

CCGs one year on: member engagement and primary care development

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About this research

- Ongoing study by the **Nuffield Trust** and **The King's Fund** on the evolution of clinical commissioning groups. Following **six CCGs** over **three years**: 2012 – 2015.
- CCGs established as **member organisations** to give clinicians a greater role in deciding how NHS money is spent. They have a legal duty to **support quality improvement** in general practice.
- Key research questions were:
 - How **involved** are CCG members in the activities of the CCG, and what **relationships** are being built between them and CCG leaders?
 - How are CCGs discharging or planning to discharge their responsibility to support **quality improvement in general practice**?
- **Fieldwork** included GP survey, interviews and observations in each CCG.
- CCGs selected to vary in size, location, level of deprivation and urban/rural locations.
- Report from the first year of research, published **July 2013**, available [here](#).

Survey methodology

- This slide pack presents **topline results** of survey of GPs in **six CCGs**.
- Online survey sent to GPs via email, newsletters and intranet in **Feb/March 2013** and **Jan/Feb 2014**.
- Responses received from 20% (2013) and 28% (2014) of GPs.
- Some **practice managers** and other practice staff also responded and are included in the results.

Role	2013		2014	
	n	%	n	%
GP Principal	149	64%	198	71%
Salaried GP	16	7%	34	12%
Practice manager	47	20%	28	10%
Other/skipped	20	9%	19	7%
Total	232		279	

Key messages

GPs' engagement with work of CCG

- Between 2013 and 2014, overall levels of engagement remained largely unchanged but fewer GPs were 'highly engaged'.
- GPs without a formal role in the CCG remained less engaged and involved.
- More GPs reported they could influence the CCG than could influence PCT in past.

CCG's role in primary care development

- CCGs were the organisation reported as having the greatest influence over GPs' work; few said health and wellbeing boards were influential at this stage.
- GPs increasingly agreed that the CCG has a legitimate role in influencing the quality of their general practice.
- Use of educative and financial mechanisms were most often reported to result in improvements.

Key messages

Impact of CCG on quality of general practice

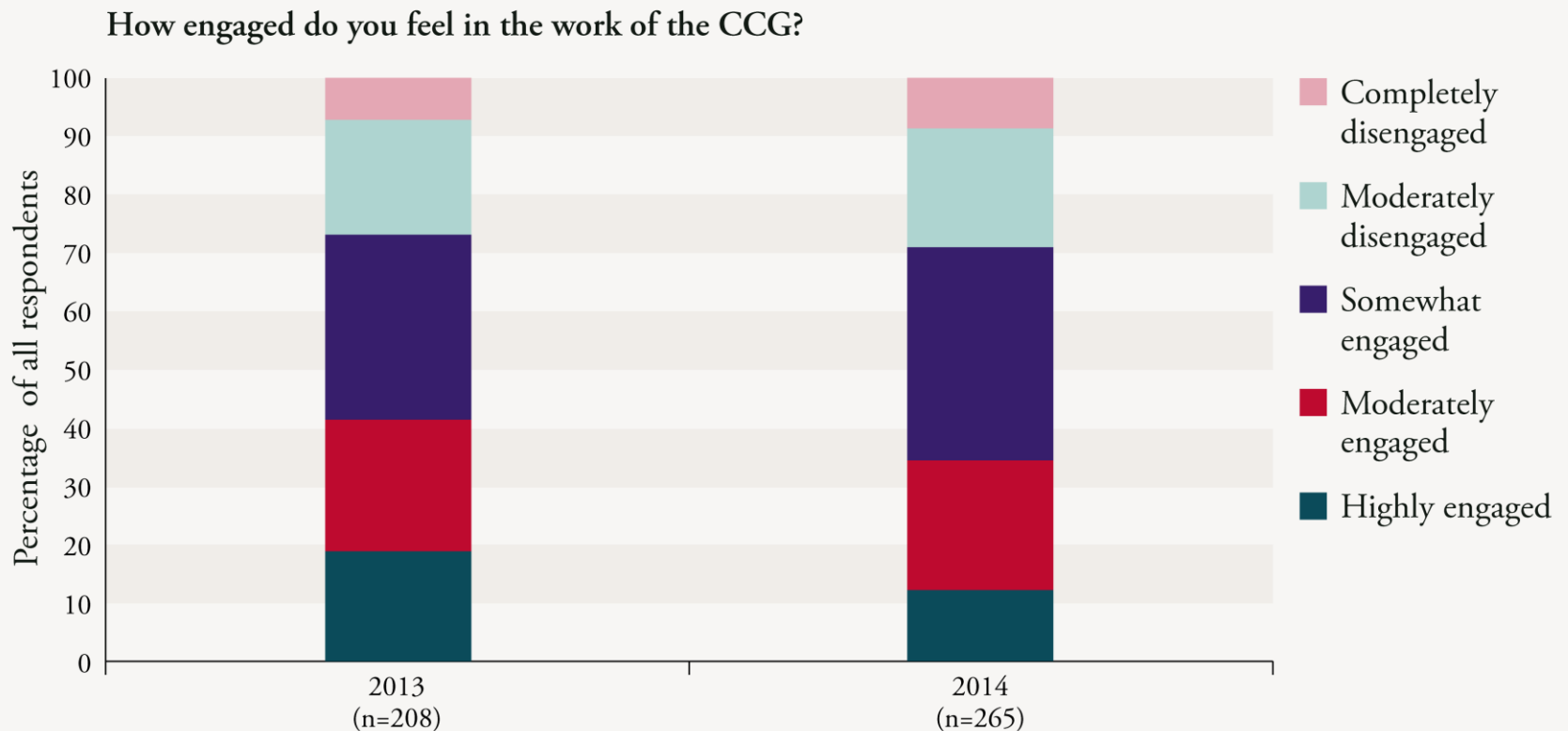
- Majority of GPs reported that the CCG has changed their prescribing and referral patterns.
- Half of GPs reported that the CCG has had a positive impact on their relationship with other practices; fewer reported a positive impact on the overall quality of care they provide.
- Overall, half of GPs felt that the CCG was more effective than the PCT at helping GPs improve the services they provide to their patients.

CCG leaders

- Less than half of GPs with a formal role in the CCG reported that they have the time and support necessary to fulfil their role.
- However, the majority plan to stay in their role for foreseeable future.

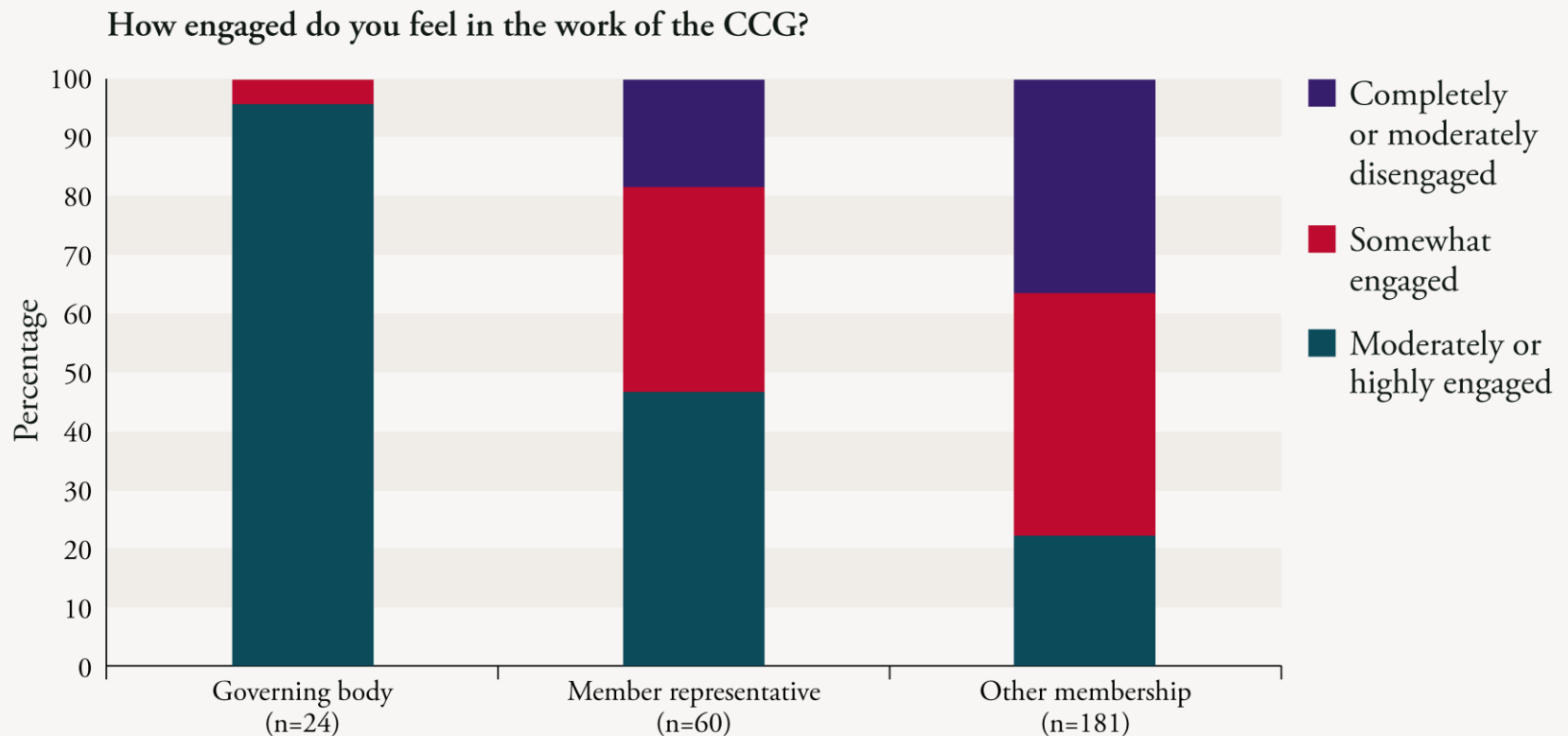
GP engagement

Overall engagement was largely unchanged in 2014, but fewer GPs reported being highly engaged in the work of their CCG



