NHS
Cannock Chase
Clinical Commissioning Group

Cannock Chase Patient Participation Group (PPG) Handbook

Ensuring people live healthier, longer lives

Welcome

Cannock Chase Clinical Commissioning Group (CCG) very much appreciates the part played by members of the Network and Practice Patient Participation Groups (PPG). Over the next two to five years, the CCG has an opportunity to make significant improvements to the way in which we deliver the services which promote the health and well-being of the local community. If we are to succeed in achieving our goals, we need to encourage much greater patient and public engagement in planning and evaluating these services; the Network PPGs and local practice PPGs are vital partners in this process.

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A Guide to Cannock Chase Clinical Commissioning Group

Introduction

Cannock Chase Clinical Commissioning Group (CCG) began full operation in April 2013. It is responsible for commissioning (or buying) health services for the local population. CCGs are designed to have strong clinical leadership and this is reflected in the Governing Body of the CCG. The CCG also has a Membership Board that secures strong links between the 27 GP practices in the area and the work of the CCG.

CCGs are also required to develop effective mechanisms for patient and public engagement. The CCG tries to use a variety of methods to engage with its patients and the public but one way that we are doing this locally is through our Network Patient Participation Groups (PPG). The Networks cover three geographical localities, which include Cannock, Rugeley and Great Wyrley and Surrounds and bring together lay representatives from the practice-based PPGs connected to each GP surgery along with community representatives such as local councillors and representatives from other public, community or voluntary sector organisations.

This Guide has been written to inform those representatives about the work and structures of the CCG. It also clarifies the role of the Network PPGs.

We hope that it will be relevant and interesting – representatives should feel free to share it with the members of their practice-based Patient Participation Group.

Further information about the CCG is provided on our website at **www.cannockchaseccg.nhs.uk**

Section One:
Introducing Cannock Chase CCG

How Cannock Chase CCG is organised

The CCG is led by a Governing Body (Board). The members of the Governing Body are:

- **GPs**
  - Dr Johnny McMahon, Chair
  - Dr Mo Huda
  - Dr Tim Berriman
  - Dr Anna Onobolu
  - Dr Murray Campbell
- **Lay Members**
  - Neil Chambers, Statutory Lay Member Governance
  - Paul Gallagher, Statutory Lay Member Patient and Public Engagement
  - Paul Woodhead, Non Statutory Lay Member
  - Janet Toplis, Non Statutory Lay Member
- **Executive Officers**
  - Andrew Donald, Chief Officer
  - Val Jones, Director of Quality and Safety/Board Nurse Advisor
  - Paul Simpson, Director of Finance
- **Secondary Care Consultant**
  - Vacant

GPs are at the heart of decision making within the CCG and all 27 practices are represented on the Membership Board. This meets monthly to enable all of the practices to be engaged in the work of the CCG and to provide the clinical leadership that is a key component of clinical commissioning.

The CCG has a small management team and receives additional support from the Staffordshire and Lancashire Commissioning Support Unit, which has recently merged with the Midlands and East Commissioning Support Unit.

Key Facts

- Cannock Chase CCG is a membership organisation - its members are the 27 GP surgeries across the area
- 134,000 patients are registered with those practices
- In 2013/14, the CCG had an annual budget of around £150 million to commission services to improve the health of our local population.

The Vision and Values of the CCG

<table>
<tr><th colspan="4">Our Vision</th></tr>
<tr><td colspan="4">Cannock Chase Clinical Commissioning Group will commission high quality and safe services to ensure people live healthier longer lives.</td></tr>
<tr><th colspan="4">Our Values</th></tr>
<tr><td>Prevention: Increasing the years of quality living through targeted prevention</td><td>Quality: Commissioning high quality, safe treatment and care focused on individual needs</td><td>Education: Educating patients to improve self-care</td><td>Innovation: Responding to needs through engagement, innovation and change</td></tr>
<tr><th colspan="4">Our Goals</th></tr>
<tr><td>To reduce health inequalities across Cannock Chase through targeted interventions</td><td>To identify and support patients with Long Term Conditions to ensure care delivery closer to home</td><td>To improve and increase overall life expectancy</td><td>To develop integrated services with simple, easy access</td></tr>
</table>

Priorities of the CCG

The CCG's Operational Plan sets out the priorities for the CCG over the next 12 months. The Plan can be found on the CCG website.
The operational priorities include:

- Decommissioning and disinvesting from interventions and services of relatively limited clinical value Undertaking a programme of pathway re-designs reducing the level of inappropriate and unnecessary elective referrals
- Reconfiguration of our urgent and emergency care pathway reducing unnecessary and avoidable emergency admissions
- Continued re-procurement and re-commissioning key aspects of secondary care to drive improvements in efficiency
- Building on the improvements we have made in the care for dementia patients and frail elderly complex needs
- Transform services for Long Term Conditions improving quality, coordination of care and efficiency
- Developing capability and capacity in local Primary Care to support our longer term CCG goals

It also includes a number of local challenges that the CCG has to face, which include:

- Building on the relationship we have with the Royal Wolverhampton NHS Trust so the transformation of services can continue over the next three years to the benefit of the local population
- Building the community services infrastructure to support people in their own homes
- Developing a connected primary care system, to reduce the reliance on acute hospitals for care
- Developing a different relationship with the public to support people to live longer, healthier lives through prevention, self-management and more effective intervention

The relationship between the CCG and its member practices

Throughout the country, general practice is facing major challenges at present. These include an ageing GP and practice nursing workforce, a sustained growth in patient consultations (up from 171 million in 1995 to 340 million in 2013) and growing numbers of people living with one or more long-term health condition.

