

Induction Pack for Members of the Patient Representative Meeting Group

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1.	Introduction This induction pack has been developed for members of the patient representative group. The purpose of the pack is to provide members with details that is helpful in their role. We want to ensure the induction pack includes relevant and appropriate information that can be shared with new members who join the group. Andy Hudson, Lay Member of Governing Body (Lead for Patient and Public Engagement), NHS Scarborough and Ryedale Clinical Commissioning Group	2
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Scarborough and Ryedale Patient Representative Group

Terms of Reference

1. Introduction

Every Member Practice of the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) will nominate a patient representative to the Scarborough and Ryedale Patient Representative Group (SRPRG) [hereafter referred to as the Group]. To enable attendance and representation of practices, deputy (ies) may be nominated.

SRCCG is committed to involving patients and the public in their commissioning decisions and has developed their strategy that sets out how they plan to do this.

The Group and the Governing Body will strive to ensure there is close and effective communication between them so as to facilitate a culture where the Governing Body considers all recommendations from the group when making all commissioning decisions.

2. Title

- 2.1. The Group shall be known as the SRCCG Patient Representative Group of the Scarborough and Ryedale Clinical Commissioning Group.

3. Objectives

- 3.1. The members of the group will help provide two-way communication between their practice and the SRCCG.
- 3.2. The Group will provide advice to practices on establishing and maintaining effective Practice Participation Groups.
- 3.3. The Group will provide regular updates on the work of SRCCG to practice populations through wide distribution of the stakeholder letter
- 3.4. To Group will undertake wider involvement activities such as service development groups and road shows.

4. Duties

- 4.1. The group will enhance the level of engagement between the SRCCG and patients and public in order that decisions consider the views and experience of the local communities.

5. Reporting Arrangements

- 5.1. The Group's Terms of Reference shall be agreed by the SRCCG PRG members and referred to in the Communication and Engagement Strategy.
- 5.2. The minutes of the SRCCG PRG meetings shall be formally recorded and made available to the Governing Body and member practices.
- 5.3. Where the Group has made recommendations on a course of action or decision, the Chair of SRCCG PRG will formally notify the Governing Body of the outcome of their decision.
- 5.4. The Group will be informed and updated by the Chair of the SRCCG PRG on the outcome of discussions and Governing Body decisions.
- 5.5. The membership of the Group shall be published in the Annual Report.

6. Meetings

- 6.1. The Group will meet at least quarterly and more frequently when required in order to carry out the business of the Group.
- 6.2. The Group will work in partnership to develop and deliver commissioning plans of SRCCG.
- 6.3. The Group will be updated on performance reports, financial reports and strategic plans where and when appropriate.
- 6.4. The venue, time and dates of meetings will vary and be agreed on a quarterly basis to allow for planning by members. The diversity of the Group in ability to attend at different times and locations will be accommodated where possible.

7. Membership

- 7.1. The Group will comprise a patient representative from each member practice. (It is acknowledged that some practices may send 2 patient representatives, due to travelling at night, this will be monitored to ensure the meeting is manageable.)
- 7.2. The Group will be chaired by the Lay Governing Body member of SRCCG with responsibility for Patient Engagement and Communications
- 7.3. Where a conflict of interest associated with the role of patient representative exists, this will be declared.
- 7.4. In attendance; Primary Care Manager of the Governing Body, Patient Engagement Officer, Associate Director of Corporate Affairs and a GP and/or supporting officers as requested or nominated.

7.5. In attendance administrative support to arrange, facilitate and record the minutes.

8. Quorum

8.1. No business shall be transacted unless there is at least 50% +1 of practices are represented.

8.2. Agendas will be published seven days in advance to allow members to seek views as needed.

9. Attendance

9.1. Regular attendance at the SRCCG PRG meetings leads to improved engagement and communication. In the event that a representative is unable to attend, apologies should be sent and the Practice Manager seek to agree attendance by a deputy.

10. Recommendations and decisions

10.1. The Group will, from time to time, be asked for views of their practice when SRCCG is considering service delivery and design. Mechanisms will be put in place for discussions to be held and facilitated by Practice Managers at practice participation group meetings about specific services in line with the SRCCG commissioning plan.

10.2. Patient Representatives will act on behalf of their patients in their practice when putting forward views and comments.