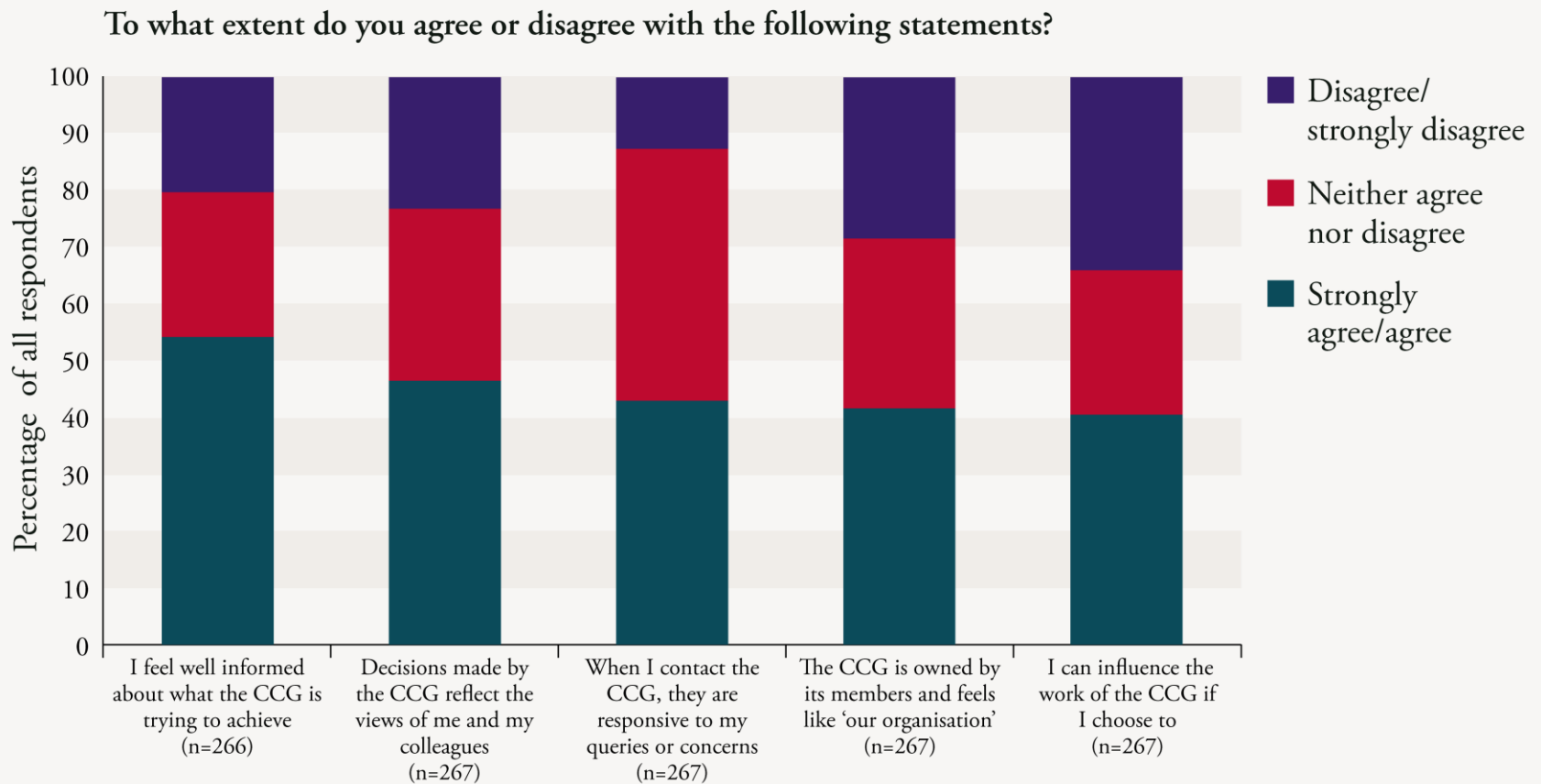
Notes: Respondents who skipped the question were excluded from the distribution. Percent highly engaged with work of CCG down from 19% (2013) to 12% (2014), $p < 0.05$. Percent highly/moderately/somewhat engaged 73% (2013) and 71% (2014), difference not significant at $p < 0.05$.

Levels of engagement were far lower among GPs with no formal role in the CCG

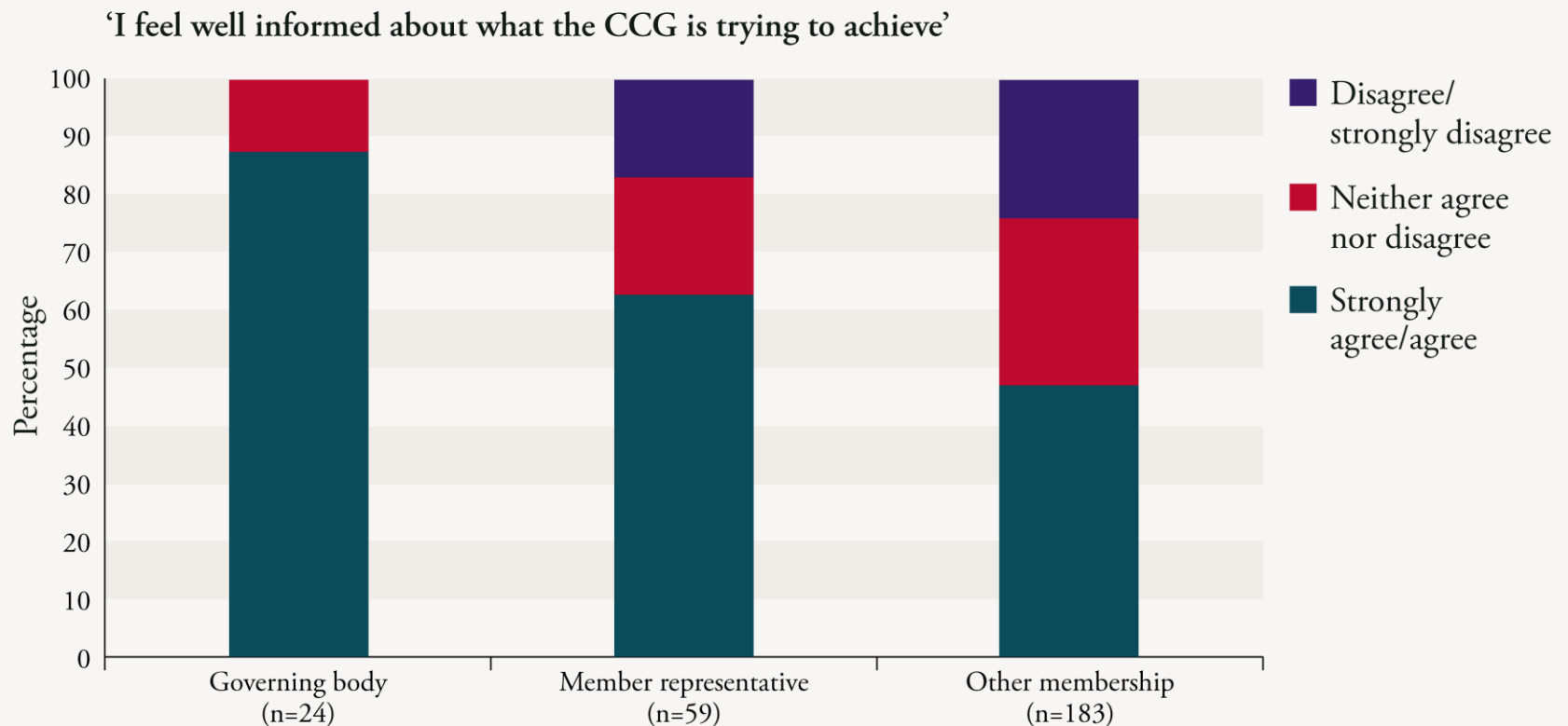


Notes: Data are for 2014. Respondents who skipped the question were excluded from the distribution. Member representatives include locality/neighbourhood leads, CCG practice representatives, and CCG sub-committee members. Differences between the per cent 'moderately or highly engaged' for each group are significant $p < 0.01$

