

<b>TITLE</b>	<b>Wokingham Clinical Commissioning Group Performance Outcomes Report January 2014</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 20 January 2014
<b>WARD</b>	None Specific

## REPORT OF THE WOKINGHAM CCG GOVERNING BODY 7 JANUARY 2014

Title	December 2013 Performance Outcomes Report
Sponsoring Director	Janet Meek, Chief Finance Officer
Author(s)	Debbie New, Head of Performance
Purpose	To inform the board of the performance against CCG Clinical Indicators
Previously considered by	None
Risk and Assurance	As detailed within report
Legal implications/regulatory requirements	None
Public Sector Equality Duty	N/A
Links to the NHS Constitution (relevant patient/staff rights) <i>All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions</i>	All
Consultation, public engagement & partnership working implications/impact	N/A

### Executive Summary

Under performance:	High performance & improvement to green:
<ul style="list-style-type: none"> <li>• Cdif</li> <li>• RTT treatment functions/specialties not achieved</li> <li>• % of patients who spent 4 hours or less in A&amp;E</li> <li>• Ambulance response times</li> <li>• Ambulance handover delays</li> </ul>	<ul style="list-style-type: none"> <li>• MRSA</li> <li>• Cancer Wait Times</li> </ul>

### Recommendation

Note the level of compliance with the operating targets and support the actions being taken to improve performance where necessary

- MRSA

Current period	YTD
Green	Red

Wokingham CCG had no cases of MRSA bacteraemia reported during October 2013. This means there have been 2 cases year to date against a zero tolerance objective.

- Cdiff

Current period	YTD
Red	Green

Wokingham CCG had four Clostridium Difficile cases reported during October 2013 against a trajectory of 3 meaning 29 cases have been reported year to date against a trajectory of 29.

- Referral to Treatment (RTT) within 18 Weeks: treatment functions/specialties not achieved

Current period	YTD
Red	Red

Wokingham CCG achieved all RTT aggregate standards in October. There were 6 breaches at speciality level across the 3 RTT areas. There was one breach for admitted pathways in Ophthalmology and 5 incomplete breaches in Ophthalmology, General Surgery, Plastic Surgery, Gastroenterology and Cardiology. Of these breaches, the main concerns are the Ophthalmology speciality breaches and contractual action has been taken for these breaches and an action plan is in place to clear the backlog of patients waiting by the end of January meaning performance will recover in February.

- % of patients who spent 4 hours or less in A&E

Current period	YTD
Red	Red

During November, 92.6% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. In addition to winter monies that the CCG funded last month, NHS England has provided £1.6m of further winter support money to the Berkshire West system. The CCG are spending this on schemes to support 7 day working, both inside the hospital and within social care. In addition to this the Urgent Care Dashboard, provided by Alamac, is beginning to provide further evidence and indications as to where action is required within the system. RBFT are expecting to recover this standard in Q4. It is not expected that the annual position would be recovered during Q4 as 97% would need to be achieved each week. As a result of this, one of the pre-qualifiers for the quality premium is at risk which reduces the quality premium allocation by 25%.

- Cancer Wait Times

Current period	YTD
Green	Red

All of the 9 cancer wait time standards were achieved for Wokingham CCG in October. The 62 day standard from a referral from a screening service continues to be below target on a

YTD basis due to 1 breach that occurred in May and all other standards are being achieved on a YTD basis.

- Ambulance response times

Current period	YTD
Red	Red

Two of the three ambulance response time indicators were not achieved for Wokingham CCG in October. This is a deterioration on September when all standards were achieved for the first time this year. This deterioration has been seen across Berkshire West in October and is as a result of a large increase (19%) in 999 calls compared to the same period last year. The SCAS contract states that performance only needs to be achieved on a Thames Valley wide basis and as a result no contractual action can be taken for this drop in performance although it has been raised at contractual meetings as a concern.

- Ambulance handover delays

Current period	YTD
Red	Red

During October, 16 ambulances were delayed longer than 30 minutes and zero ambulances over an hour for handover to the A&E department at RBFT. Each of the breaches resulted in a fine to RBFT.