NHS England, which was formed at the same time as CCGs, is responsible for managing the various contracts with the different primary care providers, including GP surgeries. It has a key role in leading the response to the challenges identified above. At the same time, the Care Quality Commission regulates and inspects GP practices to ensure that they meet fundamental standards of quality and safety. Naturally the relationships between the CCG and its GP practices are also extremely important. As noted earlier, the CCG is a membership organisation with the GP surgeries as its members. So the commissioning decisions of the CCG should be sensitive to, and influenced by, their feedback and suggestions. The views of these practices should, in turn, by influenced by the views of their patients.

Cannock Chase CCG is working closely with its practices to tackle many of the priority areas that were listed earlier in this section. The CCG also supports, and wants to work with, Patient Participation Groups (PPGs) at practice level. In this way, the CCG's work will be informed by the views of both its member practices and the local practice populations.

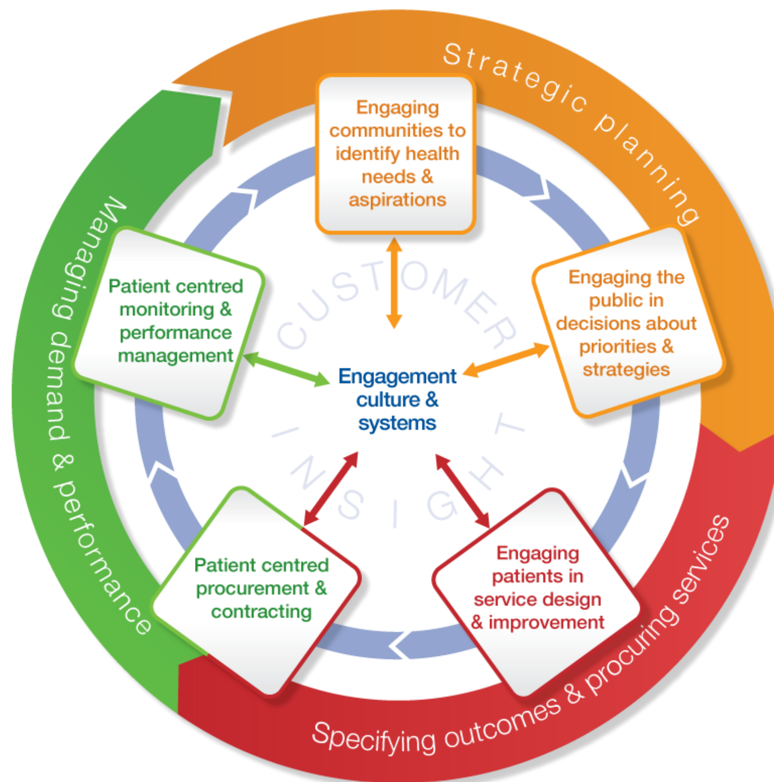
Summary

Having introduced you to the structures and activities of Cannock Chase CCG, the next section of this Handbook will explain what commissioning involves and will also describe the broader framework within which the CCG operates. This includes the direction provided by NHS England as well as the local partnership structures that are a crucial part of the life of the CCG.

Section Two:
Commissioning and Our Key Partners

What is commissioning?

Commissioning is the planning and purchasing of NHS services to meet the health needs of a local population. It is typically understood as a cycle of events, as illustrated in the diagram below.



Effective commissioning requires a deep understanding of the needs of the local population, together with good partnerships, deep-rooted clinical and community engagement, and effective management to ensure that the best outcomes are secured for the money invested.

The CCG's approach to Patient and Public Engagement is based on the five key stages identified in the diagram above:

- Engaging communities to identify health needs and aspirations
- Engaging the public in decisions about our priorities and strategies
- Engaging patients in service design and improvement
- Patient centred procurement and contracting
- Patient centred monitoring and performance management

Who commissions what?

CCGs are responsible for commissioning local health and care services, including:

• Planned hospital care

• Urgent and emergency care

• Rehabilitation care

• Community health services

• Mental health and learning disability services

*CCGs are also responsible for any health services prisoners require outside the confines of the prison i.e. hospital care.

In many cases, these services will be commissioned in partnership with others. Where there are strong links to social care, there may be joint commissioning with the local authority. Where the service covers a wider geographical area, there may be joint commissioning with other CCGs.

NHS England commissions:

• Specialised services

• Primary Care services

• Offender/Prison healthcare (services provided inside the prison)

• Services for members of the armed forces

NHS England also has overall responsibility for the quality assurance of CCGs. This means that CCGs have to demonstrate to NHS England that they are working effectively to improve as clinically led commissioning organisations.

