NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

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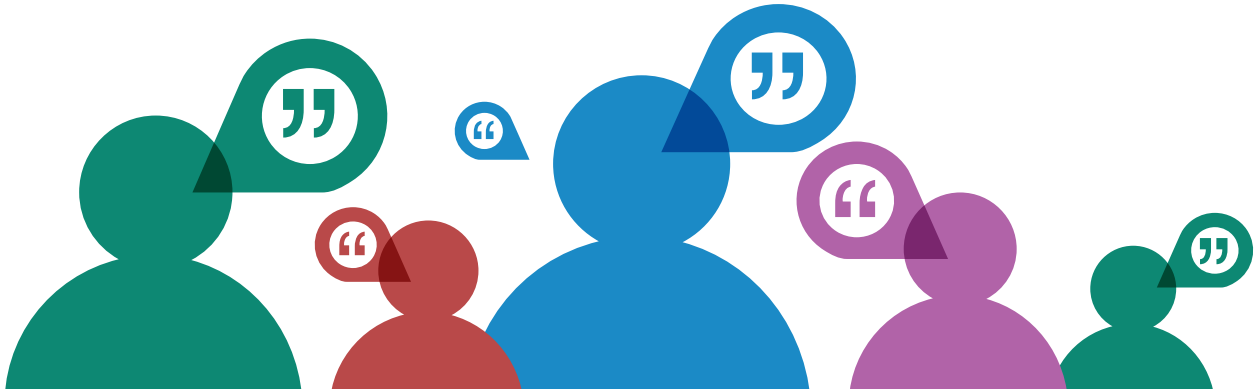
The future of commissioning

Local commissioning of health services through clinical commissioning groups (CCGs) in the NHS in England is still relatively new. Yet, since its arrival it has had to continually adapt and respond to the demands and expectations being placed on it. We have regularly showcased this through our publications, such as in 2014's *Leading local partnerships*, where we set out case studies of how CCGs are driving new and innovative models of care by putting the patient at the heart of the system, and improving the health and wellbeing of local people. We followed that up in 2015 with *Transforming healthcare in England's core cities* and in 2016 with *Delivering a healthier future* – both showing how CCGs are addressing health inequalities, the prevention agenda and striving for parity of esteem between mental and physical healthcare.

As identified within NHS England's *Five Year Forward View*, the challenge for CCGs, just over three years after they were established, is to transform the way in which healthcare is delivered to meet the needs of the patient and make an effective contribution to eliminating unwarranted variation in quality, cost and patient outcomes. Alongside that, clinical commissioners are focusing on greater integration across health and care, while also seeking to deliver their statutory duties within the resources allocated by the government – at a time when the demands being placed on the NHS are particularly high.

We strongly believe that clinical commissioning is here to stay, but we will and are already seeing a CCG evolution. As this takes shape, we must not lose the valuable contribution local clinical leaders make to the process by working constructively alongside CCG managers. This is because it is clear that there is an ongoing need in the NHS for a strong health and care commissioning function for the future.

Informed by interviews with CCG leaders and other key stakeholders, this paper reaffirms the role and position of local clinical commissioning into the future, and sets out the opportunities and challenges that need to be grasped if we are to truly transform healthcare while delivering within available resources.



Key messages

- In the future, there is unlikely to be a single model of clinical commissioning but all models should be locally driven and defined.
- The unique value of CCGs is their clinical leadership, expertise and local knowledge of the communities they serve – this must not be lost.
- CCGs cannot delegate their statutory functions but they can contract for delivery of them differently.
- CCGs should become hubs for strategic, whole-system and place-based commissioning of services.
- The financial and human resource that currently sits within the commissioning system needs to be rebalanced to support increased strategic commissioning by CCGs.
- Strategic commissioning provides an opportunity for CCGs to increasingly work together.
- CCGs and clinical leaders are embracing the development of new models of care as system enablers.
- Based on what works locally, CCG mergers should be permitted in certain circumstances, and closer collaboration among others should be encouraged.
- Where a model of strategic commissioning develops, we expect national bodies to support this as a valuable part of the health system.