10.3. Recommendations and views of the Group will be communicated to the Governing Body and the Lay member/Chair of SRCCG PRG will ensure the recommendations and views are considered by the Governing Body when making their decisions.

11. Review of Terms of Reference

11.1. The Group shall review its Terms of Reference at least annually.

12. Review of the Group's Effectiveness

12.1. The Group shall undertake a review of its effectiveness at least annually.

13. Code of Conduct.

13.1. The Group will adopt a code of conduct that allows all members to have an equal voice, respects individuals, is inclusive and non-judgemental in the discussions and recommendations.

Updated and agreed 3 December 2014

Scarborough and Ryedale Patient Representative Group

Meeting Etiquette

Purpose of the Patient Representative Group (PRG)

The meeting is designed to allow two way communications between the CCG and patient representatives from each GP Patient Representative Group within the Scarborough and Ryedale locality.

The CCG will keep members updated with news from within the CCG.

Members will use the group to bring issues raised collectively from within their GP Practice Group.

Members Role

- Members of the PRG are representatives of the Patient Practice Groups within GP Practices across the Scarborough and Ryedale locality
- Members of the PRG are invited to attend the meeting to allow them to feedback to their GP Patient Practice Group
- Members are acting as a Patient Representative and any other interests/roles are outside the scope of the meeting
- Members will be given the opportunity under agenda item titled “Member Agenda Items” to have their say
- Each member has an equal opportunity to speak and should do so by raising their hand
- Members are asked to be brief when speaking and ensure the issue is relevant and from the practice
- The meeting is not to be used as a means of sharing personal issues/concerns
- Any personal related issues will not be discussed or noted within the meeting and members will be directed to the appropriate place ie: Patient Relations Team
- If the meeting goes off topic members will be reminded of the agenda. Any unrelated matters that are not on the agenda, will be addressed under “Any other Business” at the end of the meeting, if time is available. Alternatively items will be added to the agenda and discussed at the next meeting.

Agenda

- A draft agenda will be distributed 10 days after the meeting. An agreed agenda will then be distributed one week prior to the confirmed meeting date
- All members will be given the opportunity to add agenda items
- The meeting will follow the agenda that is distributed to all participants beforehand
- The agenda will be kept to a minimum to ensure all members have the opportunity to bring any issues from their GP Practice Group to the meeting

Action Points

- Action points will be taken throughout the meeting
- The action points will be sent 10 days after the meeting along with an draft agenda
- The action notes will be agreed at each meeting

Timeline of Meeting

- The meetings will start promptly at 6pm and conclude at 8pm as per agenda

Patient Representative Mileage Claim

Name:

Address:

.....

Post Code:

Tel:

Please return this form to:
 Finance Department
 Scarborough & Ryedale CCG
 York House
 King Street
 Scarborough
 YO11 1ND

Claims must be submitted within 3 months of meeting date otherwise they will not be paid.

Meeting Date	Location	Miles travelled (40p per mile)

Confirmation of Attendance

Name _____ Job Title _____

Signature _____ Date _____

For CCG Completion only

Amount to be paid:

Payment reference:

Glossary Of terms

Acute Care	Medical or surgical treatment usually provided in a general hospital.
A&E	Accident and Emergency Department.
A4C	Agenda for Change: The NHS system of pay for most staff.
AHP	Allied Health Professional, professions such as dietician, speech and language therapist, physiotherapist, Occupational therapist, radiologist.
Ambulatory Care	Ambulatory care is a patient focused service where some conditions may be treated without the need for a hospital stay. Ambulatory care is provided by a range of staff including doctors, nurses and therapists who can offer the same specialist assessment, treatment and care that is received on a hospital ward. Patients can often return to their own home, even if further treatment is required on another day. Ambulatory care can also prevent patients with long term conditions such as diabetes, respiratory conditions and angina from getting into a crisis and reduce the need for hospital admission. This is achieved through active management, such as vaccination, help with self-care, case management and lifestyle changes.
Audiology	The Audiology Department at a hospital provides specialist care for patients with a hearing impairment.
Audit Commission	The body that assesses all NHS organisations on their use of resources.
BADS	British Association of Day Surgery.
BAF	Board Assurance Framework, the means by which the Board sets out and manages risks to the achievement of Corporate objectives.
Balanced scorecard	A system to assess an organisation's performance, to judge Overall progress, achievements and goals.
BMA	British Medical Association, a professional association Representing UK doctors.
BPG	Business Planning Group.
BREEAM	Building Research Establishment Environmental Assessment Method.
Caldicott Guardians	Senior staff in the NHS and Social Services appointed to protect patient information.
Cardiac	Relating to the heart.