Public Health England and local authorities lead on the commissioning of public health services, though NHS England directly commissions some services on their behalf, such as national immunisation and screening programmes.

NHS England

Each year, the Government sets out a ‘mandate’ setting out its ambitions for the NHS. Various actors then have to work together to deliver these requirements. NHS England plays a central role in that process. Their role includes issuing guidance for CCGs.

For the 2014-19 period, this guidance is called *Everyone Counts.* Extracts of this document are provided in the Appendices *(it is very detailed but has been included to give the reader a sense of what is expected from PPGs)*
As a result, Cannock Chase CCG will be measured against its progress in delivering seven specific national goals, namely:

- Securing additional years of life for the people of England with treatable mental and physical health conditions
- Improving the health related quality of life of the 15 million+ people with one or more long-term conditions, including mental health conditions
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital
- Increasing the proportion of older people living independently at home following discharge from hospital
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

NHS England also expects to see action from CCGs on:

- Improving health, which should have as much focus as treating illness
- Reducing health inequalities and ensuring that the most vulnerable in our society get better care and better services
- “Moving towards” parity of esteem, making sure that we are just as focused on improving mental as physical health and that patients with mental health problems don’t suffer inequalities, either because of the mental health problem itself or because they then don’t get the best care for their physical health problems.

Nationally, this all has to be achieved in the context of an anticipated funding shortfall of £30 billion by 2020/21. As a result, NHS England believes that “transformational change” is required across the entire health and social care system, from prevention to end of life care.

Health and Wellbeing

The core remit of the Clinical Commissioning Group is to improve local health and healthcare services, and to reduce health inequalities wherever possible. It can only do this in partnership with a number of other organisations. This section introduces Health and Wellbeing Boards. It shares information about how they are working locally and nationally.

About Staffordshire Health and Wellbeing Board

Cannock Chase CCG is part of the Staffordshire Health and Wellbeing Board. This brings together in one place the county's key strategic decision-makers and budget holders. It should provide leadership across the entire spectrum of health and social care. Through transparent processes and the involvement of local councillors, it is intended to enhance democratic accountability. The county-wide strategy has established three priorities: parenting, alcohol misuse and harm from drugs, and supporting the frail elderly.

Joint Strategic Needs Assessment for Cannock Chase

Each Borough and District within Staffordshire has also produced an enhanced JSNA (eJSNA). For Cannock Chase, this is led by the Cannock Chase Health and Wellbeing Group to ensure that local issues are properly addressed. The eJSNA (September 2012) for this area establishes priorities for each stage of life i.e. start well, develop well, live well, work well, age well and die well. This is a key document for the CCG in identifying local needs and the focus for improving health outcomes.

Health and Wellbeing Strategy for Cannock Chase

This is then used to inform the local Health and Wellbeing Strategy (2013-15) which was agreed by the Cannock Chase Health and Wellbeing Group. The priorities of that Summary are summarised on the following page:

	Priority Outcome 1	Priority Outcome 2	Priority Outcome 3	Priority Outcome 4
START WELL To give every child the best start in life	Parents know how to provide a supportive, safe and stable childhood	Increased take up of breast feeding to support good early childhood development	To reduce the number of low birth weight babies being born	Reduce smoking in pregnancy
DEVELOP WELL To enable all children, young people and adults to maximise their capabilities and have control over their lives	Children and young people have improved emotional wellbeing	Children and young people have a BMI within a healthy range and engage in regular physical activity	Children and young people are kept safe from substance and alcohol misuse	Fewer children and young people contracting STI's
LIVE WELL To ensure a healthy standard of living for all	People in Cannock Chase have access to good quality housing and influence planning	People in Cannock Chase have a BMI within a healthy rang, engage in regular physical activity and live a life free from diabetes.	Continue to reduce smoking prevalence and increase numbers accessing stop smoking services	Fewer people report feelings of isolation and low self-esteem and have improved access to services. In particular reduce the higher than average rates of self-harm admissions in Cannock Chase
AGE WELL To create and develop healthy and sustainable places and communities	Older people in Cannock Chase lead healthy active lives in a dementia friendly society where support is available to people and their carers in their own homes	Fewer people in Cannock Chase will have accidents and falls	People in Cannock Chase are better protected against the risk of excess winter deaths	Improve cancer detection and early intervention
END WELL To strengthen the role and impact of ill health prevention	People in Cannock Chase will have greater choice and control during the end of their lives	People in Cannock Chase have better access to information, awareness and communication	People in Cannock Chase have a greater understanding of the end of life	To improve and ensure a high quality end of life service provision

Section Three:

Understanding More about Cannock Chase CCG

Plan on a Page

NHS England requires CCGs to agree local priorities for improving care that will be implemented across all GP practices. This is sometimes referred to as a Plan on a Page and the version for 2014/15 is summarised below:

1) Dementia - increase Diagnosis Rates to 67% of expected number of cases and improve access to treatment. The CCG diagnosis rate is currently 46.9**%** meaning the CCG needs to diagnose an additional **346** patients during 2014/15 in order to achieve the national target rate.

