

# Primary care co-commissioning: a survey of members' views of their CCG and its role in primary care

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## Introduction

- This slide pack presents results of an online survey of GPs and practice managers in six clinical commissioning groups (CCGs), selected to broadly represent CCGs across England.
- The survey was undertaken in February/March 2013, January/February 2014 and January/February 2015.
- In 2015 we received 312 responses. These covered approximately 23% of GPs and 45% of practice managers in our case study sites.
- The slides that follow mostly show responses from GPs only – where appropriate we have also shown responses from practice managers. Slides that show all respondents include a small number of other practice staff who completed the survey (see notes under each slide for clarification).

## Survey respondents – breakdown

Role	2013		2014		2015	
	n	%	n	%	n	%
GP principal	149	64%	198	71%	159	51%
Salaried GP	17	7%	34	12%	33	11%
Practice manager	47	20%	28	10%	103	33%
Other/skipped	19	8%	19	7%	17	5%
<b>Total</b>	<b>232</b>		<b>279</b>		<b>312</b>	

## Key findings

### 1. CCG members have mixed views on primary care co-commissioning

- On 1 April 2015, the [majority](#) of CCGs took on fully delegated or joint responsibility for commissioning primary care with NHS England. New responsibilities include designing incentive payments and performance-managing GP practice contracts.
- Although most governing body members felt positive about co-commissioning (81%), a majority of GPs and practice managers without a formal CCG role felt 'negative' (26%) or 'neutral' (43%). Many may be waiting to see how the policy is implemented before forming a view.

### 2. Most GPs do not support performance management by CCGs

- The majority of GPs accepted that their CCG has a role in supporting primary care development, particularly in influencing GPs' prescribing patterns (which 83% support) and encouraging collaboration with neighbouring GPs and others (77%).
- However, few GPs supported their CCG's use of performance management tools such as targets (25%) and sanctions (13%) to achieve these ends.

## Key findings

### 3. Clinical engagement in CCGs is declining, but, is higher than under PBC

- 2013 – 2015: the proportion of GPs highly engaged with their CCG declined from 19% to 11%; those who felt they could influence their CCG's work declined from 47% to 34%.
- However, overall GP engagement remains higher than estimates under Practice-based Commissioning (PBC).\*
- The survey identified a number of possible reasons for declining engagement: the majority of CCG leaders felt they lacked the time or training to fulfil their role; CCG managers were seen to be more influential in commissioning decisions than GPs on the governing body; referral and prescribing patterns had reportedly changed since the establishment of the CCG, but only 21% of GPs felt the quality of care had improved.

### 4. There are some positive signs for the future

- The majority of CCG leaders planned to continue in their role for the foreseeable future, and a fifth of GPs and practice managers not currently in leadership positions were interested in getting involved.

\*[Practice-based Commissioning](#) (PBC) was introduced in 2005 in order to increase clinician involvement in primary care trust (PCT) commissioning. For an estimate of GP engagement in PBC, see [Curry and Wood](#) (2009)

## Implications

- **Maintain positive clinician-to-clinician relationships:** in implementing co-commissioning, CCGs must make full use of their links with members to influence practices and avoid alienating members when performance-managing GP practice contracts – a CCG role that few respondents support.
- **Avoid a perception of CCGs as manager-led organisations:** clinical engagement is declining and CCG managers are already seen as more influential than GPs. To be successful in co-commissioning, CCGs must forge strong partnerships between members and managers that maximise the clinical voice, while ensuring they manage the conflicts of interest that arise as GPs commission primary care.
- **Focus on improving quality in primary care:** few GPs feel CCGs have improved the quality of care locally. However, co-commissioning gives CCGs an opportunity to make positive changes that are visible to GPs in their day-to-day practice. This will be vital to maintaining GP engagement and driving much-needed change in primary care.

