healthwatch
Stockton-on-Tees

Feedback on the Proposals for new Clinical Commissioning Groups in Tees Valley and Durham CCG's

August 2019

Introduction

Local Healthwatch have been set up across England to create a strong, independent consumer champion with the aim to:

•Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.

•Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by an independent Executive Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Background Information

Local Healthwatch have been asked by local NHS Clinical Commissioning Groups (CCG) to find out what the public think about their plans to create new clinical commissioning groups, replacing the five Clinical Commissioning Groups in Teesside, Durham and Darlington.

The options for consideration are:

1. A single CCG across the integrated care system i.e: Cumbria and the North East.

2. A single CCG across the 5 CCGs currently working together in our collaborative i.e. NHS Darlington CCG, NHS Durham Dales, Easington and Sedgefield CCG, NHS Hartlepool and Stockton-on-Tees CCG, NHS North Durham CCG and NHS South Tees CCG

3. A single CCG across each Integrated Care Partnership i.e. the Southern ICP and the central ICP, or;

4. A single Tees Valley CCG and a single Durham CCG with a continued shared management structure.

What are clinical commissioning groups?

Clinical Commissioning Groups 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, to improve life expectancy and the quality of life and to ensure local people can get the services they need when they are unwell.

What is the best way to reduce costs whilst retaining a strong connection with our local people and partners?

CCG's believe that the best way they can balance reducing costs while maintaining a local focus, would be by creating two single CCGs instead of the five that we currently have.

Local CCG's would make savings by reducing some of the costs that they incur individually, such as audit costs and by appointing members to two governing bodies (rather than a combination of the membership of five governing bodies) and through shared clinical leadership across the Durham and Tees Valley.

They are looking to achieve the rest of the savings required in two ways. Internal staffing reorganisation, appointing staff to vacant posts only if their role is essential, looking to share staff with our partners where it is feasible to do so, and reducing buildings where these are not being or will not be fully used.

Ultimately, if they do not achieve the savings target, they run the risk of further staff cutbacks and impacting on the services that are commissioned.

Why are changes being made?

The proposal is a chance to consider if clinical commissioning group mergers might offer further benefits to current ways of working.

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

In 2018, NHS England and NHS Improvement told clinical commissioning groups that they would be reducing administration costs by 20% by 31st March 2020. In turn they asked clinical commissioning groups to reduce their own running costs by 20%. The reduction won't affect frontline patient services but will affect the staffing arrangements within clinical commissioning groups.

Merging the groups would allow closer working and simplified governance arrangements. This would make the clinical commissioning groups more efficient, saving money from management to direct towards patient care, and support local health and care partners in improving local people's health and the services they use.

How will views be used?

All of the views that are received will be summarised and presented to the Clinical Commissioning Groups Governing Bodies to help them decide on a proposal to create a new clinical commissioning group or groups.

Who will make the final decision?

The Governing Bodies of each CCG will make the decision about whether to apply to NHS England to merge the CCGs once they have the views of GP 'members', staff, partners and the public.

The results of this engagement will be discussed when the Governing Bodies consider the merger proposal at their meetings in August 2019 in Tees Valley and in Durham.

Methodology

Healthwatch Stockton-on-Tees distributed a questionnaire to gather feedback from members of the local community to gather their views on the proposals (Appendix 1).

