

Title of Meeting:	Governing Body	Agenda Item: 4.1									
Date of Meeting:	27 August 2020	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </tbody> </table>		Session (Tick)		Public	X	Private		Workshop	
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Public	X										
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Workshop											
Paper Title:	Clinical Chair's Report										
Responsible Governing Body Member Lead Dr Charles Parker, Clinical Chair		Report Author and Job Title Dr Charles Parker, Clinical Chair									
Purpose (this paper if for)	<table border="1"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>			Decision	Discussion	Assurance	Information			X	
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		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No											
Executive Summary The purpose of this report is to provide a brief update from the Clinical Chair of NHS North Yorkshire CCG to members of the Governing Body on areas not covered on the main agenda.											
Recommendations The Governing Body is being asking to receive the report as assurance.											
Monitoring The Clinical Chair will provide a written report at all Governing Body meetings											
Any statutory / regulatory / legal / NHS Constitution implications		There are no implications detailed within the report.									
Management of Conflicts of Interest		No conflicts of interest identified prior to the meeting.									
Communication / Public & Patient Engagement		Not applicable.									
Financial / resource implications		Not applicable.									
Significant Risks to Consider		No significant risks to consider.									
Outcome of Impact Assessments completed		None identified.									

Dr Charles Parker, Clinical Chair

Clinical Chair's Report

1.0 General Practices

General Practice continues to triage all patients by phone or video link. This has worked well to assess the clinical need for a face to face consultation. This has helped maintain the integrity of the primary care services over the last 5 months. It is essential that all GP practices are providing consultations in person to examine as appropriate. The practices are also being challenged by NHS England to start doing more routine work, especially vaccinations, screening for cervical cancer and "reaching out proactively" to clinically vulnerable patients such as those with clinically identified severe frailty or multiple long term conditions.

SARS-CoV-2 remains endemic in the population so all patient contacts are carried out in appropriate PPE. This does slow down the rate at which patients are seen, especially as rooms need to be cleaned down once the patient has left.

Influenza vaccine season approaches. There is serious concern about the co-existence of 'flu and COVID-19 this winter, so the target group for influenza vaccinations has been expanded to include the 50-64 year olds. For our area that is a 40% increase in the number of vaccines that will need to be given at a time when every patient contact takes longer. Practices are looking at ways of ensuring ways of coping with this additional work.

2.0 GP Returners

We have been fortunate that several retired GPs have volunteered to return to work and support local practices. Some have returned after complete retirement and have been given a licence to practice during the coronavirus crisis. The practices they will be working with have committed to ensure they feel supported on their return. They will have a mentor within the practice and should have clinical support readily available

3.0 Mental Health

There are a couple of important improvements in the local services to report and an update on an existing service. The first is the development of physical links between TEWV, the local mental services provider, and general practices. The pilot scheme with 3 local practices has worked so well at helping communication between these providers that it is being spread out across the CCG. This will allow TEWV to share changes to services rapidly and for practices to be involved feedback where things are working well and to be part of changes where they are not.

TEWV have also launched a Freephone Mental Health Crisis Number that is available for children, adolescents and adults. This is to ensure it is easy to get help in a crisis, all day, every day.

The update relates to the Go-To website (www.thegoto.org.uk), for children with concerns around mental health issues, was launched earlier in the summer. There have been over 2000 hits on the website already. We are aware there is a large unmet need, so to ensure greater reach we have launched a campaign for Go-To Champions who will help spread the news further.

4.0 Joint Committees

The Governing Body has approved the formation of a Joint Committee of the NHS North Yorkshire CCG, the NHS Tees Valley CCG and the NHS Durham CCG, the Southern Collaborative Committee of the CCGs. This committee will serve an important role in ensuring consistent engagement around the changes that may occur to services provided across the Tees Valley for residents of these three CCGs.

5.0 Enhanced Community Housing Offer

The Enhanced Community Housing Offer (ECHO) development is a proposal that offers the opportunity to create a new community based housing option for a group of North Yorkshire people who have a learning disability and/or autism and challenging behaviours; this is in accordance with the requirements of Building the Right Support and the Transforming Care Programme (TCP).

The Chief Finance Officer reported that the business case to build the bespoke accommodation was in response to the need to bring our more severely learning disabled patients back in to Yorkshire and to provide adequate resources for them. It was recognised that the individuals concerned have particularly challenging needs and that quality of life would be significantly improved for them in a more independent setting where their care requirements would be fully supported.

The Governing Body approved the Business Justification Template noting that due diligence work has been undertaken by the CCG to ensure that this is necessary NHSE Capital expenditure and offers value for money.

6.0 Scarborough Central Practice

The Governing Body discussed the level of support needed for Central Practice following an adverse CQC report. The Governing Body approved that level of support and was also advised that Central Practice has introduced the Haxby Practice as a partner to help with the return to a "Good" over the next year when CQC re-inspect.

7.0 Clinical Blogs

I am pleased to say that the idea from the communications team, that the GPs should put fingers to keyboards and write some short essays (or blogs in the vernacular) on events that have inspired the need for change, has been willingly adopted by my GP colleagues and there are several in the pipeline. These may be for internal use only, the GP newsletter or for sharing more widely with our stakeholders. It is good to start hearing the clinical voice expressed more clearly.

Dr Charles Parker, Clinical Chair