

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
12 March 2018	Ian Weller, Head of Urgent and Emergency Care Cambridge and Peterborough CCG	UPDATE ON THE SUCCESSSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON	The Health Scrutiny Committee noted the report and RECOMMENDED that; The 111 Service enter into discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' route which would direct patients calling in with a social care need straight to the social care call centre without the need to call a separate social care helpline.	The following update was provided on 10 September 2019: The C&P CCG have advised that the NHS 111 option three will go live during the week beginning 16 September. It is currently in the final stages of testing and will be ready to go live during that week. Once live, when people call NHS 111 they will have the option to select option 3 and be put straight through to the local authority Social Care Call Centre. Alongside the normal range of health advice and the mental health advice team on option two, NHS111 will be the number to call for any concerns regarding the health or welfare of an individual.	Complete

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5 November 2018	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	Primary Care Update Peterborough	The Health Scrutiny Committee RESOLVED to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.	<p>The CCG can confirm that some practices advise their patients to call at 08.00 hrs to book a same day appointment. We encourage GP practices to work with their PPGs/patients to find the best ways to meet the patient needs. Practices all work in different ways to meet the access needs of their registered populations and offer a variety of different appointment types. Practices that offer triage prior to booking an appointment may also require their patients to call as early as possible so the patient can be called back in good time and offered appointments as necessary.</p> <p>The CCG encourage practices to monitor their demand and capacity and work with their PPGs/patients to find the</p>	Update report to be provided at the 18 September 2019 meeting.

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				<p>best ways to provide patient access, but it is for each individual practice to put in place systems and processes to manage their cohort of patients in line with the requirements of the GP contract.</p> <p>The Committee agreed to continue to monitor this recommendation at its meeting on 18 March 2019 and requested that the CCG further investigate the original recommendation as agreed at the 5 November meeting of the Committee.</p>	
18 March 2019	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (C&PCCG) COMMISSIONING PLANS INCLUDING RESPONSE TO PWC REVIEW AND REVIEW OF IMPACT OF	RECOMMENDATION The Health Scrutiny Committee considered the information within the report providing an update on specialist fertility services and RECOMMENDED that the Chief Officer, Cambridgeshire and Peterborough Clinical	Update and response received following the CCG Governing Body meeting held on 6 August 2019. 'The Governing Body Members confirmed their decision from 2017 to cease funding the provision of specialist	Complete

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		DISCONTINUATION OF IVF PROVISION	<p>Commissioning Group advise the Governing Body at the meeting on 14 May 2019 that the Health Scrutiny Committee does not agree to continuing with the suspension of IVF services and request that the Governing Body reverse the decision made in September 2017 to suspended routine commissioning of any specialist fertility services. They also request that the Governing Body</p> <ol style="list-style-type: none"> 1. Reinstate at least one cycle of routine IVF treatment. 2. Consider all other alternative areas where savings could be made. 	fertility services. The CCG Governing Body will review the decision again when it has achieved a financial surplus.'	