NHS
Vale of York
Clinical Commissioning Group

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 7 November 2013 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Mrs Wendy Barker (WB)	Acting Executive Nurse
Dr Emma Broughton (EB)	GP Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Mr John McEvoy (JM)	Practice Manager Member
Dr Shaun O'Connell (SO)	GP Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair
Dr Phil Underwood (PU)	GP, Council of Representatives Member

In Attendance

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Dr Paul Edmondson-Jones (PE-J)	Director of Public Health and Well-being, City of York Council
Ms Amanda Heenan (AH) for item 9	Commissioning Support Unit Consultant
Dr Brian McGregor (BM)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS)	Head of Integrated Governance

Apologies

Ms Kersten England (KE)	Chief Executive, City of York Council
Dr Andrew Phillips (AP)	GP Member
Ms Helen Taylor (HT)	Corporate Director, Health and Adult Services, North Yorkshire County Council

Fifteen members of the public were in attendance.

AM welcomed everyone to the meeting and in particular welcomed TP who had taken up appointment as Chief Finance Officer on 4 November. He also reported that HT and PU had resigned from the Governing Body and expressed appreciation for their contributions.

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

1. Gwen Vardigans on behalf of 'Defend Our NHS' York Group

Following the comments made in the Press by Alan Maynard recently regarding the financial issues facing the Vale of York CCG, the 'Defend Our NHS (York)' group would like reassurance that the £2.8 million under spend in the Mental Health budget will not be used to support other services that are overspent. Instead can it used to relieve the appalling situation that faces individuals suffering mental illness who are waiting between 14 months to 3 years for an initial psychiatric services appointment and subsequent treatment? If such lengthy waiting lists were for a physical illness that a GP had referred to a consultant, then this would have been regarded as very serious issue resulting in a red score on the CCG Quality Performance 'Dashboard'.

At the recent public consultation into the future reorganisation of the St Andrews Counselling and Psychotherapy Service there was relief that the centre was not going to close, but great distress expressed by patients regarding the length of waiting list times to access this service which also appeared to be short of adequate funding and yet facing service cuts. There are also mentally ill patients requiring hospital treatment who cannot be admitted to beds in York and have to endure instead 'Out of Area' transfers to beds in other cities, away from the support of friends and family. Could the CCG explain why there are funding differences between primary and secondary care that compounds these problems and what can be done to improve local mental health care?

2. Lesley Pratt on behalf of Healthwatch York

Will the CCG confirm that having found an underspend on mental health they will re - direct some of the money to support the IAPT service?

MH responded that there was no underspend in mental health, in fact the CCG was spending more in 2013/14 than in 2012/13. A total of £700k additional investment would be spent in the current year with a commitment to a further investment of 3% in 2014/15.

MH explained that there was a variance between planned and projected spend in respect of mental health due to:

- Agreement by the former PCT with Leeds and York Partnership NHS Foundation Trust that a total of £1.2m would be invested over three years. Leeds and York Partnership NHS Foundation Trust had agreed to defer this to be carried over into 2014/15.
- The Section 136 Place of Safety within North Yorkshire and York had been budgeted at £400k for the full year. However, as this has been delayed until January 2014, nine months of the allocation, £300k, would not be spent.

- Work was taking place to reduce out of area mental health placements and provide care within Vale of York. A £300k saving was planned in this regard and in the current year invoices relating to a number of contracts had been less than expected.

In respect of primary and secondary care funding EB explained that there were two mental health budgets, one each for primary and secondary care. A recent agreement to transfer some of the funding from secondary to primary care for primary care counsellors had been welcomed as this improved access in GP surgeries.

MH described the current issue of waiting lists in terms of contracts being on either payment by results or block arrangements with associated targets. He highlighted that the CCG could only commission services within available funding.

AGENDA ITEMS

1. Apologies

As noted above.

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

None.