2) Improved Access to Psychological Services (IAPS) – A target of 16% of people to receive psychological services has been set for 2014/15. The primary purpose of this indicator is to measure improved access to psychological services for people with depression and/or anxiety disorders, in order to address the unmet need.

3) Health Checks - Increase number of patients receiving health checks to 10% of eligible population. Final figures for 2013/14 shows good progress was made with **4359 people (10.9%)** receiving a health check.

4) Stop Smoking Services - Increase number accessing service to 8.5% for 2013/14 and 2014/15. Provisional information for 2013/14 shows 1131 people (4.6% of expected number of smokers in population) accessed stop smoking services, compared to 1681 (6.6%) in 2012/13.

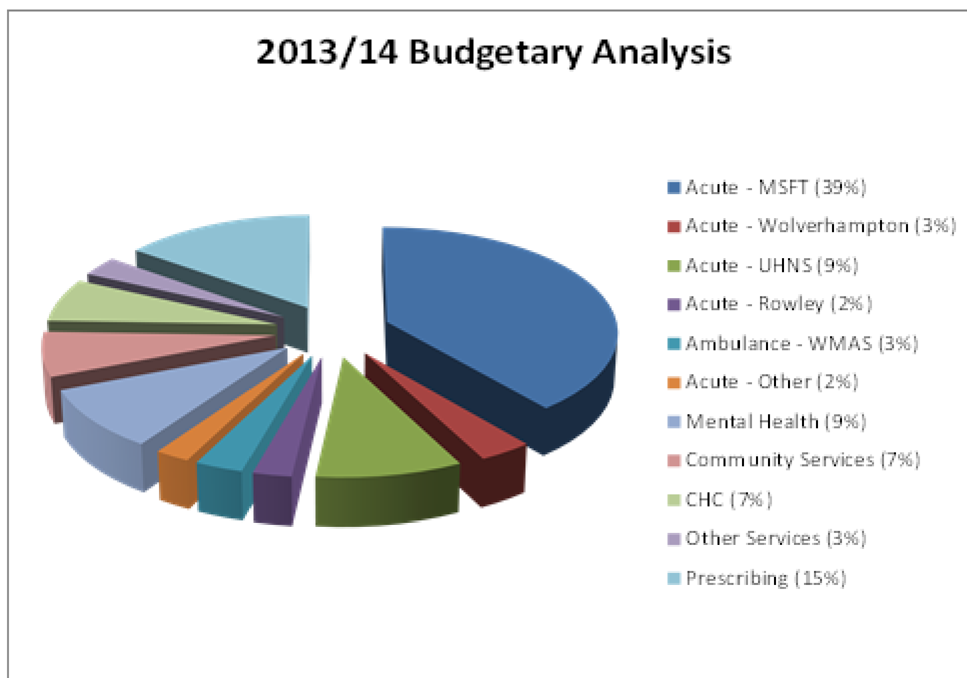
How the money flows

The CCG has around £156million to spend on health services. The majority of money is currently spent on hospital services but the complete breakdown of how it is spent is as follows:

Hospital Services: £93.3million (60%) Community Services: £13.0million (8%)

Primary Care Services: £23.0million (15%) Continuing Health Care: £10.1million (6.5%)

Mental Health Services: £15.1million (10%) Other services: £0.9million (0.5%)
The table below shows the budgetary analysis by service area.



The General Practice Patient Survey

As noted earlier, NHS England, the Care Quality Commission and the CCG all have a part to play in supporting the delivery of high quality primary care locally. Naturally, Patient Participation Groups also work towards the same objective (among others) with their individual practices.

One way (but only one way) that the quality of general practice is measured is through the General Practice Patient Survey. This programme started in 2007 and is administered by Ipsos Mori on behalf of NHS England.

Each year, they send a survey to 2.6 million adults who are registered with a GP in England, chosen at random. The questions cover:

- Access to GP Services
- Making an appointment
- Waiting times
- Last GP appointment
- Last nurse appointment
- Opening hours
- Overall experience
- Managing your health
- Your state of health today
- Out of Hours
- Some Questions about you

The results are adjusted so that the sample accurately reflects the wider practice population.
If you have access to the internet, you can look at the results for your individual practice and can compare with other GP surgeries. You can also see the results for the CCG as a whole and compare with CCGs elsewhere in the country.
For more information: http://www.gp-patient.co.uk/info/

Section Four:

Cannock Chase Network PPG – Terms of Reference

Purpose

- To provide a geographical community reference group for the Network practices
- To develop, coordinate and support a two way dialogue with patients registered with the Network practices
- To drive co-production between patients, professionals and commissioners by providing an opportunity for patient representatives to influence the planning, development and delivery of health care services locally
- To provide quality assurance that patient, carer and public concerns are taken into account
- To support delivery of the Network objectives and the wider Primary Care Strategy
- To support delivery of the Clinical Commissioning Group's (CCG) Communications and Engagement Strategy

