

**7th July 2014**

# **CCG 360° stakeholder survey**

**Final report**

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# 1 Executive summary

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# 1 Executive summary

Clinical Commissioning Groups (CCGs) need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. These relationships provide CCGs with on-going information, advice and knowledge to help them make the best possible commissioning decisions to improve the quality and efficiency of health services.

NHS England therefore commissioned Ipsos MORI to conduct the CCG 360° stakeholder survey on behalf of all CCGs, to allow stakeholders to feedback on their working relationships with CCGs. The information from the survey was intended to serve two purposes:

- To feed into assurance conversations between NHS England area teams and CCGs, as one source of evidence for the process. It was intended to assess whether the stakeholder relationships, forged during the transition, continue to be central to the effective commissioning of services by CCGs, and in so doing improve quality and outcomes for patients.
- To also provide a wealth of data for CCGs to help with their ongoing organisational development, enabling them to continue to build strong and productive relationships with stakeholders, as well as a valuable tool for CCGs to be able to evaluate their progress.

The 211 CCGs were surveyed across a four-week fieldwork period. Fieldwork commenced on 12<sup>th</sup> March and ended on 8<sup>th</sup> April 2014. Respondents were able to complete the survey online or by telephone. A broad range of stakeholders connected to each CCG were invited to participate, including GP member practices, upper tier / unitary local authority representatives, Healthwatch / patient groups, NHS providers, representatives from other CCGs and other wider stakeholders.

The majority of the analysis contained in this executive summary is structured by specific stakeholder groups (as is the main report). However, some general questions about engagement, working relationships, leadership and plans and priorities were asked of all stakeholder groups and are therefore summarised separately.

## 1.1 Overall findings

Across all groups, stakeholders are largely positive about the engagement they have received from CCGs over the last 12 months. Over four in five say they have been engaged to some extent (83%) and, of those who had been engaged, three in four are satisfied with the engagement that has taken

place (74%); results that are consistent with the results from the authorisation survey.

Stakeholders are also generally positive about the extent to which CCGs listen to their views and act on them. Two in three stakeholders agree that CCGs have listened to their views where they have provided them (66%), while around half agree that CCGs have acted on their suggestions (51%). While these figures are lower than that seen for engagement overall, this is largely due to the higher proportions of stakeholders not expressing an opinion either way as opposed to high levels of dissatisfaction.

Working relationships are also largely seen to be working well. Just under four in five (79%), rate their working relationship with the CCG as very or fairly good, the same proportion as those who did so at authorisation, while half say that their working relationship has got better over the past 12 months (50%). Encouragingly, few stakeholders (just seven per cent) say their working relationship has got worse.

Stakeholders are also largely positive about the ability of CCGs to deliver on their core function of commissioning services for their local populations. Around two in three stakeholders have confidence in the CCG to commission high quality services (68%) and believe that the CCG involves and engages the right individuals when making commissioning decisions (63%). Just under three in five also say that the CCG's plans will deliver continuous improvements in quality within the available resources (58%).

As was the case at authorisation, the majority of stakeholders are also positive about the overall leadership of CCGs. Just under four in five (78%) agree that there is clear and visible leadership, while the majority agree that they have the necessary skills and experience (70%) and are confident in the leadership of CCGs to deliver their plans and priorities (69%) – although agreement on this measure is slightly lower than that seen at authorisation (72%). Stakeholders are similarly positive about the clinical leadership of CCGs.

Stakeholders are also generally assured about the role CCGs play in monitoring and maintaining the quality of the services that they commission. The majority of stakeholders feel able to raise any concerns about quality with CCGs (86%), while just under two in three have confidence in CCGs to effectively monitor the services they commission (63%).

For the most part, CCGs appear to have communicated with and involved stakeholders in developing their plans and priorities. The majority say they know at least a fair amount about the plans and priorities of CCGs (78%) and have had the opportunity to influence these (63%). Stakeholders are also broadly supportive of CCGs' plans and priorities, with three in five agreeing that they are the right ones (59%).

In the remainder of this chapter we summarise the key findings for each of the stakeholder groups.

## 1.2 Upper tier / unitary local authorities

Given the extent of collaboration required between CCGs and local authorities, ensuring there is a strong and productive relationship between these organisations is paramount. Given the important role they play it is encouraging to see that these stakeholders are among the most positive groups and that the relationships appear to have been developing and improving since authorisation.