3. Minutes of the Meetings held 3 October 2013

The minutes of the meeting held on 3 October were agreed.

The Governing Body:

Approved the minutes of the meeting held on 3 October 2013.

4. Matters Arising from the Minutes

Section 136 Place of Safety within North Yorkshire and York: Members noted that opening was scheduled for January 2014 as per MH's response above to questions from members of the public.

Quality and Performance Committee: In regard to clostridium difficile root cause analysis at York Teaching Hospitals NHS Foundation Trust WB reported that a small group had been established to look locally at the patient journey through primary and secondary care and the community to gain an understanding across the whole health community.

All other matters arising would be discussed through the agenda.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH referred to his report which included updates on the 2013/14 Winter Plan, winter pressures monies, partnership working with carer organisations, diabetic macular oedema, staff recruitment, communications, and public and patient engagement. He highlighted the development of plans in respect of the £1.4m winter pressures monies noting that outcomes would be measured in terms of the impact on health and social care services and in particular A&E four hour performance target.

In regard to diabetic macular oedema MH advised that discussions were taking place with York Teaching Hospitals NHS Foundation Trust relating to cost for 2014/15. However, the CCG had agreed to pay the York Teaching Hospitals NHS Foundation Trust price for the current year to ensure treatment of patients.

In response to AM seeking clarification about carers, JM advised that GP practices did not have registers of carers due to complexity of a definition of 'a carer'. He also noted concerns about identification in practices of a Carers Champion and advised that this would be discussed at the forthcoming meeting of Practice Managers sponsored by the CCG.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. Noted the ongoing discussion with York Teaching Hospitals NHS Foundation Trust relating to diabetic macular oedema.

6. Pre-elective Surgery Smoking Cessation Service

EB presented the report which described a pre-elective surgery smoking cessation service ("Stop Before Your Op") developed in consultation with primary care colleagues and the support of Public Health and approved by the Council of Representatives. She highlighted the clear evidence base for implementation noting the whole system approach and overall health benefits. EB also reported that, in addition to expansion of smoking cessation support, hypnotherapy would be offered to patients.

EB advised that, although this was a primary care policy, it was supported by secondary care where work was taking place to embed "Stop Before Your Op". She noted that implementation would begin as soon as the Referral Support Service was up and running and confirmed that the patient leaflet was currently available on the website.

The Governing Body:

Noted the report on the pre-elective surgery smoking cessation service.

7. Next Steps on Implementing the Integration Transformation Fund

RP referred to the report which was presented as per discussion at the previous meeting of the *Framework Agreement to Promote the Integration of Health and Social Care Services in North Yorkshire and City of York*. She noted that the £3.8bn set side for establishment of a single pooled budget for health and social care from 2015/16, announced by the Government in the June 2013 Comprehensive Spending Review, equated to approximately £12m for NHS Vale of York CCG. RP emphasised that this was not new money but redirection of money already in the system and therefore contributed to the overall financial challenge.

RP advised that the detail of the 2015/16 Integration Transformation Fund requirements was awaited but there was a clear expectation that it be taken into account in the 2014/15 planning. She noted that members would have the opportunity for detailed discussion of emerging themes at the Governing Body Workshop on 5 December.

RP highlighted that the CCG was working with City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council to develop plans for use of the funding to deliver the best outcomes. She noted that, following agreement by the Governing Body, the expectation was that Health and Wellbeing Boards would jointly sign off final plans, consequences and risk share arrangements for the integration fund in April 2014. RP emphasised that all parties should recognise that this was not new money but an opportunity to implement system change and noted examples described in the appendix of the report. She also highlighted work relating to the winter proposals, which were a system response to reduce A&E attendance, and support for early projects to redirect existing resources.

