

Frequently Asked Questions

What is this all about?

We are seeking views on proposals to merge the four Clinical Commissioning Groups in the Black Country and West Birmingham to form a single statutory organisation that work in a more integrated way with our health and care partners across the area.

We strongly believe there are many benefits of a full merger such as:

- Supports the move towards an Integrated Care System (ICS) for the Black Country and West Birmingham working in partnership with providers.
- A single commissioning organisation will mean single commissioning policies across the whole of our ICS, putting an end to 'postcode lotteries' for services and treatments across the Black Country and West Birmingham
- Will ensure a single, strong consistent vision and voice with CCGs' partners
- Working together as one organisation rather than four organisations will generate economies of scale and reduce duplication, enabling the CCGs to focus resources into front line services and patient care

Our overall aim is to enable people living across the Black Country and West Birmingham to have the best health outcomes. To achieve this, we need more strategic and effective arrangements for commissioning.

Why are you seeking views and why can't you just do it?

There is a clear expectation for stakeholder public conversations on this to ensure we are transparent in our decision making process. It is also important for our GPs that they get to hear views from stakeholders before taking a vote on this matter. We recognise that involving people, communities and stakeholders meaningfully is essential to effective service improvement and system transformation.

Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions.

This conversation is aimed at stakeholders who work closely with commissioners and would be impacted by the proposed new structure and governance arrangements. However, the conversation paper is a public document and we would welcome feedback from anyone with an interest in the proposals.

Has this happened anywhere else?

Yes. The vast majority of CCGs have now merged to align with their STP/ ICS footprints and the ambition set out in the NHS Long Term Plan for '*Typically 1 CCG per ICS*'.

Why do you propose to merge?

We believe that the proposed merger is the best way to deliver future commissioning across the Black Country and West Birmingham. We recognise this could be disruptive and distracting in the short term, but there'll be less bureaucracy and more capacity, leading to services that are consistent, fair and high quality; offering consistency for patients and reducing health inequalities.

Will this change the CCGs' commissioning intentions?

No. We are already working together as a system to aligned intentions. Our focus remains at present on responding to Covid-19, restoring and recovering services impacted by the first wave of the pandemic and we are supporting the development of integrated care in each of the five places that we serve. Having a single commissioning voice will make it easier for us to achieve our objectives and commission consistently for patients. Hospital services will not be affected, by this proposal.

Can you provide assurance that one area doesn't lose out to the other?

A single commissioning organisation will ensure that we are able to work more consistently and make our resources go further while delivering fair and equitable outcomes for patients.

But this would not be at the cost of local healthcare priorities. These would be addressed by the new Integrated care Provider/ partnerships and the Primary Care Networks. We will also prioritise and ring-fence certain resources in accordance with specific locality and population needs.

How will the new governance arrangements work for a single CCG?

A single commissioning organisation would have one Chief Executive, a Governing Body and a single management structure.

All statutory obligations, committees and functions would be retained.

Have you made your minds up already?

No, not at all. Whilst we have a clear proposal, we have been engaging with a wide range of people to get their views on this. We need this feedback to ensure that we're making the right choices. It's important that stakeholders tell us and our GP members what they think about our plans.

How will this all be scrutinised and agreed?

There will be several layers of scrutiny and sign-off before a decision is made: internally by the CCGs' memberships (GPs) and by the local democratic health scrutiny processes and by NHS England, both locally and nationally.

NHS England will make the final decision on whether the CCGs can proceed at the end of October 2020. We will only make an application to NHS England if our local GP Members support the proposals with a vote.

Will staff lose their jobs?

The CCG is currently developing joint structures to enable a single CCG team. At present that team will serve four CCGs but if the merger is approved then they will support a single CCG but retain local focus in the 5 places which we serve.

The merger proposals would only impact on a limited number of positions at the governing Body level of the CCGs.

Will you be clinically led still?

Ensuring ongoing clinical leadership and involvement in commissioning activities remains an absolute priority for us.

Clinical time is valuable, and with a national shortage of clinicians to provide patient care it is essential that clinical resources are used wisely.

Clinicians will continue to have key roles to play in Primary Care Networks and Integrated Care Providers. Working at neighbourhood and wider 'place' levels, these new networks and alliances will assume responsibility from the existing CCGs for the development of pathways and many other clinically-led initiatives. At a local level, clinicians will therefore be able to have the greatest impact on improving the quality of care and services for the populations they serve.

We remain confident that all clinicians presently working directly with the CCGs will have key roles to play in the future system, whether within a single commissioning organisation or elsewhere.

How can a larger organisation commission services that are right for people in my local area?

Primary Care Networks and Integrated Care Providers play lead roles in the new NHS arrangements to plan the delivery of care, develop new pathways, and ensure that needs are met both within neighbourhoods as well as across three wider areas. This will help to improve consistency across the system, yet ensure greater personalisation of care services at a local level.

PCNs will not just focus on local priorities however. They will have a two-way relationship with the commissioning organisation to inform decisions and strategy.

Is this just about saving money?

No but every CCG has a duty to make the best use of public resources.

What happens if the GPs vote for no Merger?

If there is not a majority vote in each of the 4 CCGs from the GP members, then we would not proceed to put in an application to merge to NHS England at this stage. It would mean that our governance arrangements stay as they currently are with complex joint committees and committees in common. We may also be asked to reconsider our position in the near future as we would then be in the minority of CCGs that do not fit with their ICS boundaries.