Less than half of GPs felt that CCG decisions reflected their views and that they could influence its work

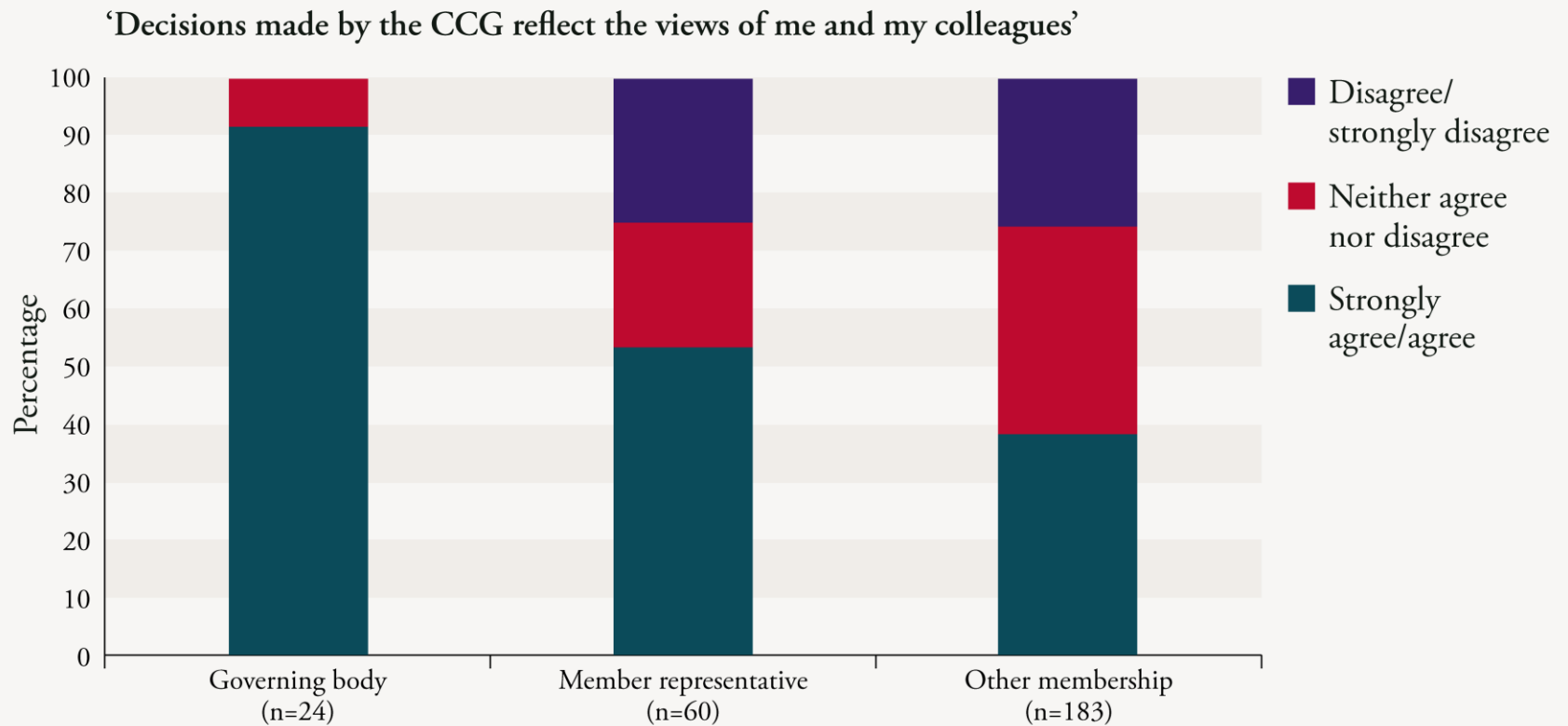


Breaking down the data by GP role shows that less than half of members without a formal role in the CCG felt informed about its work



Notes: Data are for 2014. Respondents who skipped the question were excluded from the distribution.
Member representatives include locality/neighbourhood leads, CCG practice representatives, and CCG sub-committee members.

Two in five without a formal role felt that CCG decisions reflected their views



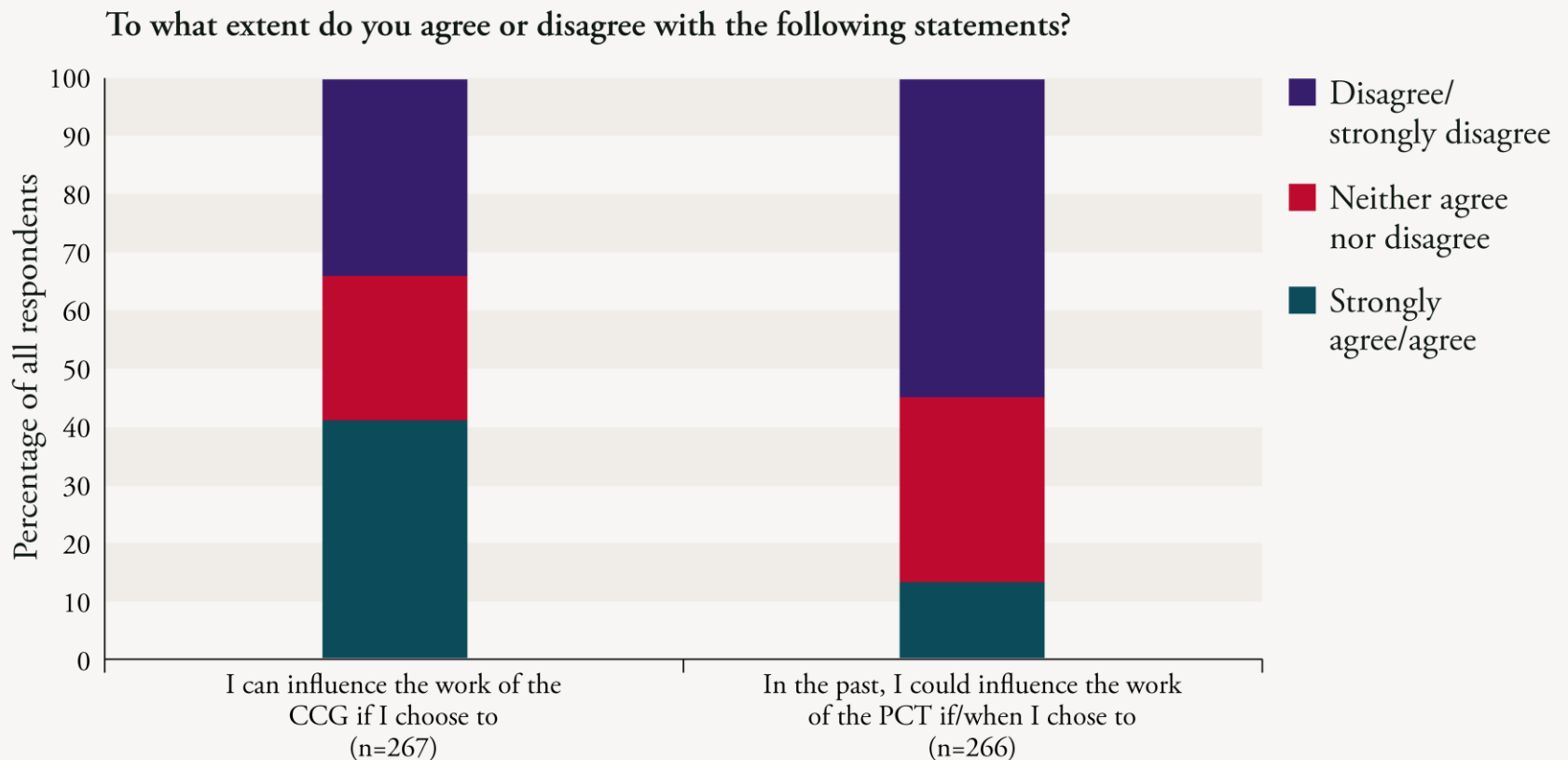
Notes: Data are for 2014. Respondents who skipped the question were excluded from the distribution.
Member representatives include locality/neighbourhood leads, CCG practice representatives, and CCG sub-committee members.

Just a third of those without a formal role reported that the CCG felt like 'their organisation'



Notes: Data are for 2014. Respondents who skipped the question were excluded from the distribution.
Member representatives include locality/neighbourhood leads, CCG practice representatives, and CCG sub-committee members.

