

The future direction for Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Groups

Stakeholder briefing

July 2019

Working Together:

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group

Introduction

We are proposing to change the way NHS commissioning is arranged in Bath and North East Somerset, Swindon and Wiltshire.

Commissioning is about finding the most effective and efficient way of using all available resources to improve health outcomes for the local population. This involves planning, buying and monitoring local NHS services.

NHS Clinical Commissioning Groups (CCGs) are governed by members of local GP practices, and it is their clinical expertise and patient insight that helps CCGs to ensure health services are the best they can be. But GPs are not doing this alone. CCGs work with a team of healthcare professionals and patient representatives to plan and deliver services.

Bath and North East Somerset (BaNES), Swindon and Wiltshire CCGs are currently three separate statutory bodies, each with its own separate Governing Body (Board). This document sets out the rationale for moving from three organisations to one single CCG from 1 April 2020 and how you can share your views on our plans.

Background

BaNES, Swindon and Wiltshire CCGs serve a combined population of more than 934,000 people, and have a collective membership of 94 GP practices. They are responsible for a total combined annual budget of £1.1 billion. All three areas have areas of affluence and areas of significant deprivation.

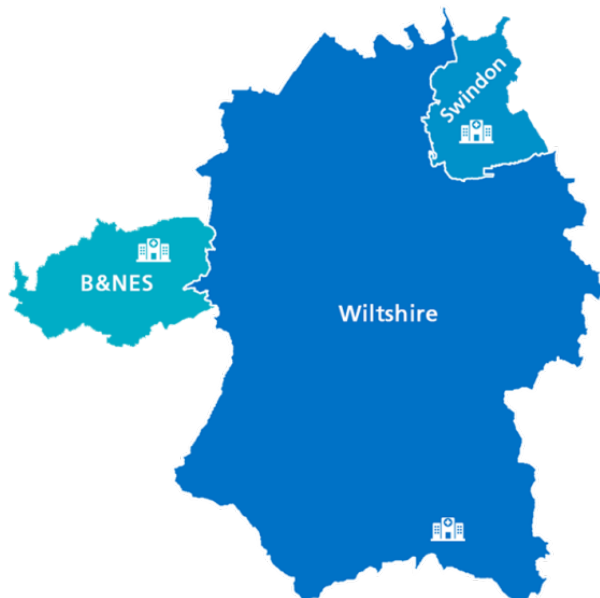
The three CCGs have a history of working together effectively to deliver high quality care and to reduce inequalities for local people. In the past year, the organisations have increased partnership working by, for example, establishing a single Chief Executive and a single executive management structure to provide more consistent leadership and direction to staff. We have also begun to develop streamlined governance and decision-making processes and agreed shared system-wide priorities.

The NHS Long Term Plan

In January 2019, the NHS Long Term Plan was published and describes an ambitious programme of improvement for the next decade. It sets out the expectation that Integrated Care Systems will grow out of the existing Sustainability and Transformation Partnerships (STPs). Integrated Care Systems are when provider and commissioning organisations work together in a shared way; sharing budgets, staff and resources to best meet people's needs. Greater Manchester is an example of an Integrated Care System that is beginning to work in this way and has one health plan which is integrated into broader plans for economic development and growth.

For CCGs, there is an expectation that, by April 2021, every Integrated Care System will have more streamlined commissioning arrangements. For BaNES, Swindon and Wiltshire CCGs, this will involve moving from three separate CCGs to a leaner, more strategic single CCG for our combined system.

We need to maintain our focus on local needs within a neighbourhood or locality and Primary Care Networks (PCNs) have been set up to do this. From June 2019 there are 21 PCNs across Bath and North East Somerset, Swindon and Wiltshire consisting of groups of GP practices that will work together with a range of local providers, social care and the voluntary sector. They will focus on delivering more personalised, coordinated health and social care to meet the needs of their particular locality. All PCNs will belong to one of three Integrated Care Alliances or Providers. These will serve wider populations living within the geographical areas that reflect the local authority boundaries of Bath and North East Somerset, Swindon and Wiltshire.



