NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**Governing Body**	**Agenda Item: 4.1**
Date of Meeting:	**7 October 2021**	
Paper Title:	**Clinical Chair's Report**	

Session (Tick)	
Public	X
Private	
Workshop	

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)

Decision	Discussion	Assurance	Information
		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. **Annual General Meeting (AGM)**
   The AGM was held virtually on 7 July 2021. Thank you to everyone who attended and contributed. There were several questions around the care of strokes in and around Scarborough. This has highlighted the need allow time for engagement with the public to highlight changes that have happened to the stroke pathways both in Scarborough and Harrogate over the last few years. As a result there are 2 virtual engagement events booked for early November.

2. **Mental Health Training**
   I attended the REACT to Mental Health training sessions for managers arranged by HR. I was impressed by the readiness of staff to learn about the issue and to learn strategies to help their team members and to recognise those at risk in need of help. This was run by the HR team. This has been increasingly relevant over the last 18 months, and although there is a semblance of normality returning, the pandemic will have an impact on mental health for a few years to come. This is compounded by the uncertainty of change that exists as we transition into the ICS.

3. **GP Newsletter**
   The GP newsletter had a very low opening rate of around 30%. It was unclear why it was so low, but it was hindering dissemination of information to our GP members. Coordinating with the Communication Team, I now have a regular meeting to pick out the Top Ten items of the last month. This list is now emailed direct to all GPs. The following month after this was started the newsletter open rate had increased to 70%. My thanks to the Communication Team for their help with this.

4. **Community Diagnostic Hubs (CDH)**
   Work is progressing at pace to expand the availability of diagnostic services available in the community. This is a national priority with potential money available to deliver this priority. The original idea came out of earlier cancer diagnoses, increasing access to hospital-based tests, faster and closer to home, including ultrasound, CT and MRI scans. This now encompasses a wider range of diagnostics from phlebotomy, lung and heart testing, through to the more complex scans. The focus of this work is to ensure we reduce health inequalities, whilst improving outcomes for all. These will not be delivered without the further development of the workforce to ensure that we do not lose staff from the hospital services to work in the Hubs, causing instability.

5. **Asthma Diagnosis and Treatment**
   Alongside the diagnostic hubs, is a push to develop access to improved asthma diagnosis and treatment. This is through the introduction of the FeNo test. This can greatly help the diagnosis of asthma and to highlight patients whose treatment is below par. This is part of NICE guidance but it is expensive to set up and maintain. The HCV ICS has money to introduce this test to primary care, in advance of the CDH deployment, in order to reduce hospital admissions and mortality resulting from asthma.

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

Dr Charles Parker, Clinical Chair