted that future iterations of this section of the Dashboard would be presented with two graphs per page accompanied by explanatory narrative.

Finance

Adrian Snarr reported that the area of most concern remained the York Teaching Hospital NHS Foundation Trust contract and highlighted significant financial pressure around costs outside of tariff, in particular drug costs. He noted that this analysis did not include the £4M central funding for winter pressures which was currently held by the PCT.

Adrian Snarr noted that the Yorkshire Ambulance Service contract included the pressures associated with unscheduled care and explained that the significant reduction in expenditure with Leeds and York Partnership NHS Foundation Trust was due to phasing of payments. Other significant deterioration was noted in continuing healthcare due to assessment of retrospective claims. Provision, based on benchmarking evidence, was being made for future liabilities in this regard.

The prescribing position continued to improve due both to repricing and efficiencies implemented through work with primary care.

In terms of the overall 2013/14 planning process and the Vale of York CCG's proportion of the NHS North Yorkshire and York Cluster deficit, Adrian Snarr advised that the current position, excluding the winter pressure funding, stood at C£6.4M over plan. He noted ongoing work by the PCT to further reduce the deficit and advised that further correlation would take place as appropriate.

QIPP

Rachel Potts reported that there were various reasons for the forecast outturn of £3.4M QIPP schemes against the £7.3M plan, including increases in activity and timing of implementation of schemes, for example the Neighbourhood Care Teams for long term conditions. Lessons were being learnt in the planning for 2013/14 in terms of realistic timescales for implementation and delivery. The financial plan for the coming year would continue to be challenging.

Tim Hughes advised that the Neighbourhood Care Teams were a key element of the North Yorkshire and York Clinical Services Review to move care into the community. He explained the process associated with the community services contract which was coming up for renewal in April 2014 and noted joint working with Local Authorities, the voluntary sector and GP practices to develop a specification for commissioning quality, affordable community services. Work was ongoing in regard to a Single Point of Access, communications requirements and information technology.

Tim Hughes additionally advised that Vale of York CCG was part of the Long Term Conditions National Programme and that initially the integration would be in terms of health services. Work was ongoing with Local Authority partners to integrate health and social care in 2015.

The Shadow Governing Body:

Noted the Performance and Quality Dashboard.

8. Telehealth Update

Tim Hughes referred to the NHS Vale of York CCG's decision not to continue commissioning telehealth from 1 April 2013 on the grounds of insufficient evidence of its cost effectiveness as an intervention in the management of Chronic Obstructive Pulmonary Disease (COPD), diabetes and heart failure. He noted that respected bodies had stated that there is insufficient evidence to justify the widespread introduction of these interventions.

NHS Vale of York CCG had commissioned a review from the NHS Centre for Reviews and Dissemination (CRD) on the cost effectiveness of telehealth as an intervention in the management of COPD, heart failure and diabetes. This review would inform the CCG's policy on commissioning telehealth from 1 August 2013.

Pending the outcome of the CRD review and the Vale of York CCG's formulating of a commissioning policy for telehealth from 1 August 2013 telehealth units would continue to be commissioned from Tunstall Healthcare from 1 April 2013 until 31 July 2013 for those patients who were currently using units and identified as at very high or high risk of admission using latest Adjusted Clinical Groups (ACG) tool assessment if agreed between the GP and the user of the service; there were 163 patients in this group.

The CCG would advise member practices and the current providers of telehealth services that they should review all those patients who had telehealth units and who were in the medium to low risk category using the latest ACG tool assessment with the assumption that the unit would be withdrawn unless there were compelling clinical reasons identified by the member practice on behalf of which the CCG commissioned the service. Exceptions to withdrawal of a telehealth unit for the medium to low risk groups would be reported to the CCG; there are 146 patients in this group.

No further telehealth units would be deployed until the CCG had defined a new policy on receiving the CRD review.

In response to a question from Carrie Wollerton in regard to the intention of the CCG to continue to develop and work with digital technology, members additionally noted support for evidence based use of digital technology and that telehealth units had never been intended as a permanent intervention for patients but as a short term, intensive intervention.

Paul Edmondson-Jones reported that City of York Council had bid for and been awarded just under £3M as part of the *Super Connected Cities* programme; this had a number of elements, one of which was a telecare/ telehealth project. It was hoped that the CCG would lead this project. Rachel Potts advised that the CCG had received and welcomed this information and proposed that it be progressed via the Long Term Conditions and Older Persons Programme Board, chaired by Tim Hughes.

The Shadow Governing Body:

1. Noted the update on telehealth.
2. Welcomed the *Super Connected Cities* programme.

9. North Yorkshire Carers Strategy

In presenting the North Yorkshire Carers Strategy Cath Snape highlighted commitment to supporting carers. She noted previous approval of the York Carers Strategy and expressed the aim of a joined up approach across North Yorkshire, City of York and East Riding of Yorkshire with local variations as appropriate. Evaluation of the service would be presented in terms of outcomes, effectiveness, value for money and prioritisation.

Pete Dwyer welcomed the joint approach between health and local authorities and noted that both the City of York and North Yorkshire Health and Wellbeing Boards had recommended a framework approach which, if adopted, would support integrated work. He also detailed areas of work being undertaken by City of York Council to address issues of bullying experienced by young carers.

Members noted that GP practices held registers of young carers and that each practice had an 'Education for Carers Champion'. This would facilitate working with Carers Centres.

The Shadow Governing Body:

1. Approved the process for sign off of the strategy.
2. Approved Dr Cath Snape as the named carers' lead.
3. Agreed that the Carers Strategy be implemented across City of York, North Yorkshire and East Riding with local variations as appropriate.

10. Quality and Performance Committee Terms of Reference

Carrie Wollerton referred to the Quality and Performance Committee Terms of Reference which were presented for approval following amendments as detailed at item 12 below.