Detailed discussion included recognition of financial pressures across the health and social care community, complexity of working with three local authorities to ensure a consistent approach across the CCG population, and the need for overall system change to manage the needs of patients. Whilst recognising the challenge posed by the requirements of the integration agenda members also noted opportunities particularly in respect of developments to reduce hospital admissions and treat patients in the community. RP confirmed that joint discussions were taking place at the Collaborative Improvement Board, the current spend on primary, secondary, community and social care was being modelled, information sharing across organisations had begun, and performance information was being developed. TP noted that detailed guidance was still awaited but it was not envisaged that a 'topslice' would be the primary method of funding the pooled budget.

The Governing Body:

Noted the planning and processes being undertaken to identify the Integrated Transformation Fund.

8. Sustainable Development Management Plan

In presenting this report RP highlighted that sustainability was a broad term covering not just environmental aspects but financial sustainability of services, supporting the sustainability of local communities and ensuring planning for future changes, such as extreme weather. The document, which did not stand alone, set out the CCG's current commitments to sustainable working within the Integrated Operational Plan and commitment to take account of sustainability issues in future planning. The proposed objectives would be incorporated in the new CCG strategic plans and embedded in planning processes, including with providers. In respect of the 'Good Corporate Citizenship Tool', recommended as a way of measuring progress in promoting sustainability, the CCG was generally in a good position to demonstrate meeting requirements as an NHS body.

RP noted that, along with item 9 below, sustainability would become embedded in the CCG's work and would be added to the template for meeting papers. She noted that this work was supported by the Commissioning Support Unit.

The Governing Body:

1. Approved the Sustainable Development Management Plan.
2. Endorsed the 'Good Corporate Citizen Assessment' process as a baseline and future measure of progress.

9. Equalities Strategy

AH attended for this item

In introducing this item RP referred to the equality and diversity requirements completed for the CCG authorisation and welcomed AH who had been supporting further development in this regard. In addition to the report circulated AH gave a presentation on key points highlighting a number of aspects of equality and diversity. She noted that potential inequality would be mitigated through shared oversight by the Quality and Performance Committee, or its successor, and the Public and Patient Engagement Forum.

Members welcomed the presentation noting opportunities to support implementation through the integration work.

In response to clarification sought by AM relating to awareness on the part of the CCG and local authorities, AH advised that the latter were at a more advanced stage and were keen to support the CCG in meeting its duties.

AM sought and received clarification in respect of protected characteristics in terms of Children's Services and sharing of data between health and social care. In regard to the latter PE-J advised that work was taking place to develop integrated data systems, highlighted complexities due to information governance requirements and noted advantages in the context of the integration agenda.

The Governing Body:

1. Endorsed the Equalities Strategy.
2. Recognised its role in playing due regard to equality as set out in the Equality Act 2010.

10. Performance and Quality Dashboard

Quality and Performance

In introducing this item WB apologised that it had not been possible to present the revised version of the Dashboard which had not yet reached an appropriate stage of development. She noted that members would have the opportunity to consider the new format at the Governing Body Workshop on 5 December to ensure it fulfilled requirements prior to publication.

WB referred to the exception reporting of performance indicators and provided an update in regard to Domain 6 'Enhancing quality of life for people with mental health conditions'. She advised that the Improving Access to Psychological Therapies (IAPT) analysis had not been available at the time of publishing the Dashboard due to a move to electronic records but reported that currently 0.977% of people who had depression and/or anxiety disorders were receiving IAPT. WB advised that this service experienced a high number of non attendance and that a text messaging reminder system had begun in October to attempt to address this issue. It was too early to know whether this approach would be successful in reducing non attendance rates.

WB noted that the transfer to electronic assessments and new referral system would enable appropriate access to information. She reported that waiting times had been reduced through new triage arrangements and that following introduction of text reminders there had been a 3% increase in community assessments in October. WB also reported the implementation of a new stress control service and anxiety management programme with day and evening sessions.