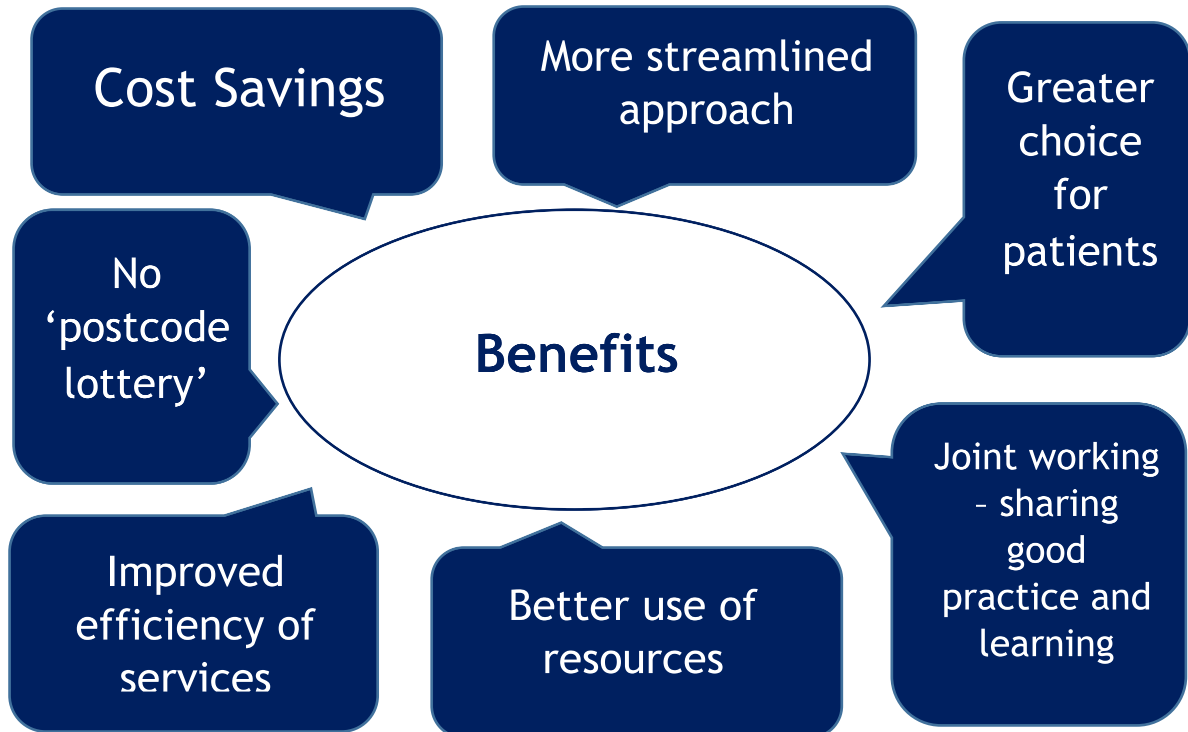
Information about the proposals was also provided to the attendees of Healthwatch Stockton's Annual Event and feedback was gathered during table top discussions.

An online link to the questionnaire was also available for people to share their views via our website, newsletter and social media pages.

Feedback from Annual Event

A total of 54 people attended Healthwatch Stockton's annual event and gave feedback during table top discussions about what they felt the benefits and challenges of the CCG merger would be.

The themes highlighted following analysis of the feedback were as follows:



healthwatch Stockton-on-Tees

Feedback from Questionnaire

A total of 50 people completed the questionnaire, 47 who were responding as individuals and 3 who which were responding on behalf of an organisation. 42 respondents resided in the Hartlepool and Stockton CCG area.

Please see below for responses received to the following questions:

What benefits could you see from Clinical Commissioning Groups merging?

- Certainly a reduction in costs could be achieved, and possibly also a rationalisation of services. However, if this was proposed in 2018, why has it taken until the second half of 2019 to ask people for their opinions?
- Reduced costs.
- NHS Hartlepool and Stockton-on-Tees, NHS Darlington, NHS South Tees are working together to enable the patients to have the best possible care. They should acknowledge they all have specialised fields, therefore, patient care should be shared to the relevant hospital that can provide that care. Not to be "King Pin" taking too much on, causing long waiting times, and not having enough beds. Every hospital has a role to play in providing the best service possible. All working together the CCG would provide where there is a need e. g. where there is deprivation.
- Reduced cost and duplication of services.
- Cost saving and sharing good practice.
- Can't see any benefits, just problems.
- None, it would water it down in terms of local knowledge and connection to local people. This is not what local people want to see happen.
- Reduction in the administration costs and more focussed on areas of similar demographics
- Savings due to scale but if too big it becomes unwieldy reduce no of man hours spent in committee - must reduce no in these committees. Again this needs to be compact & proactive.
- Improved efficiency from merging functions that are required across all CCGS
- Lowering costs and streamlining management initiatives and goals to target better health outcome priorities.
- Cost savings, not just in staff but also in things such as negotiating better deals as part of a larger organisation. Greater consistency.
- A joined up approach to commissioning avoiding the postcode lottery.
- Efficiency, less money on management and more on treatment.
- Shared understanding and joined up working.
- Services are already spread across the 5 areas e.g. use of James Cook. Consistency of approach. Economy of scale. Lots of good shared work already.
- Treatments are more consistent i.e. no 'postcode lottery'.

- Tighter management and consistency of operation. Cost saving. Overall efficiency.
- Savings.
- Sharing knowledge and good practice. New innovative ideas and initiatives, new links / partner working.
- Best practice sharing and reduction in administration costs.
- Cost saving - but reduced staff. More buying power. Streamlined services across the region.
- Lower costs, better service.
- Better services, cost effectiveness and consistency.
- Cost. Administration. Streamlined.
- Cost savings and a more unified system for everyone living in this part of the North East.
- Streamline services. Consistency, reduce meetings that varying professionals are expected to attend. Ensure the right services are delivered in the right place.
- Better use of resources. Reduced admin needs. Will result in improved services.
- Joint working - sharing good practice and learning.
- Saving money. More streamlined.
- Greater choice for patients. Less office staff and managers. More front line staff.
- Reduced staffing costs due to less duplication of roles; more influence on decisions/ funding due to being a larger entity; a single regional policy for patients (ending the postcode lottery).
- Greater efficiencies and buying power and perhaps being able to attract more staff.
- Possible cost saving and reduced duplication of work.