The commissioning landscape

We do not believe there should be any further top-down reorganisation of the NHS, not least because the focus of the NHS at this time must be to achieve ongoing sustainability and deliver a transformed service fit for the 21st century. In fact, we fully expect a diversity of organisational types and relationships to emerge that are led from the bottom up and are truly place-based. We know from our members that there is no appetite for any further legislative change or restructuring of clinical commissioning.

> **“Only through developing effective place-based relationships can we hope to assure the long-term sustainability of the NHS.”**
>
> Dr Amanda Doyle, Co-chair, NHSCC

With a system heavily focused on financial sustainability and transformation, we strongly advocate a period of stability around the statutory functions of clinical commissioning. At this time, we believe the pursuit of any fundamental change would be counter-productive for the NHS and ultimately for patients.

However, within current structures we do need to rebalance the financial and human resource that currently sits within the commissioning system to support more strategic commissioning by CCGs. This would enable an increased focus on strategies to prevent ill health and achieve service-wide redesign and quality assurance.

New models of care

The NHS England *Five Year Forward View* recognises that traditional models of care need to change. This is beginning to take effect with the introduction of accountable care systems, as multi-specialty community providers and primary and acute care systems start to come into effect. CCGs and clinical leaders are embracing the development of new models of care – particularly where they can become system enablers.

> **“Commissioning is evolving and we need to reflect together to collectively shape the future. In a context of uncertainty and complexity, this can be difficult.”**
>
> Amanda Bloor, Chief Officer, NHS Harrogate and Rural District CCG

Where these new models of care become more widely established, we foresee some recalibration of the commissioning tasks. This is where some of the day-to-day transactional elements of commissioning may transfer to what are becoming collectively described as accountable care systems, taking direct responsibility for day-to-day care for a defined population within an area.

We fully anticipate that, in the future, there is unlikely to be one model of how local commissioning functions are arranged. But whatever the model, our members are clear that it should be locally defined and driven.

> **CCGs have demonstrated over the past three years a great ability to innovate and develop services, cognisant of a local population's needs. They have managed this in many areas at a time of increasing fiscal restraint.**
>
> Graham Jackson, Co-chair, NHSCC

CCGs cannot delegate their statutory functions but they can contract for delivery of them differently through new structures, such as accountable care organisations (ACOs). We see this less as a dismantling of the statutory commissioner task, rather much more the opportunity for CCGs to become strategic commissioners – taking a multi-annual, place-based and outcomes-oriented perspective, with an emphasis on quality, oversight and evaluation.

Yet, not all services will be delivered through ACOs, and in that context some CCGs will demonstrate a mixed-model of strategic and more transactional activity and need to be equipped to deliver both. What we are seeing increasingly clearly is a more collaborative set of relationships developing where commissioners and providers are increasingly looking to work in an integrated way with a focus on population health.

> **Commissioners should be looking at whole-population health. They should work in an integrated way, with each other, with providers, with local authorities, with those involved in understanding and managing the wider determinants of health.**
>
> Chris Hopson, Chief Executive, NHS Providers

The importance of 'place'

Over the three years since CCGs were set up, local clinical commissioners have learned more about what geographic scale and demographic footprint may work best for commissioning particular health services.

> **CCGs are increasingly developing a strong place-based and clinically focused picture of population need, and effective local solutions for patients are being created as a result.**
>
> Rakesh Marwaha, Chief Officer, NHS Erewash CCG

Although the original CCG map may have created a relatively fixed commissioning footprint on paper, the reality today is an increasingly varied and more agile picture. This has come more into focus because of the increasing delegated commissioning of primary care from NHS England to CCGs, the progress being made towards integrating health and social care through pooling of NHS and local authority budgets, and devolution.