Care Homes	Residential establishments which provide accommodation, meals and personal care (such as help with washing and eating) for people who can no longer live independently. Also referred to as residential homes. The majority of establishments are run by private companies but some are managed by local authorities.
Care Pathway	An agreed and explicit route an individual takes through health and/or social care services that detail the activities and professionals involved at different times and stages.
Care Trust	Care Trusts are a type of NHS body introduced in 2002 to provide better integrated health and social care. Combining both NHS and Local Authority responsibilities under a single management increases continuity of care and simplifies administration.
Chemotherapy	Treatment of disease by chemical substances commonly used to treat cancers.
Chronic condition	Persistent or recurring condition which may or may not be severe. Often starts gradually and changes are slow.
Chronic Heart Disease	A general term which covers one or more specific diseases of the heart which are long term conditions which affect a patient's life and do not respond to treatment.
Chronic Obstructive Pulmonary Disease (COPD)	Persistent or recurring disease of the lung which also affects the heart.
Clinical	Literally means 'belonging to a bed' but is used to denote anything associated with the practical study or observation of sick people.
Clinical Commissioning Group (CCG)	CCGs are the local NHS organisations that are responsible for meeting the health needs of local populations and they usually cover the same or a similar area as the Local Authority. They commission (buy) health and care services including the majority of planned hospital care, rehabilitation care, urgent and emergency care, most community health services, mental health and learning disability services. CCGs work with patients, healthcare professionals and in partnership with local communities and Local Authorities. All GP practices have to belong to a CCG. The governing body includes GPs, a nurse, a hospital consultant, executive officers and Local Authority officers for public health and social care.
Clinical Governance	The system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.
Clinical Model of Care	See Models of Care.

Cluster	Operational areas within the PCT, usually based around a community hospital or health centre facility.
Commissioning	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community Beds	A general term which can describe beds in community hospitals, nursing homes, or other settings outside an acute Setting, including services provided to the patient in their own home.
Community Care	Care or support provided by social services departments and the NHS to assist people in their day-to-day living.
Continuing Health Care	NHS funding for a patient requiring a complex mix of both health and social care, where the need is primarily for healthcare.
Community Health Services	Treatment provided to people outside of hospitals, together with preventative services such as immunisation, screening or health promotion.
Community Hospitals	Local hospitals serving relatively small populations (less than 100,000) providing a range of clinical services but not equipped to handle emergency admissions on a 24/7 basis.
Community Matrons	Community matrons are case managers with advanced level clinical skills and expertise in dealing with patients with complex long term conditions and high intensity needs. This is a clinical role with responsibility for planning, managing, delivering and coordinating care for patients with highly complex needs living in their own homes and communities.
Council Business Plan	East Riding of Yorkshire Council's 3 year business plan and strategy for all local authority services. It focuses on the objectives and targets of the Authority and reflects the priorities of the Council and those of its residents.
CT Scan	Computerised tomography (CT) scans provide information that doctors can use to help diagnose medical conditions. Unlike other imaging techniques, such as X-rays, CT scans can provide detailed images of many types of tissue, including bone, lung tissue, soft tissue and blood vessels. Because they can show images of soft tissue, they are useful after a stroke as a CT scan will show the blood clot.
Delayed discharge	The experience of a patient who remains in hospital when they are fit to go home, or be transferred to another more appropriate setting.
Dermatology	Branch of medicine concerned with the skin and its diseases.