Glossary

CCG	Clinical Commissioning Group
CQN	Contract Query Notice
RTT	Referral to Treatment
CQUIN	Commissioning for Quality and Innovation
CQRG	Clinical Quality Review Group
EPR	Electronic Patient Record
CVD	Cardiovascular Disease
NEL	Non-Elective
HCAI	Healthcare Acquired Infection
CDiff	Clostridium Difficile
MRSA	Methicillin-Resistant Staphylococcus Aureus
A&E	Accident & Emergency
2ww	Two week wait
MSA	Mixed Sex Accommodation
CPA	Care Programme Approach
OOH	Out of Hours
IAPT	Improved Access to Psychological Therapies
COPD	Chronic Obstructive Pulmonary Disease
VTE	Venous Thrombus Embolism
TIA	Transient Ischemic Attack
C&B or CaB	Choose & Book
OP	Outpatient
RBFT	Royal Berkshire Foundation Trust
GWH	Great Western Hospital (Swindon)
HHFT	Hampshire Hospitals Foundation Trust

**TITLE**

**Healthwatch Update**

**FOR CONSIDERATION BY**

Health Overview and Scrutiny Committee on  
20 January 2014

**WARD**






None Specific

# healthwatch

## Wokingham Borough

Update for HOSC 20.01.14

Some Healthwatch numbers Quarter 3 (Oct - Dec 2013)

 Forums attended	43
 Speak Out forms completed	32
 Interactions on CRM	174
 Twitter followers	492
 Facebook likes	19

### Community Engagement

Healthwatch successfully engaged with at least 50 groups in 90 days in the autumn. We continue to engage with all parts of the community including a weekly lunchtime “pop up” outside Boots and a weekly outing to one of the villages with the MICe bus. A monthly presence at the Crescent Resource Centre and the Acorn Community Centre.

Our calendar is on the website so people can see where we will be and when

### Meetings

Met with David Cahill from Wokingham Community Hospital, included discussions about use of The Hub

Attended the initial Hospital @ Home project meeting and looking at how best we can support the project board and 4 sub groups

Due to meet with Alistair Flowerdew interim CEO and Medical Director at Royal Berkshire Hospital 13.1.14

Just about to commission a piece of work on the increased use of the foodbank and the impact this is having on health and wellbeing - this will connect up with a national piece of work being coordinated by Public Health England.

### Volunteer Update

Enter & View Authorised representatives - 3 two hour training workshops booked for the end of Jan/ early Feb (one evening, one Saturday morning and one daytime session arranged). Joint working protocol being devised with WBC's clinical governance team

Healthwatch Champions recruited approximately 8 Champions to date. Plan to have at least one champion for each of the protected characteristic groups and community organisations. Names, photos and motivation for being a Champion will be on our website soon.

Mystery Shoppers Started to recruit to a small team that will be fully trained and assigned a number of assignments each month. All results will be collated via a secure

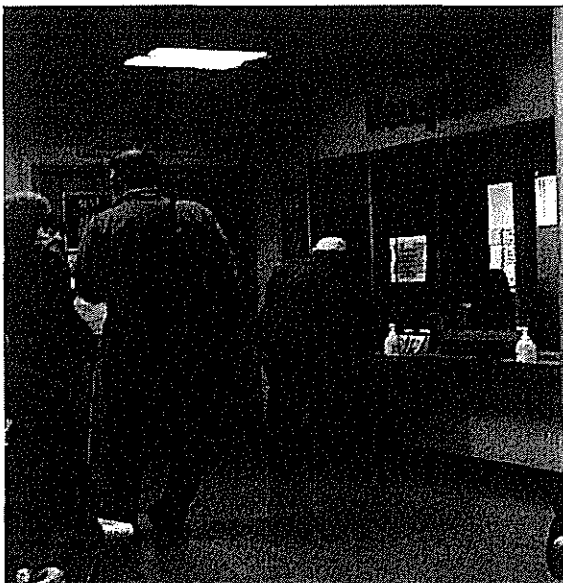
online reporting system and trending reports produced. Data will then be fed back to individual providers.

**Information posties** In order to access the hard to reach groups we are working with organisations that have unique access to people to deliver our leaflets e.g Wokingham Volunteer car drivers and domiciliary care agencies.