> **Commissioning must be place-based, population-focused and person-centred. These are the starting points. I think there will be more joint working between CCGs and councils, with place-based budgets, working closely with the voluntary sector.**
>
> Sarah Pickup, Deputy Chief Executive, Local Government Association

Going forward, as CCGs become more strategic it provides an opportunity for them to work increasingly together, creating a footprint that is more appropriate for access to health services and the quality and safety of care.

This means that commissioning footprints may increase in scale in certain geographic areas, or become smaller in others. In some cases, this may result in some CCGs formally merging and others collaborating much more closely. In all cases we believe this should be driven by what works best locally, rather than being imposed top down or resulting in a whole-system redesign of the CCG map.

> **Culturally, I still think the perception in the NHS is that the answers will come from on high. I think the strategic direction should come from on high, but how you get there should be up to you.**
>
> Simon Banks, Chief Officer, NHS Halton CCG

The emergence of sustainability and transformation plans (STPs) potentially encourages an opportunity to collaborate across organisational boundaries to find whole-system and place-based approaches. The scale of CCG footprints should be determined by population need within a coherent geography – informed by natural patient flows, availability of provision, with a focus on quality and cost-effective delivery. Overall, CCGs, at whatever scale is right for the community they serve, should become hubs for strategic, whole-system and place-based commissioning of services.

"STP footprints make a lot of sense when it comes to networking acute services, and they will deliver best benefit where they are built on place-based solutions and locally appropriate accountable care models. CCGs are best placed to work together with partners to drive forward these STP building blocks."

Amanda Philpott, Chief Officer, NHS Eastbourne, Hailsham and Seaford CCG, and NHS Hastings and Rother CCG

As commissioners and providers develop place-based and collaborative approaches, we also look to those bodies that regulate NHS organisations in England to adopt a similar place-based approach, by designing and enacting proportionate regulatory regimes that more accurately reflect patient flows and experiences within and between organisational boundaries.

Clinical leadership

The unique value of CCGs is their combination of credible clinical leadership, expertise and local knowledge of the communities they serve. This local dimension must not be lost as new models of care and new commissioning relationships and footprints take shape.

We recognise that clinical leadership is instrumental to the health and care system across the commissioner-provider spectrum, but this system-wide participation has an unavoidable consequence of potential competing interests.

"Bringing in people like me – jobbing GPs, who aren't enmeshed in NHS management – has been crucial to commissioning. We must preserve that local clinical voice and influence, or GPs will simply go back to the day job."

Graham Jackson, Co-chair, NHSCC

Although how clinicians engage in the commissioning process may well change overtime, commissioning must command the trust of patients and the public and potential providers, through transparent processes and decision-making. The continual effective recognition and management of potential competing interests will support the ongoing clinical involvement in the commissioning process.

The national view

Our members recognise that national bodies and policymakers have an important role to play in offering advice and support to local commissioners, and in removing obstacles and introducing enablers into the system. However, there appears to be inconsistent levels of support from arm's-length bodies. Where a model of strategic commissioning develops, we expect national bodies to support this as a valuable part of the health system.

"It is the responsibility of local leaders and systems to provide the vision and leadership that will support us all in delivering high-quality services for our local populations. It is good to get a clear national vision, but the impetus needs to be at a local level."

Nikki Kanani, Chair, NHS Bexley CCG

We also call on NHS England to invest in clinical commissioner development as well as in other parts of the system. We see the commissioner playing a highly valuable role within a changing and potentially varied healthcare landscape that includes new models of care and STPs – there must be support for a whole-system approach.

Conclusion

Overall, CCGs are firmly established as key players in the architecture of the NHS. Although we are seeing changes in the system – with accountable care organisations, STPs and evolving commissioning footprints – they are enablers alongside, rather than alternatives to, the core and increasingly strategic function of CCGs. This brings opportunity for continuous improvement at local level, as well the need for national bodies to create and be supportive of local commissioners to authentically take a place-based and collaborative approach. Strong clinical commissioning is vital to the delivery of cost-effective local healthcare, and local commissioners are keeping their eye on this task despite the challenges currently being faced in the NHS.