The Shadow Governing Body:

Approved the Quality and Performance Committee Terms of Reference.

11. Strategic Collaborative Commissioning Committee Terms of Reference

Rachel Potts referred to the Terms of Reference of the Strategic Collaborative Commissioning Committee which had been established to promote collaborative commissioning and consider the scope and scale of risk sharing across North Yorkshire.

The Shadow Governing Body:

Noted the Strategic Collaborative Commissioning Committee Terms of Reference.

12. Strategic Collaborative Commissioning Committee Minutes

The Shadow Governing Body:

Received the minutes of the Strategic Collaborative Commissioning Committee held on 11 October 2012.

13. Vale of York CCG Quality and Performance Committee Minutes

The Shadow Governing Body:

Received the minutes of the Vale of York Quality and Performance Committee held on 11 December 2012.

14. Vale of York CCG Audit Committee Minutes

The Shadow Governing Body:

Received the unconfirmed minutes of the Vale of York Audit CCG Committee held on 11 January 2013.

15. NHS North Yorkshire and York Cluster Board Minutes

The Shadow Governing Body

Received the minutes of the NHS North Yorkshire and York Cluster Board meeting held 27 November 2012.

16. Any Urgent Business

Out of Hours Procurement: Rachel Potts reported that, in view of the recently announced national review of urgent care and forthcoming implementation of NHS 111, the North Yorkshire and York CCGs had agreed to cease the current out of hours procurement. Work would commence imminently to develop a fully integrated model for implementation from 1 April 2014.

Secondary Care Doctor: Rachel Potts reported that interviews for the Secondary Care Doctor on the Shadow Governing Body were taking place on 12 February. The panel comprised Mark Hayes, Keith Ramsay and herself.

Pete Dwyer: As this was Pete Dwyer's last meeting Alan Maynard expressed, and members echoed, appreciation of his contribution to the CCG. Kersten England, Chief Executive, would represent City of York Council on an interim basis.

Pete Dwyer confirmed the continuing commitment of City of York Council to work the CCG. He commended the ambitious agenda to achieve a culture that will make a difference through integration and transparency.

Public and Patient Engagement (PPE) Forum: Alan Maynard announced that the next meeting of the PPE Forum would be on 9 May at The Galtres Centre in Easingwold.

The Shadow Governing Body:

1. Noted the information presented under Any Urgent Business.
2. Expressed appreciation to Pete Dwyer for his contribution to the CCG.

17. Next Meeting

The Shadow Governing Body:

Noted that the next meeting would be held on 7 March 2013 at Pocklington Arts Centre, 22-24 Market Place, Pocklington, York YO42 2AR.

18. Exclusion of Press and Public

There was no business to be transacted in private.

19. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE SHADOW GOVERNING BODY MEETING ON 7 FEBRUARY 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 April 2012	Performance Dashboard	Redesign to be requested	Rachel Potts	Ongoing
3 May 2012	Single Integrated Plan, 2012/13 Contracts/QIPP and North Yorkshire and York Review	GP to be identified to provide clinical intelligence to data interrogation work Proposal of 'Board to Board' meeting with York Teaching Hospital NHS Foundation Trust	Rachel Potts/ David Haywood Alan Maynard	Work ongoing Ongoing
2 August 2012	Information Governance Strategy	• Summary to be produced for staff	Rachel Potts	Ongoing
20 September 2012	Serious Incidents	• SI process to be mapped for GP Forum and distributed to Shadow Governing Body members	Carrie Wollerton	7 February 2013 meeting 7 March 2013 meeting

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
1 November 2012	Chief Clinical Officer Report	• Information from conference to be circulated	Mark Hayes	
6 December 2012	Safeguarding Children and Young People, Learning and Development Strategy 2012/ 2015	• Discussion to take place with Dr Claire Anderton regarding potential membership of the Safeguarding Board	Carrie Wollerton	Ongoing
7 February 2013	Chief Executive's Report	• Key points from Francis and Winterbourne Reports	Carrie Wollerton	7 March 2013

Appendix B

ACRONYM BUSTER

Acronym	Meaning
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
ACCEA	Advisory Committee on Clinical Excellence Awards
ACRA	Advisory Committee on Resource Allocation
AHP	Allied Health Professional
BMA	British Medical Association
BME	Black and Ethnic Minority
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
DAT	Drug Action Team
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DH or DoH	Department of Health
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ETP	Electronic Transmission of Prescriptions
ESR	Electronic Staff Record
EWTD	European Working Time Directive

Acronym	Meaning
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
GDC	General Dental Council
GMC	General Medical Council
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
ICAS	Independent Complaints Advisory Service
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCA	Independent Mental Capacity Advocate
IM&T	Information Management and Technology
IP	In-patient
IRP	Independent Reconfiguration Panel
IWL	Improving Working Lives
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHP	Local Health Plan
LINk	Local Involvement Network
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPT	Leeds and York NHS Partnership Foundation Trust
MHAC	Mental Health Act Commission
MMR	Measles, Mumps, Rubella
MPIG	Minimum Practice Income Guarantee
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculo-skeletal Service
MSSA	Methicillin Sensitive Staphylococcus Aureus
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NpfIT	National Programme for Information Technology
NPSA	National Patient Safety Agency

Acronym	Meaning
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PbC	Practice-based Commissioning
PbR	Payment by Results
PDR	Personal Development Plan
PHO	Public Health Observatory
PMS	Personal Medical Services
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
QALY	Quality Adjusted Life Year (used by NICE)
QIPP /QUIPP	Quality, Innovation, Productivity and Prevention
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
UCC	Unscheduled Care Centre
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT	York Teaching Hospital NHS Foundation Trust