Plan to hold a Healthwatch Volunteer meeting in March so all volunteers can meet, mingle and be inspired!

## Projects

- **Views of children and young people regarding their health and social care**  
Started to make direct contact with the 60 junior, infant and primary schools with the intention of putting a leaflet in each child's book bag and posters up on noticeboards  
Started to make contact with the 12 secondary schools to arrange to meet school councils with the view of accessing the wider pupil population views on what is important to them. When a theme emerges, the plan is to develop a creative project to explore issue. Also have a competition for a school's health & wellbeing storyboard to be created by a professional illustrator (see her fab storyboard on smoking cessation <http://tinyurl.com/kn5q9p8> )
- **GP appointments / rise in Wokingham residents presenting at RBH A&E**  
We have been surveying residents in A&E about who they consulted before presenting. Trying to access the information collected by ROSPA's KISS (Kiosk Information Surveillance System) that is in the waiting room. Meeting with the interim CEO to discuss developing our work. Also looking at the car parking which is now impacting on volunteer car drivers who are refusing to go to RBH. Trying to engage University of Reading about their empty car parks around the hospital



- **Accessing the views of care home residents**  
We have just purchased a Pop up Reminiscence Pod or RemPod that will be used when engaging with care home residents. Designed by a former Dragons Den member, they are helping to change the quality of life for people with dementia, currently living in care.

<b>TITLE</b>	<b>Work Programme 2013/14</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 20 January 2014
<b>WARD</b>	None Specific



## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### Work Programme from June 2013

**Please note that the work programme is a 'live' document and subject to change at short notice.**

*The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.*

**All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.**

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COMMENTS
Monday 24 March 2014	Dementia Care	To receive an update on dementia care within the Borough	CCG – Dr Croft	
	Update from Health and Wellbeing Board	To inform HOSC of the work of the HWB		
	Update on site visits	To inform Committee on site visits undertaken	HOSC	
	Performance Outcomes Report	To monitor performance	CCG	
	Healthwatch Update	Standing item	Healthwatch	
	Health Consultation Report	Standing item	Democratic Services	

Items also be considered:

- Healthwatch Wokingham Borough Annual Report
- Ambulance queuing and bed blocking
- Draft Quality Accounts
  - Berkshire Healthcare Foundation Trust – David Cahill
  - Royal Berkshire Hospital – Dr Hester Wain
  - South Central Ambulance Trust – Duncan Burke

**ITEMS FOR REVIEW REFERRED FROM THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR 2013/14**

<b>DATE OF MEETINGS</b>	<b>ITEM</b>	<b>PURPOSE OF REVIEW</b>	<b>REASON FOR CONSIDERATION</b>	<b>RESPONSIBLE OFFICER / CONTACT OFFICER</b>
<b>Task and Finish Group established 29.07.13</b>	<b>Meals on Wheels</b>	It was felt that a review might look at possible ways of improving the take up of the service so that the unit cost of provision would decrease and that the quality of meals might be one issue that could be looked at as part of this.	Referred to the Committee by the OSMC	Kevin Jacob

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
TRACKING NOTE 2013/14**

<b>ITEM NO.</b>	<b>ITEM/SUBJECT</b>	<b>OFFICER RESPONSIBLE</b>	<b>DATE OF MEETING</b>	<b>DUE DATE</b>	<b>COMMENTS</b>	<b>RESPONSE</b>
1.	<b>MINUTE 68 LINK UPDATE</b> <ul style="list-style-type: none"> <li>That the Dental Patient Information project report be circulated to Members once it had been approved by the Dental Commissioning Group.</li> </ul>	Tony Lloyd	22.01.13	When document available	Completed	
32 2.	<b>MINUTE 78 YOUR LOCAL ACCOUNT – ANNUAL REPORT FOR ADULT SOCIAL CARE 2011/12-2012/13</b> <ul style="list-style-type: none"> <li>The Committee was disappointed that it had not been consulted regarding the first 'Your Local Account' and requested that they be involved at the consultation stage for the next edition.</li> <li>The Committee questioned whether the increase in the number of Children under 18 recorded in the report was correct. Mike Wooldridge agreed to review this.</li> </ul>	Mike Wooldridge	26.03.13	August/September 2013  As soon as possible	Completed	
3.	<b>MINUTE 1 - MINUTES</b> <ul style="list-style-type: none"> <li>Malcolm Richards commented that car parking fees at the Royal Berkshire Hospital had increased and questioned whether the hospital received any of the parking fees.</li> </ul>	Madeleine Shopland	29.07.13	As soon as possible	Completed – response received 02.08.13	
4.	<b>MINUTE 9 - CARE QUALITY COMMISSION</b> <ul style="list-style-type: none"> <li>The Committee asked that it receive an update in six months [on the work</li> </ul>	Tracey Halladay, Compliance Manager - CQC	29.07.13	20.01.14		

