

# NHS Clinical Commissioners

The independent collective voice  
of clinical commissioning groups

Sent via email to: laurabanks1@nhs.net

**Professor Sir Malcolm Grant CBE**  
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From: office@nhsc.org

Thursday 5 December 2013

Dear Sir Malcolm

We have great pleasure in being able to provide you and NHS England with a copy of the report which details the findings of an independent survey undertaken by Ipsos MORI of CCG leads in England, to understand how the ways of working designed to frame relationships between NHS England and CCGs are being modelled.

NHS England has multi-faceted roles in relation to the new commissioning sector with prime importance being assurance, support and development of, and co-commissioning with CCGs. In order to achieve the best outcomes for patients in England it is clear that relationships and ways of working exhibited between the key partners will be crucial. As you may well be aware, NHS England and NHS Clinical Commissioners, as the independent collective voice of CCGs and its representative body, therefore co-produced a set of model ways of working to support these relationships.

We would like to start by expressing our appreciation for the positive way NHS England has approached this piece of work. Both the co-production of the ways of working and the design and implementation of the survey have been approached with positive intent and we have held many fruitful, open and honest conversations.

The survey is a snapshot taken at a particular moment in time, some six months after NHS England and the CCGs took on their statutory responsibilities and we present this report to NHS England as the basis for future development.

There is much in the findings from the survey which are positive and show that the new system has made a good start. The early signs are that new commissioning system is looking different from what came before. In the relationships CCG leads are developing with their Area Teams and the positive intent with which Area Teams are approaching their support and development role we see encouraging indications. It is vital that these positive signs become embedded across the country – a single system need to have the behaviours rooted in its culture and cannot rely solely on individual good working relationships, many of which are described in this report.

It is critical that NHS England throughout your national, regional and area teams work with CCGs and continue to challenge and support in equal measure so all parts of the system continue to do the best for our patients.

In addition to this, there are particular areas of these findings which we believe warrant priority focus.

## **Co-Commissioning**

In relation to NHS England's direct commissioning of provision it is clear that the CCGs have concerns about how things are working.

### *Primary Care Commissioning*

Although many CCG leads felt that they share responsibility with NHS England for securing the best outcomes for patients there were suggestions of some misalignment of primary care commissioning expectations among NHS England and CCGs. CCG leads did not feel there was a shared vision with NHS England for what they were trying to achieve for primary care.

CCG leads emphasised the structure of primary care commissioning as a significant challenge that needs to be overcome. There was a feeling among CCG leads that roles, responsibilities and accountabilities are not always clear at present. Some CCG leads said that CCGs are currently driving forward primary care rather than NHS England, and that commissioning should in the future sit with CCGs

This is an area which is ripe for change. We know that CCGs are frustrated by the lack of progress and are keen to be allowed to take a more proactive role in the commissioning of primary care. We also know from discussions with your colleagues and with others that there is a growing sense that movement on this is both necessary and possible. We would urge you to support such a change and ensure that CCGs are given both the responsibility and the resources they need to better join up commissioning of services for patients.

CCG leads have also expressed concern that those responsible for the commissioning of primary care are not sufficiently resourced to deliver their responsibilities and we would ask that whoever leads this that necessary resources are made available for this essential function.

### *Specialised Commissioning*

It is around NHS England's direct commissioning of specialised services that the greatest concerns arise. The survey findings suggest that the ways of working are put under particular pressure for co-commissioning specialised services. More leads disagreed than agreed with each of the statements relating to specialised commissioning. Relationships appeared less collaborative than for other roles, with CCG leads suggesting that more information could be shared and more could be done to listen to their views.

The survey highlighted that specialised commissioning has been a challenging area for CCGs and NHS England to work together on, particularly in terms of finance and budget allocations, but also in joining up commissioning plans. CCG leads talked about the risk that lack of connections in specialised commissioning poses to the system and relationships within the system. As the budget allocations are finalised, it will be important to repair relationships where there has been damage.

We would strongly recommend that NHS England looks at how the structure can better be joined up so that commissioners share the responsibility for securing the best outcomes for patients and communities. It is essential whatever is put in place to make direct commissioning more effective, that this does not add levels of complexity or bureaucracy to the system and it recognises and respects the different roles and responsibilities CCGs and NHS England as statutory bodies each has for leading the commissioning system

## **Assurance**

NHSCC played an active role in ensuring that CCGs engaged with the development of the current assurance framework and, through our Leadership Group, we were directly involved in this work. Given this we are pleased it was in its role in assuring CCGs that NHS England was rated most highly by CCGs. While this does seem to be based on personal relationships we believe this creates a solid foundation for further development. Now that your Board has

also signed off the new direct commissioning assurance framework we would firmly recommend that you look at how the system can be better aligned so that CCGs and direct commissioners are better placed to mutually assure each other's work. We know that this is already happening in some areas and we believe that it is through mutual assurance that CCGs and NHS England will best be able to share the responsibilities for delivering the best outcomes for patients and account to each other for the differences we make in people's lives and the best use of public money to do this.

A key theme that emerged from the survey was a desire for a more mutual relationship. This particularly applied to the assurance process, which CCG leads often felt was one-way, with no requirement for NHS England to account for its activities with respect to commissioning primary care and specialised services. This led to a feeling that CCGs do not have an equal relationship with NHS England.

### **Support and Development**

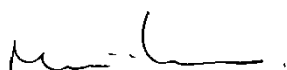
Finally CCG leads' assessments of NHS England's support and development role suggested that the good relationships and positive intentions of area teams are limited by NHS England's ability to deliver a service that truly meets their needs. Whereas a large majority of leads said that they were able to highlight their needs as part of the assurance process, just one in three CCGs believed that NHS England offers the support and development to enable their CCG to be the best it can be. As CCGs develop and mature, it is vital that they have access to the support they need. This need not be delivered directly by NHS England; indeed we would argue that this is an important area for a market to be allowed to deliver. CCGs identified that they want more flexibility so they can get delivery more tailored to their particular needs. What CCGs need are the resources to be provided to enable them, to get that support.

In sharing this report with you and the detailed findings of the survey, we hope that you, like us, will see this as an important, but initial, stage in appraising how the system is working. We look forward to hearing how NHS England's own appraisal of its commissioning functions can be aligned with the findings of this report. This will allow a truly 360 degree reflection of how joined up and effective the commissioning system is in order to best enable the necessary conversations between CCGs and NHS England, and to ensure the system can optimise its ability to deliver improved outcomes for our population.

NHS Clinical Commissioners will be seeking to repeat the survey in 2014 to track progress from this early stage. We look forward to seeing how well the Ways of Working have become embedded as the way to do business throughout NHS England and across the commissioning system.

We would welcome the opportunity to explore the findings of this report with you more fully and look forward to your response.

Yours sincerely



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Interim President  
NHS Clinical Commissioners



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