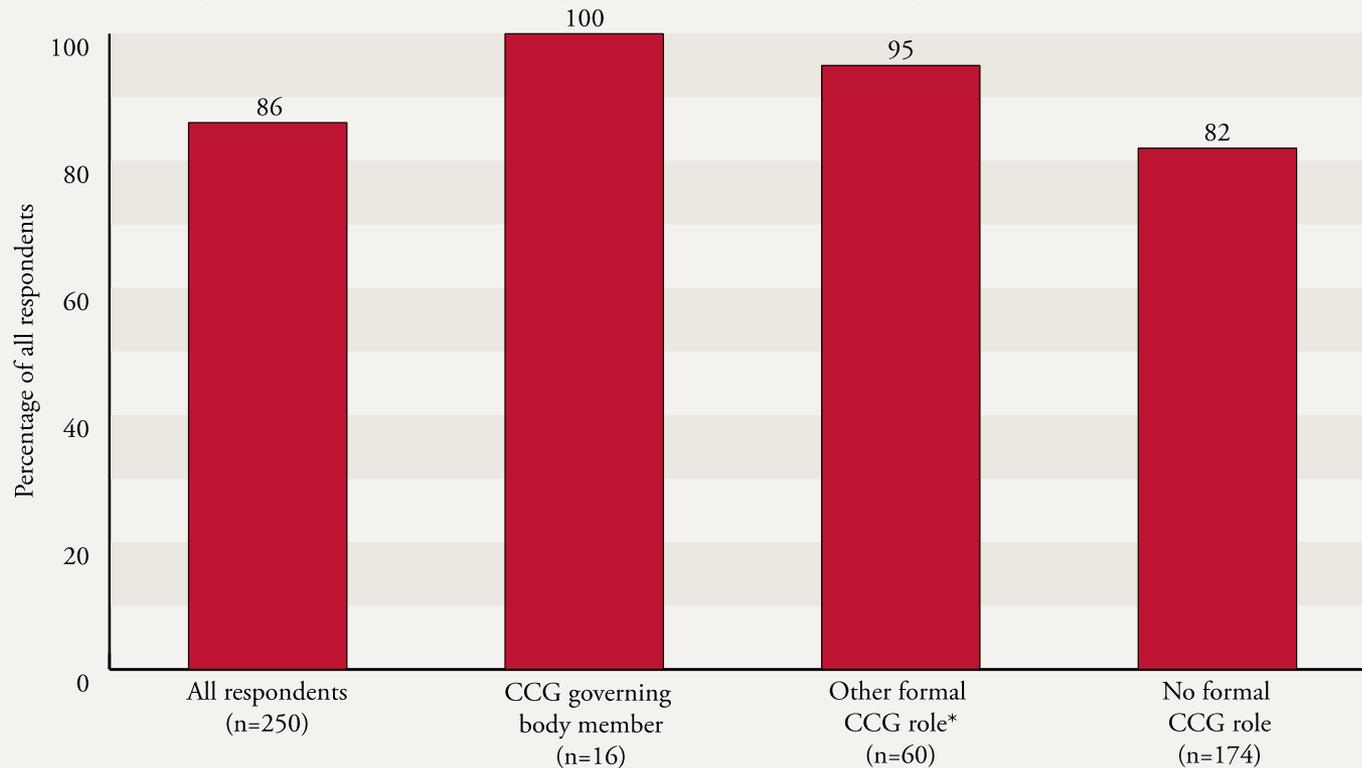
## Implications

- **Sustain clinical leadership:** as CCGs implement the [Five Year Forward View](#), they will have to compete with emerging provider organisations for GP leaders' time. Some GPs were keen to get more involved in CCG work and this enthusiasm needs to be harnessed. Practice managers appear to be an under-utilised resource, with the potential to play a more defined role in supporting the work of CCGs, as well as in the development of new delivery models.

# What do GPs think about co-commissioning and their CCG's role in primary care?

# Most GPs and practice managers were aware of primary care co-commissioning

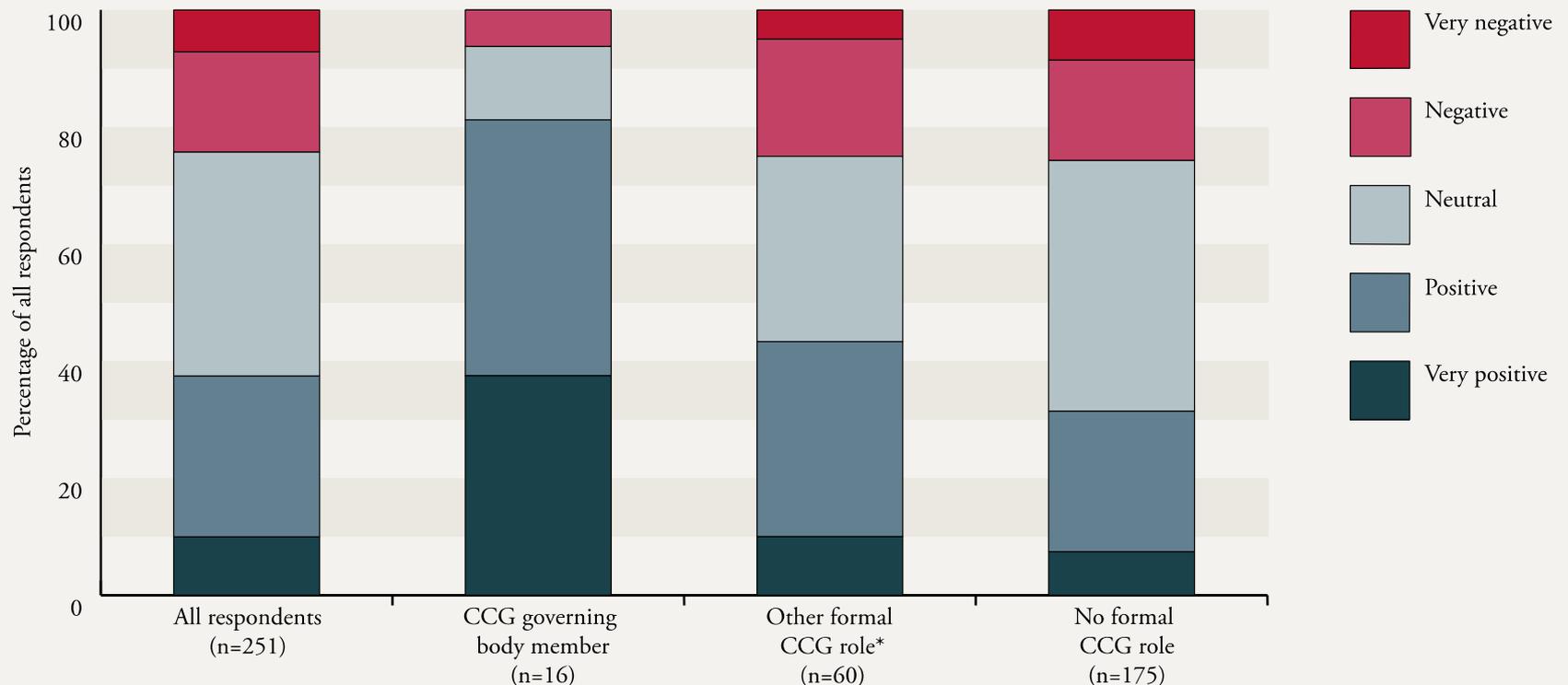
From April, CCGs will have the option to take on new responsibilities for commissioning primary care with NHS England (co-commissioning). Were you aware of this? (Percent saying 'yes')



Notes: \*CCG practice representatives, CCG locality/neighbourhood leads, or CCG sub-committee members; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

Governing body members felt positive about the new developments, whereas most members without a formal CCG role were neutral

Co-commissioning: how do you feel about this development?



Notes: \*CCG practice representatives, CCG locality/neighbourhood leads, or CCG sub-committee members; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

## Respondents provided a range of reasons for their views on co-commissioning

### CO-COMMISSIONING: WHY POSITIVE?

“If CCG is to facilitate integration they need to be responsible for secondary and primary care”  
(GP governing body member)

“Will improve overall patient care, resources being directed to where mostly required”  
(GP, no formal CCG role)

“Area team is not interested and is too remote”  
(GP with formal CCG role\*)

“The CCG are already doing much of the work presently and this will allow them to have greater influence and control over the processes”  
(Practice Manager, no formal CCG role)

“Gives member practices more say in more areas”  
(Practice Manager, no formal CCG role)

“They are more local and able to react to local issues”  
(Practice Manager, no formal CCG role)

### CO-COMMISSIONING: WHY NEGATIVE?

“It presents a severe conflict of interest and can [no] longer function as a membership organisation”  
(GP, no formal CCG role)

“The decisions mainly involve politics and rationing of care, hence it is not a suitable role for clinicians, who should be advocates for patients”  
(GP, no formal CCG role)

“CCGs are busy enough as it is without taking on more work”  
(Practice Manager, no formal CCG role)