The vast majority feel they have been engaged by CCGs over the past 12 months (90%, a significant increase from 79% since authorisation) and are satisfied with the way in which they have been engaged (84%, again up from 76% at authorisation). These stakeholders are also similarly positive about the leadership of CCGs, with many agreeing that the leadership of CCGs have the necessary skills and experience (80%, compared with 68% at authorisation) and that there is clear and visible leadership of the CCG (87%, compared with 78% at authorisation).

The majority of upper tier / unitary local authority stakeholders are also positive about CCGs' fulfilment of functions on which the two organisations work particularly closely. The vast majority report that they are working well with CCGs to develop (89%) and deliver (86%) shared plans around integrated commissioning. The majority also report that CCGs are active members of both the Local Safeguarding Children Boards (59%) and Local Safeguarding Adults Boards (58%).

## 1.3 Health and wellbeing boards

Similarly to upper tier / unitary local authority representatives (and perhaps reflecting overlap between these groups of stakeholders), health and wellbeing board (HWB) members are also generally positive about CCGs.

HWB stakeholders report high levels of engagement with CCGs. The vast majority feel that they have been engaged by CCGs (86%) and are satisfied with the way in which CCGs have engaged with them (86%, an improvement since authorisation when 81% were satisfied). Similarly, most report having a good working relationship with CCGs (88%, compared with 85% at authorisation), with a majority also feeling that their views have been listened to (82%) and acted upon (66%).

HWB stakeholders are also particularly positive about the communication of commissioning decisions. Two in three agree that CCGs effectively communicate these decisions with them (65%), while a similar proportion believe the CCG's plans will deliver continuous improvements in quality within the available resources (63%).



While the views of HWB stakeholders about the leadership of CCGs are largely consistent with those of other stakeholder groups, they tend to be less sure than others about whether CCGs effectively monitor and review the quality of commissioned services (55% compared with 63% overall).

HWB members are very positive about the levels of participation their CCG colleagues have in the board. Nearly all say that CCGs are active members of their HWBs (92%) and have been active in developing their Joint Health and Wellbeing Strategies (91%).

As was the case with the upper tier / unitary local authority stakeholders, HWB stakeholders are also positive about the CCG's role in integrated commissioning; the vast majority report that the CCG is working well with local authorities to develop (89%) and deliver (85%) these shared plans.

## 1.4 Healthwatch and patient groups / organisations / representatives

CCGs need to ensure the perspective of patients and the general public is taken into account and reflected in commissioning arrangements. Relationships with local Healthwatch bodies and wider patient groups within their locality play an important role in this engagement.

Levels of CCG engagement activity with Healthwatch and patient group stakeholders are high and have improved since authorisation, when they were among the most negative stakeholder groups. Over four in five of these stakeholders feel they have been engaged by the CCG (85%, an increase from 70% at authorisation), while around three in four are also satisfied with the way in which the CCG has engaged with them (77%, which is again higher than at authorisation, 68%).

Stakeholders from Healthwatch and patient groups also tend to feel that CCGs have listened to their views where they have provided them (75%) and acted on their suggestions where suggestions have been made (56%).

Confidence in the overall and clinical leadership of CCGs is also high, and again shows improvement since authorisation. Nearly three in four Healthwatch and patient group stakeholders agree that the overall leadership of the CCG has the necessary blend of skills and experience (72%), while around four in five agree that this leadership is clear and visible (81%).

Given their important role in ensuring patient and public perspectives are included in the commissioning decisions that CCGs make, it is encouraging that the majority of Healthwatch and patient group stakeholders (71%) are satisfied with the steps CCGs take to engage with patients and the public generally. However, they are more critical and less sure about CCGs' engagement with a specific segment of the populations they serve, those who are seldom heard. While two in five feel that there has been at least a

fair amount of engagement with these groups (42%), three in ten believe the CCG has done this just a little or not at all (30%).

## 1.5 GP member practices

While GP member practices generally report that they have been engaged well by their CCG, and on the whole tend to rate working relationships within the CCG positively, the results show a general decline in engagement and relationships since authorisation, and they are among the least positive of all stakeholder groups. The survey findings clearly highlight internal relationships between CCGs and their members as a potential area for improvement. In particular, while member practices are still positive on balance, it will be important to halt the weakening of relationships since authorisation.

Member practices feel less well engaged than at authorisation (82% say they have been engaged at least a fair amount in the past 12 months, compared with 87% at authorisation), and fewer are satisfied with the way in which they have been engaged (down to 70% from 77% at authorisation). In addition, fewer member practices rate working relationships within the CCG as good than was the case at authorisation (from 80% to 74%).

