

30 September 2014

Ref:	CCG:	Provider:	Workstream:	Description of Commissioning Intention:	Service Change:	Portfolio:	Workstream Lead:	Timescales:	Type:	Estimated Activity Impact:	Estimated £ Impact:	Category:	Comments:
Integrated Care/Community													
	<p>Within our current system too many people have unnecessary hospitalisation, too many people stay in hospital too long are discharged into long term residential care. Our current system is complicated with multiple points of access, duplication and under-utilisation of the community capacity.</p> <p>Our intention across the Pennine Lancashire Health and Social care economy is to ensure that less people are admitted to hospital as an emergency, discharges will be quicker and safer and people will spend less time in hospital and long term residential care and that the system can be navigated more easily.</p> <p>We will do this by delivering the commissioning intentions as detailed in the attached commissioning intentions spreadsheet.</p> <p>1. Redesign the Pennine/Lancs stroke pathway 2. Intensive Home Support 3. Care Navigation Hub and Directory of Service 4. A remodelled intermediate care system which supports discharge to assess 5. Integrated Locality/Neighbourhood teams</p> <p>These schemes will also deliver local Better Care Fund aspirations and targets</p>												
CI01	EL/BwD	ELHT (EL and BwD CCG)/LCFT Community (BwD CCG for ESD)	Integrated Care	Redesign of Stroke rehabilitation Move of Marsden stroke ward (Pendle Community Hospital) to become part of single site stroke service incorporating Acute and Acute Rehabilitation at RBH. Utilisation of Marsden ward as additional step down community based beds. ESD model to be developed.	Redesign	Community services	EL - Alex Walker. BwD - Ken John	2015/16	Ongoing	Need to understand data for reduced length of stay, excess bed days and community step down capacity for overall size of RBH Stroke bed base	Cost savings to CCG/Potential for investment required to develop ESD and support services to step down facility is not clear and this will need joint work to develop a clear understanding of current tariff/block arrangements and impact on excess bed day costs and overall required acute bed base	Intention	•Improved quality outcomes for people with stroke. • Delivery of enhanced Early supported discharge (ESD) •Freeing up of estate for step down provision •linked to wider HE outcomes
CI02	EL/BwD	LCFT Community/ELHT	Integrated Care	Virtual Ward/Intensive Home Support: An intensive home support service available and accessible to all neighbourhoods/localities linked to INTs/ILTs to provide an admission avoidance, step up function as well as supporting discharge and step down, with ability to directly commission crisis and reablement support (rapid response service). Will include nursing and therapy provision with medical oversight 7 days a week. Operational hours for services to be determined	Redesign/New development	Community services	EL - Rebecca Demaine BwD - Lisa Kiernan	2015/16	New	Contribution to: •CCG unplanned admission BCF indicator (1.92%) ELCCG/ (2.2% BwD) • Reduced length of stay • Key outcome metrics - including over 75s outcome measure etc Reduction in delayed ToC	Business case being developed - expected by 30th Sept 14. Savings expected via reduction in admissions.	Intention	Clear, detailed improved outcome measures included in service specification. An Executive Officers Group 'Big Idea'
CI03	EL/ BwD	ELMS	Integrated care	Care Navigation hub / Directory of Service the care navigation hub will provide a key interface with the Intensive Home Support and the Discharge to Assess service. It will also provide a capacity management system for out of hospital care enabling full use of resource and ensuring flow across the community bed based system. alongside the hub a comprehensive directory of services (DOS), will be developed to provide advice and brokerage for health and care professionals to enable them to access services for frail elderly patients.	New development	Community services	EL - Alex Walker. BwD - Lisa Kiernan	2015/16	New	Contribution to: •CCG unplanned admission BCF indicator (1.92%) ELCCG/ (2.2% BwD) • Reduced length of stay • Key outcome metrics - including over 75s outcome measure etc Reduction in delayed ToC	Business case being developed - expected by 30 Sept 14. Savings expected via reduction in admissions.	Intention	Development of a navigation hub for out of hospital services to provide a single point of contact to avoid admission / facilitate discharge and a Directory of Service to become an easy access pathway to the range of community services in Pennine Lancashire for Primary care. An Executive Officers Group 'Big Idea'
