

What was the engagement process about?

NHS commissioning is the process of planning, agreeing, buying and monitoring local health services. NHS Clinical Commissioning Groups (CCGs) took over responsibility for this in April 2013.

They are organisations combining the expertise of local family doctors (GPs) and NHS managers; putting local doctors and nurses at the very heart of deciding what health services to provide, where and how.

Currently, Norfolk and Waveney is covered by five commissioning organisations:

- NHS Great Yarmouth and Waveney Clinical Commissioning Group
- NHS Norwich Clinical Commissioning Group
- NHS North Norfolk Clinical Commissioning Group
- NHS South Norfolk Clinical Commissioning Group
- NHS West Norfolk Clinical Commissioning Group

The engagement addressed the proposal of the five CCGs to merge into one CCG for all of Norfolk and Waveney, with one Governing Body.

Information about the proposed merger was detailed in an engagement document. This can be viewed at: <https://www.northnorfolkccg.nhs.uk/proposal-merge-5-ccgs-norfolk-and-waveney>. Local stakeholders, patients and the public could complete a survey online or in hard copy, or feedback in writing.

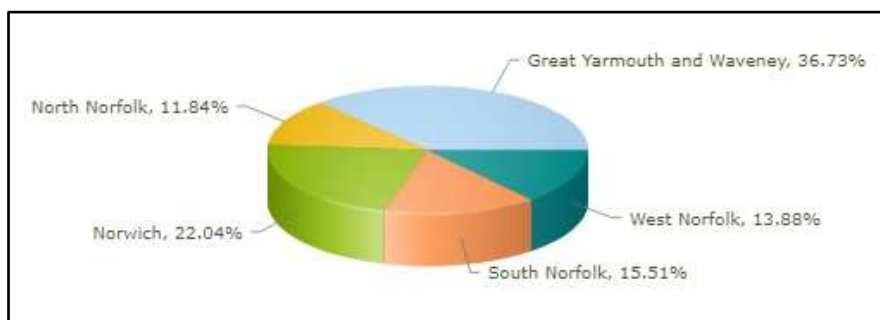
What questions did we ask?

We were interested to know:

1. What are your overall thoughts on the proposal to merge the five CCGs in Norfolk and Waveney?
2. Under the proposal to merge the CCGs, how can we make sure we best include you and your views towards your local NHS and ensure commissioning has a local focus?
3. How can we make sure local doctors and clinical staff remain involved in the work of a single CCG?

Who took part in the survey?

- 245 people completed the survey from all over Norfolk.
- The response rates by area are shown below:



What did we find out?

The people who responded gave us feedback which has been summarised and organised into the following themes:

Question 1 – Overall thoughts regarding the proposal:

The majority of responses to this question raised queries about how the proposal would be implemented without overtly saying whether or not they agreed with the proposal. However, a quarter of responses made a clear positive statement in answer to this question, in support of the merger, with a small amount of responses making a clear negative statement about the proposal

Theme	Comments
Keeping a local focus	<ul style="list-style-type: none"> • The idea that the local areas covered by the five CCGs had distinct local issues particular to them was a common theme. The local distinctions raised were mostly: <ul style="list-style-type: none"> ○ population types – there are more older people in north and south Norfolk, and more diverse and younger populations in Norwich ○ the rurality of large parts of Norfolk and Waveney and the challenges of transport • Concerns were raised about Waveney being ‘overlooked’ in a larger structure • Concerns were raised that the organisation would be too big and covering too large an area • The need for patients to continue to have a local voice within a larger structure was emphasised • Local accountability for local decisions being maintained was highlighted as a need within a single CCG
Centralisation	<ul style="list-style-type: none"> • This was seen as a good thing for specialist services