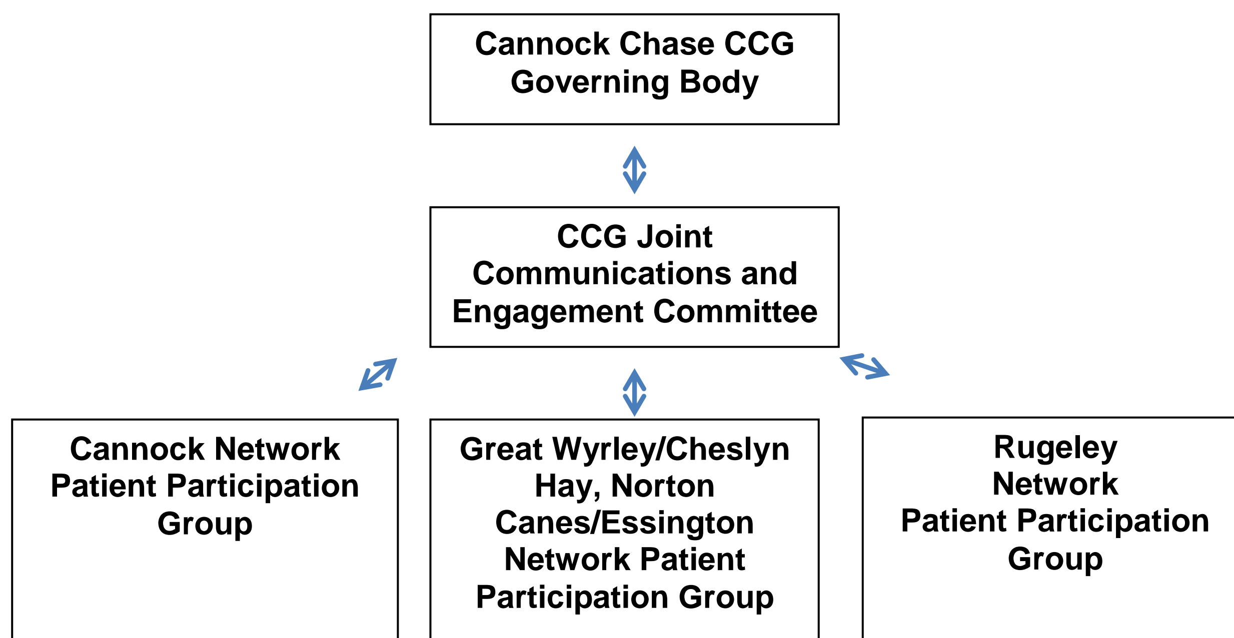
Objectives

- To support a two-way dialogue between the CCG, the Network and the residents of Cannock Chase
- To raise awareness about the CCG, the Network and local health services with the wider community, including key messages and opportunities for the public to be engaged
- To provide a patient and public perspective throughout the commissioning cycle, from identifying priorities and developing new services to procurement and the monitoring of services locally
- To capture patient feedback on their experience of local health services and report back to the Network
- To ensure that patient views are brought together from a wide range of patient and community groups, including those who may not engage through traditional methods
- To identify any potential themes or trends emerging from the locality to feed in to Quality
- To act as a 'critical friend' on plans, discussions or projects being developed by the Network
- To create links with the community to support communications and engagement, including identifying communication channels within the community
- To develop and distribute CCG or Network based surveys

Accountability & Reporting Arrangements

- Accountable to the Locality Network and the CCG Governing Body via the Joint Communications and Engagement Sub-Committee
- One representative from each Network PPG to attend the Joint Communications and Engagement Sub-committee which meets bi-monthly
- The Joint Communications and Engagement Committee reports to the Governing Body to provide assurance around communications and engagement

Accountability Structure



Membership

Membership should include a range of representatives from the locality area, including patients and representatives from community or voluntary groups. Additional representatives could be invited to attend on an ad hoc basis as appropriate to the agenda. The Networks could also be supported by a virtual group of interested parties or locality stakeholders. Wherever possible, representatives should be registered at one of the locality practices and inclusive of the nine protected characteristics covered by the Equality Act 2010. Representation could include:

- CCG Lay Member
- Locality Lead GP/ Governing Body GP
- Patient Champion
- District Councillor
- Healthwatch Champion
- Practice PPG Member
- Carers Representative (including young carers) – *Carers Association South Staffordshire*
- Age UK Representative

- Mental Health Representative – *Mid Staffordshire MIND/South Staffs Network for Mental Health*
- Rural Representative - *Community Council for Staffordshire*
- ASSIST – *Autism and Sensory Support in Staffordshire (ASSIST)*
- Children's Voice Representative
- CCG Representative

Meetings

- A Chairman is to be elected from the Membership and agreed by the group
- Meetings are to be held on a quarterly basis as a minimum, extraordinary meetings may be held as required
- Agenda and papers to be circulated no less than seven working days in advance
- Meetings to be held within the locality at an agreed time and venue