In respect of IAPT waiting lists, WB explained that there were a number of contributing factors: staff training, assessment delays prior to introduction of the new triage system, and the large number of non attendances which had been approximately 12% in 2012/13. Whilst recognising these issues which were under discussion, WB noted that there was evidence of improving performance. She also confirmed that models of care were being developed to ensure provision of patient centred services that would ensure joint working with primary care.

In response to concerns expressed at the focus on areas assessed as 'red' and the impact of a small number of high cost patients WB noted that the new format of the Dashboard would present trends to ensure overall perspective that recognised positive aspects as well as reporting on areas of concern.

In response to discussion of ambulance response time targets WB noted that the total patient journey would be considered to gain an understanding of the experience and quality of service. Members also discussed patient choice which at times emanated in a breach of performance targets. SO reminded colleagues to promote the Yorkshire Ambulance Service's Map Me facility, whereby the public, with difficult to find addresses, were able to give directions to YAS so that in an emergency crews could reach their location without delay. https://feedback.yas.nhs.uk/MapMe/

Finance

TP referred to the mid year review presented at the last meeting confirming that the detailed analysis had provided confidence of achieving financial balance and the 0.57% surplus at year end, although not without risk. She advised that the movement in month had been positive due to increasingly detailed knowledge of current forecast positions across a number of areas. These included the York Teaching Hospitals NHS Foundation Trust contract where the CCG was now assuming a level of penalty associated with the clostridium difficile position, currently projected as a breach by York Teaching Hospitals NHS Foundation Trust. This was also in line with their reporting. Also contributing to the positive movement was improved outturn reporting of the mental health, continuing care and funded health care contracts and the recharge of £600k worth of drugs to Public Health as reported at the last meeting. Lastly, the planned payment to Leeds and York Partnership NHS Foundation Trust of £1.2m had been deferred to 2014/15 and this was now recognised in the current position. TP reiterated the projected achievement of financial balance with 0.57% surplus noting the contract with York Teaching Hospitals NHS Foundation Trust as the major area of concern.

QIPP

RP highlighted that, although progress was being made to deliver the £5.3m QIPP, work was currently taking place to identify a further £1.5m to mitigate associated risk. Proposals, including contingency plans, would be discussed in detail at the Management Team meeting on 12 November.

The Governing Body:

1. Noted the Quality and Performance Dashboard.
2. Noted that the new format of the Dashboard would be presented at the Governing Body Workshop on 5 December.
3. Noted that QIPP contingency proposals would be discussed at the Management Team meeting on 12 December.

11. NHS England CCG Assurance Framework 2013/14 Update

RP referred to the report which provided an update on the CCG's Quarter 1 Checkpoint Meeting with the NHS England Area Team, held on 6 September, and included the outcomes of the balanced scorecard approach, Red, Amber Green (RAG) rated, for the five domains:

1. Are local people getting good quality care? (Amber-Green)
2. Are patient rights under the NHS constitution being promoted? (Green)
3. Are health outcomes improving for local people? (Red)
4. Are CCGs delivering services within their financial plans? (Red)
5. Are conditions of CCG authorisation being address and removed? (No RAG)

RP explained that the delay in presenting this information was due to the requirement to validate the information prior to publishing the scorecard. She advised that although none of the authorisation conditions had been removed progress had been recognised. MH additionally noted in this regard that at the time of authorisation the Area Team had stated that six months' data would be required to remove the conditions therefore there had been no expectation that this would be achieved at the Quarter 1 Checkpoint Meeting.

The Governing Body:

Noted the update.

12. Report on the CCG Decision Making and Performance Arrangements

RP presented the report which detailed the outcomes of a review of the CCG's decision making and governance arrangements, noting that the Audit and Remuneration Committees had not been included. As part of the review of existing arrangements LS had discussed the committee structure with a number of members of the Governing Body which had included concerns about duplication of reports considered at the Finance and Contracting Committee and Quality and Performance Committee.

