A new clinical commissioning group for Bradford district and Craven

This document describes a proposal to form one new CCG with effect from 1 April 2020 to replace the three clinical commissioning groups in Bradford district and Craven

Engagement period: 8 May – 9 June 2019
What are we asking for your views about?

We are asking what you think about a proposal to create one new clinical commissioning group (CCG) to replace the three existing CCGs in Bradford district and Craven.

What is not included?

This proposal is not about any other NHS organisations – like hospitals and mental health, community or family doctor (GP) services - or any care services provided by local councils. It does not affect any services we buy from voluntary and community sector (VCS) or any other organisations.

What are clinical commissioning groups?

CCGs took over responsibility for planning, buying and monitoring (commissioning) local health services in April 2013. They work to improve population health, by tackling health inequalities, and to improve life expectancy and the quality of life.

They are membership organisations, with local family doctors (GP practices) as their members.

Responsible for commissioning most hospital and healthcare services in the local area, CCGs are regulated by NHS England and are accountable to the Secretary of State for Health and Social Care. The types of services commissioned by CCGs include:

- planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours and NHS 111)
- most community health services
- mental health services
- learning disability and/or autism services

Our proposals will not affect any of these services or your ability to use them.

What are the current arrangements?

There are three CCGs covering Bradford district and Craven:

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG

Between them, they commission NHS services for a population of over 600,000 people.

They cover the following areas:
The member practices come together in a “council” that directs the work of the organisation. CCGs also have a governing body made up of elected GPs and other clinicians, including a nurse, a hospital consultant, and lay people. The governing body ensures that the CCG follows the direction set by the members.

Although each of the three CCGs appoints its own members to a governing body and other committees, since 2017 these have been operating as committees in common (that is, one meeting at which members take decisions together or separately, as appropriate). The CCGs’ clinical boards/clinical executive also operate in the same way, depending on the nature of the discussions taking place.

All three CCGs commission primary care (services provided by, and in, general practice) and have a primary care commissioning committee, which also acts as a committee in common -to oversee this process.

Based on the health needs of local people, and to help reduce health inequalities, NHS England gives money to CCGs to pay for local NHS services. Money allocated to our CCGs is distributed at community level to ensure that it is spent within localities. Within the CCGs’ annual budget, there is a separate allocation for administration (or “running”) costs, which helps to determine their total staffing.

Since 2016, all three CCGs in Bradford district and Craven have shared the same staff and management arrangements, and work as one in terms of governance and decision-making.
Why are we making changes?

In 2018, NHS England and NHS Improvement told us that they would be reducing their administration costs by 20% by 31 March 2020.

In turn, they asked all CCGs to reduce their own running costs by 20% in the same timescale. Whilst the reduction does not apply to the health services that we commission (and therefore will not affect frontline patient services), it does apply to CCG staffing arrangements.

If we remain as three separate CCGs, and reduce our budget by the £2.5m required across Bradford and Craven, it may not be possible to fulfil all our responsibilities.

Becoming one CCG, is a logical next step following our closer working over the last three years. We will be able to take a more streamlined approach to commissioning and simplify our governance arrangements. The new organisation will be leaner, more efficient and able to support our health and care partners in improving local people’s health and the services they use, and implementing the NHS Long Term Plan.

We will keep our current local arrangements for engaging with people and health professionals in the places where they live and work so that we stay in touch with, and take account of, their needs.

If supported by our membership and by NHS England, the new CCG would be created on 1 April 2020, following the dissolution of the existing ones.
What is the best way to reduce our costs?

The biggest single area for savings (around £1 million of the £2.5 million required) would be through creating one single CCG instead of the three that we have now. We would make these savings by appointing members to one single governing body (rather than a combination of the membership of three governing bodies) and through shared clinical leadership across the Bradford district and Craven area.

We are looking to achieve the rest of the savings required in two ways. For some time, we have appointed staff to vacant posts only if their role is essential. We have also reduced departmental budgets and have begun sharing staff with our partners. Ultimately, if we do not achieve our savings target, we run the risk of further staff cutbacks and may need a redundancy programme.

How will becoming one CCG impact on our members and partners?

By moving to one larger CCG, we know that there may be concerns about the dilution of the voice of three smaller CCGs. However, we are already working with groups of GP practices and others at a local level in 13 community partnerships across Bradford district and Craven that focus on people’s health and wellbeing in local communities. Our financial resources are directly linked to these communities.

How will having one CCG impact on patients and their carers?

A single CCG would ensure consistency and help make our resources go further, delivering fair outcomes for patients no matter where they live. It would not affect frontline patient services.

As many of our existing teams already work across Bradford district and Craven, there are good relationships and engagement networks in all areas that put local people’s views and experiences at the heart of our decision-making. We will continue to build on these relationships and strengthen joint working with partners.

So that people’s voices are heard no matter where they live in Bradford district and Craven, we will continue to meet our statutory duties to provide information about, and opportunities to influence, our plans, priorities and any future plans to change services.

What would you like my views about?

We would like to know what is important to you, as an individual (or organisation), so that we can reflect upon this in the process to create a new CCG.

At the end of this document you will find a small number of questions that we would like to ask you about our proposals.
How will my views be used?

All of the views that we receive will be summarised and presented to the councils of members/representatives to help them decide on a proposal to create a new CCG.

Who will make the final decision?

Each council of representatives/members will take the decision to become one CCG. The results of this engagement will be discussed by the members when they formally consider the merger proposal at their meeting on 27 June 2019, and their decision announced shortly afterwards.

Working with Healthwatch

We are talking to local Healthwatch organisations to understand their views on our proposals and to make sure that a wide range of local people’s views are taken into account. Through their ongoing outreach activity and events they will be helping communities to receive and understand information about this proposal and gathering people’s views. You can contact Healthwatch for more information:

**Healthwatch North Yorkshire**
(covering the Craven area)
Phone: 01904 552687
Email: admin@healthwatchnorthyorkshire.co.uk
Website: www.healthwatchnorthyorkshire.co.uk

**Healthwatch Bradford and District**
Phone: 01535 665258
Email: info@healthwatchbradford.co.uk
Website: www.healthwatchbradford.co.uk

How do I tell you my views?

Please complete the form on page seven and return it by one of the following methods:

**Email:** consultation@bradford.nhs.uk

**Post:** Communications team, Bradford district and Craven CCGs, Scorex House (West), 1 Bolton Road, Bradford BD1 4AS

**Online:** www.surveymonkey.com/r/CCGsurvey

by no later than Sunday 9 June 2019
Proposal to create a new CCG for Bradford district and Craven

Your views

Please use a separate sheet of paper if you need more space to respond.

1. Are you responding as an individual or on behalf of an organisation (please tick which one applies):
   - As an individual
   - On behalf of an organisation (please state which below)

2. What benefits could you see from a single CCG for Bradford district and Craven?

3. What concerns do you have about a single CCG for Bradford district and Craven and how would you like us to address them?

4. Is there anything else you’d like to tell us, or any questions which have not been answered?

(continued overleaf)
If you would like feedback on what people have told us about these proposals and/or the decision to create one single CCG for Bradford district and Craven, please complete your address details below:

Your name: ………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………

Postcode: ………………………………………………………………………………………………………

Email: …………………………………………………………………………………………………………

I give permission for the CCGs to hold my contact information on a database, in order to send me updates about other health and care developments and future opportunities to share my views. The CCG will never share your details with any other organisation/third party.

Yes / No*
(*delete as appropriate)

Signed: …………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………