CI04	EL/BwD	LCFT Community/ELHT	Integrated Care	Intermediate Care: Redesign existing community bed base supported by integrated discharge hub to support the principle of discharge to assess. Test discharge to assess beds at AVH (Oct 14- Mar 15) to inform step down provision and utilisation of community bed base into recovery, recuperation, rehabilitation model. To rebalance community integrated intermediate care services to ensure each individual who becomes ill is given every opportunity to recover and achieve their optimal level of skills, confidence and independence.	Redesign	Community services	EL -Rebecca Demaine BwD - Lisa Kiernan	2015/16	Ongoing	Reduce the number of assessments required and plan better for discharge to home for assessments. Reduce LOS and improve patient experience.	Business case being developed - expected by 30 Sept 14. Savings expected via reduction in admissions.	Intention	Time to think for patients and carers Assessment and decision making more timely Facilitates patient to return to place of living Optimises level of independence An Executive Officers Group 'Big Idea'

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CI05	EL/BwD	LCFT Community/ELHT	Integrated Care	Integrated Neighbourhoods/Localities: Implement neighbourhood/locality teams to include representative from community, LA Social Care, Mental Health, secondary care (if required), VCFS. ILT/INTs will support whole system change and be the core delivery mechanism to support out of hospital delivery. Will step up into I.H.S, accept referrals from I.H.S. to prevent unnecessary unavoidable hospital and long term residential admission.	Redesign	Community services	EL -Rebecca Demaine BwD - Lisa Kiernan	2015/16	Ongoing	Contribution to: •CCG unplanned admission BCF indicator (1.92%) ELCCG/ (2.2% BwD) • Reduced length of stay • Key outcome metrics - including over 75s outcome measure etc Reduction in delayed ToC	Additional costs to support implementation to be made available non-rep whilst impact monitored. Savings anticipated through reduction in admissions.	Intention	
Cancer													
CI06	EL/BwD	ELHT	Cancer	Acute Oncology Service	New service	Cancer	Neil Smith, Lynn Scott	TBA	Ongoing	Base line to be established	£207,000	Intention	It is expected that this service will be in operation by 31.3.15 therefore this may be removed
CI07	EL/BwD	BwD Council (S256)	Cancer	Community based information and support service (decommissioned from ELHT 30.9.14)	New service	Cancer	Helen Hyndman/Lynn Scott	01/10/2014	New	Base line to be established	£87,000	Intention	Several issues to be addressed but should be on schedule therefore this may be removed
CI08	EL/BwD	Primary Care	Cancer	2015 Pennine Lancs LIS	New service/redesign	Cancer	Neil Smith	2015/16	New/ongoing	Costed by end September 2014		Intention	New LIS, building on 2014 LIS but incorporating additional developments
Children and Young People/Maternity													
CI09	EL	ELHT, LCFT acute and community services and Mental Health provision	The Children and Families Bill - Special Education Needs CYP SEND	The Children and Families Bill was implemented on 1st September 2014 and set sets out the requirements for a new system of provision for children with special educational needs (SEN). This will affect how children are identified, assessed, supported and then go through transition from children's to adults services, not at the age of 18 as is the current expectation but at an age appropriate to their needs which can be up to age 25. The work to re-design services to meet the legal requirements will have impacts for a wide range of children's and adult services. As the implementation of required changes are clearer the CCG will work with providers to notify them of the impacts and the commissioning intentions which result.	Effective transitions through reasonable accommodations re clinical provision for YP to 25th Birthday	CYP	Cath Randall	2015/16	Ongoing	To be confirmed	Cost implication to be determined and routinely monitored as legislation is embedded in practice	Intention	Led by Service Redesign Team, CSU
CI10	EL/BwD	ELHT	CAHMS	CCGs are contemplating a systemic review of children and young people Emotional health and Wellbeing plus mental health services. This will include specialist CAMHS provision and ensure integration and alignment is undertaken with other CAMHS providers as required. This will include meeting national and local KPIs and standards	Redesign	CYP	Cath Randall	2015/16	Ongoing	No anticipated activity change, improved information requirements expected	Cost neutral	Intention	Led by Service Redesign Team, CSU
CI11	EL/BWD	ELHT	Children and Young People/Maternity	Recoding of the activity at the Short Stay Paediatric Assessment Units (Childrens Observation and Assessment Unit (COAU) - RBH, Children's Minor Illness Unit (CMIU) - BGH) to an assessment from an admission	Redesign	CYP/Maternity	Cath Randall	2015/16	New	Recoding of admissions to assessments, to reduce admissions: BWD = -1,400 admissions EL = -2,600 admissions	No financial impact proposed for 2015/16	Intention	Discussions held with contract and finance leads across BWD CCG, EL CCG and ELHT regarding recoding of COAU/CMIU activity to assessments