What concerns do you have about the Clinical Commissioning Groups merging?

- Greater pressure on providers to deliver quality services over too big an area.
- Too large a geographic area to explore different needs as a single operating authority.
- That this is just a cost saving measure and will not improve services whatsoever. You need your local support and without this the services will become watered down, causing division and widening the gap in inequalities.
- Not having a good cross section of members that represent all areas. Also CCG gets too big to bother with engaging with residents and local providers.
- A degree of local accountability and responsiveness being lost.
- Loss of "local" intelligence etc. but given the size of the locality I think this would be negligible.

- I have no concerns I feel this should have been done some time ago.
- Becomes too big and small places become second hand citizens.
- Distance - not always knowing the community needs.
- Impact on responsiveness, time available. To ensure we don't lose the 'local' feel.
- 'Missing' patients who won't be aware of changes.
- Understanding different needs applicable to different regions e.g. rural v town.
- Are all needs catered for?
- All geographical areas are vastly different and needs of population are different.
- Loss of local priority areas. Funding/being divided to towns and rural areas less so.
- Loss of localised services.
- Are all areas going to share the funding equally or will the area with the biggest hospitals get a greater share. Travel problems for staff and patients if they are expected to travel between hospital premises.
- Variation of services-inequality.
- The logistics of merging and restructuring of staff as job losses may be a necessary fact.
- Ensure Hartlepool and Stockton have a strong voice.
- Being able to make sure local needs are met - different areas have different needs - not one size fits all.
- Post code lottery, less choice locally.
- Loss of staff expertise and knowledge; the single merged entity might be too big and local differences won't be taken into account, less money overall.
- Group area will be too large, more people being affected by less staff per head of population, polarised views by one area affecting neighbouring areas.
- Reduction of staff could mean too much work for the staff that are left and something gets missed.
- Smaller areas such as Billingham getting left behind as you plough more money and expertise into the larger parts of the NHS such as James Cook where you already struggle with departments such as Ophthalmology and parking.
- Less local engagement and accountability.

Is there anything else you would like to tell us, or any questions which have not been answered?

- The NHS generally is not good at communicating.
- Transparency. Regular updates regarding progress. Feedback e.g. That the areas are working well together. How any problems are being dealt with.
- Commissioned services need to remain local to ensure local knowledge to provide the best offer to people.
- What percentage of current funding goes towards management and admin costs and is there scope to reduce this without merging areas?
- I think individual CCGs should look at reducing management costs as they are very high and disproportionate already.
- Services need to be localised to ensure that communications are tailored to the needs of the locality. This would be difficult to achieve with a merger. As the timeframe for change is short how will the public know that their thoughts have been considered and not tokenistic?
- The increased scale would be helpful but any further would cause potential closures and consequent need for further travel to get treatment.
- I think it is a positive move.
- Impact on public health service delivery reduced envelopes and therefore decreased quality.
- Dilution of population is not a good thing.
- Impact changes will have on overall services provided by both statutory and voluntary services.
- I will be able to make a better judgement when I have had more time to consider the options.
- When is this proposed to happen?
- How will you ensure that local voices are listened to? How will you engage with the local community?
- How long will the merger take?
- Where will you be based?
- There must be strict, unbreakable rules enforcing the fair distribution of resources. Ensuring that services and spending reach the smaller areas and are not focused around central Middlesbrough and central Stockton whilst neglecting other areas.
- Could administration costs be reduced by all CCG's working out of 1 place thereby reducing rental and services costs and reducing the number of staff that need to lose their jobs and retain their knowledge and expertise.
- Whilst you have mentioned 20% you have not said where these cuts will be, staff, buildings etc.?

healthwatch Stockton-on-Tees

Acknowledgements

Healthwatch Stockton would like to thank all of the individuals who completed our questionnaire to share their views on the proposed CCG merger. Healthwatch Stockton would also like to thank the partner organisations who helped to share our questionnaire with their members.

Conclusion

This report will be shared with Healthwatch England and the CCG's to ensure that the public's views on the proposals are heard and to make sure they are taken into account. All of the views that the CCG's receive will be summarised and presented to the Governing Bodies to help them decide on a proposal to create a new CCG/s.

healthwatch Stockton-on-Tees

Appendix 1 - Questionnaire

Proposal to create two new CCGs in Durham and Tees Valley

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 CCGs merging?

……………………………………………………………………………………..

……………………………………………………………………………………..

……………………………………………………………………………………..

3 What concerns do you have about a CCG merging?

……………………………………………………………………………………..

……………………………………………………………………………………..

……………………………………………………………………………………..

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

……………………………………………………………………………………..

……………………………………………………………………………………..

……………………………………………………………………………………..