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
	of the CQC in the Wokingham Borough].	South (Central)				
5.	<b>MINUTE 11 - WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JUNE 2013</b> <ul style="list-style-type: none"> <li>The Committee asked that a representative from Wokingham Clinical Commissioning Group be invited to the September meeting to provide information on what was being done to improve the performance of these targets. ['Referral to Treatment (RTT) within 18 Weeks' and 'Ambulance Handover Delays']</li> </ul>	CCG	29.07.13	11.09.13	Information contained in August performance report	
6.	<b>MINUTE 21 - UPDATE ON NHS 111</b> <ul style="list-style-type: none"> <li>Tim Holton went on to ask how people could complain if they wished. People could write, email or phone SCAS.</li> <li>Tim Holton questioned whether the Committee could receive monthly figures which were sent to the Board. John Nichols agreed that this information could be provided.</li> </ul>	SCAS	11.09.13	As soon as possible  Ongoing	Completed - Link to feedback form circulated to Committee	
7.	<b>MINUTE 22 - '7 DAY WORKING' – STROKE SERVICES</b> <ul style="list-style-type: none"> <li>A member of the public asked what proportion of patients who had a stroke, received thrombolysis (clot busting drug). Mandy Claridge</li> </ul>	RBH	11.09.13	As soon as possible	Completed -response received 12.09.13	Royal Berkshire consistently achieve above 21% of all ischaemic (clot type) strokes being thrombolysed, (receive clot busting drug) The Trust is meeting international levels

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
	agreed to feed back.					of achievement, the expected level nationally is above 15%.
8.	<b>MINUTE 23 - HEALTHWATCH UPDATE</b> <ul style="list-style-type: none"> <li>Members asked that they receive an update on Healthwatch Wokingham's '90 day programme' and information regarding the volume of calls the Healthwatch helpline had received, at its next meeting in November.</li> </ul>	Healthwatch Wokingham	11.09.13	25.11.13	Completed	
9. 34	<b>MINUTE 24 - WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT AUGUST 2013</b> <ul style="list-style-type: none"> <li>With regards to 'Diabetes 9 care processes', Kay Gilder expressed concern that this indicator was showing as red. A local data extract in July of the diabetes 9 care process performance for the 12 months up to the end of June had showed that Wokingham CCG had achieved 25.3% for patients with diabetes receiving all 9 care processes. Members asked whether this was low. It had been identified that the main issues had been with the urine albumin test and retinal screening and that both of these issues related to coding. Members questioned whether any reasons for the</li> </ul>	CCG	11.09.13	25.11.13		

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
35	<p>underperformance of the indicator, other than coding issues, had been identified.</p> <ul style="list-style-type: none"> <li>• Wokingham CCG had 3 Clostridium Difficile cases reported during June 2013 against a trajectory of 3 for the month. Sam Rahmouni asked whether these had occurred at a single site.</li> <li>• Members requested that the South Central Ambulance Service NHS Foundation Trust be invited to its next meeting to explain why the 'Ambulance handover and crew clear delays' and the 'Ambulance Response Times' targets were not being achieved and what action was being taken to improve matters.</li> </ul>	SCAS			Completed	
10.	<p><b>MINUTE 28 - WORK PROGRAMME 2013/14</b></p> <ul style="list-style-type: none"> <li>• The Committee would request an update on its work, from the Health and Wellbeing Board, at the November meeting.</li> <li>• At the Committee's previous meeting, the Chairman of the Health and Wellbeing Board had suggested that Members may wish to visit Beeches Manor, extra care housing for those with dementia. The Committee would be considering dementia care at its January meeting and felt that a site visit around that time would provide a picture of some of the facilities available to those with dementia.</li> </ul>	<p><b>Health &amp; Wellbeing Board</b></p> <p><b>Democratic Services</b></p>	11.09.13	25.11.13	Deferred to March 2014 meeting	

