



INDUCTION PACK

Patient Reference Group (PRG)

Durham Dales, Easington and Sedgefield

October 2019

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Introduction to your Patient Reference Group (PRG)

A warm welcome to Durham Dales, Easington and Sedgefield Patient Reference Group (PRG).

In this induction booklet you will learn all about being a member of a PRG, what a PRG is, what your role and responsibilities are, how PRGs work and all other essential information.

NHS DDES CCG has decided to have Patient Reference Groups.

Clinical Commissioning Group Patient Reference Group

The purpose of the Clinical Commissioning Patient Reference Group is to provide an opportunity for patient representatives to influence the purchasing and evaluation (commissioning) of health and social care services in the locality. PRGs act as advisory bodies for the locality, champion patient views and provide quality assurance that patient, carer and public concerns and needs are taken into account so that quality services are provided in an appropriate, safe, effective and timely manner for the population. PRGs can be called upon as one of many groups to contribute to the procurement for health and services intentions programme. The role continues to evolve.

Each Patient Reference Group has an elected Chair and Vice Chair. Please see about elections and voting in the terms of reference ([appendix 1](#)).

Durham Dales, Easington and Sedgefield CCG has three localities; these are Durham Dales, Easington and Sedgefield. We often to refer to each Patient Reference Group (PRG) as follows:

Durham Dales PRG as DDPRG

Easington PRG as EPRG

Sedgefield PRG as SPRG

A list of practices within your locality is available on request from your PRG Chair.

Who are the Chairs and Vice Chairs in the PRGs:

PRG	Chair	Vice Chair
Durham Dales	Angela Seward	VACANCY
Easington	Sue Mole	Linda Allison
Sedgefield	Chris Cunnington-Shore	Hilary Stoker

For more details about the PRG Chairs please go to:

<https://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/involve-me/patient-reference-groups/>

Who are the members of the PRG?

Members of the PRG are in many cases the Chair of their Patient Participation Group (PPG). More than one member of the PPG can attend the PRG. Co-opted members with special interests can also attend the PRG.

Role description of a member of a Patient Reference Group (PRG)

A PRG member is a champion on behalf of the general public and specifically represents the members of their particular GP Practice Patient Participation Group (PPG), providing reasoned and objective opinions.

It is a non-paid, voluntary role which aims to bring a reality check to health professionals and managers and makes sure that the needs and view of local patients, people and carers are considered at all appropriate stages of commissioning.

Please see page 7 for details of printing expenses that can be claimed and page 9 for details of travel cost reimbursement.

PRGs are one of many groups which the CCG engages with and this is shown in [diagram 2](#) on page 9.

Skills Required

- Effective communication skills
- Listening skills
- Confidence to give opinions and take part in constructive debate