Diabetes	A condition characterised by a raised concentration of glucose in the blood due to a deficiency in the production and/or action of insulin, a pancreatic hormone.
Diagnostics	Procedures used to distinguish one disease from another e.g. laboratory tests, x-rays, endoscopies.
Dietician	A professional therapist who applies the science of nutrition to the feeding of groups and individuals in health and disease. Their primary role is to advise and educate both patients and other professionals.
E.coli	Escherichia coli: bacteria commonly found in the lower intestine of mammals. Most E. coli strains are harmless, but some serotypes can cause serious food poisoning in humans.
Elective Care	The assessment and treatment of non-urgent conditions. At present this may require a hospital out-patient visit, diagnostic tests and possibly an operation.
EMAS	East Midlands Ambulance Service NHS Trust.
Endoscopy	Looking into the body through a small fibre optic tube passed into the digestive system.
ENT (Ear, Nose and Throat)	The Ear, Nose and Throat Department at a hospital provide specialist care for patients with conditions affecting the ear, nose or throat.
Foundation Trusts (FT)	NHS hospitals that are run as independent, public benefit corporations, controlled and run locally. Foundation Trusts have increased freedoms regarding their options for capital funding to invest in delivery of services.
Freedom of Information (FOI)	Freedom of Information Act, giving people a general right of access to all types of recorded information held by public authorities.
Generic medicines	Medicines marketed without a brand name.
GP	General Practitioners - also known as family doctors.
Gynaecology	The branch of medical science which deals with diseases peculiar to women.
Health Overview and Scrutiny Committee	The Local Authority Health and Wellbeing Overview and Scrutiny Committee is responsible for monitoring and regulating key health and social care service integration.
Healthwatch	Healthwatch England is the national consumer champion in health and care. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Local Healthwatch organisations have been set up nationally as part of all local communities and work in partnership with other local organisations.

Histology	The study of human tissues, used in diagnosis.
Human Resources	Human Resources – department within an organisation responsible for workforce issues.
Hyper-acute stroke care	Specialist and intense care given within the first 72 hours of a stroke. Evidence shows that if patients receive the right medication, are monitored and have therapy treatments straight away they are in a better position to make a healthier recover and be less disabled in the long term.
Independent Sector	Private and voluntary organisations providing health and social care services to the community.
Integrated Care Centre	Centres which are shaped around the needs of patients and clients to bring health, social care and voluntary and private sector services together to provide a ‘one-stop shop’ for health and social care. May include community wards, outpatient clinics, GP and dental practices, social services department.
Intermediate Care	Short term intervention (usually up to six weeks) by a multi-disciplinary team, provided in patients’ own homes or a care environment, aimed at preventing hospital admissions or facilitating hospital discharge.
IV drug administration	Drugs that are given intravenously - directly into the bloodstream through a vein.
Joint Strategic Needs Assessment (JSNA)	<p>A Joint Strategic Needs Assessment (JSNA) is an on-going process by which Local Authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action. The JSNA is not just about health and personal social care services; it is also about the wider aspects of health including poverty, employment, education, public safety, housing and the environment.</p> <p>The ultimate purpose of the JSNA process is to use the information gathered to identify local priorities and support commissioners to commission services and interventions that are based on need, which will in turn achieve better health and wellbeing outcomes and reduce health inequalities.</p>
Keogh Review	The current NHS England review <i>Transforming Urgent and Emergency Care Services in England</i> is being led by NHS Medical Director Professor Sir Bruce Keogh. NHS urgent and emergency care services provide life-saving care. The current system is under increasing pressure and the review seeks to improve the urgent and emergency care system so patients get safe and effective care whenever they need it.

Local Authority	Local Authorities are democratically elected local bodies with responsibility for discharging a range of functions as set out in local government legislation. They have a duty to promote the economic, social and environmental well-being of their geographical area. This is done individually and in partnership with other agencies, by commissioning and providing a wide range of local services
Local Investment Finance Trust (LIFT)	Local Investment Finance Trust – Public/Private partnership designed to provide funding and deliver new health service estate and facilities, usually in areas of deprivation
Locality	Areas into which the total geographical area of the PCT is divided. There are four localities within the East Riding PCT – Beverley & Holderness, Haltemprice, Goole and Howden & West Wolds, Bridlington & Driffield.
Locality Commissioning Groups	Forums established in each of the PCT's localities which include GPs and other health professionals. The Groups have a critical role in taking forward the NHS reform programme, particularly in relation to Practice Based Commissioning (see below).
Long term conditions	Those conditions (e.g. diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.
Managed care	Patients with complex needs are identified and supported by skilled practitioners working for an integrated care system.
Minor ailments	Illnesses that can be treated at home with advice from a pharmacist e.g. colds, stomach upsets etc.
Minor injuries	Examples are cuts, bruises, scalds and suspected closed limb fractures. The role of a minor injury unit or service would be to provide treatment for such minor injuries
Models of Care	Guidance on ways of treating patients that are based on clinical evidence.
Modernisation Agency	This NHS agency was established in 2001 to support the NHS in England and its partner organisations in the task of modernising services and improving experiences and outcomes for patients. The agency was superseded in July 2005 by the NHS Institute for Innovation and Improvement.
Monitor	The external, independent regulator for NHS Foundation Trusts.
MRI	Magnetic resonance imaging – a scanning technique that uses magnetic and radio waves, not radiation. Detailed images of all the tissues in the body can be produced.
Multi-Disciplinary Team (MDT)	Describes when professionals from different disciplines work together.

