

Title of Meeting:	Governing Body	Agenda Item: 4.1									
Date of Meeting:	29 October 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	
Session (Tick)											
Public	X										
Private											
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
NHS North Yorkshire CCG

1.0 General Practices

GP practices are experiencing high levels of demand. National NHSE figures show that demand is back up to where it was before lockdown with almost 60% of patients being seen face to face. Some practices are experiencing record demand for their services and also increasing expectation of instant access as that will only be over the phone or video so the practice can just fit them in.

Influenza vaccination clinics are well underway. Demand for the vaccine is higher than average, and there are complaints from patients that they have not received their invite yet. Practices cannot do mass vaccination sessions with long queues of patients, the sessions have to be controlled to ensure safe flow of patients to ensure social distancing. The supplies are also coming out to some practices later than before, so sessions have to be well planned to avoid running out of the vaccine. As there are three different vaccines to be given for different age groups stock control is particularly important.

2.0 Engagement with GP Practices

I have started to have conversations with each practice. I am getting a brief summary of the practice profile, along with what the practice is proud of, what they are less proud of, specific practice issues, innovations they are involved with, where IT could make an impact and answering any questions the practices have about the CCG.

3.0 GP Returners

I am pleased to report that all of the volunteer GP returners that still wanted to support the work of the GP practices or the CCG have been found suitable employment within the CCG area. This is additional support for primary care that has been provided by NHSE and is fully funded for up to 6 months

4.0 Joint Committees

The Governing Body has been supportive in the development of new terms of reference for the Southern Collaborative of CCGs involving NHS North Yorkshire CCG, Tees Valley CCG and NHS Durham CCG and the Joint Committee of CCGs in the North East and North Cumbria.

West Yorkshire and Harrogate Committee of CCGs have been discussing the development of NHS111 as the gateway for all urgent medical needs. The “talk before you work” system will allow patients access to GP appointments in and out of hours, and the new idea of booked sessions at A+E departments. This will help with patient flows to and ensure that patients are directed to the most appropriate service. The aim is to reduce queues, decrease waiting times, and improve quality of care.

5.0 Medical Examiner in Primary Care Pilot

I have been keen to get a pilot underway in the CCG for a while. The Medical Examiner role is to support the GP on deciding a cause of death for patients that die in the community. They also advise on the need for referral to the coroner, talk to the patients relatives about any concerns that they have around the death, and then feedback to the practices what went well and what could be improved. This role is established in hospital and is well received by the families.

A pilot has been established between a practice in Hambleton and the South Tees Hospital Medical Examiner service. The practice were keen to be involved and work to improve the end of life care they provide to their patients.

6.0 Personal

After 28 years of working at Topcliffe Surgery I have taken the decision to step down as a partner in the practice. I have seen significant change over that time. I am pleased to say that despite all that change, the essential part of that job remains the relationship between the patient and the GP. It has been a privilege to be let into the lives of so many over that time. I will remain working as a GP with reduce commitments and responsibilities.

7.0 Recommendations

The Governing Body is asked to receive this report as assurance.

**Dr Charles Parker, Clinical Chair
NHS North Yorkshire Clinical Commissioning Group**