Essential Requirements

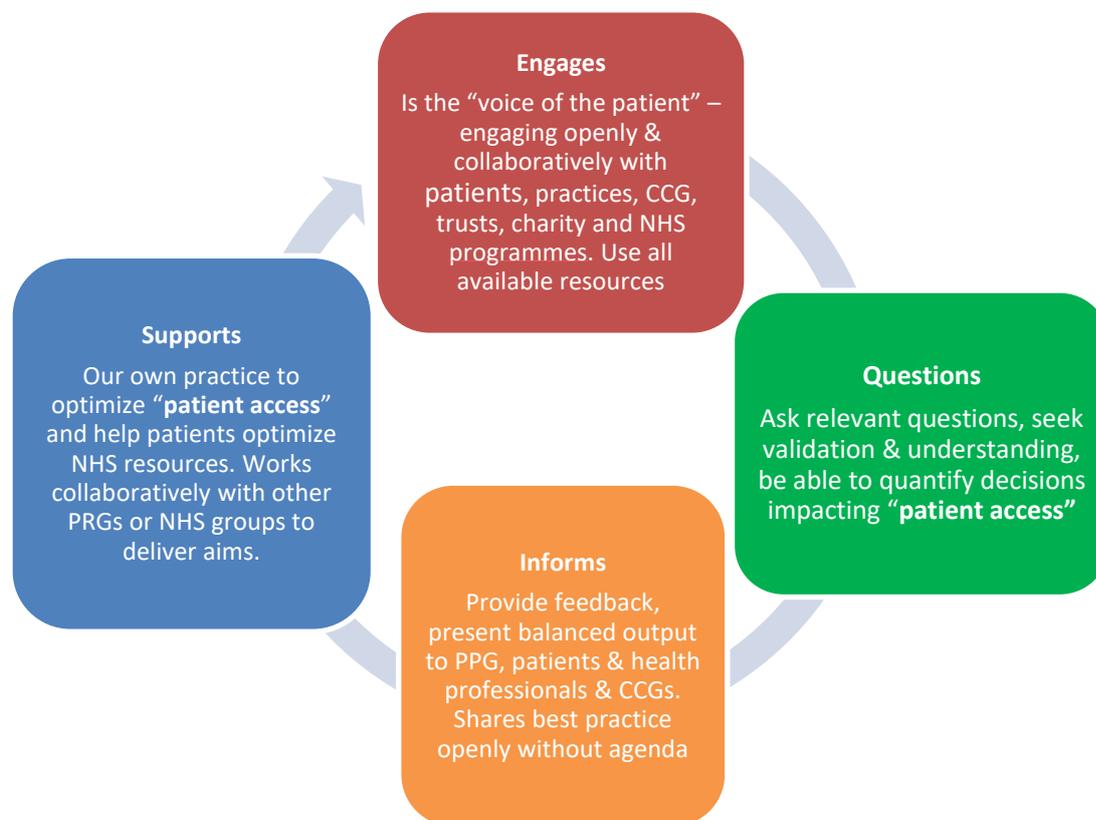
- Live in the locality area
- Be a member of a GP practice Patient Participation Group or relevant forum
- Be able to attend most meetings
- Commit to take the role on for a minimum of one year
- Be prepared to put personal issues and any bias relating to other organisational employment and/or membership to one side

What does a PPG/PRG representative do??

The PPG/PRG representative is a conduit for sharing information that impacts upon their Practice. This may include issues raised at the PRG with regards to CCG changes that may have an impact upon patients and carers and will also feedback to their Practice PPG on issues and developments as part of a knowledge sharing experience. PRG members **will not** bring personal issues to the PRG.

[Diagram 1](#) below shows how the process of PPGs, PRGs, and the CCG should engage.

The process of how PPGs, PRGs and the CCG should engage



Responsibilities

- Attend their own GP practice Patient Participation Group (PPG)
- Attend the locality Patient Representative Group (PRG)
- Share relevant PRG information on new developments and services within own PPG. Respect that some confidential information will be shared and must not be copied or shared outside of the PRG
- Participate in surveys and feedback see Terms of Reference no.9
- Read all relevant paperwork in advance of meetings.
- Contribute positively to the discussions of the Patient Representative Group
- Share local knowledge, experiences and feedback from other groups and networks relevant to discussions
- Reflect on the potential impact of project plans and proposals discussed at the relevant steering groups and board and give honest and impartial feedback on these in the meeting(s)
- Ask questions to clarify things and to usefully explore the practicality of plans
- Respectfully and constructively challenge professionals’ thinking and decision making in the interest of the general public

- Maintain an awareness about how the local population is involved across health social care and to champion this
- Refrain from discussing personal medical problems or revealing personal details about others
- Communicate effectively with other members of the Patient Representative Group and Patient Participation Groups
- Accurately inform and update groups and networks which the member is connected to about the CCG and its progress
- Share local knowledge, experiences and feedback from other groups and networks that the member is involved with, relevant to the discussion
- Encourage a plain English and jargon free approach at all times
- Understand the need for confidentiality in some circumstances
- Make a particular effort to clarify and determine the accuracy of information to avoid the spread of inaccurate information
- Where a new member joins the PRG they will be 'buddied up' with an existing member or someone from their PPG. The Engagement Lead and Chairman of the group must be informed of a new member attending so all relevant paperwork can be provided such as the agenda and supporting papers, declaration of interest and confidentiality agreement. Once they agree to be a member, they will be given the induction pack and expected to sign the confidentiality agreement and declarations of interest
- A member is expected to declare their interests at the beginning of each PRG, see [terms of reference](#) point 12
- A PRG meeting isn't a means of raising individual issues and complaints. A member should not be a 'single issue' person and should be able to consider a wide range of topics.
- A platform for individual, organisational or political gain.

How often are PRGs held?