“CCG appears to be very much a reincarnation of the PCT, with working GPs having little influence over the CCG as always claim conflicting interests, which I see can only get worse with co-commissioning”  
(GP, no formal CCG role)

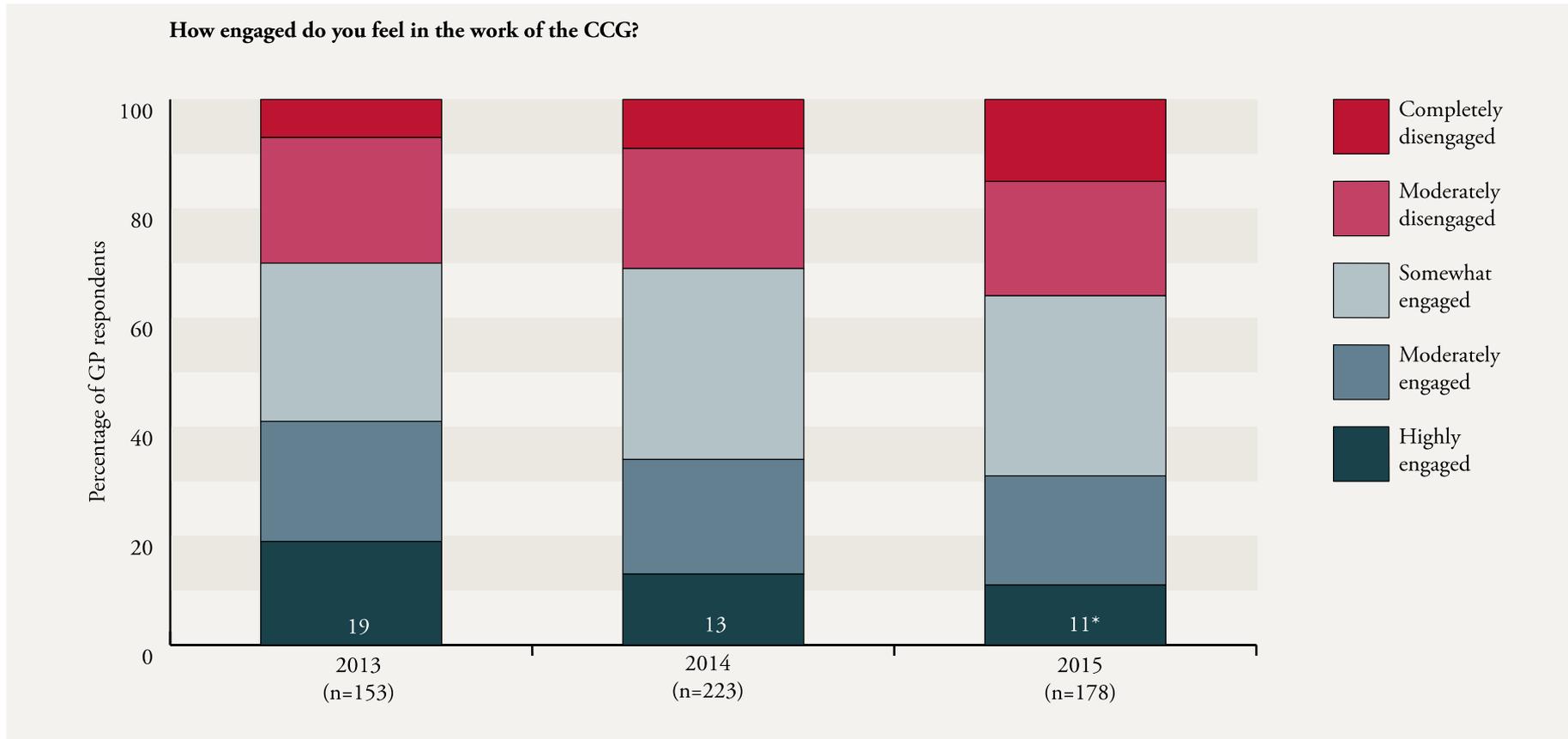
“How different is this from the PCT?”  
(GP, no formal CCG role)

## However, the majority of GPs agreed that the CCG has a role to play in developing primary care

- The majority of GPs agreed that the CCG has a legitimate role in influencing their work, particularly in:
  - influencing prescribing patterns – 83% agree
  - working as part of multi-disciplinary teams – 77% agree
  - influencing their relationship with other GP practices – 75% agree.
- To do this, the majority supported CCGs facilitating training (75%), encouraging peer review of data (63%) and providing financial incentives (53%) – these mechanisms were also seen to have the greatest impact.
- Only a quarter supported the use of targets and only 13% supported the use of sanctions.