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
	<ul style="list-style-type: none"> <li>The Committee agreed to consider a report at its November meeting regarding the implications of the Francis Report for scrutiny.</li> <li>It was agreed that an update on NHS Health Checks, which were now commissioned by Public Health, be requested for the Committee's January meeting.</li> </ul>	<p><b>Democratic Services</b></p> <p><b>Public Health</b></p>		<p><b>25.11.13</b></p> <p><b>20.01.13</b></p>	<b>Completed</b>	
11.	<p><b>MINUTE 36 - UPDATE ON ADULT SOCIAL CARE/ OPTALIS STAFF TRAINING</b></p> <ul style="list-style-type: none"> <li>The Committee asked that it receive a further update on the training in 6 months' time.</li> <li>It was agreed that a small number of Members would undertake a site visit to one of the care homes in question.</li> </ul>	<p><b>Optalis (Mette Le Jakobsen)</b></p> <p><b>Councillor Sleight</b></p>	<b>25.11.13</b>	<b>May 2014</b>		
12.	<p><b>MINUTE 37 - POTENTIAL IMPLICATIONS OF THE FRANCIS REPORT FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE</b></p> <ul style="list-style-type: none"> <li>A Working Group be established to look at the next steps the Committee may wish to take in response to the recommendations and lessons from the Francis report on the Mid Staffordshire NHS Trust and report back to a future Committee meeting.</li> </ul>	<b>HOSC</b>	<b>25.11.13</b>	<b>Ongoing</b>		



ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
13.	<p><b>MINUTE 39 - WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT OCTOBER 2013</b></p> <ul style="list-style-type: none"> <li>Members asked for more information regarding the 'Cancer Wait Times' target which was showing as red.</li> <li>Members expressed concern that the 'Trolley waits over 12 hours in A&amp;E' was showing as red and requested further information.</li> </ul>	CCG	25.11.13		Completed	
14. 37	<p><b>MINUTE 41 - WORK PROGRAMME 2013/14</b></p> <ul style="list-style-type: none"> <li>Following the presentation from the South Central Ambulance Services, the Chairman asked whether Members were assured that action was being taken to improve targets. Members agreed that it was important to continue to monitor this area. Ian Pittock commented that coordination between the commissioners, the Ambulance Trust and the Hospitals was important and suggested that the Committee may wish to look at the whole system holistically. It was proposed that consideration be given to inviting the commissioners, the ambulance service and representatives from the Royal Berkshire Hospital to the Committee's March meeting to further explain and give their views on the delays in ambulance delays.</li> <li>It was noted that the first four reports from the [CQC's] new hospital</li> </ul>		25.11.13	24.03.13	Completed	

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
	inspections regime had been published. These would be circulated to the Committee.			Following meeting		

## Glossary:

- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BETT** – Berkshire East Talking Therapies – free and confidential counselling service with a team of advisors and therapists which covers the Berkshire East area.
- **C&B – (Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **Contract Query Notice** - A specific action taken by the PCT against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COF** - Commissioning Outcomes Framework
- **CPA - Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CQUIN – Commissioning for Quality and Innovation.** is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **EPR – Electronic Patient Record** – means of viewing a patient's medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital

- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **LES** – Local Enhanced Service
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MH** – Mental Health
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors

- **PROMs** - Patient Reported Outcome measures are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **QIPP** - Quality, Innovation, Productivity and Prevention. The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.
- **SHA** – Strategic Health Authority
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SSNAP** - Sentinel Stroke National Audit Programme
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out

- **TVPCA** – Thames Valley Primary Care Agency
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost
- **YTD** – Year to date