Locality PRGs are held every month except in the third month when a PRG in Common is held (see below for an explanation). The locality PRGs are usually held at a similar time each month but the date is clarified at the end of each meeting and an annual schedule of dates is shared. The first meeting is held with PRG members and at the second meeting a CCG representative attends. The dates of the PRG in Common are usually only provisional until it has been confirmed depending on speakers.

Locality PRGs are held:

- Durham Dales PRG on the first Friday of the month from 1-3pm at Auckland Medical Centre, Bishop Auckland
- Easington PRG is the third Tuesday of the month from 10am-12noon at Wheatley Hill Practice, Wheatley Hill

- Sedgfield PRG is the third Wednesday of the month from 2-4pm at Wheatley Hill Practice, Wheatley Hill

What you need to do prior to a PRG meeting?

You will receive an email prior to a meeting asking for agenda items, this will be either from your Chair / Vice Chair where meetings have no CCG representative or CCG admin if there is a representative. Once items are received a full agenda with supporting documents will be emailed to members who will be expected to read these prior to the meeting. Where members do not have access to email, agenda items can be given by calling the Chair or the CCG admin link and then a paper version of the documents will be sent.

Documents can either be printed at home using your allowance or bring a device / tablet to the meeting to enable you to see the documents discussed.

Members get a £50 printing allowance, however this is on condition that there is an expectation that members will be in the role for the remainder of the year (i.e. cannot claim £50 then resign a week later).

Members have a choice whether they receive hard copies of meeting papers from the CCG or the £50 allowance (they cannot have both).

Members can choose to put their £50 allowance towards the cost of an electronic device to enable them to read on screen in the meetings.

What is a PRG in Common?

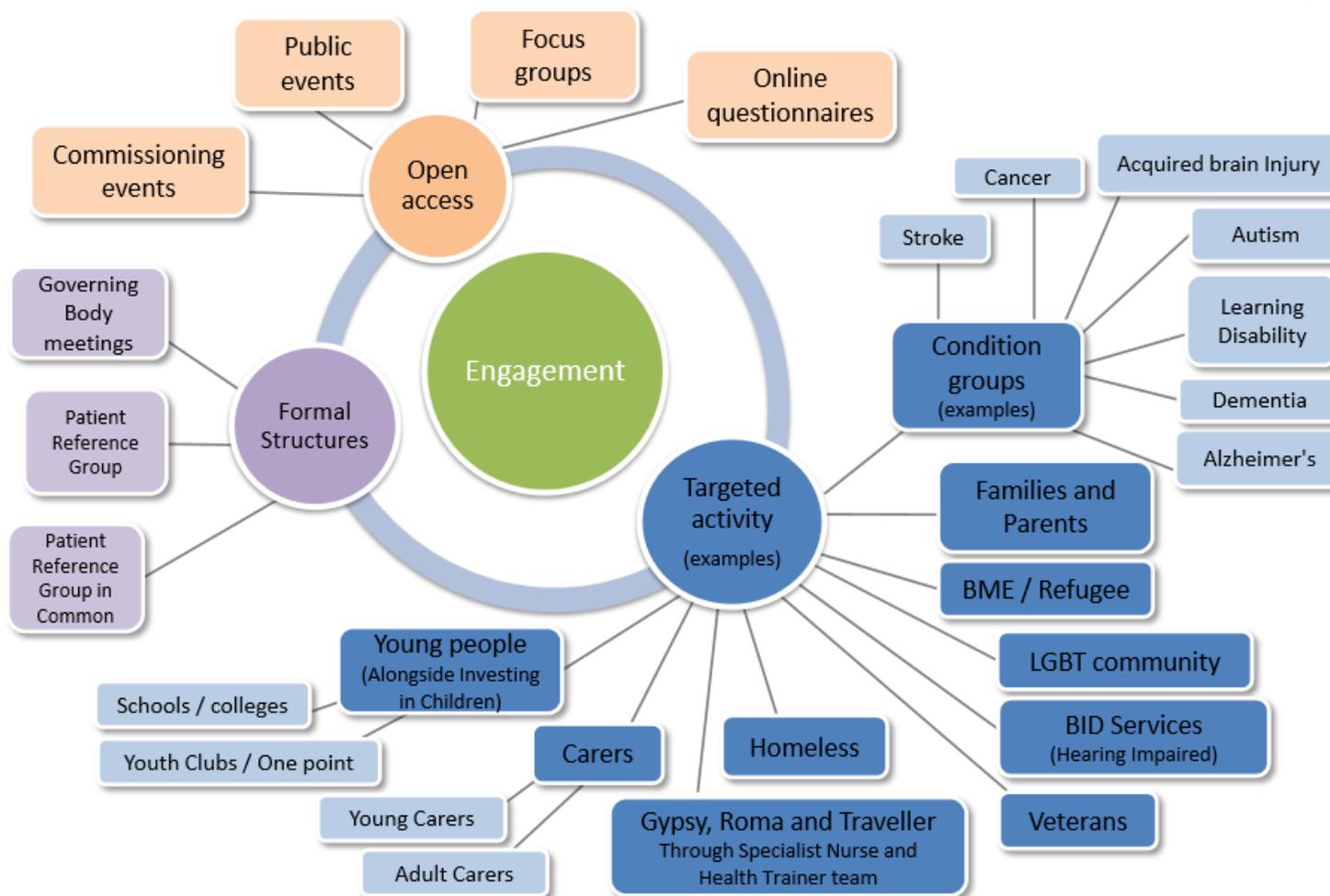
The PRG in Common is where PRG members from the three localities from DDES CCG and North Durham CCG meet and are engaged in high level, strategic work that is happening in the CCG area and the NHS generally. Each PRG in Common is themed differently for example the theme maybe mental health, community services, learning disabilities, ambulance response rates and updates.