In terms of the internal governance structures and arrangements within CCGs, member practices tend to have positive perceptions. For example, the majority agree that the arrangements for member participation and decision-making are effective (74%) and are confident in the systems to sustain this two-way accountability (62%). However, GP member practices again tend to be less positive than was the case at authorisation. They are also less positive about their level of involvement in the decision making process within their CCGs, with approaching half of GP member practices saying they are not very involved or are not involved at all in the decision making process within their CCGs (48%).

Member practices in CCGs with fewer member practices tend to be much more positive about engagement, relationships and input to the CCG, while those operating in CCGs with a large number of member practices tend to be more negative.

## 1.6 NHS Providers

NHS trusts are likely to provide the majority of the services that CCGs commission. CCGs therefore need to work with these providers to ensure the quality of the services provided to the population they serve, and work together to develop long-term strategies and plans.

While the general picture is one of positivity, NHS providers are one of the least positive stakeholder groups on a range of issues. However, many of the results show a positive change since authorisation, indicating that relationships here are continuing to strengthen and develop.

NHS providers feel more engaged by CCGs than was the case at authorisation (79% report that they have been engaged in the past 12 months, compared with 74% at authorisation), while a similar proportion also say they have a good working relationship with CCGs (75%). Indeed NHS provider stakeholders are particularly positive about the improvement in their relationship with CCGs over the past 12 months; three in five say it has improved (60%, compared with 49% overall).

NHS providers are less likely than other stakeholder groups to feel that their views and suggestions have been taken into consideration, and they also report lower levels of confidence in the leadership of CCGs. For example, around three in five NHS providers think CCGs have the necessary blend of skills and experience (61% compared with 70% overall). NHS providers also have the lowest levels of confidence in the leadership of the CCG to deliver its plans and priorities (58%, compared with 69% overall).

However, NHS providers are more likely than other groups to agree that CCGs effectively monitor and review the quality of commissioned services (68%, compared with 63% overall). Encouragingly, most are also confident they can raise any concerns they have about the quality of local services with CCGs (87%).

Similarly, in terms of quality assurance, NHS providers are generally positive. The majority of these stakeholders agree that quality is a key focus of the contracts they have with CCGs (72%), and believe that the amount of monitoring the CCG carries out on their services is about right (70%). They are also largely positive about the involvement of clinicians; around three in four agree they are involved in discussions about quality (75%) and service redesign (74%).

While the majority of NHS providers are positive about how CCGs are working with them to develop long-term strategies and plans (73% say they are working well together), a significant minority do not think this is the case (25%). In addition, around three in ten NHS providers do not think that the CCG understands the challenges they are facing as organisations (28%).

## 1.7 Other CCGs

Representatives from other CCGs are largely positive about the engagement they have with CCGs generally – more so than many other stakeholder groups. Four in five say they have been engaged by CCGs over the past twelve months (80%) and say they are satisfied with the way in which CCGs have done so (82%). A slightly higher proportion (89%) also report that they have a good working relationship with the CCG.

Other CCG representatives are among the stakeholder groups most likely to agree that their views have been listened to when they have provided them (76% compared with 66%) and acted on (60% compared with 51% overall).

Representatives from other CCGs are also generally positive, more so than other groups, in relation to the commissioning decisions of CCGs. For example, four in five of these stakeholders agree that they have confidence in the CCG to commission high quality services (79% compared with 68% overall).

In terms of CCG leadership, representatives from other CCGs are the most positive stakeholder group, largely repeating the strong results seen at authorisation. The vast majority of these stakeholders agree that there is clear and visible leadership of the CCG (87%), while over four in five also agree that the leadership of the CCG has the necessary skills and experience (81%).

In contrast to other results, representatives from other CCGs tend to be less positive than other stakeholder groups with regard to the plans and priorities of the CCG. For example, three in four representatives from other CCGs say they know at least a fair amount about the plans and priorities of CCGs (74%, compared with 78% overall). This suggests that while CCGs seem to be working well together, there has perhaps been less information and collaboration among CCGs about their individual plans.

## 2 Introduction

### 2.1 Background

In 2012 the Department of Health commissioned a CCG authorisation 360° stakeholder survey on behalf of NHS England (then the NHS Commissioning Board) to quantify and understand how effectively clinical commissioning groups (CCGs) were developing local relationships and harnessing the expertise of different stakeholders against the six domains of authorisation. The CCG authorisation 360° stakeholder survey formed a central part of the authorisation process in which aspiring CCGs applied for formal establishment and authorisation to discharge their statutory duties.