# Tracking levels of engagement and involvement by CCG members

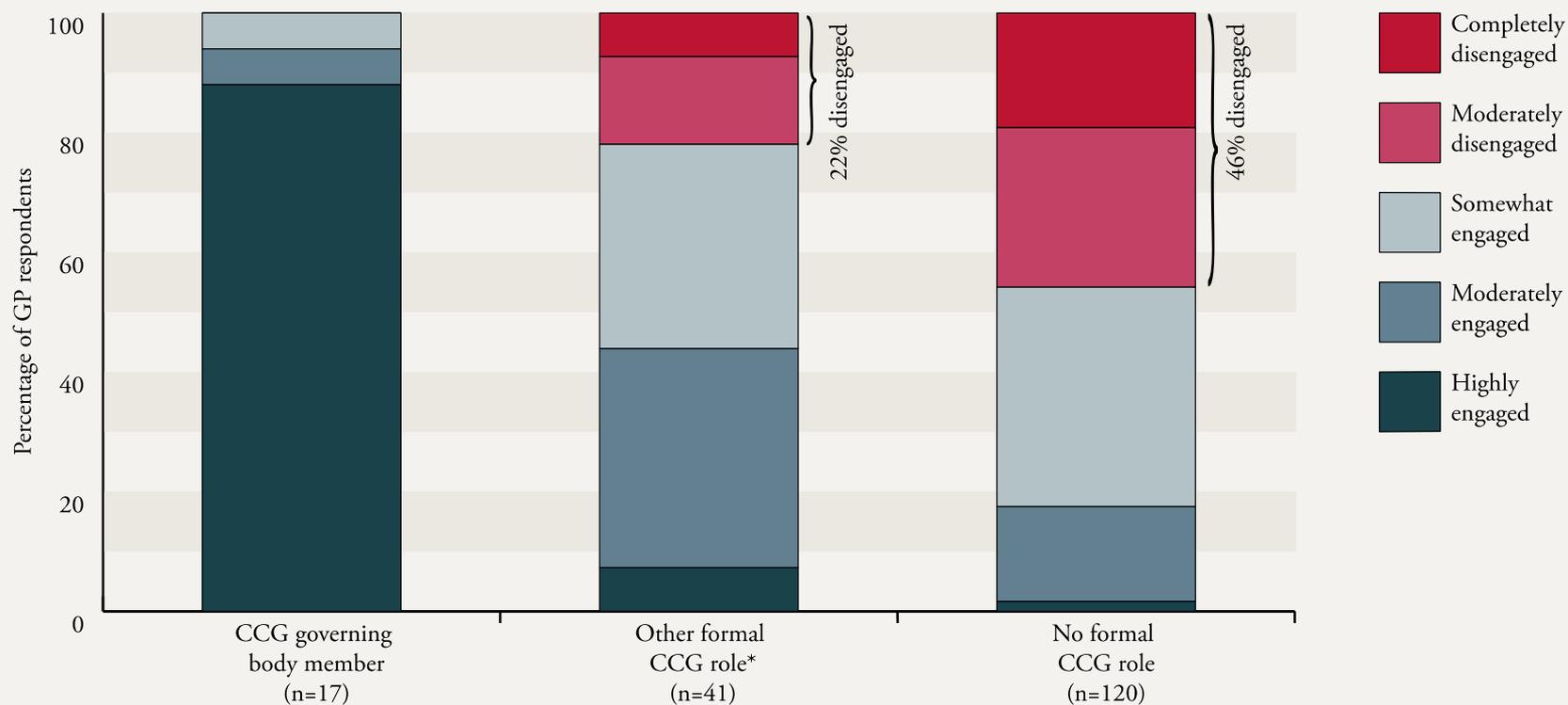
Between 2013 and 2015, the proportion of GPs highly engaged with their CCG declined from 19% to 11%



Notes: Base: GPs only; respondents who skipped the question were excluded from the distribution. \*Change from 2013 is statistically significant,  $p < 0.05$  using chi-squared test. Source: Nuffield Trust and The King's Fund surveys of six CCGs (2013, 2014 and 2015).

## Close to half of GPs without a formal CCG role, and almost a quarter of CCG practice representatives, felt completely or moderately disengaged

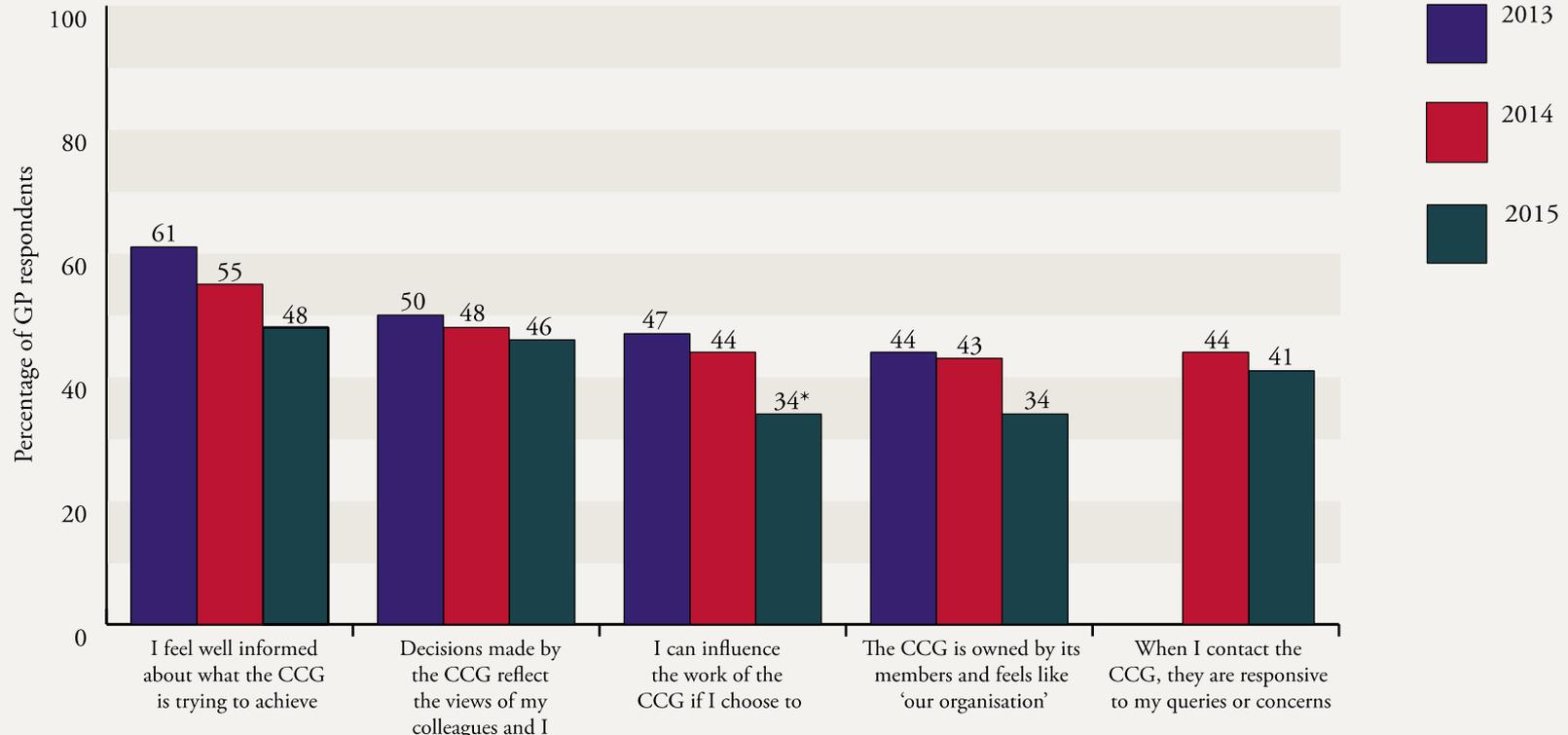
How engaged do you feel in the work of the CCG?