Review

- Terms of Reference will be subject to review in March each year

Draft Code of Conduct

In order to work together effectively, we agree to:

- Listen to, and respect, the views expressed by others, even when we disagree with them.
- Treat each other as equals.
- Respect the authority of the Chair and only speak when invited to do so.
- Recognise the importance of networking with our PPG and the wider community so that our contributions reflect the views of the largest possible number of people.
- Contribute constructively and recognise that we have a shared interest in improving the health and wellbeing of our local population.
- Demonstrate zero tolerance for any aggressive forms of behaviour.
- Respect the boundaries of confidentiality where necessary.
- Keep discussion focused on the objectives of the meeting, in line with the purposes of the Assembly that are clearly stated in the Terms of Reference.
- Prepare for each meeting as well as possible.
- Address any external speakers or visitors with courtesy.

Chairperson role, skills and qualities

The Chairperson has a strategic role to play in representing the vision and purpose of the District PPG. The Chairperson ensures that the PPG functions properly, that there is full participation at meetings, that there is a strong relationship with the CCG and with the member practices, that all relevant matters are discussed and that effective decisions are made and carried out.

The Chairperson's core responsibility is to ensure that the District PPG functions properly. The Chairperson's should make the most of all the PPG members, 'leading the team' and regularly reviewing the District PPG's performance.

The Chairperson is responsible for ensuring that each meeting is planned effectively, conducted according to the Terms of Reference (with good meeting etiquette) so that matters are dealt with in an orderly, efficient way.

The Chairperson must liaise with the individual members and seek to ensure that appropriate people and resources are in place for the effective management of the group so it can meet its agreed purposes.

The **personal skills** and **qualities** required of the chairperson are as follows:

- Good leadership skills and experience of organisational and people management
- Good communication and interpersonal skills
- Be tactful, diplomatic and sensitive to the feelings of members
- Be approachable and show interest in members' viewpoints
- Be impartial, objective and fair and able to respect confidences
- Able to ensure decisions are taken, recorded and followed-up
- Good time-keeping and meeting management skills

- Experience of committee involvement and understanding of the roles/responsibilities of a committee
- Have an understanding of health care, and the voluntary and community sector
- Have knowledge of the key networks & be prepared to build this network
- Be able to delegate

Appendix 1

Acronyms

1.	A&E	Accident & Emergency
2.	ALE	Auditors Local Evaluation
3.	AED	Automated External Defibrillator
4.	ADP	Accelerated Development Programme
5.	AHP	Allied Health Professional
6.	ALAN	Adult Literacy and Numeracy
7.	ALOS	Average Length of Stay
8.	ANNP	Advanced Neonatal Nurse Practitioner
9.	APMS	Alternative Provider Medical Services
10.	AQP	Any Qualified Provider
11.	AVS	Acute Visiting Service
12.	BCH	Birmingham Children’s Hospital
13.	BEN	Birmingham East and North PCT
14.	BNP	Brain Natriuretic Peptide
15.	CAG	Commissioning Advisory Group
16.	CAMHS	Children and Adolescent Mental Health Service
17.	CAS	Clinical Assessment Service
18.	CB	Commissioning Board
19.	CBSA	Commissioning Business Support Agency
20.	CC	Cannock Chase
21.	CCG	Clinical Commissioning Group
22.	CDiff	Clostridium Difficile Infection
23.	CEO	Chief Executive Officer
24.	CGA	Comprehensive Geriatric Assessment
25.	CHAI	Commission for Health Auditing Inspection
26.	CHI	Commission for health Improvement
27.	CHPP	Children’s Health Promotion Programme
28.	CIAMs	Commissioning Investment Asset Management Strategy
29.	CIG	Clinical Informatics Group
30.	CIP	Cost Improvement Programme
31.	CNST	Clinical Negligence Scheme for Trusts
32.	CoE	Care of the Elderly
33.	COPD	Chronic Obstructive Pulmonary Disease
34.	CPAG	Clinical Policies Advisory Committee
35.	CPN	Community Psychiatrist Nurse
36.	CQC	Care Quality Commission
37.	CQRM	Care Quality Review Meetings
38.	CQUIn	Commissioning for Quality and Innovation
39.	CQINS	Cancer Quality Improvement Network System
40.	CMT	Contract Management Team
41.	CRL	Capital Resource Limit
42.	CRT	Crisis Response Team
43.	CSIP	Clinical Services Implementation Programme
44.	CSU	Commissioning Support Unit
45.	CSW	Clinical Support Worker

