

Title of Meeting:	Governing Body	Agenda Item: 4.1	
Date of Meeting:	24 March 2022		
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
			X
Information			
<p>Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No</p>			
<p>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.</p>			
<p>Recommendations The Governing Body is being asking to receive the report as assurance.</p>			
<p>Monitoring The Clinical Chair will provide a written report at all Governing Body meetings</p>			
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

Weight Management Services

It is really positive that the Tier 3 and 4 services that provide specialist services at greatest risk from severe obesity have been launched in both the Scarborough and Harrogate services. These services were available in the Hambleton Richmondshire and Whitby areas previously and these have been slightly amended to allow for the same service to be provided CCG wide. I would like to express my thanks to the Planned Care Team and to South Tees Hospital Foundation Trust for the work they have done to cover this gap in services. The service has been shared with GPs via the Primary Care Newsletter.

CCG Lay Members and GPs

With the delay to the launch of the Integrated Care System, I am pleased to confirm that all the Lay Members and Dr C Ives had previously confirmed their willingness to continue to serve the CCG and allow the formal structures of the CCG to continue to function unaffected by the delay for the upcoming three months. This is greatly appreciated and reflects the commitment that they have all demonstrated to the CCG over the last years. It is clear that they are all willing to ensure the handover to the ICS is as smooth as possible.

FeNO Testing

FeNO is a breathing test to aid in the diagnosis and management of asthma. It works by detecting a marker for ongoing inflammation in the lungs, so it is possible to pick up those with undiagnosed or uncontrolled asthma. There is considerable work ongoing to ensure that this test is available to every GP practice in the CCG. The funding for the machines has come from NHSE and is sufficient to buy a machine and a year's worth of materials to operate the machine for every Primary Care Network. The funding has also been sufficient to employ a clinician to lead the work to engage with the PCNs and also to provide a training package to the clinicians who will operate them. This is really important step forward to ensure that we are not missing patients with asthma or poorly controlled asthma who are in need of treatment.

Vale of York CCG

As part of the transition arrangements to the ICS, the clinical chair of VoY CCG, Dr Nigel Wells, will be focussing on his designated role in the ICS as Clinical and Professional Lead. To support in his absence, I have been asked to provide clinical support to both their Governing Body and their Quality and Patient Experience Committee. The VoYCCG Governing Body will be chaired by their Deputy Chair.

Urgent Care Response

There is good development work ongoing on the development of community support for those most at risk of deterioration in health and possible admission to hospital. For those older patients who are becoming less able to walk with physical support and are less able to undertake the standard activities of daily life, such as shopping, cooking cleaning and washing, and admission to hospital can result in a sudden deterioration in their condition. Evidence has shown that support this group of patients in their own bed rather than a hospital bed has better long term outcomes. With the help of funding from NHSE extra investment is going into NHS organisations that provide community care in the CCG area to ensure that where it is possible these patients are supported at home, and with the introduction of Virtual Wards and Consultant outreach from the hospitals will receive specialist care in their own homes. This is a significant advance and is starting to be delivered and will continue develop over the coming year.

Recommendations

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

Dr Charles Parker, Clinical Chair