Notes: Base: GPs only. \*CCG practice representatives, CCG locality/neighbourhood leads or CCG sub-committee members; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

# Only one in three GPs felt they could influence their CCG in 2015, compared to nearly half in 2013

To what extent do you agree or disagree with the following statements?  
(Percentage 'agree' or 'strongly agree')



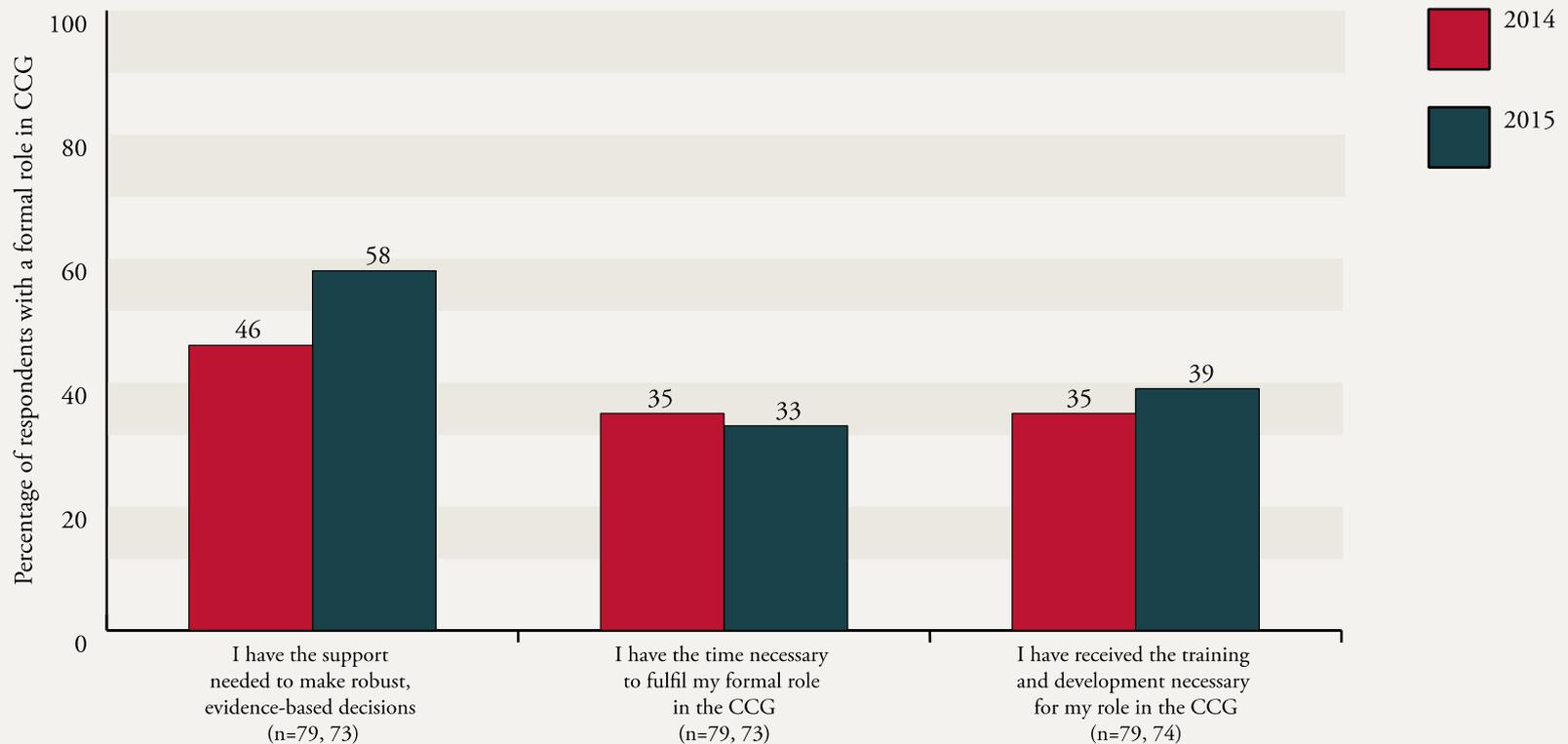
Notes: Base: GPs only; n=157–159 (2013), 220–224 (2014), 178–180 (2015); respondents who skipped the question were excluded from the distribution.

\*Change from 2013 is statistically significant,  $p < 0.05$  using chi-squared test.

Source: Nuffield Trust and The King's Fund surveys of six CCGs (2013, 2014 and 2015).

Why? Governing body members and CCG practice representatives continued to struggle to find the time or training needed to fulfil their role

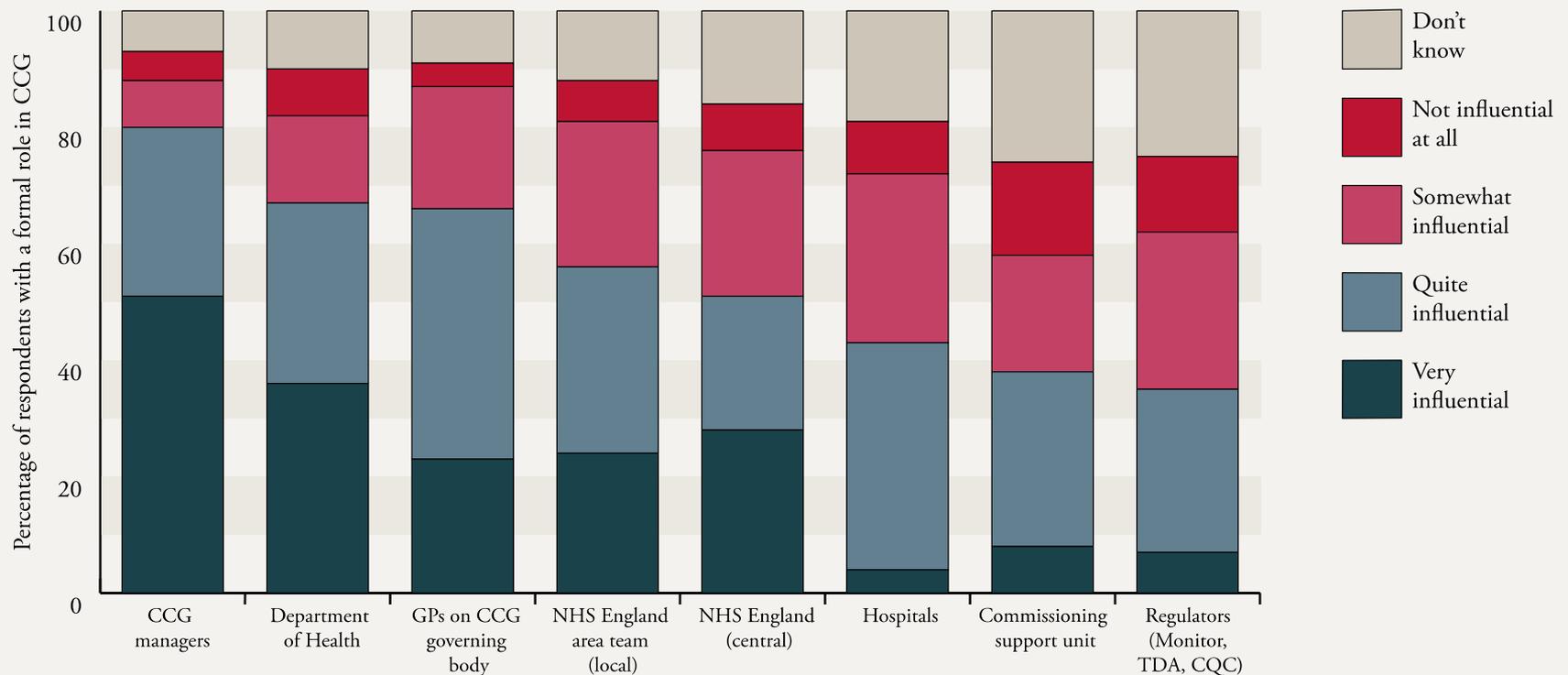
To what extent do you agree with the following statements?  
(Percentage 'agree' or 'strongly agree')