Two years on and following CCGs' achievements through authorisation, NHS England are now looking to ensure that CCGs are continuing to meet their ongoing responsibilities to patients and the public. Consequently, all CCGs will now be involved in a process of assurance conversations with NHS England area teams as set out in the '*CCG Assurance Framework*'. This framework sets out six broad 'assurance domains' under which all CCGs will be assessed. Broadly, CCGs are expected to be strengthening their relationships with a range of health and care partners, who can provide them with on-going information, advice and knowledge to help them make the best possible commissioning decisions to improve the quality and efficiency of health services.

A central part of the assurance process is the 2014 CCG 360° stakeholder survey, the findings of which are presented in this report. The survey was conducted with a broad range of stakeholders connected to each CCG. The previous authorisation 360° stakeholder survey was used as a baseline from which to guide development of this survey. A key aim of the survey is to enable NHS England area teams to assess whether key relationships, forged during the transition, through authorisation, continue to be central to the effective commissioning of services by CCGs.

In addition, the findings will also provide a wealth of data for CCGs to help with their ongoing organisational development, enabling them to continue to build strong and productive relationships with stakeholders. The findings can feed into CCGs' organisational development plans, providing a valuable tool for all CCGs to be able to evaluate their progress and inform development.

### 2.2 Methodology

The CCG 360° stakeholder survey was conducted by Ipsos MORI on behalf of each of the 211 CCGs. Each CCG provided Ipsos MORI with a list of stakeholders to be contacted for the 360° survey. The following stakeholder groups were included in the survey:

- GP member practices
- Health and wellbeing boards
- Local Healthwatch and patient groups / organisations / representatives
- NHS providers (acute, mental health and community)
- Other CCGs they collaborate with
- Upper tier or unitary local authorities
- Wider stakeholders<sup>1</sup>

CCGs were provided with a stakeholder framework which specified the maximum number of stakeholders required within each stakeholder group. This was a different approach to that undertaken for the authorisation survey where the exact roles were specified. The approach was changed this time to allow CCGs' more flexibility to choose which individuals they would like to complete the survey from the various stakeholder organisations. More details of the specific requirements for each stakeholder group are included in the technical note in Chapter 13.

The survey was conducted primarily online. Nominated stakeholders were initially invited to participate via email, with up to three reminder emails targeted at those who did not respond to the survey. Two weeks after the initial invites, those stakeholders who had not responded to the email invitations were then telephoned multiple times by Ipsos MORI interviewers over a further two-week period, in order to encourage response and offer the opportunity to complete the survey by telephone. Some CCG leads also played a key role by proactively encouraging their stakeholders to complete the survey and supporting them through the process.

Within the survey, stakeholders were asked a series of questions about working relationships with the CCG. In addition, as stakeholder groups had different areas of experience and knowledge, they were presented with a short section of the survey that contained questions specific to the stakeholder group they represented (except those classed as wider stakeholders or other CCGs). Each question was linked to one of the six domains of assurance set out in the '*CCG Assurance Framework*'. The questionnaire was standardised across the CCGs, although the name of the CCG was included within the question wording to ensure stakeholders (who were sometimes completing surveys for multiple CCGs) were clear which CCG they were answering about. In addition, the wording for GP member

<sup>1</sup> This is a varied group of stakeholders from other organisations not listed in the core list. CCGs had the opportunity to include up to seven additional stakeholders from other organisations.



**The survey could be completed online or over the telephone**

practices differed slightly to that for other stakeholders to reflect their status as a constituent member of CCGs rather than external stakeholders.

In addition to these questions, where CCGs had supplied them, up to five additional localised questions were included at the end for all stakeholders of that CCG to answer. These questions were standardised in the form of a number of statements about various localised implementations or activities CCGs had carried out. This aspect was not included in the authorisation survey but was added following feedback from CCGs on that survey indicating a desire to be able to include some specific local questions.

Prior to questionnaire development CCGs were invited to attend a co-design event. This was attended by Ipsos MORI, NHS England, CCGs and NHS England Area teams. The co-design event involved detailed discussion about all aspects of the survey including:

- the stakeholders to include in the survey;
- the content of the survey;
- the best way to report the findings; and
- the best way for Ipsos MORI and NHS England to communicate with CCGs and stakeholders.