This means PRG locality meetings can focus on the local issues and that CCG staff don't have to attend three separate meetings if it is something that concerns them all.

Diagram 2 - Examples of the methods and key audiences included in the CCG engagement



Durham Dales, Easington and Sedgfield Clinical Commissioning Group
North Durham Clinical Commissioning Group



What are the benefits of being a member?

- Greater knowledge about the NHS, local NHS organisations and their relationships and the reasons behind health and social care decisions
- Experience of involvement in NHS commissioning and service development processes
- Enhancement to other work or local groups or organisations that he/she may be part of
- A sense of satisfaction in helping to improve local health services for local people.
- Reimbursement of expenses for relevant travel costs:
 - reimbursement rate for travel is 45p per mile

Helpful websites

Here are some websites which will give you more details about the NHS and its' priorities:

[NHS England](#)

[The NHS Long Term Plan](#)

[GP Contract](#)

[Mental Health NHS Five Year Forward View](#)

[Primary Care Networks](#)

What is a Clinical Commissioning Group (CCG)?

The Government's ambitions for the National Health Service (NHS) to deliver health outcomes among the best in the world is rooted in the three principles:

- (a) giving patients more information and choice
- (b) focusing on healthcare outcomes and quality standards, and
- (c) empowering frontline professionals with a strong leadership role

At the heart of these proposals are clinical commissioning groups (CCGs), formed in April 2013, to buy or commissioning the majority of health care services for their populations. Durham Dales, Easington and Sedgefield (DDES) CCG is comprised of the forty-one GP practice members. DDES CCG is led by clinicians - GPs, nurses and other health care professionals. There are also lay member representatives on the board of DDES CCG. CCGs have non-clinical managers and administrative staff who support the commissioning work as well as to allow most of the GPs to continue to work part-time seeing and treating patients.

DDES CCG's ambition is to work very closely with local people, local communities and other stakeholders to listen to what they think are the priorities for the local area too and to then consider their views when making decisions on what health care to buy (commission).

Durham Dales, Easington and Sedgefield CCG

CCG vision and aims

DDES CCGs vision is:

"To work together for excellent health for the local communities".

Who's who?

Durham Dales, Easington and Sedgefield CCG is led by Dr Stuart Findley, the Chief Officer and chaired by Dr Jonathan Smith, Clinical Chair.

The main contacts for the PRGs are:

Head of Engagement for both CCGs - Rachel Rooney 07387259453

rachelrooney@nhs.net

DDES PRGs, Tina Balbach, Engagement Lead 0191 371 3245 / 07825 732163

tina.balbach@nhs.net.