Notes: Base: Governing body members, CCG practice representatives, CCG locality/neighbourhood leads or CCG sub-committee members; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund surveys of six CCGs (2014 and 2015).

# CCG managers are seen to be more influential over CCG decisions than GPs on the CCG governing body

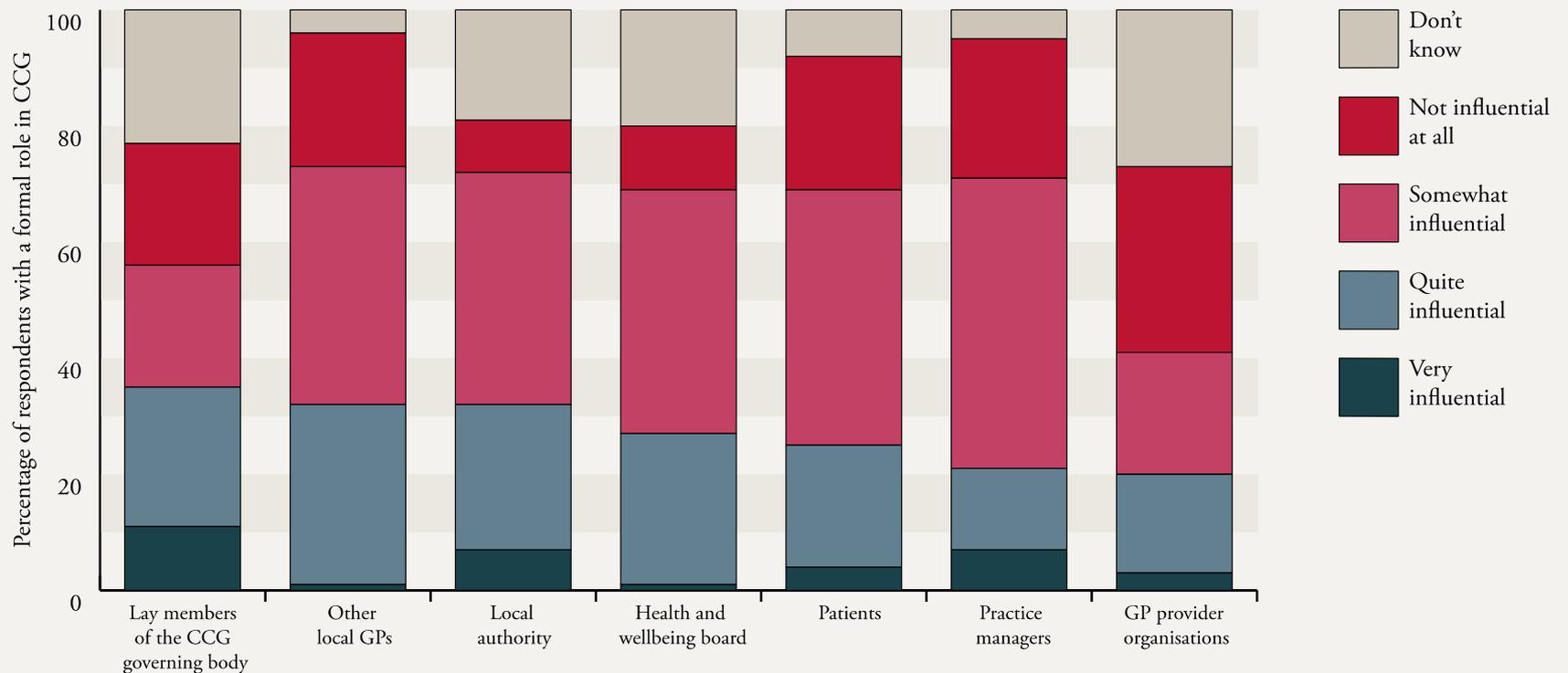
What degree of influence do you feel each of the following has had on the commissioning decisions of your CCG in the last year? (Part 1 of 2)



Notes: Base: governing body members, CCG practice representatives, CCG locality/neighbourhood leads or CCG sub-committee members; n=74-75. Respondents who skipped the question were excluded from the distribution. TDA = Trust Development Authority; CQC = Care Quality Commission. Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

# Only one in four viewed patients as being 'very' or 'quite' influential over CCG decisions

What degree of influence do you feel each of the following has had on the commissioning decisions of your CCG in the last year? (Part 2 of 2)



Notes: Base: governing body members, CCG practice representatives, CCG locality/neighbourhood leads or CCG sub-committee members; n=74-75; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