All comments from the day were considered by Ipsos MORI and NHS England in the design of the survey and its outputs. For more information on this please see the technical note (Chapter 13).

Fieldwork for the 360° stakeholder survey began on the 12<sup>th</sup> March<sup>2</sup> and ended on the 8<sup>th</sup> April. This timeframe allowed surveys to be completed, data analysed, and reports finalised, two weeks before annual assurance conversations were scheduled to take place between NHS England area teams and CCGs.

In total, 13,415 stakeholders were invited to take part in the survey and 9,018 of these stakeholders went on to complete it. Consequently, the final overall national response rate was 67%. The response rate varied across CCGs and the different stakeholder groups; further details are provided in Chapter 13.

On completion of the survey, Ipsos MORI produced the following reports for each CCG:

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<sup>2</sup> Five CCGs were unable to provide their stakeholder lists in time to launch on 12<sup>th</sup> March. For four of these CCGs fieldwork commenced on 19<sup>th</sup> March while for one fieldwork commenced on 25<sup>th</sup> March. All fieldwork finished on 8<sup>th</sup> April in order to ensure the results for all CCGs could be provided at least two weeks prior to their assurance conversations with NHS England.



- Overall, to what extent, if at all, do you feel you have been **assessed** by the CCG over the past 12 months?
- All stakeholders
- 
- | Assessment  | Percentage |
|-------------|------------|
| Great deal  | 17%        |
| Fair amount | 6%         |
| Not at all  | 76%        |
- By stakeholder group
- | Stakeholder group                           | Great deal (%) | Fair amount (%) | Not at all (%) |
|---|----------------|-----------------|----------------|
| All stakeholder groups                      | 17             | 6               | 76             |
| GP practices (n=10)                         | 10             | 0               | 90             |
| Health and social care professionals (n=10) | 0              | 10              | 90             |
| Local residents (n=10)                      | 0              | 10              | 90             |
| Local businesses (n=10)                     | 0              | 10              | 90             |
| Local schools (n=10)                        | 0              | 10              | 90             |
| Local residents (n=10)                      | 0              | 10              | 90             |
| Local businesses (n=10)                     | 0              | 10              | 90             |
| Local schools (n=10)                        | 0              | 10              | 90             |
| Local residents (n=10)                      | 0              | 10              | 90             |
| Local businesses (n=10)                     | 0              | 10              | 90             |
| Local schools (n=10)                        | 0              | 10              | 90             |
- Legend: Great deal, Fair amount, Not at all
- 75% (14) 2014/15  
80% (13) 2012/13
- Source: Ipsos MORIS  
Survey dates: 14-15 November 2014, 14-15 November 2012
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- Published: October 2014
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### Example from a CCG report

## 2.3 Interpretation of the data

The CCG assurance framework has been developed to provide a framework that is resilient to change. NHS England are committed to ensuring that the process of assurance and the key sources of information which inform it continue to develop as relationships mature in the spirit of ongoing co-production with CCGs. As with the framework itself the findings from the CCG 360° stakeholder survey should be viewed from this same perspective. The findings provide a ‘snap-shot’ of progress at a particular point in time to inform how they can continue to build and improve relationships with stakeholders in the future.

Where relevant and appropriate (i.e. consistent question wording across both surveys) comparisons with the 2012 CCG 360° authorisation stakeholder survey have been included. However, it must be remembered that when the previous survey was conducted in 2012, CCGs were only just establishing as organisations. This is in contrast to the most recent survey where CCGs have been formally functioning in their role for over a year. In addition, for the authorisation survey the sample framework provided to CCGs was much more prescriptive, requiring CCGs to provide the details for stakeholders in specific roles. This time, while CCGs were provided with a list of core organisations to include they were largely free to select the stakeholders within those organisations to include in the survey. As a result of the variation in sample and functioning of CCGs, comparisons with the authorisation survey should be treated as indicative of the direction of travel as opposed to statistically robust change.

Where percentages in this report do not sum 100, this is due to computer rounding. Throughout the report an asterisk (\*) denotes any value of less than half of one per cent, but greater than zero.

## 2.4 Structure of this report

The purpose of this report is to provide an overview of findings across all 211 CCGs. It will highlight the areas where CCGs are performing well and will also outline areas where relationships could be strengthened. Further,



the report will provide details of the survey process, to serve as a record of how the research was conducted.