Neurological	Relating to the branch of medicine which deals with the nervous system and its diseases.
NHS England	An independent body, at arm's length to the government. Its main function is to improve health outcomes for people in England through providing national leadership in this area. Additional roles include driving up the quality of care, overseeing the operation of clinical commissioning groups, allocating resources to clinical commissioning groups and commissioning primary care and specialist services.
NHS Plan	The Government's 10 year plan, launched in 2000, for investment and reform to ensure a health service fit for the 21st Century.
NHS Trust	Public bodies providing NHS hospitals, community and mental health care and ambulance services.
Nursing Homes	Residential establishments which provide the same care as in a care home (see above) but which also have registered nurses who can provide care for more complex health needs.
Occupational Therapy	Treatment of physical and psychological conditions through specific activities to help people reach their maximum level of function and independence in all aspects of daily life.
Ortho-geriatrics	Branch of medicine dealing with skeletal problems in the elderly.
Orthopaedics	Branch of medical science dealing with skeletal deformity, congenital or acquired.
Our Health, Our Care, Our Say	The Government's listening exercise with the public about what their priorities are for future health and social care services. It comprised four regional events, a range of local events and other activities including questionnaires. The process culminated in a national Citizens' Summit. The events were deliberative, with a Citizens' guide given to participants beforehand to introduce the key issues.
Out of hours Service	Medical cover provided outside the normal working hours of community health care professionals, usually from 6pm-8am Monday – Friday and 24 hours during weekends and Bank Holidays.
Palliative Care	Supportive Service for those who are living with disease that is not curable e.g. cancer or multiple sclerosis.
Pathways of Care/ Patient Pathways	Structured, multi-disciplinary plans of care designed to support the implementation of clinical guidelines and protocols. They provide detailed guidance for each stage in the management of a patient (treatments, interventions ect) with a specific condition over a specific period of time. They aim to improve, in particular the continuity and co-ordination of care across different disciplines and sectors.

Physiotherapy	Treatment involving the use of physical measures such as exercise heat and massage for rehabilitation and to aid recovery.
Practice Based Commissioning	A process that engages GP practices and other primary care professionals in the commissioning of services. Front line clinicians are provided with the resources and support to become more involved in commissioning decisions and gives clinicians greater freedoms and flexibilities to tailor services to the needs of the local community.
Primary Care	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support
Primary Care Centre	A one-stop centre that brings together primary and community services (and often social services) on a single site to provide more convenient patient access. Usually includes GPs and their practice teams, community nurses and one or more extended primary care service such as dentistry, physiotherapy, pharmacy, optometry, social work etc.
Primary Care Practitioners	Health professionals such as family doctors, dentists, pharmacists, optometrists, ophthalmic medical practitioners and therapists, together with community nurses such as district nurses and health visitors who care for people in community settings or in their own homes.
Primary Care Services	Care provided by GPs and other healthcare workers in the community
Primary Care Trusts (PCTs)	Free-standing statutory NHS bodies with responsibility for delivering health care and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions.
Procurement	The processes involved in obtaining best value for money for the purchase of goods and services in the NHS.
Providers	Organisations providing healthcare services.
Public Sector	An umbrella term which includes all organisations and functions that affect or are likely to affect the public or a section of the public and are funded by central Government.
RADTs	Referral, Assessment and Diagnostic Treatment Services. Health services that offer safe, fast, pre-booked day and short stay surgery and diagnostic procedures in specialties such as ophthalmology, orthopaedics and a range of other conditions.
Rapid response	A response to an urgent but not emergency situation, usually within 2 to 6 hours.
Rehabilitation	A programme of therapy and re-enablement designed to restore independence and reduce the effects of a disability.
Residential Homes	See Care Homes