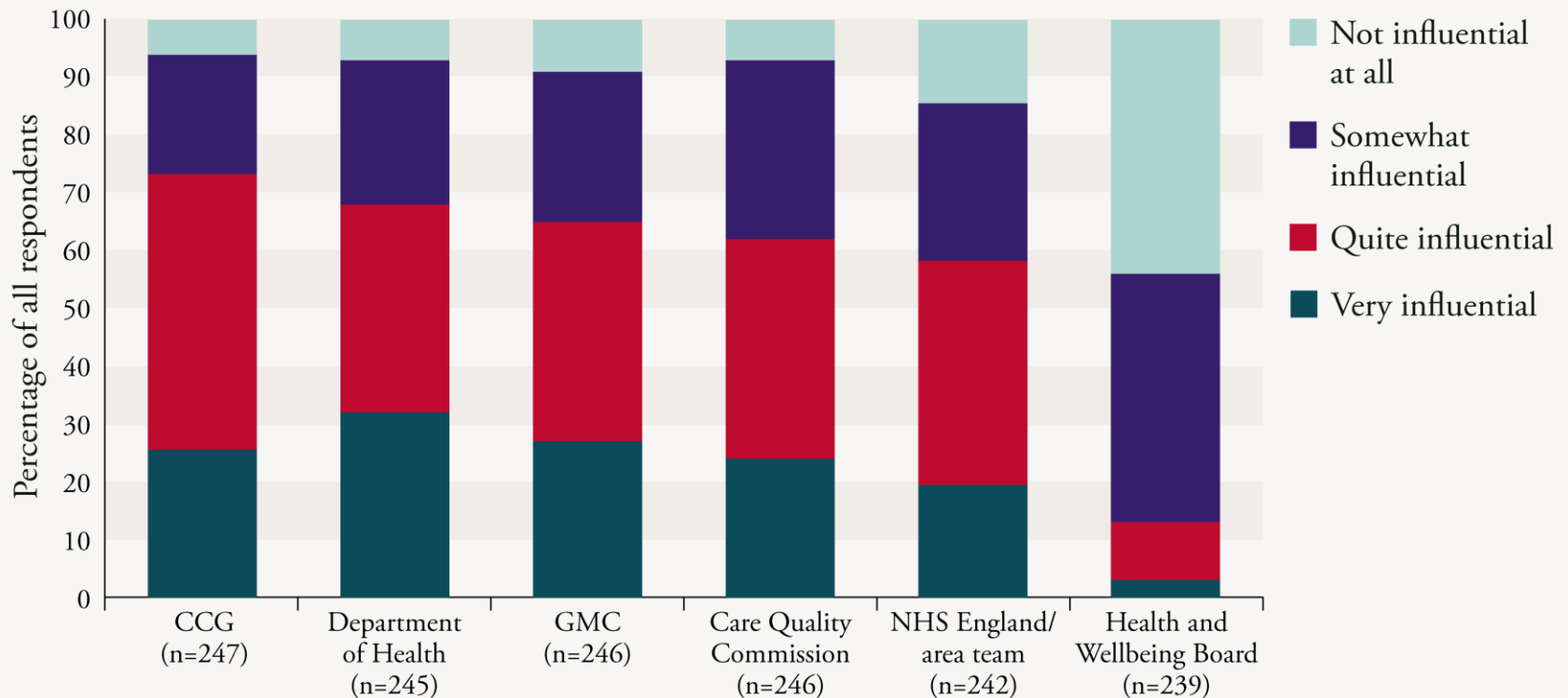
Overall, GPs reported having more influence over the work of the CCG than they had over the PCT



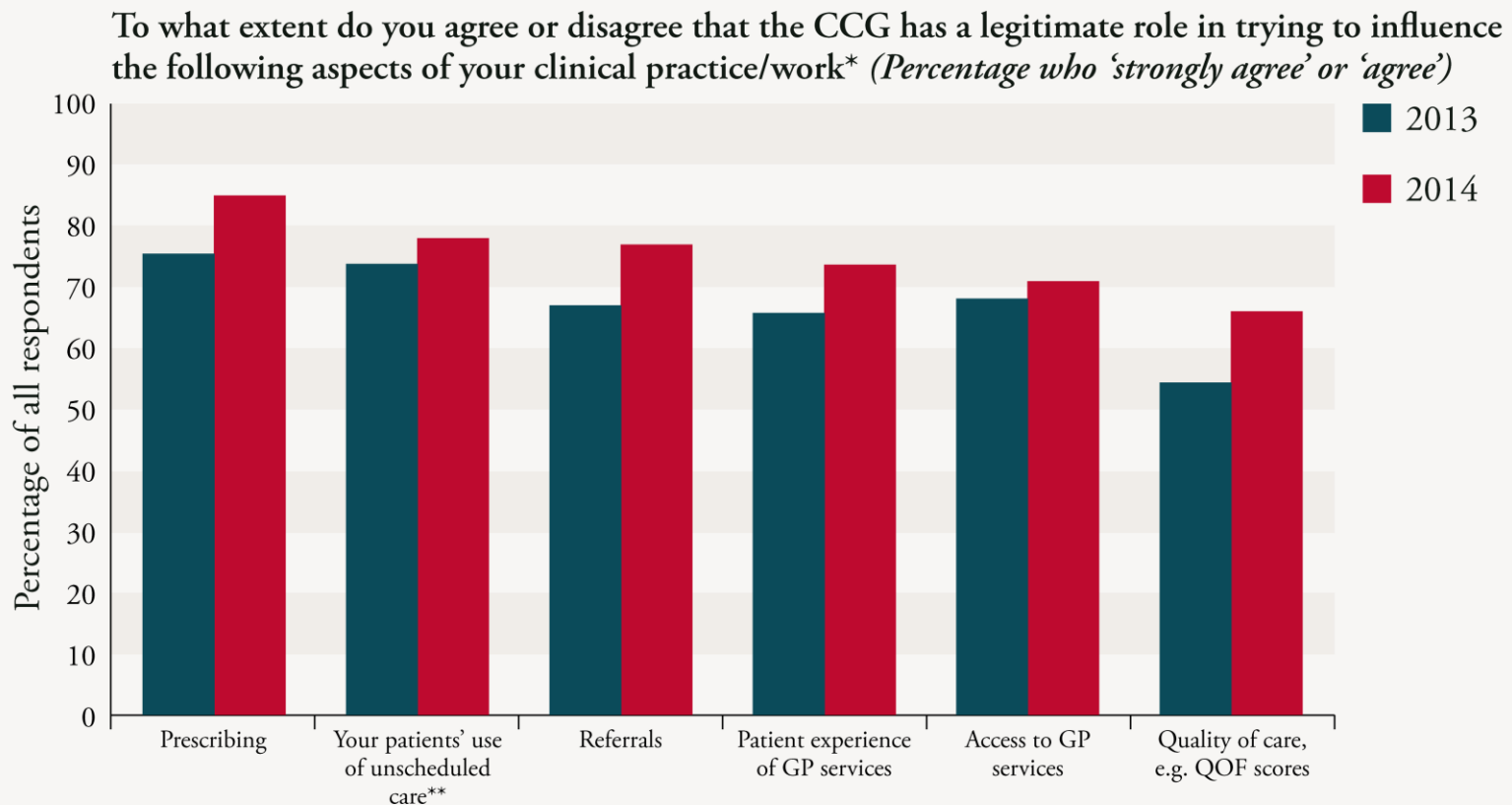
CCGs' role in primary care development

CCGs reported to have the greatest influence over GPs' work; few GPs saw health and wellbeing boards as influential at this stage

What degree of influence do you feel each organisation has over your work?