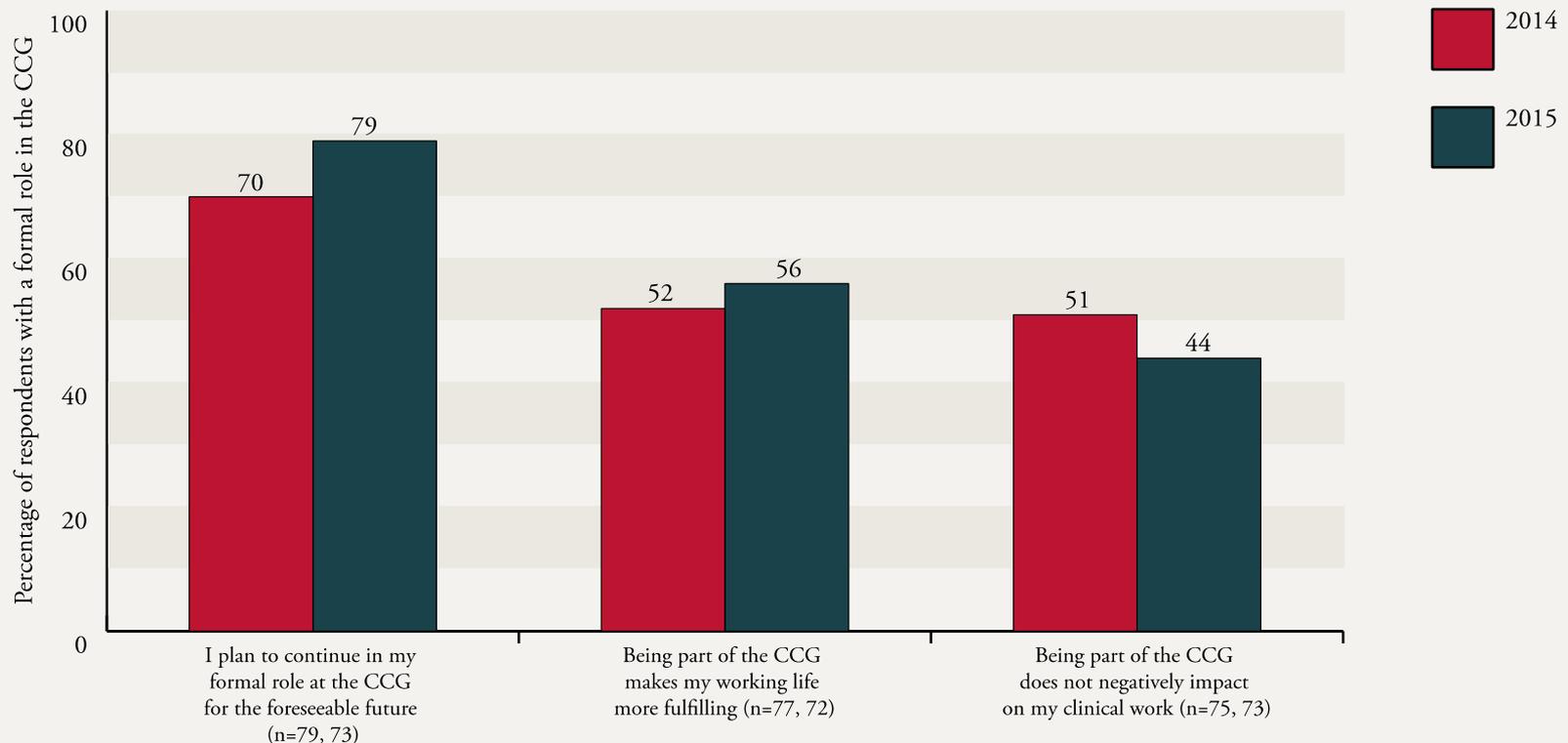
## When asked about what difference the CCG has made, it was a mixed picture

- GPs viewed their CCG as having had a limited impact in primary care so far:
  - The majority reported that the CCG had changed their adherence to referral pathways (68%) and their prescribing patterns (63%).
  - But far fewer felt that the CCG has had a positive impact on the overall quality of care they provide (21%) and patient experience of GP services (12%), with the majority feeling that the CCG has made no impact in these areas to date.
- By far the most negative feelings were about administrative burden: 71% of GPs reported that being part of the CCG has had a negative impact on the amount of paper work and extra meeting commitments they have.

# Positive signs for the future

The majority of governing body and CCG practice representatives planned to continue in their role for the foreseeable future

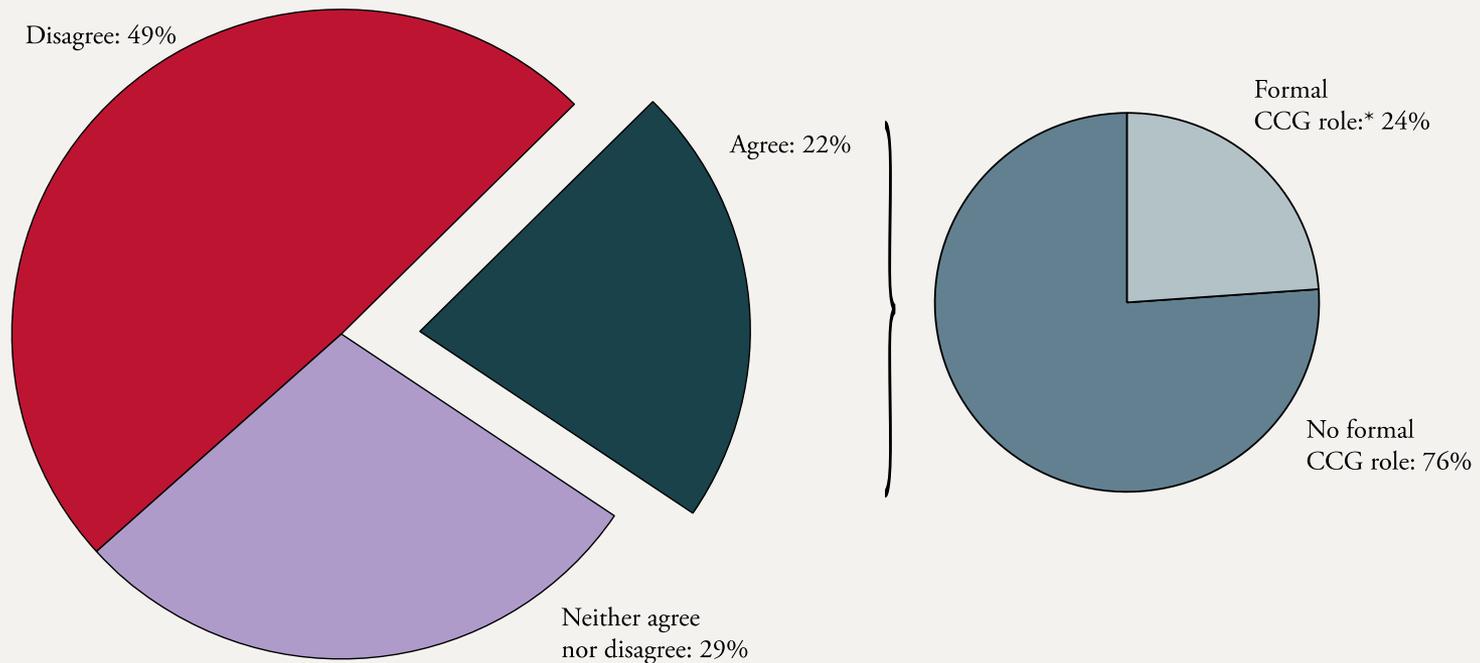
To what extent do you agree or disagree with the following statements?  
(Percentage 'agree' or 'strongly agree')