North Durham PRG, Daniel Blagdon, Engagement Lead 0191 389 8617 / 07775 508 260

d.blagdon@nhs.net

Overview of local organisations:

County Durham and Darlington NHS Foundation Trust

- The local acute trust which provides the majority of hospital and community care for residents of County Durham and Darlington
- Runs Bishop Auckland, University Hospital of North Durham and Darlington Memorial hospitals
- Also runs Weardale, Richardson, Sedgefield and Shotley Bridge and Chester le Street Community Hospitals
- Employs over 7,000 staff
- Employ consultants, nurses, radiographers as well as a range of non- clinical staff providing what is known as secondary care
- Your local provider of community health services
- Also employs community matrons, specialist nurses, district nurses, school nurses, dieticians, therapy services, providing community health services for people living in County Durham and Darlington
- Patients are referred to acute trusts by GPs
- Often abbreviated to as CDDFT

South Tyneside and Sunderland NHS Foundation Trust

- Provides hospital and community care for many residents living to the North and East of County Durham
- Runs several services and included in these services are Sunderland Royal Hospital, South Tyneside Hospital and Sunderland Eye Infirmary
- Provides outreach services from the University Hospitals of North Durham and Hartlepool, among others
- Employs more than 8,000 staff

North Tees and Hartlepool NHS Foundation Trust

- Provides hospital and community care for many residents living in East Durham
- Runs the University Hospitals of Hartlepool and North Tees

Tees Esk and Wear Valleys NHS Foundation Trust

- Your local mental health trust
- Provides services for people with mental health problems
- Provides services for people with learning disabilities
- Counselling, psychological therapy, medication, support, day services, hospital stays

- Conditions range from anxiety, depression, schizophrenia, eating disorders
- Often abbreviated to TEWV (pronounced TUVE)

North East Ambulance Service

- Your local ambulance trust
- Headquarters at Newburn Riverside, Newcastle
- Covers County Durham, Northumberland and Teesside
- Provides emergency response vehicles
- Runs 999 control centres
- Provides patient transport services for hospital appointments
- Often abbreviated to NEAS

Durham County Council

- Commissions and provides some health and social care services, together with range of other council services
- 126 elected members.
- Powers and responsibilities determined by Parliament
- Cabinet of ten councillors makes decisions to implement policies and budgets
- Overview and Scrutiny Committee examines the cabinet's decisions and Full Council ratifies cabinets decisions
- Employs over 15,000 people
- Annual budget of approximately £1.2billion

Appendix 1 Patients Reference Groups Terms of Reference

1. Name

The Groups shall be called “Patient Reference Groups” (the Groups).

2. Purpose

The Groups are established as advisory bodies that might influence and challenge the decision-making process; however, they have no direct decision-making powers.

The purpose of the Groups is to provide an opportunity for patient representatives to shape the design and delivery of health care services across the three localities within the Clinical Commissioning Group boundaries - Durham Dales, Easington and Sedgefield. The Groups champion patients’ views. They provide quality assurance that the concerns and needs of patient, carers and the public (including hard-to-reach groups) are taken into account when services are planned and commissioned. The Groups also embrace the ‘no decision about me without me’ promise and actively promotes the principles and values of the NHS Constitution.

3. Objectives

- a) Encourage and facilitate engagement with all sectors of the population, including hard-to-reach groups;
- b) Enable meaningful two-way dialogues and provide a conduit between the CCG and the PPGs via the PRG;
- c) Ensure that local people’s views and experiences are reflected in the development of system wide as well as of locality work;
- d) Give views to the CCG in relation to strategies, policies, priorities and quality of services provided in the CCG catchment area.

4. Membership

Membership of the Groups is drawn from Patients Participation Groups (PPGs) within the DDES GP Practices. No more than two people from the same PPG can attend the Groups.

Any resident, patient or carer in the locality registered with a practice may attend a meeting of the Groups and may on invitation join the Groups.

When voting in an election there will be one vote per branch practice

5. Voting

When a voting procedure is needed, the voting members will be the Chair of the PRG and representatives from the locality PRG.

6. Chairs Election

A Chair, Vice-Chair and Locality Representative will be elected from the group every two years (in the month of March) in order for these roles to be fully operative from 1st April. Current Chairs, Vice Chairs and Locality Representatives are able to nominate themselves or be nominated by other PRG members for election. Administrative support to the process will be provided by CCG members of staff.

7. Meetings

The three locality PRGs will meet on a quarterly basis as an ‘in common’ meeting and in between the ‘in common’ meetings they will meet monthly in their own locality.

8. Conduct of Business

An agenda and supporting papers will be distributed six working days before meetings. The Groups’ Chairs will agree upon an agenda with the Groups’ admin lead and the relevant CCG staff aligned to each Group prior to the meeting.