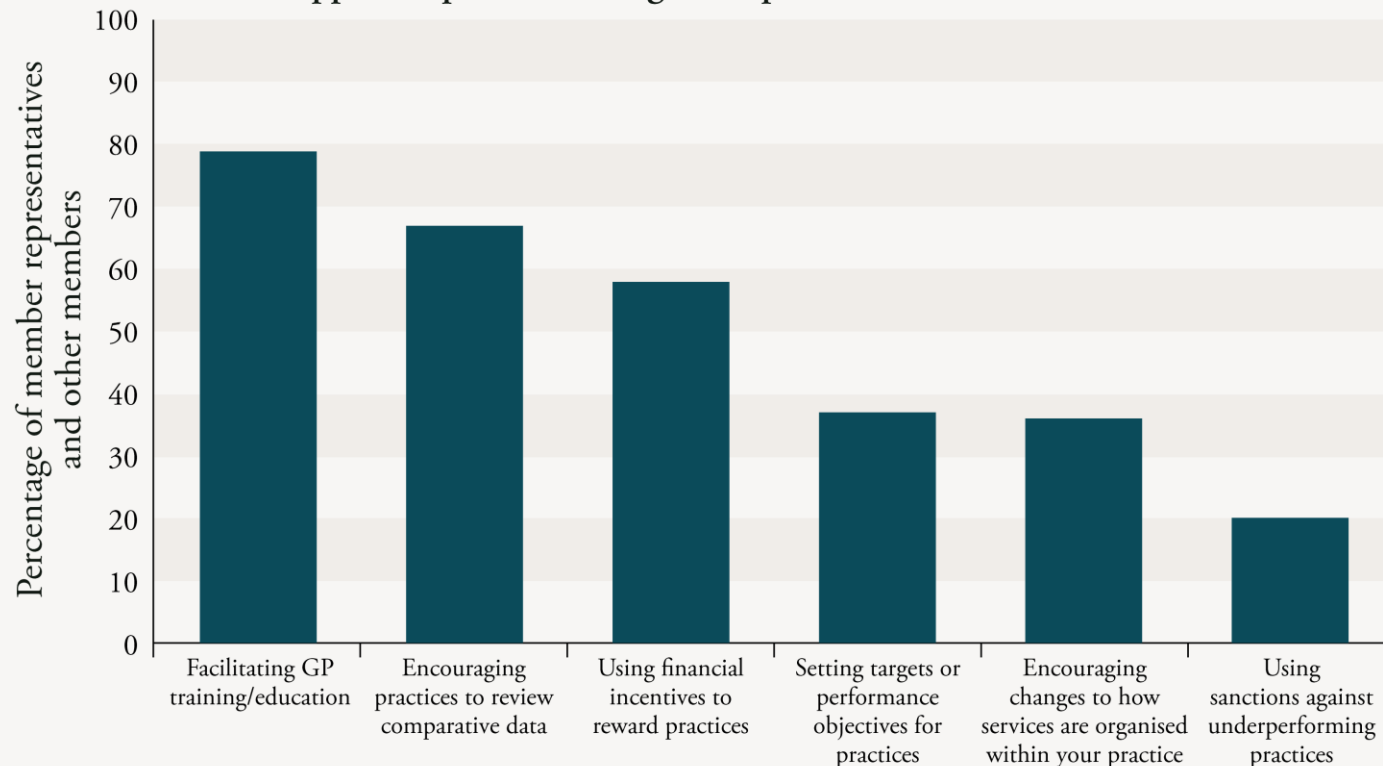
Increasing numbers of GPs felt that the CCG has a legitimate role in influencing the quality of general practice



Notes: * In 2013 the question asked about 'your clinical practice' in 2014 'your work'. ** In 2013, patients were asked separate questions about the CCG's role in influencing patients' use of 'emergency' and 'out-of-hours' services, there was just a 1% difference in responses to the two questions and we present the average, in 2014 one question asked about 'use of unscheduled care (including emergency services or walk-in centres)'; ns= 211-212 (2013), 247 – 249 (2014). Respondents who skipped question were excluded from the distribution;. 2013 – 2014 prescribing, referrals, and quality of care increase $p < 0.05$, patient experience increase $p < 0.1$; other trends are not significant.

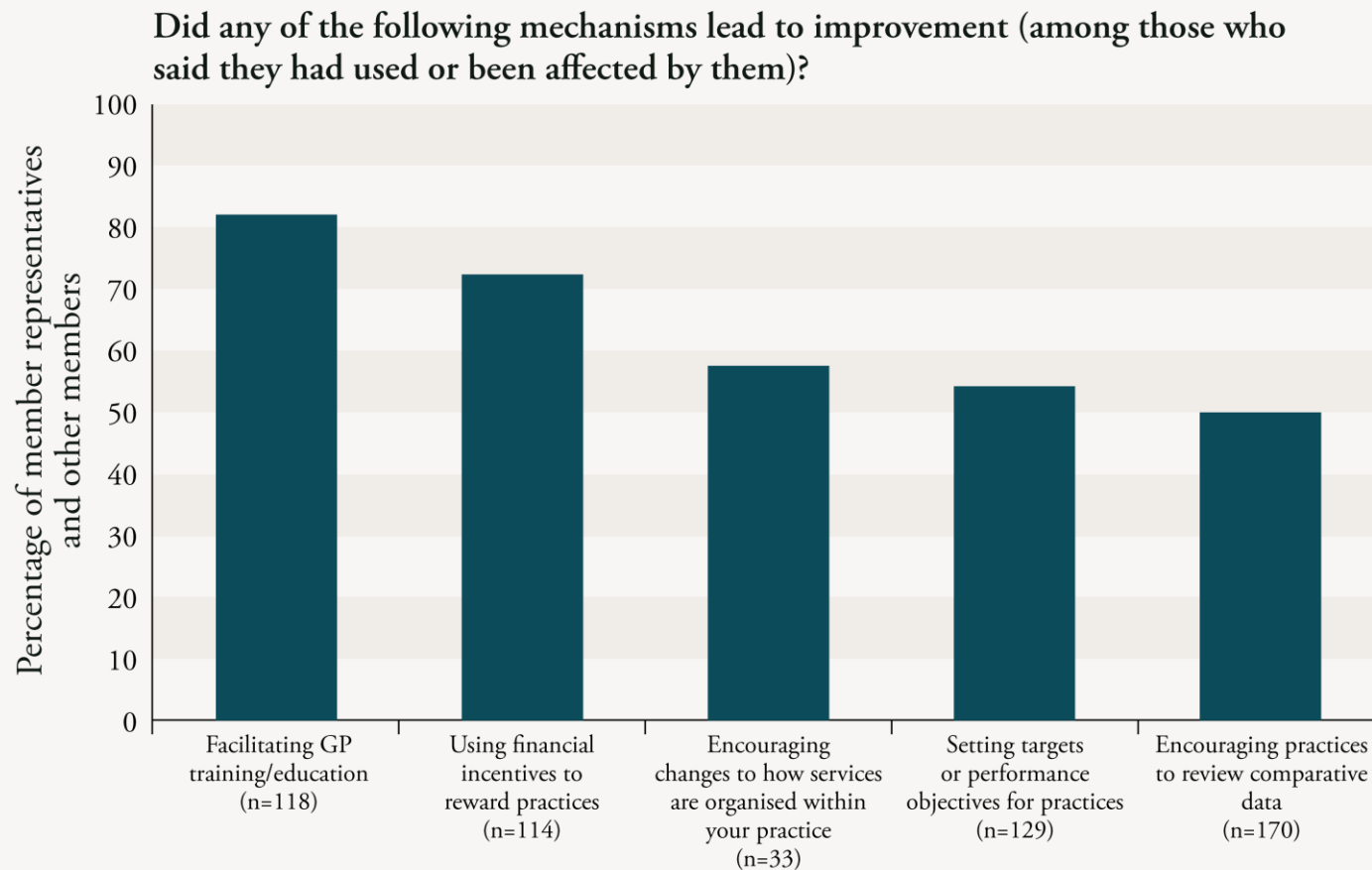
The majority of GPs believed the CCG should use facilitative and financial mechanisms to support improvements in general practice

In your view, which of the following mechanisms, if any, should the CCG use in order to support improvement in general practice?



Notes: Base: member representatives and other members only (governing body members excluded), n=255 Data are for 2014. Respondents were asked to select as many mechanisms as appropriate.

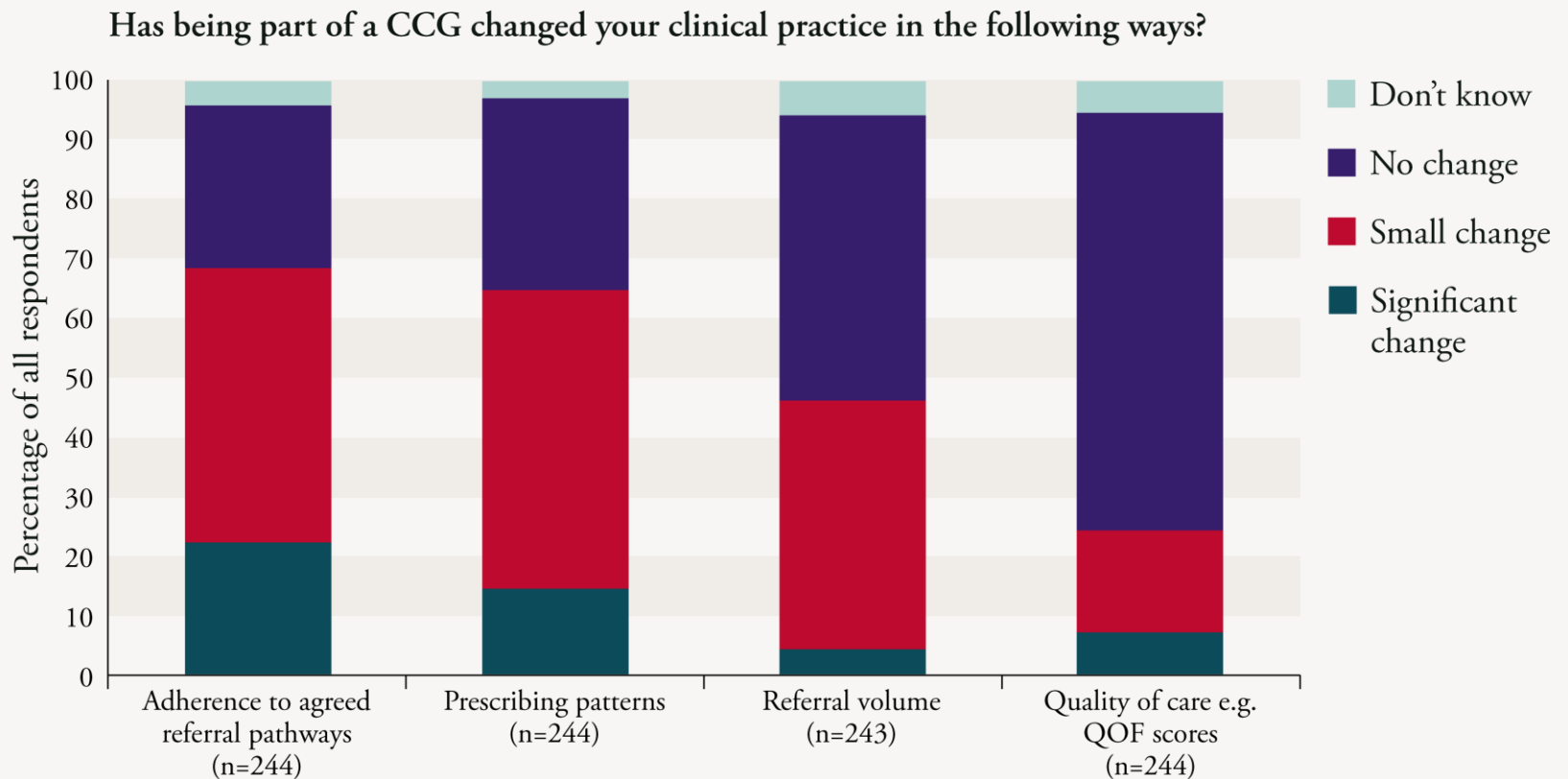
Education and financial incentives were the mechanisms most often reported as resulting in improvements