The majority of the analysis contained in this report is structured by specific stakeholder groups. However, the 'overall findings' chapter explores responses to some general questions about engagement, working relationships and CCG plans and priorities that were asked of all stakeholder groups. At the beginning of each stakeholder chapter, these overall findings are summarised for that particular stakeholder group. The report is structured as follows:

Chapter 1: Executive summary – summarising the key findings from the survey

Chapter 2: Introduction – providing an overview of the background to the survey and how it was conducted

Chapter 3: Overall findings – an overview of engagement and relationships, including analysis of how perceptions have changed between 2012 and 2014

Chapter 4: Upper tier/ unitary local authority – exploring collaborative arrangements between local authorities and CCGs, including arrangements for safeguarding adults and children and integrated commissioning

Chapter 5: Health and wellbeing boards – focusing on views of the role CCGs play in the operation of Health and wellbeing Boards, along with CCGs' and local authorities' integrated commissioning

Chapter 6: Healthwatch and other patient groups – perceptions of the way in which CCGs communicate and engage with patients and public

Chapter 7: GP member practices – perceptions of internal governance arrangements within the CCG and CCGs' plans and priorities

Chapter 8: NHS providers – understanding how well CCGs and NHS providers are working together in a number of areas

Chapter 9: Other CCGs – an overview of engagement and relationships for this group of stakeholders

Chapter 10: Wider stakeholders – an overview of engagement and relationships for this group of stakeholders

Chapter 11: Area team differences – drawn from the questions asked of all stakeholders about engagement and relationships more generally, this chapter summarises how the views of stakeholders vary across area teams

Chapter 12: Future directions – this chapter suggests some directions in which the survey could develop for the future

Chapter 13: Technical information – providing more detail about the methodology for the survey and response rates

## 2.5 Acknowledgements

We would like to thank all 9,018 stakeholders and GP member practices who took part in the survey for their time. The survey would not have been possible without their willingness to engage with the survey and tell us in detail about their relationship with the CCG.

We would like also to thank all CCGs and NHS England area team representatives who participated in the co-production day for their comments and help in developing the survey process and draft questionnaire.

A special mention must also go to the CCG leads for their invaluable help, both in compiling the stakeholder samples and encouraging their stakeholders to participate in the survey.

Finally, we are also grateful to Sam Harrison, Gareth Harry and Ben Racle, as well as the wider CCG Advisory Group at NHS England for their support and feedback throughout the survey.

## 3 Overall findings

### Summary

- Stakeholders are largely positive about the level of engagement and the quality of the working relationships they have with CCGs. Over four in five (83%) say they have been engaged at least a fair amount by CCGs while a similar proportion say they have a good working relationship with them (79%).
- However, stakeholders are slightly less satisfied than they were at authorisation with the way in which they have been engaged by CCGs (74% now compared with 76% at authorisation) – particularly NHS providers and GP member practices.
- Many stakeholders have confidence in the commissioning decisions made by CCGs, with the majority having confidence in them to that they commission high quality services (68%) and agreeing that CCGs' plans will deliver continuous quality improvement(58%).
- Confidence in the overall and clinical leadership of CCGs remains largely positive. Just under four in five stakeholders agree that there is clear and visible leadership of CCGs (78%). The majority also believe they have the necessary blend of skills / experience (70%) and have confidence that the leadership will deliver their plans and priorities (69%). However, variation across stakeholder groups remains, with more positive results from upper tier / unitary local authorities versus less positive findings from NHS provider stakeholders and GP member practices.
- Many stakeholders report some level of knowledge of CCGs' plans and priorities, with over three in four saying they know at least a fair amount (78%), while three in five agree that they are the right plans and priorities (59%). HWB members and upper tier / unitary local authorities tend to be the most positive about CCGs' plans and priorities, while NHS provider stakeholders and GP member practices are among the least positive.

In addition to gaining stakeholder feedback on specific aspects of their working relationship with CCGs, the survey also contained several questions around general engagement, communications and relationships. These factors are important building blocks for developing and maintaining productive relationships generally and were therefore asked of all

stakeholders; they also allowed comparison with the authorisation survey. The following discussion shows how CCGs are performing in these key areas nationally.

### 3.1 Engagement

Overall, the positive views of stakeholders seen at authorisation towards engagement by CCGs have been maintained. Stakeholders continue to be largely favourable about the ways in which CCGs are engaging with them and responding to their input.

The level of engagement undertaken by CCGs appears to be high and unchanged since authorisation. The majority of stakeholders feel that the CCG has engaged with them at least a fair amount (83%). As was the case at authorisation, very few feel they have not been engaged at all (just two per cent).