The proposed committee structure and decision making at appropriate levels of the organisation was detailed in the report. EB requested inclusion of the Primary Care Working Group and the addition of timelines for clarity of decision making and reporting, including to the Council of Representatives. LS in response noted that the proposed structure was underpinned by a number of meetings and that any further suggestions would be welcomed.

Members expressed appreciation to LS for her work in developing this report and commended the proposals. In welcoming the establishment of a Performance and Finance Committee members proposed that this new arrangement be reviewed after six months' implementation. TP additionally noted that meeting schedules would be established to align with appropriate data availability. In relation to the Governing Body AM confirmed that meetings in public would normally be held in alternate months.

The Governing Body:

1. Approved the proposed changes to the Governing Body Sub Committees, Management Team and Innovation Steering Group.

2. Delegated authority to the Chief Clinical Officer (within the Management Team) to approve HR policies, where they were consistent with NHS Employers guidelines and had been through the Joint Trade Union Partnership.
3. Agreed the Terms of Reference for the revised Performance and Finance Committee noting that these would be considered in detail at the first meeting of the new committee and presented for further agreement if required.
4. Agreed the template for reports noting that sustainability would be added.
5. Agreed that JM would Chair the Performance and Finance Committee.
6. Agreed that clinical representation at each meeting be considered within the new arrangements.
7. Agreed the proposed frequency of meetings to allocate meeting dates would be aligned with availability of data.
8. Approved the communication flow recommendation listed in 5.4 of the report.
9. Reviewed and agreed the proposed information requirements which would ensure all required data was implemented through the revised Dashboard.
10. Agreed that the Performance and Finance Committee be reviewed after six months implementation.
11. Agreed that meetings in public would normally be held in alternate months.

13. NHS Vale of York CCG Assurance Update

RP referred to the report which provided an update since approval of the Assurance Framework at the June Governing Body meeting, including reporting arrangements and information on the Commissioning Support Unit (CSU) audit. She highlighted the work to implement an electronic risk management system, the proposal to present an update as a standing agenda item, and consideration at the October meeting of the Audit Committee of the Assurance Framework.

KR reiterated the request for presentation of a report by the CSU to the full Governing Body.

The Governing Body:

1. Noted and agreed the Assurance Framework.
2. Approved the proposal to increase reporting of the significant risks to each Governing Body meeting.
3. Supported the consideration of a risk management system for the NHS Vale of York CCG.
4. Agreed to receive a report on the Commissioning Support Unit assurance at the next Governing Body meeting.

14. Medicines Commissioning

SO presented the report which comprised three sections:

1. Draft Medicines Commissioning Policy
2. Medicines Commissioning Process
3. Change of Policy on Glycopyrronium Inhaler

SO highlighted that a formal Medicines Commissioning Policy was required to ensure clinical and cost effective commissioning and decommissioning of medicines in accordance with available evidence. He noted discussions were taking place with primary and secondary care colleagues in developing the policy following its agreement at the Business Committee.

SO referred to the detailed information which described current commissioning processes and detailed its limitations with proposed changes to address concerns. He noted in particular that the current ways of processing Treatment Advisory Group (TAG) recommendations did not take account of input from specialists or GPs or the financial impact of drugs commissioning. The proposals were currently also under discussion with York Teaching Hospitals NHS Foundation Trust.

In response to concerns expressed by PE-J about the expectations of Public Health Consultants in the TAG processes, SO explained that the proposed changes related to how the CCG processed TAG recommendations, not how TAG reached its decisions. SO commented that the TAG had in recent times had little medical input and he believed the group would be enhanced by the involvement of Public Health physicians and that this input could be shared amongst relevant departments across the CSU region. SO explained CCGs were required to make decisions on the best available evidence and, where available, NICE recommendations.

In respect of the proposed change of policy on glycopyrronium inhaler SO advised that this was requested following a review of respiratory medicines options.