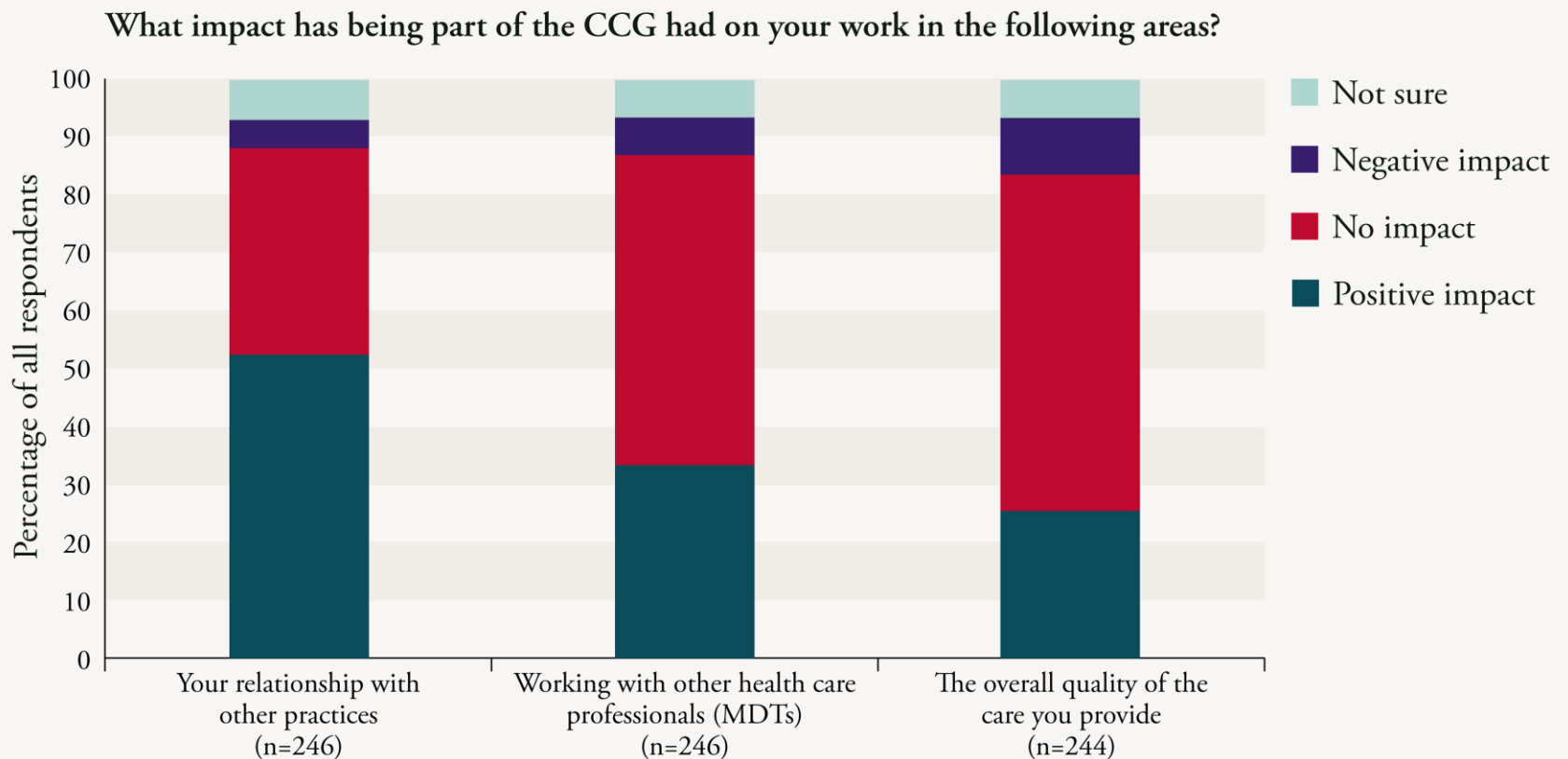
Notes: Data are for 2014. Base: member representatives and other members who reported they had used or been affected by the mechanism. Respondents who skipped the question were excluded from the distribution.

Impact of CCG on quality of general practice

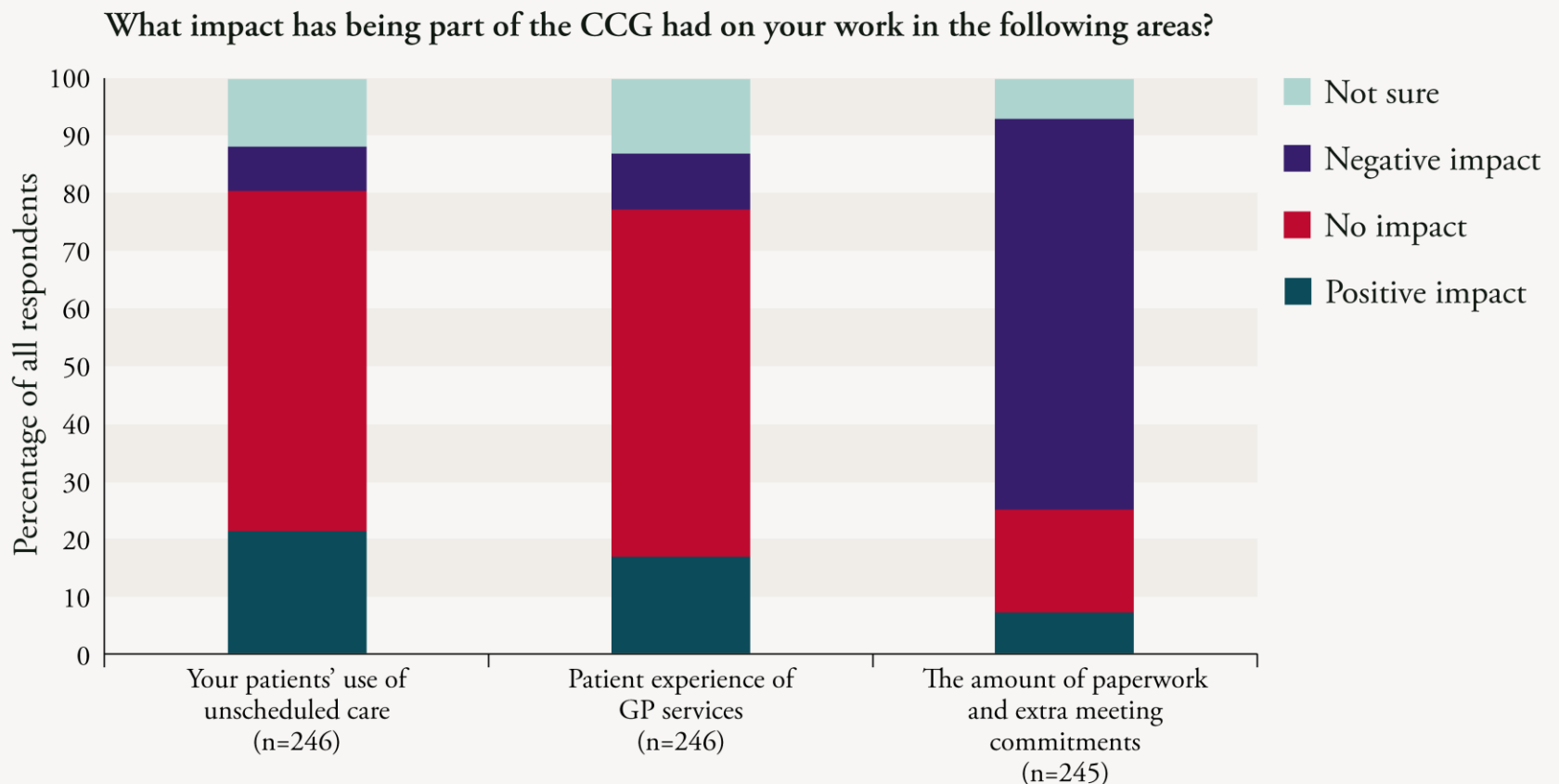
The majority of GPs reported that being part of the CCG had changed their referral and prescribing patterns



