

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 4.1</b>	
<b>Date of Meeting:</b>	<b>21 December 2021</b>		
<b>Paper Title:</b>	<b>Clinical Chair's Report</b>	<b>Session (Tick)</b>	
		<b>Public</b>	X
		<b>Private</b>	
		<b>Workshop</b>	
<b>Responsible Governing Body Member Lead</b> Dr Charles Parker, Clinical Chair		<b>Report Author and Job Title</b> Dr Charles Parker, Clinical Chair	
<b>Purpose (this paper if for)</b>	<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>
			X
<b>Information</b>			
<p><b>Has the report (or variation of it) been presented to another Committee / Meeting?</b>  <b>If yes, state the Committee / Meeting:</b> No</p>			
<p><b>Executive Summary</b>  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.</p>			
<p><b>Recommendations</b>  The Governing Body is being asking to receive the report as assurance.</p>			
<p><b>Monitoring</b>  The Clinical Chair will provide a written report at all Governing Body meetings</p>			
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>		There are no implications detailed within the report.	
<b>Management of Conflicts of Interest</b>		No conflicts of interest identified prior to the meeting.	
<b>Communication / Public &amp; Patient Engagement</b>		Not applicable.	
<b>Financial / resource implications</b>		Not applicable.	
<b>Significant Risks to Consider</b>		No significant risks to consider.	
<b>Outcome of Impact Assessments completed</b>		None identified.	

**Dr Charles Parker, Clinical Chair**  
**NHS North Yorkshire CCG**

## Clinical Chair's Report

### **Scarborough and Harrogate Stroke Services Engagement Meetings**

In November two public engagement meetings were held to inform interested members of the public over the changes that have been made to stroke treatment over the last 2 years. These covered prevention, recognition, immediate treatment then rehabilitation and support after the event. I acknowledge that some of the audience wanted a different format to the meeting, but it was designed to provide information around the changes and so debate as to why the old system could not be re-established was not possible. I am grateful the staff of York and Scarborough Hospital Foundation Trust, Harrogate District Foundation Trust, Hull University Foundation Trust and Yorkshire Ambulance Service for presenting at the meeting and answering questions. My thanks also to Ashley Green for chairing the meetings and to the Communications Team of the CCG for running them so smoothly.

### **Yorkshire and Humber Care Record**

This programme of work is making steady progress to deliver more connected information about patients across health and social care providers in North Yorkshire. The aim is to allow sight of digital records held by hospitals, GP practices and North Yorkshire County Council to be shared in a single place, that health care providers with appropriate access rights can readily view. This is a major step forward in the sharing of information and will help reduce duplication of effort and investigations. The four pilot GP practices in Harrogate have all been connected to this new shared record successfully. The feedback we have had from these practices has been very positive. My thanks to the teams involved and to the Digital Transformation Programme Board that has overseen the project so far. The rollout of the access to this shared record will continue over the next year or so as small groups of practices undergo the training and linking up to the system. The team have been keeping a close eye on clinical safety overseen by Sue Peckitt, and no issues have been highlighted.

### **Humber Coast and Vale Clinical and Professionals Group**

This weekly meeting has representatives of all areas of healthcare in the Integrated Care System. The aim is not to focus of geographic areas but service areas, so it includes GPs, a Mental Health Provider, an Acute Trust, Community Service Provider, Medicines Management and ICS leaders as well as representation from Allied Health Professionals. This autumn a significant feature of the group has been on health inequalities and to ensure that we ensure that the stress on health service providers caused by the pandemic does not adversely affect the inequality gap. The group is also supporting the development of support for clinicians to aid decision making in a crisis over this winter

### **Long Covid Clinics**

The CCG is working closely with the three main local hospitals to ensure access to assessment of Long Covid symptoms and then management of the symptoms. Demand for these services is high, and there is considerable additional work being undertaken in Primary Care to recognise it, support patients, carry out initial assessment and then referring those patients with persistent issues. This has been a difficult task for the hospitals to provide respiratory nurse specialists at a time when their services are in great demand from the pandemic. We are also working closely with our mental health provider to increase access to support. This is clearly a considerable ask when these services are already stretched coping with the mental health problems caused by COVID – 19 and social isolation.

### **Digital First Primary Care Clinical Leads Forum**

I am a member of this group, learning from and supporting colleagues across England. The issues that have caused concern this autumn have been around the recording of GP Access and availability of appointments, the Accelerated Records Access Programme, eConsult national outage so patients were unaware that GPs could not see their requests, and continued concerns around General Practice Data for Planning and Research. It is

important to maintain a link from clinicians back to NHS England so they are aware of the unexpected problems initiatives cause to Primary care teams. Following discussion in the group and pressure from others the Accelerated Records Access Programme has been delayed till the spring to allow for training resources to be sent to GPs and their staff.

### **Recommendations**

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

**Dr Charles Parker, Clinical Chair**