EB observed that a link to the All-Trials petition was on the home page of the CCG website and encouraged colleagues to promote signing the petition. SO commented that at present, as far as he was aware, only one pharmaceutical company, GSK, had signed up to the commitment to make all their trial data publicly available.

The Governing Body:

1. Supported further development of the draft Medicines Commissioning Policy through discussion with primary and secondary care colleagues and, as requested gave authority to the CCG's Business Committee, or its equivalent successor, to agree a final policy in due course.
2. Supported the proposed changes to the Medicines Commissioning Process noting discussions were taking place with secondary care and

with NHS Scarborough and Ryedale CCG to gain agreement on implementation of the proposals.

3. Supported implementation of the changes to the Medicines Commissioning Process by the New Year at the latest.
4. Approved the proposal that drug commissioning recommendations from the new Drug Commissioning Group should be considered by the CCG Business Committee, or its equivalent successor, and in line with the limits set out in the Scheme of Delegation noting that the CCG Business Committee, or its equivalent successor, would therefore require appropriate level of responsible manager representation to enable this.
5. Agreed to receive further update on progress of the medicines commissioning process at its next meeting.
6. Approved the commissioning of glycopyrronium inhaler for patients with Chronic Obstructive Pulmonary Disease (COPD) noting that this would pave the way for formal approval of glycopyrronium onto the formulary and the publication of new guidelines for local clinicians that aim to improve the quality and efficiency of treatment for COPD.

15. NHS Vale of York CCG Quality and Performance Committee

The Governing Body:

Received the unconfirmed minutes of the Quality and Performance Committee of 18 September 2013.

16. NHS Vale of York CCG Finance and Contracting Committee

The Governing Body:

Received the unconfirmed minutes of the Finance and Contracting Committee of 5 September 2013.

17. NHS Vale of York CCG Audit Committee

The Governing Body:

Received the unconfirmed minutes of the Audit Committee of 16 October 2013.

18. Next Meeting

The Governing Body:

Noted that the next meeting was on 9 January 2014 at 10am at West Offices, Station Rise, York YO1 6GA.

19. Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted.

20. 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 GOVERNING BODY MEETING ON 7 NOVEMBER 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 May 2013	Section 136 Place of Safety within North Yorkshire and York	• Verbal updates to be provided at each meeting	MH	Monthly
7 November 2013	CCG Decision Making and Performance Arrangements	• Review of Performance and Finance Committee	RP/LS	Six months after implementation - May 2014, to be confirmed
7 November 2013	NHS Vale of York CCG Assurance Update	• Increase in reporting of significant risks to Governing Body • Report on CSU assurance	RP RP	Standing agenda item 9 January 2014 meeting
7 November 2013	Medicines Commissioning	• Update on progress of the medicines commissioning process	SO	9 January 2014 meeting

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
AMU	Acute Medical Unit
ARMD	Age Related Macular Degeneration
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
CIB	Collaborative Improvement Board
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
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
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
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
ECP	Emergency Care Practitioner
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record

Acronym	Meaning
ETP	Electronic Transmission of Prescriptions
ESR	Electronic Staff Record
EWTD	European Working Time Directive
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
HWB	Health and Wellbeing Board
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
LDC	Local Dental Committee
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LOC	Local Optical Committee
LPC	Local Pharmaceutical Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPFT	Leeds and York NHS Partnership Foundation Trust
MDT	Multi-Disciplinary Team
MH	Mental Health
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

Acronym	Meaning
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSIQ	NHS Improving Quality
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
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OOA	Out of Area
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
PCU	Partnership Commissioning Unit
PDP	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
Propco	NHS Property Services
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
SCCC	Strategic Collaborative Commissioning Committee
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SLAM	Service Level Agreement Management
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
SUS	Secondary User System
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

Acronym	Meaning
UCC	Unscheduled Care Centre
VACCU	Vulnerable Adults and Children's Commissioning Unit
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT/YTHFT	York Teaching Hospital NHS Foundation Trust