Half of GPs reported a positive impact of CCG on their relationship with other practices; fewer reported a positive impact on the overall quality of care

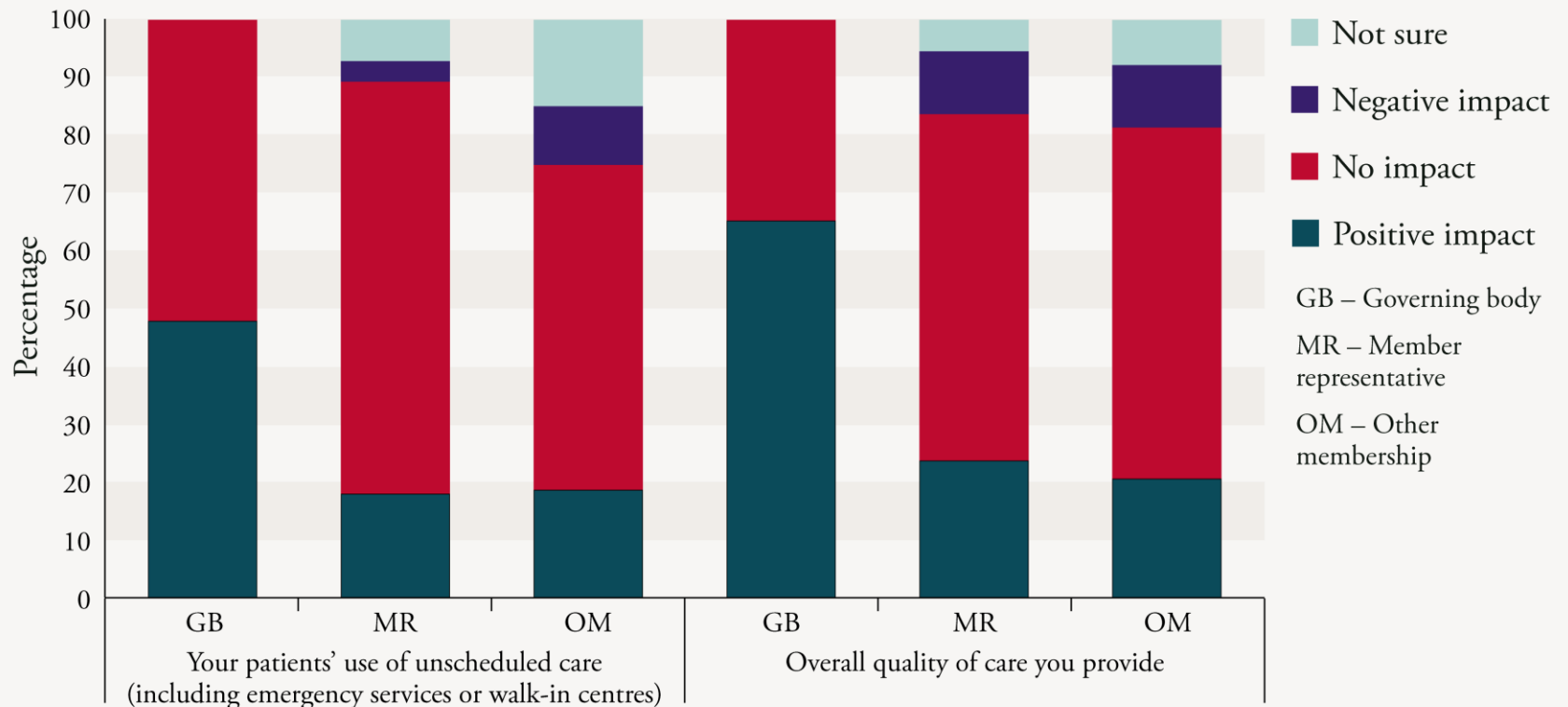


Majority of GPs felt the CCG had no impact on patients' use of unscheduled care and a negative impact on paperwork and meeting commitments



Governing body is more positive about the impact of the CCG than the rest of the CCG membership

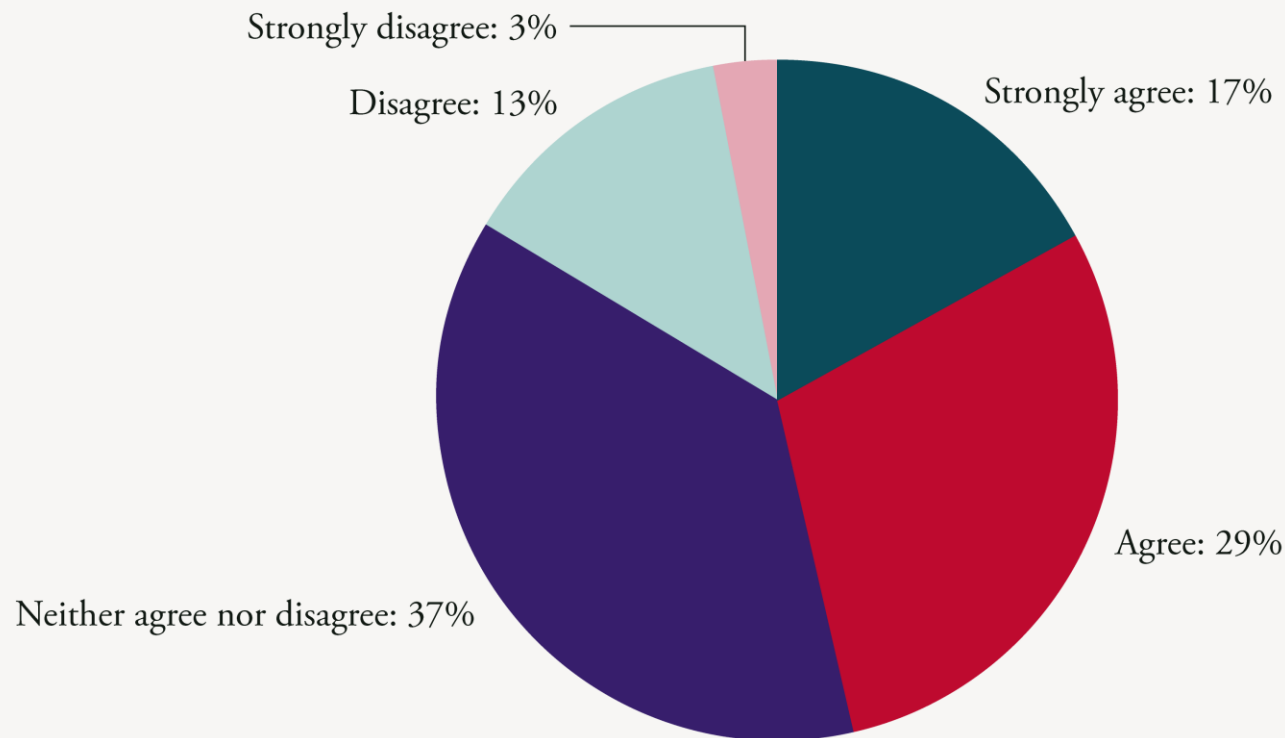
What impact has being part of the CCG had on your work in the following areas?



Notes: Data are for 2014. Respondents who skipped the question were excluded from the distribution. Governing body, n=23; member representatives, n= 55 – 56; other membership n=166 – 167. Member representatives include locality/neighbourhood leads, CCG practice representatives, and CCG sub-committee members. Differences between the percent positive impact reported by GB v. MR and OM are significant $p < 0.01$.