CCG staff will ensure that there are action notes taken at every meeting and these will be shared within five working days of the meeting itself.

Formal minutes will be taken at all PRG in Common meetings.

9. Reporting Responsibilities

The Groups’ members are responsible for reporting back to their own PPGs.

The Groups’ Chairs will also report to the quarterly Groups’ Chairs meetings.

The Chair and Vice Chair of each PRG are able to attend each Governing Body to update alongside the Lay Member responsible for Engagement on any pertinent points.

10. Members' code of conduct

Guidance on the conduct of the group can be found in appendix 1 'Ground Rules' of these Terms of References.

11. Confidentiality Agreement

Each member must sign a confidentiality agreement at the beginning of each financial year. New members who join in year will be asked to sign the agreement prior to their first meeting (appendix 2).

12. Declaration of interest

At the beginning of each meeting, members will declare any potential conflict of interest relating to specific agenda items. An interest is defined as a connection, direct or indirect, financial or non-financial, with another body or organisation such as it may be presumed to influence the behaviours and opinions of an individual.

13. Conflict resolution

Under certain circumstances, issues and disagreements that appear to lead to unresolvable conflict may be escalated to the CCG senior management. CCG staff and the CCG Lay Member for Engagement will also play a role in supporting this process to ensure that it is conducted in a fair and transparent manner. The other PRG Chairs may also be involved as a forum for advice and support-seeking. Further, the Director of Engagement, the Chief Officer and the Chair of the CCG may be involved to resolve conflict in a constructive and positive way

14. Equality and Diversity

The CCG strives to be at the forefront of issues surrounding equality, diversity and human rights. The CCG is committed to ensuring that patients, carers, members of the public and staff are not discriminated against on the grounds of age, disability, gender, race, religious beliefs or sexual orientation. The Groups are therefore committed to act in compliance with the Equality Act 2010.

15. Review date

These terms of references will be reviewed on a bi-annual basis.

GROUND RULES

- Come to the meeting with a positive attitude
- Respect the agenda (make sure the meeting is finished in a respectable time-frame)
- Listen actively to others (listen to understand what is being said)
- Manage your own input - no long speeches!
- Do not interrupt other participants
- Talk one at a time, waiting to be recognised by the Chairperson
- Treat other participants with respect
- Keep an open mind
- When a topic has been fully discussed, do not bring it back up

Appendix 2 - confidentiality agreement

Confidentiality Agreement (Patient Representative)

As a member of the Patient Reference Group you will receive a great deal of information and you are requested to exercise care in how you share this information.

It is possible that you will hear or see confidential information that may include details about patients, their families or NHS staff. It may include details about future plans, projects or money matters.

Where appropriate during Patient Reference Group (PRG) meetings or within any correspondence shared with you from Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) the CCG will advise where specific items are confidential in nature. However members must still respect confidentiality where any information referenced above is raised during discussions.

It is your responsibility not to:

- Discuss or email any confidential information to members outside of the patient reference group (PRG)
- Pass written details to anyone other than appropriate medical or professional staff
- If you do not know who is an appropriate person, you must seek advice from another member or your contact person (details below). If you are uncomfortable or unhappy about anything you see or hear, please speak to your contact person.
- I understand that I can speak to my contact person about anything I am not comfortable with.
- I understand that I could be removed from my duties as a patient representative if I break the terms of this Agreement.

Name:

Signed: Date:

Details of CCG Contacts:

Tina Balbach, Engagement Lead, DDES CCG - 0191 371 3245 /
tina.balbach@nhs.net

Daniel Blagdon, Engagement Lead, North Durham CCG - 0191 389 8617 /
d.blagdon@nhs.net

Appendix 3 - Glossary of Terms

Here are some of the terms which are sometimes used when talking about the CCG and the work that is carried out and the partners we work with. Unfortunately in the NHS there are many acronyms used, some are included below but this is not an exhaustive list and will be added to on a continuing basis.