46.	CWG	Clinical Working Group
47.	DC	Day Care
48.	DCC	Direct Clinical Care
49.	DES	Direct Enhanced Service
50.	DIPC	Director of Infection Prevention & Control
51.	DN	District Nurse
52.	DoH	Department of Health
53.	DoLs	Deprivation of Liberty Standards
54.	DPD	Dental Practice Division
55.	DPP	Developing Patient Partnerships
56.	DQF	Data Quality Facilitator
57.	DRS	Dental Reference Service
58.	DTC	Delayed Transfer of Care
59.	EAU	Emergency Admissions Unit
60.	ECDL	European Computer Driving Licence
61.	ECIST	Emergency Care Intensive Support Team
62.	EDD	Expected Discharge Date
63.	EDS	Euality Delivery System
64.	EL	Elective
65.	EMS	Escalation Management System
66.	ENT	Ear Nose Throat
67.	EPO	Emergency Planning Officers
68.	ESR	Electronic Staff Record
69.	EWISS	Emotional Well Being in Stafford & Surrounds
70.	EWTD	European Working Time Directive
71.	FE	Frail Elderly
72.	FIG	Financial Improvement Group
73.	FIMS	Financial Information Management System
74.	FIT	Funding Individual Treatment – now FET
75.	FET	Funding Exceptional Treatment
76.	FFT	Friends and Family Test
77.	FNOF	Fractured Neck of Femur
78.	FOI	Freedom of Information
79.	F&P	Finance and Performance
80.	FPC	Finance Performance & Contract Committee
81.	GAAP	Generally Accepted Accounting Principles
82.	GDC	General Dental Council
83.	GDS	General Dental Services
84.	GMS	General Medical Services (Practice)
85.	GPWSI	GP with special interest
86.	GSF	Gold Standard Framework
87.	HALO	Hospital Ambulance Liaison Officer
88.	HCC	Healthcare Commission
89.	HCIA	Healthcare Acquired Infection
90.	HEFCE	Higher Education Funding Council for England
91.	HEFT	Heart of England Foundation Trust
92.	HIS	Health Informatics Service
93.	HPA	Health Protection Agency
94.	HPS	Health promoting Schools
95.	HPSS	Health promoting Schools Scheme
96.	HRG4	Healthcare Resource Group 4

97.	HROD	Human Resources Organisational Development
98.	HSJ	Health Service Journal
99.	ICG	Infection Control Group
100.	IFR	Independent Funding Request
101.	IFRS	International Financial Reporting Systems
102.	IG	Information Governance
103.	IP	Inpatients
104.	IM&T	Information Management and Technology
105.	IPC	Infection Prevention & Control
106.	IPR	Individual Performance Review
107.	IQT	Improving Quality Team
108.	ISA	Intermediate Support Assistant
109.	ITT	Invite to Tender
110.	IV	Intravenous Therapy
111.	IWL	Improving Working Lives
112.	JCI	Joint Clinical Investigation
113.	JCU	Joint Commissioning Unit (SCC)
114.	JSNA	Joint Strategic Needs Assessment
115.	JSP	Joint Staff Partnership
116.	KPI'S	Key Performance Indicators
117.	LAA	Local Area Agreement
118.	LCCB	Local Collaborative Commissioning Boards
119.	LCP	Liverpool Care Pathway
120.	LDP	Local Delivery Plan
121.	LES	Local Enhanced Service
122.	LETB	Local Education and Training Board
123.	LH	Local Hospital
124.	LHE	Local Health Economy
125.	LIN	Local Intelligence Network
126.	LINks	Local Involvement Networks
127.	LMC	Local Medical Council
128.	LMS	Local Medical Services
129.	LOC	Local ophthalmic Committee
130.	LSC	Learning Skills Council
131.	LSP	Local Strategic Partnership
132.	LTB	Local Transition Board
133.	LTC	Long Term Conditions
134.	LTFM	Long Term Financial Model
135.	MAU	Medical Assessment Unit
136.	MAT	Maternity
137.	MDT	Multidisciplinary Team
138.	MFCA	Multi Factorial Comprehensive Assessment
139.	MHRA	Medicines & Healthcare products Regulatory Agency
140.	MICOT	Minor Injuries Community Outreach Team
141.	MLU	Midwife-led Unit
142.	MORI	(Market & Opinion Research International)
143.	MOI	Memorandum of Information
144.	MPIG	Medical Practice Income Guarantee
145.	MRSA	Meticillin-Resistant Staphylococcus Aureusis Infection
146.	MSFT	Mid Staffordshire NHS Foundation Trust
147.	MSK	Musculoskeletal