**Figure 3.1 – Overall, to what extent, if at all, do you feel you have been engaged by the CCG over the past 12 months?**



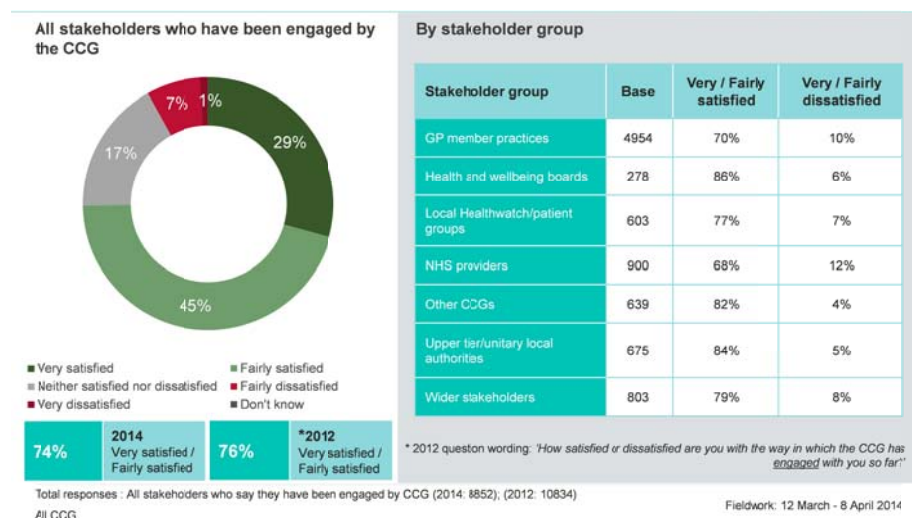
Of those who say they have been engaged to some extent, satisfaction with the form of this engagement is high; three in four stakeholders are satisfied with the way in which the CCG has engaged with them over the past 12 months (74%). This represents a slight fall since authorisation, when 76% were satisfied.

83%



**Of stakeholders feel engaged by the CCG in past 12 months**

Figure 3.2 – How satisfied or dissatisfied are you with the way in which the CCG has engaged with you over the past 12 months?



While high levels of engagement are reported and stakeholders are satisfied with that engagement, the perceptions of the different stakeholder groups vary, as was the case at authorisation – although there have been changes in the groups that feel more and less engaged.

In particular, against the overall trend for high engagement, a significant minority of stakeholders from NHS providers and other CCGs say that they have not been engaged very much or not been engaged at all by the CCG over the past 12 months (21% and 20% respectively). NHS provider stakeholders who feel they have been engaged to some extent are also particularly dissatisfied with the way in which they have been engaged (12%, compared with nine per cent overall).

In addition, GP member practices and representatives from other CCGs are less positive than previously about both the extent to which they have been engaged<sup>3</sup> and satisfaction with this engagement<sup>4</sup>. Member practices are also more dissatisfied with the engagement they have had than stakeholders in general (10%, compared with eight per cent across the other stakeholder groups).

In contrast, many of the other stakeholder groups report higher levels of engagement than at authorisation, most notably Healthwatch and patient groups (85% say they have been engaged at least a fair amount, up from 70% at authorisation) and upper tier / unitary local authorities (90%,

<sup>3</sup> 18% of member practices and 20% of other CCG representatives say they have not been engaged very much or not been engaged at all, compared with 13% for both at authorisation.

<sup>4</sup> 70% of member practices and 82% of other CCG representatives are satisfied, compared with 70% and 82% respectively at authorisation.

compared with 79% at authorisation). They are also more satisfied with the engagement that has taken place (up nine percentage points for both). Indeed, upper tier / unitary local authority representatives are particularly positive about engagement in comparison with other groups.