	<ul style="list-style-type: none"> • However concerns were also raised about centralisation, especially in relation to Norwich becoming a focus for services at the expense of the other areas
Streamlining, efficiencies and consistency	<ul style="list-style-type: none"> • A single CCG could end 'postcode lotteries' and offer consistency in commissioning services • The merger could offer the best use of resources for the tax payer by having a single structure • The merger was seen as a way to save money • A single CCG could lead to less 'fractured' services • As a single organisation the CCG could have more impact when commissioning services • It was suggested that it would be easier to hold larger trusts to account as a single CCG
Innovation	<ul style="list-style-type: none"> • Several people suggested that a single CCG would be more likely to promote innovation • That it would be more likely to make the most of digital offers which would be especially beneficial for younger people • Working as a single CCG could offer more opportunities to share good practice • It was also suggested that a larger organisation was more likely to improve care for patients
Staff	<ul style="list-style-type: none"> • Concerns were raised about staff recruitment and retention during times of change, in particular how this would affect staff morale • Concerns were raised about the level of potential job losses • It was also suggested that this was an opportunity to reduce the number of managers in CCGs
Patients	<ul style="list-style-type: none"> • Some people voiced concerns that the needs of patients mustn't be lost in any resulting changes

Question 2 - How best to include your views and a local focus for commissioning?

Below is a summary of the suggestions raised under this question:

Maintain the importance of primary care	<ul style="list-style-type: none"> • Listen to views of primary care staff • Retain local offices and locally based staff • Surgeries were suggested as a focus for local communications
Maintain strong local identities	<ul style="list-style-type: none"> • The importance of keeping dedicated locality offices and staff was a common theme • Concerns were also raised about whether communications and engagement would continue on locality level for public, staff and wider stakeholders
Listen to the patient voice	<ul style="list-style-type: none"> • The following suggestions were put forward as a way of ensuring the voice of patients and the public in commissioning:

	<ul style="list-style-type: none"> ○ Patient Participation Groups (PPGs) PPGs, and wider co-operation of PPGs through forums ○ Use of the local media ○ Better digital engagement ○ Accessible/flexible engagement to gather the views of hard to hear groups e.g. carers, working age people, young people's mental health, ○ Use local organisations such as Healthwatch and local voluntary groups ○ There was some support for the increased use of formal surveys and consultations <ul style="list-style-type: none"> ● Any feedback facilities offered should cover local areas as well as CCG wide opportunities ● Ensure there are patient representatives throughout commissioning and not just the voice of professionals ● The importance of being transparent and accountable was underlined ● Offer clear lines of communications to enable robust 2-way conversations
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Question 3 – How can we make sure local doctors and clinical staff remain involved in the work of a single CCG?

Below is a summary of the suggestions raised under this question:

Involve staff on decision-making structures	<ul style="list-style-type: none"> ● Include local doctors and clinical staff on CCG structures wherever possible ● Develop feedback forums which feed into decision-making structures ● Continue to have elected clinical representatives on the Governing Body ● Develop and publicise clear decision making processes so staff are aware of how to influence decision-making
Effective on-going engagement	<ul style="list-style-type: none"> ● Seek feedback from a variety of staff across a variety of locations ● Don't lose the voice of staff working in localities – develop locality feedback structures ● Develop robust two-way communication structures and avoid the use of top down communications ● Involve staff throughout all stages of change ● Use a variety of media e.g. newsletter, social media ● Use digital options as much as possible, especially in facilitating discussion among staff groups across a large area and in using population health management data ● Use a variety of flexible 'staff friendly' options reflecting different working methods, locations etc
Make links between frontline staff	<ul style="list-style-type: none"> ● Frontline staff offer valuable insight for decision makers on the reality of delivering services on the ground