148.	MUR	Medicine Use Review
149.	NCAS	National Clinical Assessment Service
150.	NCB	National Commissioning Board
151.	NCT	National Childbirth Trust
152.	NEDs	None Executive Directors
153.	NEL	Non-Elective
154.	NES	National Enhanced Service
155.	NICE	National Institute for Clinical Excellence
156.	NHSU	NHS University
157.	NHQAC	Nursing Home Quality Assurance Group
158.	NRPSI	National Register of Public Service Interpreters
159.	NTDA	NHS Trust Development Authority
160.	OBD	Occupied Bed Days
161.	OOH	Out of Hours, also Out of Hospital
162.	OP (D)	Outpatients (Department)
163.	OT	Occupational Therapist
164.	PA	Programmed Activities
165.	PAED	Paediatrics
166.	PALS	Patient Advice and Liaison Service
167.	PASS	Professional Advice and Support Service
168.	PAU	Paediatric Assessment Unit
169.	PBC	Practice Based Commissioning
170.	PBR	Payment By Results
171.	PC	Planned Care
172.	PCR	Patient Charge Revenue
173.	PCT	Primary Care Trust
174.	PCTDS	PCT Dental Service
175.	PEAT	Patient Environment Action Team
176.	PEC	Professional Executive Committee
177.	PRF	Patient Report Form
178.	PiP	Partners in Paediatrics
179.	PIP	Productivity Improvement Programme
180.	PIS	Prescribing Incentive Scheme
181.	PLCV	Procedures of Limited Clinical Value
182.	PLT	Protected Learning Time
183.	PMO	Programme Management Office
184.	PMS	Personal Medical Services
185.	POPP	Partnerships for Older People Projects
186.	PPG	Patient Participation Group
187.	PPI	Patient and Public Involvement
188.	PPI (prescribing)	Proton Pump Inhibitors
189.	PPV	Post Payment Verification
190.	PQQ	Pre Qualifying Questionnaire
191.	PRISM	Personnel Resource Information System for Management
192.	PROMs	Patient Related Outcome Measures
193.	PT	Physical Therapist
194.	PTL	Patient Target List
195.	PU	Pressure Ulcer
196.	PWSI	Pharmacist with Special Interest
197.	QIA	Quality Impact Assessment

198.	QIF	Quality Improvement Framework
199.	QIL	Quality Improvement Lead
200.	QIP	Quality Improvement Lead
201.	QIPP	Quality, innovation, productivity and prevention.
202.	QOF	Quality and Outcomes Framework
203.	QSG	Quality Surveillance Group
204.	QSISM	Quality and Safeguarding Information Sharing Group
205.	RAG	Responsible Authorities Group
206.	RAG	Red Amber Green
207.	RCA	Root Cause Analysis
208.	RIA	Risk Impact Assessment
209.	RRL	Revenue Resource Limit
210.	RTT	Referral to Treatment
211.	RWHT	Royal Wolverhampton Hospital Trust
212.	SALT	Speech & Language Therapist
213.	SARC	Sexual Assaults Referrals Centre
214.	SCC	Staffordshire County Council
215.	SCG	Strategic Commissioning Group
216.	SCR	Strategic Change Reserve
217.	SCIO	Staffordshire Consortium of Infrastructure Organisations
218.	SCBU	Special Care Baby Unit
219.	SCWP	Social Care Workforce Planning
220.	SDB	Service Delivery Board
221.	SHA	Strategic Health Authority
222.	SI	Serious Incident
223.	SIB	Service Improvement Board
224.	SIC	Statement of Internal Control
225.	SLAM	Service Level Agreement Model
226.	SPA	Supporting Programmed Activities
227.	SPEC	Strategic Public Engagement Committee
228.	SSHLF	South Staffordshire Health Libraries Federation
229.	SSOTP	Staffordshire & Stoke on Trent Partnership Trust
230.	SSPAU	Short Stay Paediatric Assessment Unit
231.	SSSHCFT	South Staffs & Shropshire Healthcare Foundation Trust
232.	SUI	Serious Untoward Incident
233.	SUS	Secondary User Services
234.	TSA	Trust Special Administrator
235.	TV Team	Tissue Viability Team
236.	UCC	Urgent Care Centre
237.	UDA	Units of Dental Activity
238.	UHB	University Hospital Birmingham
239.	UHNS	University Hospital North Staffordshire
240.	UOA	Units of Orthodontic Activity
241.	VT	Vocational Trainee
242.	VFM	Value for Money
243.	VO	Variation Order
244.	WIC	Walk in Centre
245.	WCC	World Class Commissioning
246.	WMQRS	West Midlands Quality Review Service
247.	WMSCG	West Midlands Strategic Commissioning Group
248.	WTE	Whole Time Equivalent

Appendix 2

Everyone Counts: NHS England Guidance to CCGs (2014-19)

This Table summarises the planning guidance given to all CCGs by NHS England. It sets out the plans that need to be in place for 2014-19. Although very detailed, it is included here to give a flavour of the expectations on CCGs.

Fundamental elements of commissioner plans

		Fundamental	Key features to be demonstrated in plans
1	Outcomes	Delivery across the five domains and seven outcome measures	• your understanding of your current position on outcomes as set out in the NHS Outcomes Framework • the actions you need to take to improve outcomes
2		Improving health	• working with H&WB partners, your planned outcomes from taking the 5 steps recommended in the "commissioning for prevention" report
3		Reducing health inequalities	• identification of the groups of people in your area that have a worse outcomes and experience of care and your plans to close the gap • implementation of the 5 most cost effective high impact interventions recommended by the NAO report on health inequalities • implementing EDS2
4		Parity of esteem	• the resources you are allocating to mental health to achieve parity of esteem • identification and support for young people with mental health problems • plans to reduce the 20 year gap in life expectancy for people with severe mental illness
5	Patient services	New approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care	• how you will commission services so that patients and citizens have the opportunity to take control • how you will put real time patient and citizen voice at the heart of decision making • how you will include authentic citizen participation in the design of your plans • how you will promote transparency in local health services