

# GP BRIEFING NOTE: PROPOSED MERGER

**We are consulting on proposals to merge the six Clinical Commissioning Groups in Nottingham and Nottinghamshire to form a single statutory organisation that work in a more integrated way with our health and care partners across the area.**

But whilst changes underway to the NHS around us are important and complement what we are proposing, they are not the primary reason why we feel a merger is the right thing to do.

Our overall aim is to enable people living across Nottingham and Nottinghamshire to have the best health and wellbeing they can. To achieve this, we need more affordable and effective arrangements for commissioning in order to redirect clinical and other essential resources closer to the front-line where they are needed most.

The proposed merger will also help to deliver successful Primary care Networks that will enable greater local decision-making, so that health and care professionals can tackle priorities at a neighbourhood level.

PROPOSAL: MERGE	NO CHANGE
Fully merge the six CCGs leading to a single statutory, commissioning organisation.  The CCG would remain a GP membership organisation.	Stay as we are and continue with a single leadership team and joint governance arrangements. The six statutory CCG organisations would be retained.  Collaboration would continue within and between mid-Nottinghamshire and the Greater Nottingham Clinical Commissioning Partnership.

## OUR 'MUST HAVES'

Regardless of the future arrangements for commissioning, there are a number of 'must haves' that we are committed to delivering. We must have:

- The ability to deliver our commissioning ambitions and responsibilities effectively and as quickly as possible, both at neighbourhood level and across the entire geography we serve
- Strong clinical leadership and involvement in the new arrangements
- Effective engagement with local people, clinicians, healthcare partners and others to inform commissioning decision making and activities from neighbourhood to system-wide level
- An ongoing focus on the health and care needs of neighbourhoods or specific populations, as well as a strategic focus across Nottingham and Nottinghamshire
- A single commissioning vision with strategic priorities and health outcome goals at system, place and neighbourhood levels
- The best opportunity to work effectively with our partners and pave the way for better integration of health and care services
- The ability to deliver both the 20% savings in CCG running costs\* by 2020/21, and restore financial balance across the system in the foreseeable future.

## BENEFITS TO GPs

### PROPOSAL: MERGE

We will save precious clinical time and resources that can be invested into tackling community health priorities via the new Primary Care Networks (PCNs).

GPs will have a stronger clinical voice in strategic decisions about health and care services, as well as at neighbourhood level via PCNs.

It will be easier to scale-up the most successful clinical innovations to rapidly share best practice across a wider area.

The CCG can invest more in front-line services due to savings achieved in back-office functions.

The new CCG will be able to tackle health inequalities and ensure consistency of services where appropriate.

The new structure will be more affordable so more likely to be sustainable in the longer-term.

### STAY AS IS

The current structure of six CCGs already provides accountability at neighbourhood level.

The CCGs already have arrangements in place to engage and involve local people, clinicians, partners and others in the development of commissioning plans.

Maintaining the existing structure would avoid using resources in the short-term.

## CASE STUDY: FIT TESTING IN PRIMARY CARE

One of the key benefits of merging the CCGs will be the ability to 'scale up' local clinical innovation much easier.

An example of where local people are benefitting from this approach are bowel cancer patients in Mansfield and Ashfield who are now able to use a self-testing kit first offered by GPs in Nottingham.

The county is leading the way in the use of Faecal Immunochemical Test (FIT) tests to improve early diagnosis of cancer. The kit can tell doctors whether a more invasive and expensive colonoscopy is needed. Clinicians are confident that they can use it to find cancer earlier in people who would not normally be tested for the disease.

The test, which costs the NHS about £15 per person compared with £400 for a colonoscopy, is currently only offered to people aged 55 or over via the national screening programme. But patients in Nottingham and Nottinghamshire can be tested when they are much younger if their GP finds unexplained bowel symptoms.

Other areas across Nottingham and Nottinghamshire learnt about this successful initiative and went on to implement it for their own patients.

Whether a patient lives in Ruddington, Kirkby-in-Ashfield, Nottingham City or elsewhere, we want them to have the same access to services and standards of care that should be available to everyone. Our CCGs do work collaboratively across many areas of care; however, there are still examples such as this, where one particular CCG pioneers, ahead of others, improvements that would benefit the area as a whole.

Having a single CCG would directly help us to address this inequity. With streamlined decision-making and more effective oversight of the wider area, we should be quicker to agree and implement new initiatives, e.g. successful trials of new patient pathways. In turn, this would support clinical innovation and improve health outcomes more rapidly.