CI12	EL	LCFT Community Contract	Children and Young People/Maternity	<ul style="list-style-type: none">• To redesign the Children's Complex Package of Care (CPOC) Service to provide link-worker support to all packages of care.• To decommission the direct nursing care delivery of the packages of care from the current contract and to place this activity onto individual spot purchase contracts.• To implement a provider framework for the procurement of all reviewed and future packages of care for children with complex needs	Redesign/decommission	CYP/Maternity	Cath Randall	2015/16	Ongoing	Currently 9 children with complex packages of nursing care within the CPOC contract 31 children currently receiving complex packages of care in EL	Taking £1.2M out of the current block contract of £1.57M Finances for the 9 children will remain but will be on individual contracts Potential increase in cost of 'core' service	Intention	Project group in place leading these developments. Guidance provided from contracts and procurement around implementation
CI13	EL/BwD	ELHT	Children and Young People and Maternity	To redesign the Continence Service to a Bowel and Bladder Service and to split the service into an adult service and a children and young people service	Redesign		BwD - Sara Barr-Frost EL - Cath Randall	2015/16				Intention	Discussions held with current provider and commissioners across BWD and EL

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CI16	EL/BwD	ELHT	Children and Young People and Maternity	ELHT-Maternity - To implement a leadership role for Perinatal Mental Health			BwD - Sara Barr-Frost EL - Kelly Taylor	2015/16				Intention	
CI17	EL/BwD	ELHT	Children and Young People and Maternity	ELHT-Maternity - Bereavement Midwife; supporting families through stillbirth and miscarriage			BwD - Sara Barr-Frost EL - Kelly Taylor	2015/16				Intention	
CI18	EL/BwD	ELHT	Children and Young People and Maternity	ELHT- Maternity - Implementation of Lancashire/Blackburn County Council Smoking in Pregnancy Protocol. Change in points of assessment for smoking, recording and pathways for referral to smoking cessation. Pathways to be reviewed to include guidance			BwD - Sara Barr-Frost EL - Kelly Taylor	2015/16				Intention	
CI19	EL/BwD	ELHT	Children and Young People and Maternity	ELHT Children and Young People - Child and Adolescent Mental Health Services CAMHS - CCGs are contemplating a systemic review of children and young people Emotional health and Wellbeing plus mental health services. This will include specialist CAMHS provision and ensure integration and alignment is undertaken with other CAMHS providers as required. This will include meeting national and local KPIs and standards			BwD - Sara Barr-Frost EL - Kelly Taylor	2015/16				Intention	
Unscheduled Care													
CI20	EL/BwD	NWAS	Unscheduled Care	Patient transport Services (PTS) We are in the 2nd year of a 3 year contract with NWAS. Which ends on March 2016. The service will go out to a competetive tender in 2015. This will be led by Blackpool CCG . Included within this is the review of the Intermediate Tier Vehicle i.e. potential to change hours/days of operation and skill mix.	Redesign	Unscheduled Care	R Catlow	procurement process expected to take between 12-18 months. Review of Intermeidate Tier Vehicle could come on stream in Winter of 2014/15.	Ongoing	TBC Potential increase in activity from existing contracted activity as non core (bespoke) services are integrated.	136,081 - additional resource for Intermediate Tier Vehicle.	Intention	Led by Blackpool CCG on behalf of all NW CCGs. CCG and soon to be ELHT providing input into requirements. Additional funding is based on a draft business case received from ELHT to extend the use of the Intermediate Tier Vehicle. This needs to go through the relevant groups to discuss/take forward. The £136,081 is in addition to the £144,220 already committed for this vehicle as part of the baseline elements of DTS 7/2 cover
CI21	EL/BwD	NWAS (Stability Partner)	Unscheduled Care	NHS 111 re procurement process will commence in October 2014. Local developments and local specifications will be worked up by the CCG which will further support the NHS 111 service. The implementation will be over a longer period and also phased approach across the North West. A local Directory of Service (DOS) to be agreed	Re procurement	Unscheduled Care	R Catlow	Oct 2014- March 2016	New	TBC	90,770	Intention	Led by Blackpool CCG on behalf of all NW CCGs Additional cost is based on new 111 costings received via Blackpool CCG. The full year additional cost would be 217,849 with the figure provided being based on the new contract commencing in November 2015.