- **Business Case**
A document explaining a project, why it should be done and how much it will cost.
- **Clinical Commissioning Group**
A group led by GPs that will be responsible for how NHS funding in their community will be spent.
- **Commissioning**
A means of getting best value for the local population through translating aspirations and need, by documenting service requirements and then buying those services.
- **Commissioning Cycle**
A series of activities required to commission (see above).
- **Engagement**
Developing and sustaining a working relationship with the local community in order to help understand and act on the needs or issues that arise.
- **Health and Well Being Board**
A forum for local representatives from the NHS, public health and social care, councillors, and HealthWatch (see below) to discuss how to work together to improve the health and wellbeing outcomes of the people in their area.
- **HealthWatch**
The independent consumer champion for the public - locally and nationally - to promote better outcomes in health and social care. Our local Healthwatch is Healthwatch County Durham.
- **Joint Strategic Needs Assessment (JSNA)**
A process that identifies current and future health and well-being needs, which informs service planning.
- **Lay Representative**
A member of the public who is not employed by any of the local health-related organisations. The lay member for engagement is Feisal Jassat.
- **NHS Constitution**
A document that sets out the statutory rights and pledges for the public.
- **Overview and Scrutiny Committee**

Responsible for monitoring and regulating key service integration. Health organisations are required to consult with the Committee with respect to any proposed and significant changes to the pattern or location of local services.

- **PALS (Patient Advice and Liaison Service)**
Offers confidential advice, support and information on health-related matters to patients, their families and their carers.
- **Patient Engagement Continuum**
A way of identifying a number of ways of engaging with the public.
- **Patient Experience and Engagement Commissioning Cycle**
A way to identify at what points to work with public/patients and stakeholders in the commissioning process
- **Patient Reference Group**
Group organised within a GP practice to ensure that patients are involved in decisions about the range and quality of services provided by the practice.
- **Primary Care Network**
A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.
- **Soft intelligence**
Non-scientific, often unsubstantiated reports and accounts based on personal observations and experiences rather than independent and/or factual accounts.
- **Specification**
A document describing the requirements of a particular service.
- **Stakeholder**
A person, group, or organisation who affects or can be affected by an organisation's actions
- **Local Divert Policy**
The NDCCG Local Divert Policy is an agreement between the North East Ambulance Service (NEAS) and the two Acute Trusts involved, to re-route emergency ambulances, which would normally go to University Hospital of

North Durham (UHND) Accident and Emergency Department, to the Queen Elizabeth Hospital in Gateshead.

Emergency ambulances will only be re-routed at agreed times of pressure on the A and E Department at UHND. Before any ambulances are re-routed, all organisations involved need to follow an agreed process which includes conversations between the North East Ambulance Service (NEAS) and the two Acute Trusts.

When the Local Divert Policy is used, emergency ambulances will be re-routed to the Queen Elizabeth Hospital in Gateshead to prevent people having to wait too long to be seen and free up the ambulance to help someone else. The Local Divert Policy officially started on 13 April 2015.

Glossary of Terms continued...

Acute care - Hospital-based health services.

Acute trust - an NHS body that provides medical and surgical services from one or more hospitals.

AF - Atrial Fibrillation (a condition which causes an irregular heart-beat) (arrhythmia).

AFC - Agenda for change. A process for reforming NHS staff pay systems.

AGP - Acute care (hospital-based) GP

AAP - Area Action Partnerships

ANP - Advance Nurse Practitioner

Area Team - A local team of the wider NHS England.

BCP - Business Continuity Plan: sets out how the business will operate following an incident, returning to 'business as usual' as quickly as possible.

BCF - The Better Care Fund (formerly the Integration Transformation Fund) is a single pooled budget for health and social care services to work closely together in local areas.

Block Contract - Fixed value contract

BME - Black and Minority Ethnicity

BPG - Best Practice Group

BMA - British Medical Association

BMJ - British Medical Journal.

Care Navigation - When calling their GP Practice, Care Navigation offers individuals choice by providing information to help them

move through health and social care services and access the support that is right for them.

CCG - Clinical Commissioning Group

CDDFT - County Durham & Darlington Foundation Trust

CHSFT - City Hospitals Sunderland Foundation Trust

CMO - Chief Medical Officer

CAMHS - Child and adolescent mental health services.

CHC - Continuing Healthcare

Clinical governance - The organisational framework through which an NHS body is accountable for ensuring and improving patient safety & high standards of care.

Clinical Senates - Source of independent strategic and clinical advice for commissioners.

CoM - Council of Members

Commissioning - The process of identifying a community's social and/or health care needs and finding services to meet them.