Notes: Base: governing body members, CCG practice representatives, CCG locality/neighbourhood leads or CCG sub-committee members; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund surveys of six CCGs (2014 and 2015).

There are also encouraging signs from other members, who said they would be interested in getting more involved with the CCG in the future

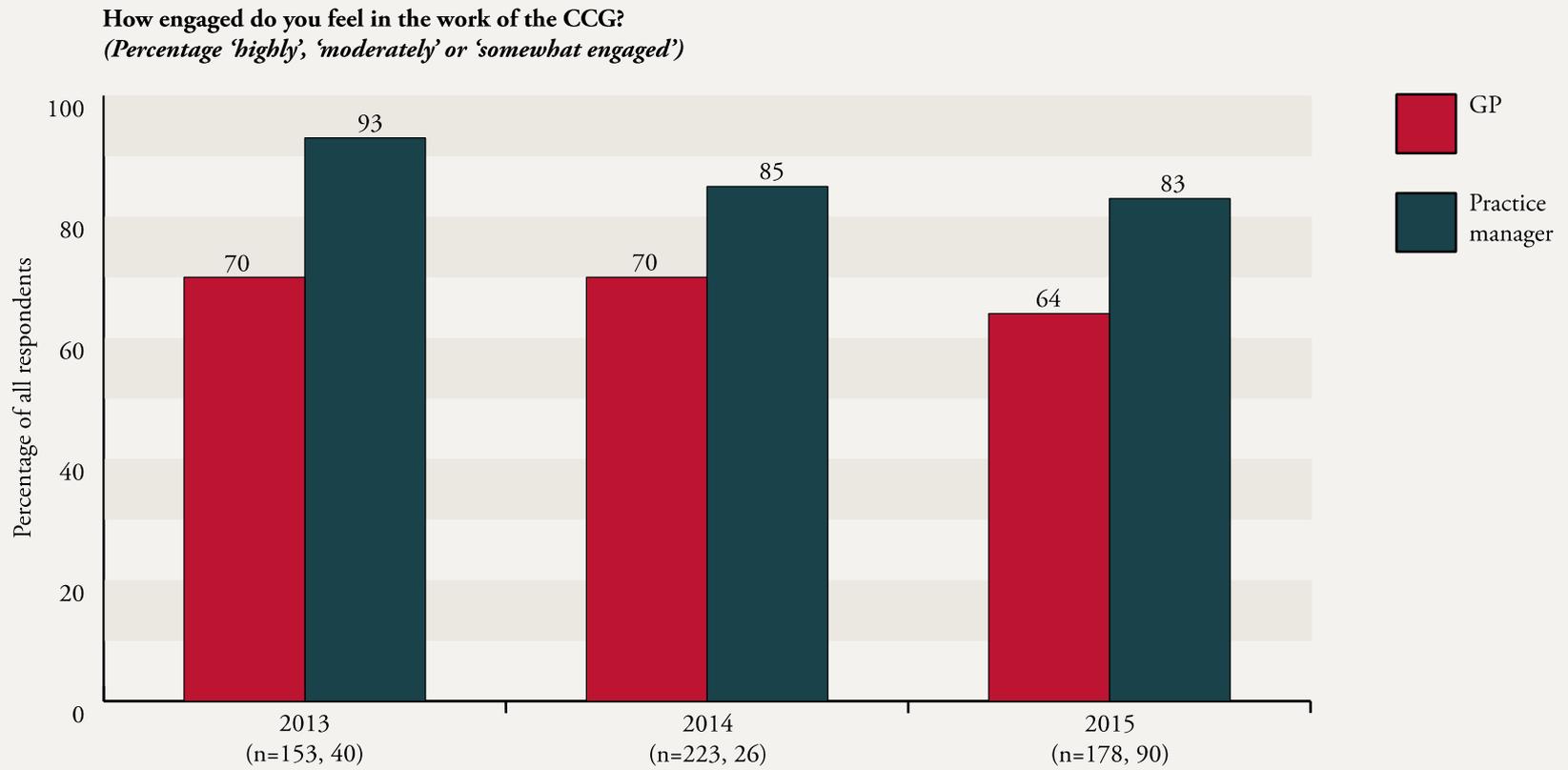
I am interested in getting more involved in the work of the CCG or taking on a leadership role in the future\*



Notes: Base: respondents who are not currently in leadership positions in the CCG; n=254.

\*Includes CCG practice representatives, CCG locality/neighbourhood leads and CCG sub-committee members; respondents who skipped the question were excluded from the distribution. Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

Practice managers continued to report high levels of engagement – their role could be developed to better support the clinical leadership



Notes: Respondents who skipped the question were excluded from the distribution.  
 Source: Nuffield Trust and The King's Fund survey of six CCGs (2015).

## About this research

- This survey is part of an ongoing study by the Nuffield Trust and The King's Fund, which has followed six CCGs since 2012.
- The CCGs were selected to vary in size, location, level of deprivation and urban/rural locations.
- Findings from earlier stages of the research, which included interviews and observations in each CCG, were published in [July 2013](#) and [January 2015](#).
- The study focused on two key research questions:
  - 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?

If you have any questions about the research, please contact Holly Holder ([holly.holder@nuffieldtrust.org.uk](mailto:holly.holder@nuffieldtrust.org.uk)) or Ruth Robertson ([r.robertson@kingsfund.org.uk](mailto:r.robertson@kingsfund.org.uk)).

For more information on the project, see:

[www.kingsfund.org.uk/projects/evolution-clinical-commissioning-learning-local-experience](http://www.kingsfund.org.uk/projects/evolution-clinical-commissioning-learning-local-experience)

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