CI22	EL/BwD	ELMS/ELHT	Unscheduled Care	UCC- GP Building on the success to date of the enhanced GP in UCCC enhanced provision , the CCGs will be undertaking an evaluation of the current pilot. This evaluation will be considered as part of a wider undertaking which will deliver refinement and further modelling of the “Primary Care at the front end” to successfully establish a true primary care deflection at the point at which the patient presents at the hospital. The detail of the re modelling is expected to consider all aspects of the patient journey and the various pathways which are associated with it, ie Intense home support, Intergrated community services, ambulatory , step up services.	Redesign		S Carberry	Nov/ Dec 2014			The additional costs are calculated on the basis if the GP in UCC were to continue plus the per patient tariff (£23) to ELHT. The split 70/30	Intention	Pilot still in early phases of delivery so impact cannot be identified as yet. Early modelling suggests target threshold of just under 24000 patients needs to be seen in order for the service to break even. Current out turn forcast is for 18,646. Target of 1900 patietnts set out the outset of scheme. Deflection rates are on target which was set at the outset of 25%, BAsed on activity and plan. the service would be required to see a further 788 patients per month or 26 patients extra per site per day (deflection rate of 40% to be achieved.) accross both sites
CI23	EL/BwD	ELHT	Unscheduled Care	Ambulatory Care The CCG are to agree an ambulatory care local tariff that accurately reflects the principles of care for those conditions recognised nationally as 19 ACS conditions. CCG will not accept current proposal (Option 1 of £1300 Per patient) nor will they pay any costs over and above which are associated with Ambulatory care pathway; as subsequent changes in the pathway should not result in any increase costs to the health economy.		Unscheduled Care	S Carberry	Nov/ Dec 2014	Ongoing			Intention	ELHT propose OPTION 1 - £1300 PP tariff for all patients who do not fit EXCLUSION criteria[this is wider than 19 ACS nationally recognised patients as defined and within current guidance 2012. THIS proposed tariff is inclusive of NEL admission for a subsequent FU assessment and first diagnostic) . Any patients requiring a FU will be charged as an OPD. Option 2 - Status quo remains. No pathway protocols have been defined.

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CI24	EL/BwD	ELHT	Unscheduled Care	DVT service The CCG intend to model and redesign the current DVT service provision with the expectation that this will go out to procurement.	Redesign	Unscheduled Care	J Tebbey	Nov-14	New		£37,142 for primary care element based on 13/14 activity and £362,810 for qtr1 14/15 ELHT HRG data for Emergency suspected DVTs.	Intention	evaluation of service is underway and costings of potential models are not finalised so the figures are a guide at this stage.
CI25	EL	ELHT/NWAS	Unscheduled Care	Private Ambulance Usage Review, in conjunction with ELHT and NWAS, the reliance on Private Ambulance Vehicles for discharges to within budget.	Redesign	Unscheduled Care	S Carberry	To be implemented prior to March 2015.	Ongoing	-	174,000	Intention	Savings are based on ensuring Private Ambulance usage is contained within budget allocation.