COPD - Chronic Obstructive Pulmonary Disease

CQRM - Clinical Quality Review Meeting

CQUIN - Commissioning for Quality & Innovation

CSU - Commissioning Support Unit

CVD - Cardiovascular Disease: diseases of the heart (cardiac muscle) or blood vessels (vasculature). Often doctors use the term 'cardiovascular disease' to refer to diseases of the heart or blood vessels that are caused by fatty deposits within the arteries.

Dashboard - Document with objectives that need to be met with a time-frame.

DCC - Durham County Council

DDES - Durham Dales, Easington and Sedgefield.

DH - Department of Health

DPH - Director of public health.

DTOC - Delayed Transfers of Care

Elective admission - a patient who is admitted into hospital for treatment from the waiting list.

ECA - Emergency Care Assistant

Expert Patient Programme - recognises that patients can have expertise in their condition and therefore have a role in managing their own conditions.

FFT - Friends and Family Testing

FNC - Funded Nursing Care

FoI - Freedom of Information

GMS - General Medical Services

GB - Governing Body

GPwSI - GP with a Special Interest

GUM - Genito-urinary medicine - also referred to as sexual or reproductive health.

HEA - A health equity audit supports the narrowing of the health inequalities gap by informing the planning process on inequalities in a local area.

HES - Hospital Episode Statistics - a secure database containing personal, medical and administrative details of all patients admitted to, and treated in NHS hospitals in England for the purpose of statistical analysis.

HCA - Health Care Assistant

HWBB - Health & Wellbeing Board

IAPT - Improving Access to Psychological Therapies

ICAS - Independent Complaints Advocacy Service

ICU - Intensive Care Unit.

IFR - Individual funding request.

IG - Information Governance

Integrated care pathway - Improving the patient's route for treatment through different health and social care systems by combining resources and co-ordinating working methods.

Integrated care systems (ICS) - Integrated care systems (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Integrated Care Partnerships (ICP) - Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Intermediate care - services that are designed to prevent unnecessary hospital admissions and enable people to live independently at home through the provision of additional home care and other support.

ISIS - Integrated Short-term Intervention Service

IV - intravenous.

JSNA - Joint Strategic Needs Assessment

JHWS - Joint Health and Wellbeing Strategy.

KPI - Key Performance Indicators

LA - Local Authority

LD - Learning Disability

LGA - Local Government Association

LMC - Local Medical Committee

LOS - Length of Stay

MDT - Multi-Disciplinary Team

MDU - Medical Defence Union

MH - Mental Health

Modern matrons - senior nurses who provide leadership on wards and are accessible to patients.

MSK - Musculoskeletal

NICE - National Institute for Clinical Excellence

NEAS - North East Ambulance Service

NECS - North of England Commissioning Support

NHS - National Health Service (NHSE = NHS England)

NHS Confederation - an independent organisation which influences policy by bringing together the full range of NHS bodies to transform health services.

NHS Estates - an executive agency of the Department of Health. It provides advice, information and guidance on estates and facilities management issues.

NHS (foundation) trust - NHS organisations which provide healthcare.

NPSA - National Patient Safety Agency

NTHFT - North Tees and Hartlepool Foundation Trust

OSC - Overview and Scrutiny Committee

PACT/ ePACT - Prescribing Analysis and Cost Data/ Electronic Prescribing Analysis and Cost Data

PCN - Primary Care Network

PBR - Contract based on payment by results / activity

PPG - Patient Participation Group

PRG - Patient Reference Group

PCT - Primary Care Trust

PHE - Public Health England

PID - Project Initiation Document

PPE/I - Patient and Public Engagement / Involvement

PROMS - Patients reported outcome measures

QIPP - Quality Innovation Productivity & Prevention

QOF - Quality and Outcomes Framework

R & I - Research & Innovation

Ring-fenced budgets - money is given to services with a specific purpose to spend the money on

RCGP - Royal College of General Practitioners

RCN - Royal College of Nursing.

RTA - Road Traffic Accidents

RTT - Referral to Treatment

SAB - Safeguarding Adults Board

SeQHIS - Securing Quality in Health Services

SLA - Service Level Agreements

SOP - Standard Operating Procedures

STP - Sustainability and Transformation Plan

SUI - Serious Untoward Incident

SUS - Secondary Uses Service

TAPS - Teams around Patients

Tertiary care - Care of a highly specialist nature typically provided in regional centres.

TEWV - Tees Esk and Wear Valley

VAWAS - Vulnerable Adults Wrap Around Services

YTD - Year to Date
