

Title of Meeting:	Governing Body	Agenda Item: 4.1									
Date of Meeting:	22 December 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
NHS North Yorkshire CCG

Clinical Chair's Report

1.0 GP Practice Meetings

So far I have had meetings with 22 practices. Several more meetings were organised but have been postponed due to workload on the practices and individuals. I have been impressed by the willingness of the practices to engage and the positive way that they have adapted to the changes enforced by the pandemic. There was clear appreciation to the CCG for the financial support provided by the CCG as well as for the IT support provided. This consisted of hardware, laptops for home working and software that allowed remote patient contacts. There is clearly a lot of pride in the way they have maintained and adapted services throughout the pandemic so far. It is also pleasing that GP practices have not stopped innovating, whether that is through making the practice more sustainable, resilient or a greater focal point of the community they serve.

2.0 Justice and Prioritising Scarce Health Resources

HCV ICS has been organising workshops to help with decision making on priorities for the future. The workshops showed how difficult it is to balance priorities of need and how our personal biases affect those decisions. This is a particularly resonant topic with the effect of Phase 1 of the pandemic on the waiting lists in the health service. The analysis of the response in Phases 2+3 seems to show a distinct difference in the emergence of demand with reduced uptake in recovered services being noticeably less in BAME and deprived populations. There is therefore a risk of exacerbating health inequalities further.

3.0 Validation Work of Long Waiters

Each trust is undertaking a process of review all patients on their waiting lists. Those in the highest priority groups will have their procedures carried out within the recommended timeframes. Those whose conditions are less urgent and unlikely to deteriorate significantly are being contacted to see if they still want to go ahead with the procedure. Those who wish to stay on the waiting list but delay it till the pandemic is over are being given that option. The others who still want to go ahead are being written to in order to inform them that the wait will be longer than originally expected, what the likely new timescale will be and to provide them a direct access to the hospital so they can report deterioration in their condition. This will allow reassessment of their risk and priority. Each trust is undertaking the process, but they have included the LMC, and CCG, to ensure that their actions do not have adverse effects on GP services or inequality of access.

4.0 Flu Vaccinations

It is particularly important to note that GP practices have been managing the increased demand whilst maintaining social distancing measures at their practices. A lot of practices reported this year's arrangements were an undoubted success. Most practices adopted booked appointments. This helped flow in and out of the buildings, has been well received by patients and has helped with team work in the practices. The hard work of the practices has allowed the initial campaign of vaccinating the over 65s and the at risk groups to be completed at least 6 weeks earlier than usual despite vaccinating more patients. The vaccination of the additional group, the 50-64 year olds, is underway now.

5.0 Recommendations

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

Dr Charles Parker, Clinical Chair