& managers	<ul style="list-style-type: none"> • Make staff feel connected and make commissioning relevant to them • Work with professional bodies to gauge staff views • Work with LDGs and the emerging PCNs • Use incentives to encourage staff to get involved • Foster opportunities for staff to give feedback anonymously • Not just clinical staff that have useful views – also social care, voluntary sector and other public sector staff e.g. teachers
Barriers to staff engagement	<ul style="list-style-type: none"> • Some concerns were raised that change within the NHS can be a distraction for commissioning staff and that services can suffer as a result. A number of references were made to the cyclical nature of change with larger organisations breaking into smaller ones and then re-forming again. • Also that by trying to involve clinical staff in commissioning it will distract them from delivering healthcare • Staff are focused on demand management (and other issues) and therefore may not consider it a priority to become involved in this discussion. • Some concerns were raised about the size of a merged CCG being a barrier to staff engagement in terms of time getting to meetings

Feedback received from partner organisations

As well as seeking the views of people in the online survey, the CCGs invited feedback from a wide range of partner organisations such as local authorities and provider organisations. All were either explicitly supportive, or accepted the proposal subject to the need to safeguard local relationships and ensuring their local population continued to benefit from engagement and equality of care.

A summary of comments from correspondence received are as follows:

- There are many advantages to working with a single commissioner both on a day-to-day basis and from a more strategic viewpoint. It has been difficult in the past to get a system wide perspective among five separate CCGs and the move towards one commissioning body will give our system a significant advantage.
- We are keen to ensure that there continues to be a focus on the needs of local people through the developing Local Delivery Group and the role of the Locality Directors
- Having a unified approach to commissioning will be a bold and progressive step towards the formation of a truly integrated care system.
- The concern regarding the loss of the 'local connection' appears to have been addressed by your intention to strengthen further your links with local people and councils and the work that you are developing with the Primary Care Networks
- In relation to Mental Health services, you have identified that there are a number of issues that require system solutions. Creating a single unified CCG

will remove previous internal frictions and strengthen the health commissioner voice in those system discussions.

- Simplifying organisational interactions should speed and simplify decision making, reduce resources taken up through the commissioning process and therefore enable resources to reach clinical services quicker and changes to services to happen more swiftly.
- We have concerns around how practically such a large organisation will be able to safeguard the local strengths of individual areas, and manage the balance between developing a single strategic vision and delivering this locally.
- The 5 CCG model has presented some challenges around engagement for local authorities particularly in those areas that have been served by multiple CCGs. It is anticipated that the proposed merger would help address such issues and streamline engagement with partners, including local authorities.
- We must continue to consider the parity of services for patients in the Waveney area, and the new CCG must continue to work closely with Suffolk County and East Suffolk District Councils.
- We would like to seek re-assurance that both the Primary Care Networks and the Local Delivery Groups would be left with a level of autonomy in order to best reflect the needs of their local communities and ensure active engagement with appropriate partners.
- We welcome more information on how this proposal would impact on patient care, and more detail on the prospective savings from becoming a single CCG

What will we do as a result of what you told us?

On balance, we judge there is significant support from local clinicians and local people for our proposal to merge the five CCGs into a single organisation with a single Governing Body. However, it is clear that there are concerns about how this might affect local areas.

The decision about whether to merge the five CCGs will be taken by the Governing Bodies of the five organisations. It will be debated at their meetings held in public during September 2019.

Their discussion will be informed by the results of the public engagement survey contained in this report. It will also be informed by the views of our practices, and by the letters of feedback received from other local stakeholders, such as our acute, local councils and Healthwatch. When making a decision, the governing bodies will also take into account a wide range of other factors, including best practice, national guidance, finance and the clinical arguments for and against merging the five CCGs.

Once the Governing Bodies have made a final decision, we will publish on our website and share widely:

- the outcome of their discussions
- this report
- a 'You said, We did' document setting-out how the views of local people and our stakeholders have influenced our decision, and what we are going to do in response to the comments and concerns they raised

The CCGs will continue to correspond with local stakeholders in response to their interest and suggestions throughout the engagement period, and as the proposal to merge the CCGs progresses.

If you would like this document in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01603 257000 or email snccg.communications@nhs.net. Or write to us at Lakeside 400, Old Chapel Way, Broadland Business Park, Thorpe St Andrew, Norwich NR7 0WG.