Why do we want to make changes to our commissioning arrangements?

The NHS Long Term Plan makes it very clear that a single CCG should be created across Bath and North East Somerset, Swindon and Wiltshire and there are several advantages associated with merging:

Benefits for patients:

- A single, commissioning organisation would mean we can improve the quality and safety of services and treatments. Together we can reduce variation in care for people and standardise best practice approaches so everyone receives high quality treatment, regardless of where they live.

An example of where joint working is already benefitting patients is the integrated urgent care services contract that has been in place since May 2018. The provider, Medvivo, provides services across Bath and North East Somerset, Swindon and Wiltshire including GP out-of-hours, a single point of access, crisis response services and a wide range technology enabled care solutions. Separately the three CCGs would not have been able to fund these services and a clinical hub that means there are experienced health professionals available for anyone who calls NHS111 who can make clinical assessments, advise and arrange urgent care if required.

- This change would complement emerging developments within the NHS arrangements around us, in particular the Integrated Care System and Primary Care Networks. It would mean we have the right structure so health and care partners across the system can work more effectively and efficiently together to align our priorities around reducing health inequalities, supporting people to stay well and tackling the causes of illness.
- A merger also helps us to meet financial challenges. For example, there is the potential for cost savings through economies of scale and the streamlining of governance and administration processes, which mean we can invest more of our budget into frontline services or transformational projects.
- The proposal for a single B&NES, Swindon and Wiltshire CCG coincides with a drive to improve our engagement with local people, clinicians, partners and others across our three localities. We already have in place arrangements to engage everyone in the development of our commissioning plans and have begun to work together more closely on engagement activity such as our [maternity transformation](#) and [Our Health and Future](#). Our proposed change is an opportunity to create a new communications and engagement strategy that builds on existing good practice and helps more people to get involved with our work at a local and system-wide level.

Benefits for partners:

- As one organisation, we can provide a single, coherent and consistent vision and voice to partners to focus ideas, energies and resources on achieving high quality outcomes across the system.
- Although commissioning would move towards a larger geographical footprint, there are well-developed local partnerships in place. For example, with our local authorities, primary care, mental health and community services and third sector, which we value greatly. Through our merger, we will continue to maintain these existing partnerships and also improve our integration with local councils. As one organisation, we can also build mutually-beneficial relationships across the wider health and care system.
- Operating at-scale, we can strategically commission services, and make it easier for our providers to deliver better value.

This would also mean designing more innovative contracts which will give providers more flexibility and scope while reducing the bureaucracy and inefficiency associated with multiple separate contracts.

Benefits for our staff:

- Working together as one CCG would generate economies of scale and reduce duplication, creating opportunities for staff to use their skills across a wider organisation, to work in new areas of work to support their own career development while also freeing up capacity. It presents us with a better opportunity to attract, afford and retain staff with the right talent and skills.
- The move to establish one organisation by April 2020, rather than waiting until the following year, reduces the uncertainty for staff, associated with potential incremental changes.
- A merged organisation would mean shared resources, expertise and learning, leading to a more effective and agile workforce.

Further financial benefits:

The NHS Long Term Plan asks us to make 20 per cent savings on our management costs. Coming together as a single CCG allows us to achieve that saving more easily than as three organisations.

What happens next?

The three CCG Governing Bodies recently approved the decision to pursue the creation of a single CCG with one Governing Body and one set of statutory duties for Bath and North East Somerset, Swindon and Wiltshire by 1 April 2020. Throughout July and August, we will be writing out to and/or meeting all our stakeholders and gathering their views on our plans.

All feedback will then be considered by the three Governing Bodies and our collective GP membership will be invited to vote on a final decision to apply for merger in mid-September. With their support, we will then formally apply to NHS England to make a final decision regarding the future of BaNES, Swindon and Wiltshire CCGs later this year.

How to respond

Please email bsw.mergerfeedback@nhs.net by 4 September 2019. Alternatively, you can write to BSW CCGs Merger, c/o Transition Programme Director, Kempthorne House, St Martin's Hospital, Clara Cross Lane, Bath BA2 5RP or call 03333 219464.