Medicines Management													
CI27	EL/BwD	ELHT	Medicines Management	Providers will provide CCGs with accurate, monthly information on high cost medicines that are re-charged to the CCG for payment. Backing data is required for purposes of invoice validation. The minimum data set required for invoice validation is: Name of medicines; form & strength, dose given, date given, cost to the provider, the indication for which the medicine was given, unique Blueteq request ID where and GP practice code. This will be undertaken for biologic agents, antiVEGFs and other HCDs used in rheumatology, dermatology, gastro-enterology, ophthalmology as well as Xiapex in orthopaedics. This data must be in Excel format to allow reconciliation with prior approval forms. Where there are discrepancies between invoices and reconciliation this will be raised with the provider as part of contract discussions.		Medicines Management	Lisa Rogan	2015/16	Ongoing	Minimal possibly reduced	Minimal possibly reduced	Intention	Currently Blueteq used in rheumatology and orthopaedics but ELHT finance are required to covert patient identifiable information to Blueteq user ID. This appears to be the reason the CSU are not receiving the required information to adequately validate the invoices. Also provides assurance to the CCG that clinicians are working to local and national policy and compliance with NICE.
CI28	EL/BwD	ELHT/BMI	Medicines Management	Trust to supply CCG with a breakdown of annual costs through outpatient dispensing services which impact on the CCG only (excluding HCDs re-charged to NHS England). An options appraisal following local review will determine which approach will be adopted according to patient safety, efficiency and cost effectiveness. Depending on the approach adopted, non-formulary requests will be referred back to the prescriber. Non-formulary requests must be submitted to the East Lancashire Medicines Management Board using the approved New Drugs Request Form. If the approach adopted involves initial supplies being made through primary care, funding for out-patient dispensing will be transferred back to the CCG to cover the cost of the drugs being issued from primary care.		Medicines Management	Lisa Rogan	2015/16	Ongoing			Intention	
Scheduled Care													
CI29	EL/BwD	ELHT	Scheduled Care and Medicines Management	NICE - Ranibizumab (Lucentis) for treating diabetic macular oedema (rapid review of technology appraisal 237). The CCG expects the tariff charged for administration of intra-vitreous injections to comply with that referenced in the above technology appraisal (3.15).		Medicines Management	Lisa Rogan	2015/16	Ongoing		TBC	Intention	
CI30	EL/BwD	ELHT	Scheduled Care	Transition from existing services models for Chronic Pain Management, Rheumatology and MSK to an integrated service.	Service Change:	Chronic Pain Management, Rheumatology, MSK	Cathy Gardener/Sam Jones	01/04/2015	Ongoing	There will be a significant impact on activity	There will be a significant reduction in contract value	Intention	The CCGs expect implementation take place in accordance to the timescales outlined in the project plans.

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C131	EL/BwD	ELHT	Scheduled Care	Transition from existing Ophthalmology service model to an integrated Eye Service	Service Change:	Ophthalmology	Cathy Gardener/Sam Jones	01/04/2015	Ongoing	There will be a significant impact on activity	There will be a significant reduction in contract value	Intention	The CCGs expect implementation take place in accordance to the timescales outlined in the project plans.
C132	EL/BwD	ELHT	Scheduled Care	Transition from existing service model to an integrated skin service	Service Change:	Dermatology	Cathy Gardener/Sam Jones	01/04/2015	Ongoing	There will be a significant impact on activity	There will be a significant reduction in contract value	Intention	The CCGs expect implementation take place in accordance to the timescales outlined in the project plans.
Data Recording and Definitions Group													
C134	EL/BwD	ELHT	All	Coding of activity to be audited in line with the 'By Definition' guidance and monitored via the Data Recording and Definitions Group	Activity Coding	All	Lucille Hinnigan	2015/16	Ongoing	TBC	TBC	Intention	Group to meet monthly from October 2014 to take forward this agenda.