Respite Care	Patient care provided in the home or an institution Intermittently in order to provide temporary relief to the family home care giver.
Secondary Care	Specialist health care services that treat conditions which normally cannot be dealt with by primary care practitioners (ie GPs, therapists, community nurses ect) or which are as the result of an emergency. It covers medical treatment or surgery that patients receive in hospital following a referral from a GP. Secondary care is made up of NHS foundation, ambulance, children’s and mental health trusts.
Service Redesign for Quality	The process, which went to public consultation, for reorganising inpatient ophthalmology.
Social Enterprise	Businesses involved in social enterprise have primarily social objectives. Their surpluses are reinvested principally in the business or community.
Specialist Services	Advice guidance and assessment provided by professionals with particular expertise.
Speech & Language Therapist	A professional therapist who diagnoses and treats acquired or developmental communication disorders.
Stakeholder	Organisations and individuals with an interest in the activities of the PCT. Stakeholders are involved in partnership working and are used for consultation purposes.
Step Down Care	Step Down Care is for patients who need a stopover between hospital and home, having had surgery or after treatment for acute or chronic medical conditions. This enables patients to have space to heal and regain independence (get back on their feet) and be confident enough to return home.
Step Up Care	Step Up Care is an alternative support for someone who is not able to safely remain in their own home just now, but long-term residential care or a hospital admission is not immediately necessary.
Stroke	<p>A stroke happens when the blood supply to part of your brain is cut off. It can be caused by a blockage in one of the blood vessels leading to the brain or a bleed in the brain.</p> <p>Most strokes happen when a blood clot blocks the flow of blood to your brain. Blood clots usually form in areas where the arteries have become narrowed or ‘furred’ up by fatty deposits. This is called atherosclerosis.</p>
Tertiary care	Tertiary services are specialised centres for the treatment of Specific conditions.
Therapists (also referred to as Allied Health Professionals (AHP))	Professionals such as arts therapists, chiropodists, podiatrists, dieticians, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists and orthostists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.

Therapy services	Services where treatment is provided by a therapist (see above).
Third Sector	Includes the full range of non-public, non-private organisations which are non-governmental and “value-driven”; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.
Thrombolysis	If your stroke is caused by a blood clot, you may be treated with a clot-busting drug to try to disperse the clot and return the blood supply to your brain. The medicine itself is called alteplase, or recombinant tissue plasminogen activator (rt-PA). The process of giving this medicine is known as thrombolysis.
Virtual ward	A concept to share good practice between staff which can be adapted to fit local circumstances. Designed to improve patients’ quality and life and prevent hospital admissions, it applies the structure and routine of a hospital ward to care in patients’ homes.
Voluntary and community sector	An ‘umbrella term’ referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, for public or community benefit. Includes the full range of organisations which are non-governmental and interested in furthering social, environmental or cultural objectives, rather than to make a profit. Also known as the third sector.
Walk-In Centres	Centres staffed by nurses that offer fast and convenient access to treatment and information without needing an appointment.
White Paper	Documents produced by the Government setting out details of future policy on a particular subject.

