NHS
Leeds Clinical Commissioning Groups Partnership

Proposal to create a single clinical commissioning organisation for Leeds

NHS Leeds Clinical Commissioning Groups (CCGs) Partnership undertook a survey to gather views from people about the proposal for a single CCG. The survey ran from Wednesday 9 August to Wednesday 23 August.

How was the survey promoted?

The survey was made available online and it was promoted on social media i.e. Twitter as all three Leeds CCGs are using one Twitter account (@nhsleeds) and individual CCG Facebook pages. Each of the three CCGs had a team brief which was led by the Chief Executive, Philomena Corrigan to talk about the proposal for a single CCG and the survey was also included in the weekly staff bulletin, which is distributed to all CCG staff.

Number of responses to the survey

87 people responded to the survey, however not everyone responded to all the questions in the survey. 68 people agreed with the proposal of one CCG in Leeds and 15 people did not agree.

Responses to the survey

The following groups responded to the survey:

A member of the public from Leeds	44
A health professional	26
An organisation – these include: - Women's Counselling and Therapy Service - Yorkshire MESMAC - Lingwell Croft Surgery - Leeds GATE - Leeds City Medical Practice - Specialist Autism Services	7
A stakeholder (e.g. MP, councillor)	3

A statutory service provider	1
Other These include: - PPG member - CCG employee - Carer - Previous PCT PEC Chair in Leeds - Voluntary sector provider organisation	8

Key themes from the survey

The following themes have risen from the survey – a lot of the information was repetitive:

Financial benefits

- Economies of scale which should free funds for frontline services
- Savings in management costs
- Increasing efficiency and cost saving
- Necessary to drive efficiencies in commissioning costs.

Benefits to having one CCG in Leeds

- Greater opportunities for sharing best practice
- Reduce duplication
- Clearer communication and partnership working between the three CCGs
- Cut bureaucracy
- Even out discrepancies and the emergence of postcode lottery service
- Increasing quality and effectiveness
- Will look better to external stakeholders including patients and families. It will allow for more creative thinking and co-production.

Concerns around losing local input

- Must not lose local input in the bigger picture and this may need to be sub-divided for the most used services i.e. cancer and elderly care services
- A certain amount of local input is needed because areas of Leeds are very different e.g. Leeds north has a large retirement population as well as many students. Also, the hospital in Otley, although on the periphery of Leeds, needs to be well utilised to keep it viable, especially for post-acute elderly care
- The three Leeds CCGs were formed because of the differing needs and inequalities across the city, important not to lose this

- My concerns are that it will start to become controlled 'top down' rather than 'bottom up'; there will not be as much input from GP's which was the whole point of creating CCG's. Leeds covers an enormous area of very different neighbourhoods and demographics- danger of one size fits all won't work. There still needs to be an element of smaller neighbourhood/community working. We have already met challenges in Leeds south and east alone with different demographics and ethnic diversity just 1 or 2 miles apart with different issues that need to be addressed i.e. alcohol and substance misuse in one area and language and lack of engagement in another. Lack of information and financial backfill? For locality leads has not encouraged GPs / nurses / practice managers to come forward to represent their areas
- We still have differing needs in different parts of the city so a more local focus will need to be retained when appropriate.

Drawback of having one CCG

- Leeds is too large and diverse to come under one CCG; plus there are very rich areas and extremely poor areas; also healthy and very poor health areas. Unfortunately, treatment in poor areas never seems as available and positive as other more affluent areas
- At present GPs / practice managers / nurses are able to input their views into the service - this will be lost with having one organisation. The three CCGs do manage their member practices differently, and like the style as to how Leeds north do this and it will be a shame to lose this, it seems that this is a decision already made regardless of staff opinions
- Time is not right to be creating one CCG, disagree in principle with having one CCG in the future.

General comments around having one CCG

- Should have been done a long time ago and shouldn't have bothered with the 'One Voice' phase. There used to be a single commissioning organisation in Leeds and it worked far better than the subsequent split to five and then three CCGs
- One of the concerns is the cultural aspect and this needs to be explored, and acknowledged and carefully negotiated. We not only have three different CCGs but the member engagement and membership ethos is very different. I identify myself currently as a south east Leeds GP, there is a dialogue that needs to take place for me and maybe others to identify as a Leeds GP. I hope that we can be successful as this is the necessary direction of travel
- If this was such a good idea why were the three Leeds CCGs created from one PCT and one PCT from five PCTs (Primary Care Trusts) and five PCTs from one health authority? The time has come to look at function rather than be driven by structure. How much has all this cost and to what end?

- How will that affect CCG employee's jobs? Is this just another cost cutting exercise to spread resources even more thinly?