Safeguarding													
C135	EL	LCFT Community Contract	Safeguarding	Transfer of safeguarding component provided to EL CCG GP and independent contractors contained within the Safeguarding Service Specification	Redesign	Community Safeguarding	Jane Carwardine	2015/16	Ongoing	Co commissioning arrangements will require the CCG to have robust arrangements to provide leadership to GPs	approx 50.000K	Intention	
C136	EL	LCFT Community Contract	Safeguarding	Resiting safeguarding services specifications in line with safeguarding review (inclusive of MASH, MATT, CSE, YOT, CLA and Safeguarding)	Redesign	Community Safeguarding	Jane Carwardine	2015/16	Ongoing	service re design in line with changing agenda	Contract value 1,197.092	Intention	
C137	EL/BwD	ELHT	Safeguarding	Cessation of non recurrent safeguarding funding awarded to ELHT in 2012 pending outcome of safeguarding review	Redesign	Safeguarding	Jane Carwardine	2015/16	Ongoing	This is core safeguarding work which should be funded by the organisation. Funding awarded pending review which is now completed. BwD contribute to this however do not intend to continue	0	Intention	This is joint funding with BwD CCG who have also agreed that this non repetitive funding will cease.
C138	EL	ELHT	Safeguarding	Transfer of MCA implementation lead service for the EL health economy into the EL CCG safegaurding service.	Redesign	Safeguarding	Jane Carwardine	2015/16	New		0	Intention	Performance data indicates that this service does not provide services for the whole economy consistently. This non repetitive funding will cease
C139	EL	LCFT Community Contract	Safeguarding	Re-design/decommission funding from the MAAT service line to support the MASH Lancashire service business case	Redesign	Safeguarding	Jane Carwardine	2015/16			Approx £100k	Intention	Business case under development - jointly funded service across Lancashire CCGs ... possible procurement processes indicated

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Cancer													
CA1	EL/BwD	BwD Council	Cancer	Macmillan Pennine Lancashire Move More Project	New service	Cancer	Helen Hyndman	1/8/15 - 31/3/16	Ongoing	Base line to be established	£26,000	Aspiration	<p>Currently a 12 month Pennine Lancashire project funded by MacMillan to August 2015. Subject to evaluation to embed within the Healthy Lifestyles BwD BC.</p> <p>Funding would provide a more realistic timescale to gain a firm baseline for high quality outcomes and evidence based practice . Without the additional funding the quality and outcomes of the project may be affected.</p>
Children and Young People/Maternity													
CA2	EL/BWD	ELHT	Children and Young People/Maternity	To implement a local assessment tariff for activity seen and discharged within COAU/CMIU, following review in 2015/16	Redesign	CYP/Maternity	Cath Randall	2016/17	Plan	BWD = -1,400 admissions EL = -2,600 admissions	Dependent on agreed tariff: BWD = £630,000 EL = £1,175,000	Ambition	Further work up and implications to be reviewed via dedicated T&F group Paediatric Tariff Group
Unscheduled Care													
CA3	EL/BwD	NWAS	Unscheduled Care	Meeting Patient Needs (MPN) was one of the first major reconfigurations of emergency services in the area. During that process ambulance services were considered as a major risk therefore additional resources were incorporated to provide additional coverage for the area. Both East Lancashire and Bwd CCGs now wish to revisit the additional funding provided and how this fits with the new contracting and currency models now in operation, to ensure that value for money is being provided. It is intended that this work should be completed during 2015/16 to inform the 2016/17 contract with NWAS.		Unscheduled Care	R Catlow	2015/17	New		EL CCG £928k Bwd CCG £434k	Aspiration	
Scheduled Care													

CA4	EL/BwD	ELHT	Scheduled Care	EL CCG will work jointly with ELHT to scope out potential of an alternative service models. These will include the specialties under the heading portfolio. The CCGs will also consider proposals for service review determined by ELHT.	Service Review/ Redesign	Gynaecology ENT Cardiolgoy	Cathy Gardener/Sam Jones	2015/16	Ongoing	To be determined	To be determined	Ambtiion	Subject to the outcome of the review the CCG will commence implementation using a co-design methodology
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