A4C	Agenda for Change: The NHS system of pay for most staff.
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
BADS	British Association of Day Surgery
BAF	Board Assurance Framework, the means by which the Board sets out and manages risks to the achievement of corporate objectives.
BMA	British Medical Association
BME	Black and Ethnic Minority
BPG	Business Planning Group
BREEAM	Building Research Establishment Environmental Assessment Method
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System of safety alerts
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CHKS	Comparative Health Knowledge System ; a body that assesses and rates hospitals annually
CIDS	Community Information Data Set
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNS	Clinical Nurse Specialist. ALSO: central nervous system
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
CRB	Criminal Records Bureau who carry out background checks of personnel
CSCI	Commission for Social Care Inspection
D&V	Diarrhoea and vomiting; particularly prevalent in winter
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
DSSA	Delivery of Same Sex Accommodation
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality & Diversity
ECHR	European Convention on Human Rights
EHR	Electronic Health Record
EIA	Equality Impact Assessments
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
EPS	Electronic Prescription Service
ERIC	Estates Return Information Collection
ERPHO	Eastern Region Public Health Observatory
ESR	Electronic Staff Record
ETP	Electronic Transmission of Prescriptions
EWTD	European Working Time Directive
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
FLSM	Front Loaded Service Model: a system for delivery of hospital services
GCC	NHS Good Corporate Citizenship assessment model
GDC	General Dental Council
GHG	Green House Gas protocol
GI	Gastro-intestinal (stomach and intestines).
GMC	General Medical Council
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HOSC	Health Overview and Scrutiny Committee
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
IBP	Integrated Business Plan
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
KPI	Key Performance Indicators
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHE	Local health economy
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
MAU	Medical Assessment Unit
MCF	Monitor Compliance Framework
MDT	Multidisciplinary team
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
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OD	Organisational Development
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PASS	Patient Aggregate Safety Score
PbC	Practice-based Commissioning
PbR	Payment by Results
PDP	Personal Development Plan
PEAT	Patient Environment Assessment Team

PET	Patient Experience Tracker
PFI	Private Finance Initiative
PHO	Public Health Observatory
PHSO	Parliamentary Health Service Ombudsman
PMS	Personal Medical Services
PNA	Pharmaceutical Needs Assessment
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
PTS	Patient transport services
QALY	Quality Adjusted Life Year (used by NICE)
QIPP /QUIPP	Quality, Innovation, Productivity and Prevention
QVH	Queen Victoria Hospital Foundation Trust
RAMI	Risk Adjusted Mortality Index
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
REAP	Resource Escalation Action Plan
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SDMP	Services Development Management Plan
SDSG	Sustainable Development Strategy Group
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
SUI	Serious Untoward Incident
TEWV	Tees, Esk and Wear Valleys Mental Health
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
UCC	Unscheduled Care Centre
UNISON	Union for staff in public services
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT	York Teaching Hospital NHS Foundation Trust

GP Practice Details – Correct September 2014

882001	Felegrave Surgery, Lawrence House Medical Centre, Scarborough, YO11 1UB	Michaela Dennis	01723 360855
882092	Belgrave Surgery, Lawrence House Medical Centre, Scarborough, YO11 1UB	Joanna Douds	01723 361779
882088	Brooke Square, Trafalgar House, 41-44 Trafalgar Street West, Scarborough, YO12 7AS	Louise Holbrook	01723 360998
882038	Prospect Road Surgery, 174 Prospect Road, Scarborough, YO12 7LB	Leslie Hampson	01723 360178
882024	Eastfield Medical Centre, 14 High Street, Scarborough, YO11 3JU	Michelle Farnish	01723 382037
882097	Filey Surgery, Station Avenue, Filey, YO14 9AE	Carolyn Liddle	01723 315881
882628	Hummanby Surgery, Hungate Lane, Hummanby, YO14 0NN	Heather Ball	01723 890280
882011	Sherburn Surgery, 50 St Hildas Street, Sherburn, Malton, YO17 8PH	Sally Shelton	01544 710216
YO2669	Castle Health Centre, 3-4 York Place, Scarborough, YO11 2NP	Diane Cunningham (Temp)	0300 129278
882611	Peasholm Surgery, 88 Tompison Avenue, Scarborough, YO12 7HE	Julianne High	01723 361368
882106	Hedness Road Surgery, 19 Hedness Road, Scarborough, YO12 5SD	Kerry Louch	01723 367006
882063	West Aylton Surgery, 53 Pickering Road, West Aylton, Scarborough, YO13 8JF	Pam Salmer	01723 859302
882054	Scarborough Medical Group (South Cliff) 56 Esplanade Road, Scarborough, YO11 2AU	Debbie Westmoreland	01723 301510
882054	Scarborough Medical Group (Danes Dike) 463a Scarby Road, Scarborough, YO12 6JG	Debbie Westmoreland	01723 375343
882025	Denwert Practice, Norton Road, Norton, Malton, YO17 9PF	Lorraine Akers	01553 600693
882609	Amplesforth Surgery, The Surgery, Back Lane, Amplesforth, York, YO62 4EF	Penny Colbeck	01439 788315

25/09/2014