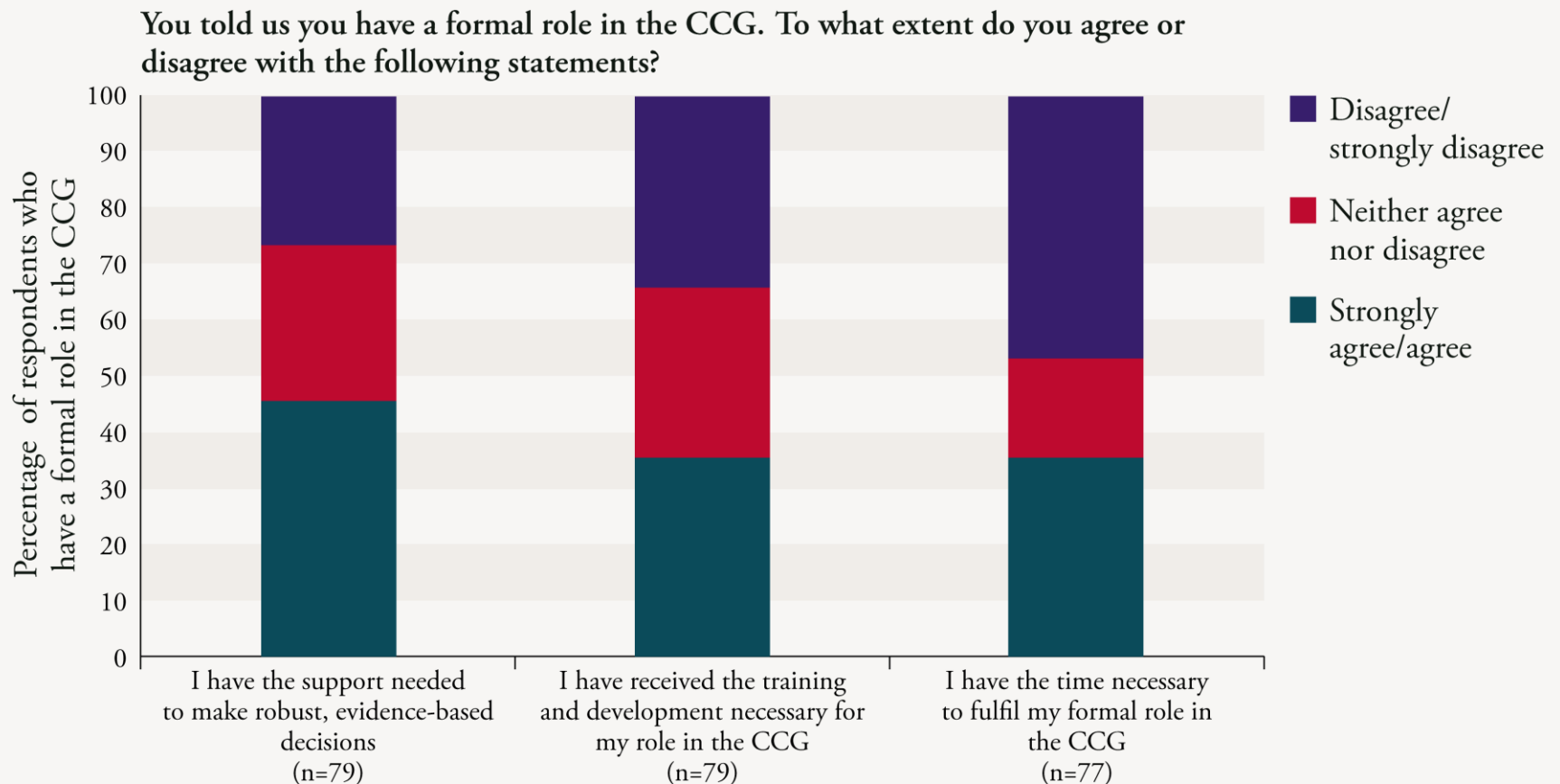
Half of GPs reported that their CCG was more effective than the PCT in helping GPs improve the services they provide to patients

The CCG is more effective than the PCT at helping GPs improve the services they provide to their patients



CCG leaders

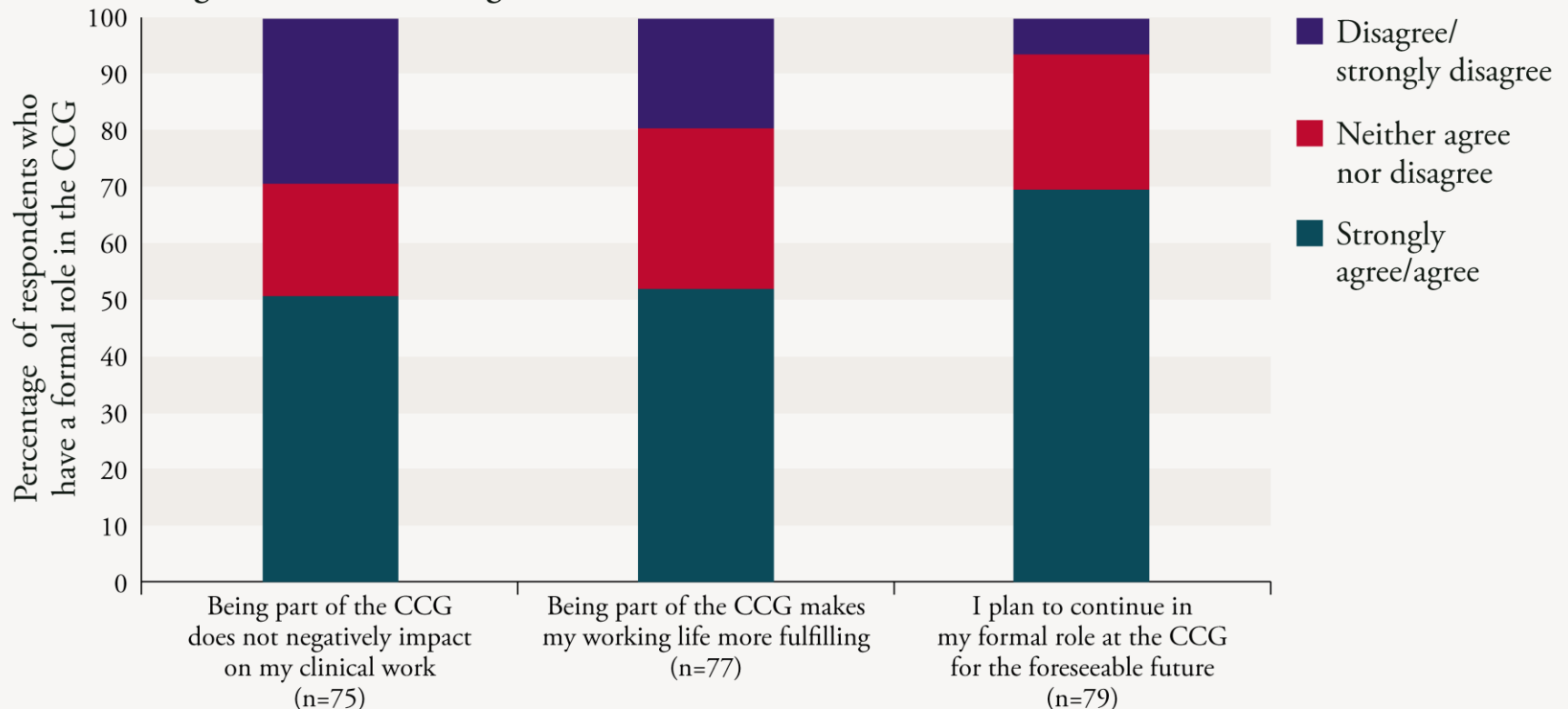
Less than half of GPs with a formal role in the CCG have the support, training and time necessary to fulfil their role



Notes: Data are for 2014. Base: respondents who reported they were either a member of the CCG governing body, practice rep, locality/neighbourhood lead, or sub-committee member. Respondents who skipped the question were excluded from the distribution.

However, the majority plan to continue in that role for the foreseeable future

You told us you have a formal role in the CCG. To what extent do you agree or disagree with the following statements?



Notes: Data are for 2014. Base: respondents who reported they were either a member of the CCG governing body, practice rep, locality/neighbourhood lead, or sub-committee member. Respondents who skipped the question were excluded from the distribution.

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Summary

- One year on, CCGs have managed to broadly maintain overall levels of engagement, although fewer GPs remain highly engaged.
- CCGs were the organisation reported as having the greatest influence over GPs' work; fewer said health and wellbeing boards were influential at this stage.
- GPs increasingly accepted that their CCG has a role in primary care development, and many saw the CCG as more effective at this than the previous PCT.
- There were signs that CCGs are influencing general practice. Some GPs reported their CCG has improved relationships between GPs, promoted multidisciplinary team working, and changed referral and prescribing behaviours. Fewer reported a positive impact on the overall quality of care they provide.
- To maintain engagement in the future, CCGs will need to ensure members at all levels of their organisation feel involved and listened to.
- CCG leaders must be given the time and support necessary to fulfil their role; many did not currently feel they had this.

Next steps for this project

- These survey results are part of an ongoing research study running from 2012 to 2015.
- Our key research questions will be explored in further detail through interviews and observations in the six case study CCGs. A full report of that research will be published in Autumn 2014.
- For more information on the project, see:

<http://www.kingsfund.org.uk/projects/evolution-clinical-commissioning-learning-local-experience>

<http://www.nuffieldtrust.org.uk/our-work/projects/evolution-clinical-commissioning-learning-local-experience>



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