NHS Newark and Sherwood Clinical Commissioning Group

NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Greater Nottingham Clinical Commissioning Partnership

Merger FAQs

What is this all about?

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.

We strongly believe there are many benefits of a full merger such as:

- closer alignment with health and care partners
- cash savings on back office functions
- more investment in new Primary Care Networks to tackle neighbourhood health priorities

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.

Why are you consulting about this and why can't you just do it?

There is a clear expectation for stakeholder public consultation and a transparent process is required. Involving people, communities and stakeholders meaningfully is essential to effective service improvement and system transformation.

Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions.

This consultation is aimed at stakeholders who work closely with commissioners and would be impacted by the proposed new structure and governance arrangements. However, the consultation paper is a public document and we would welcome feedback from anyone with an interest in the proposals.

Has this happened anywhere else?

Yes. The Derby, Manchester, Newcastle and Gateshead, and Birmingham & Solihull Clinical Commissioning Groups have all been through this process and carried out consultations.

Why do you propose to merge?

We believe that the proposed merger is the best way to deliver future commissioning across the Nottingham and Nottinghamshire area. We recognize this could be disruptive and distracting in the short term, but there'll be less bureaucracy and more capacity, leading to services that are consistent, fair and high quality; offering consistency for patients and reducing health inequalities.

Will this change the CCGs' commissioning intentions?

No. We are already working to a system wide plan. Having a single commissioning voice will make it easier for us to achieve our objectives and commission consistently for patients. Hospital services will not be affected, as they are already jointly commissioned by the CCGs.

Can you provide assurance that one area doesn't lose out to the other?

A single commissioning organisation will ensure that we are able to work more consistently and make our resources go further while delivering fair and equitable outcomes for patients.

But this would not be at the cost of local healthcare priorities. These would be addressed by the new Primary Care Networks. We will also prioritise and ring-fence certain resources in accordance with specific locality and population needs.

How will the new governance arrangements work for a single CCG?

A single commissioning organisation would have one Chief Executive, a Governing Body and a single management structure.

All statutory obligations, committees and functions would be retained.

Have you made your minds up already?

No, not at all. Whilst we have a clear proposal, we have been engaging with a wide range of people to get their views on this. We need this feedback to ensure that we're making the right choices. It's important that stakeholders tell us what they think about our plans.

How will this all be scrutinised and agreed?

There will be several layers of scrutiny and sign-off before a decision is made: internally by the CCGs' memberships (GPs) and by the local democratic health scrutiny processes; by NHS England, both locally and nationally; and independently via due diligence and external scrutiny.

NHS England will make the final decision on whether the CCGs can proceed at the end of [add detail]

What would happen to CCG staff who do not secure roles in a merged organisation?

We would work with NHS partners across the system to determine where best to redeploy anyone who does not have a role in the new CCG. For example, many of the people working with us are clinicians who will have a key role to play in PCNs, ICPs and the ICS. These new bodies will also need non-clinical expertise in order to function effectively.

We would have in place a programme to support anyone whose role is directly affected by the merger. We would also ensure appropriate support for all commissioning staff to help them both cope with, and deliver the changes underway.

We do not know at this stage who or how staff will be affected, but our CCG staff will be consulted regarding changes should a merger go ahead. They will have the opportunity to share their views about any proposed new arrangements.

What will happen to clinical staff who would no longer be involved in a single, merged organisation?

Ensuring ongoing clinical leadership and involvement in commissioning activities remains an absolute priority for us.

Clinical time is valuable, and with a national shortage of clinicians to provide patient care it is essential that clinical resources are used wisely.

Our proposals aim to free-up clinicians to support the development and delivery of care services, instead of being tied up in CCG administration or duplicated activity.

Clinicians will have key roles to play in Primary Care Networks and Integrated Care Providers. Working at neighbourhood and wider 'place' levels, these new networks and alliances will assume responsibility from the existing CCGs for the development of pathways and many other clinically-led initiatives. At a local level, clinicians will therefore be able to have the greatest impact on improving the quality of care and services for the populations they serve.

We remain confident that all clinicians presently working directly with the CCGs will have key roles to play in the future system, whether within a single commissioning organisation or elsewhere.

How can a larger organisation commission services that are right for people in my local area?

Primary Care Networks and Integrated Care Providers play lead roles in the new NHS arrangements to plan the delivery of care, develop new pathways, and ensure that needs are met both within neighbourhoods as well as across three wider areas. This will help to improve consistency across the system, yet ensure greater personalisation of care services at a local level.

PCNs will not just focus on local priorities however. They will have a two-way relationship with the commissioning organisation to inform decisions and strategy.

Is this just about saving money?

No but every CCG faces financial challenges. Although the system's financial deficit is not the main driving factor behind a proposed merger, it is an important consideration.

All CCGs need to reduce running costs by 20% by organisation. If we merge, we can make sure that overall budgets are prioritised on the commissioning activities that need it the most, regardless of where they are.