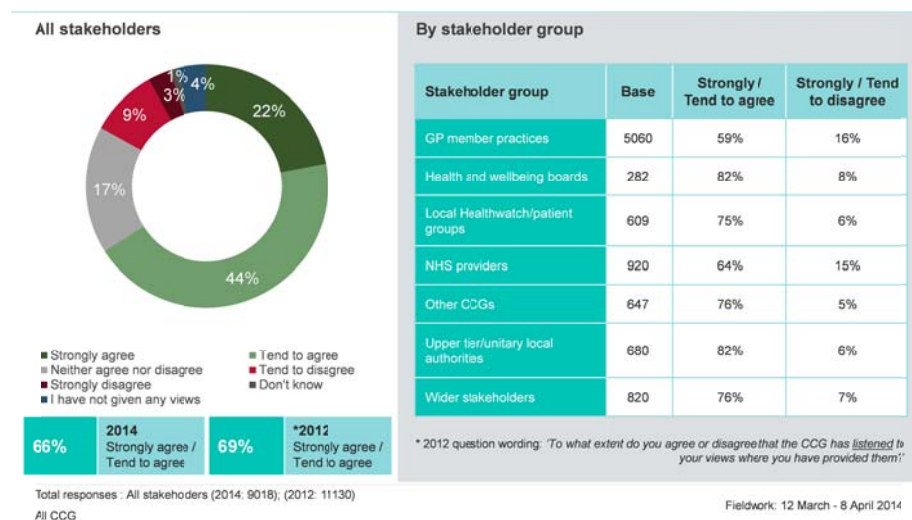
The results suggest that while the majority of stakeholders are satisfied both with the level and way in which they have been engaged by CCGs, some groups are less positive and it will be important to monitor the direction of travel in these relationships.

### 3.2 Listening to views and acting on suggestions

A key part of a successful engagement strategy is being seen to listen to the views of stakeholders and, where relevant, acting on their suggestions.

Stakeholders continue to be largely positive about the efforts CCGs make to listen to their views. Two in three stakeholders agree that CCGs have listened to their views where they have provided them (66%), while around one in eight disagree (13%).

**Figure 3.3 – Still thinking about the past 12 months, to what extent do you agree or disagree that the CCG has listened to your views where you have provided them?**

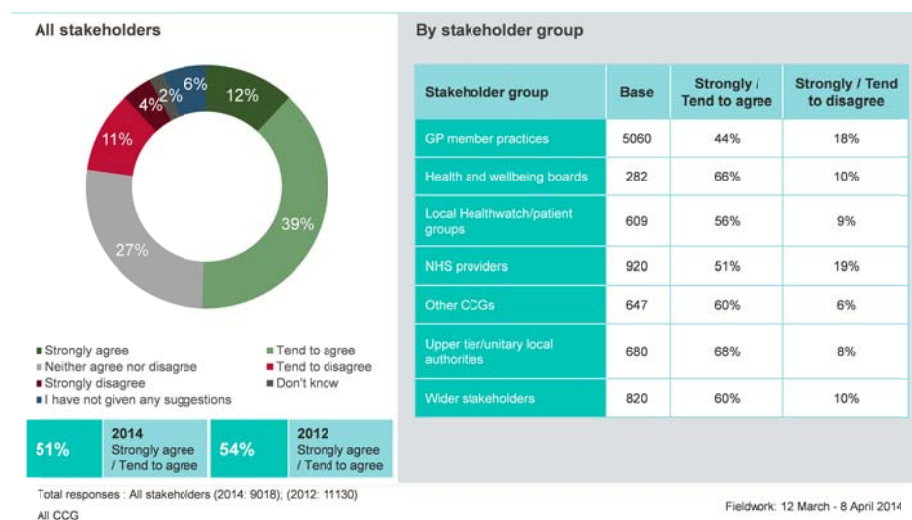


Stakeholders are less positive about the extent to which their suggestions are then acted upon. Around half agree that CCGs have acted on their suggestions (51%). While 15% disagree that the CCG has acted on their suggestions a larger proportion, neither agree nor disagree (27%). This may suggest that in some cases comments are acted upon but not in others, or that stakeholders may perhaps not be aware of whether the CCG has acted on suggestions.



**66% agree that CCGs have listened to their views where they have provided them**

Figure 3.4 – To what extent do you agree or disagree that the CCG has acted on your suggestions?



Stakeholder groups who show dissatisfaction with CCG engagement are also less likely than others to think the CCG has listened to their views or acted on their suggestions. GP member practices and NHS providers are again most dissatisfied, both in terms of listening (16% and 15% disagree respectively, compared with 13% overall) and action taken (18% and 19% respectively, compared with 15% overall).

### 3.3 Working relationships

The majority of stakeholders report that they have a good working relationship with the CCG (79%). This is consistent both with the high levels of engagement felt by stakeholders and also the findings at the point of authorisation (79%). Given that the reported quality of working relationships has remained consistent with that seen at authorisation, it is interesting to note that half of stakeholders also say that their working relationship with the CCG has got better over the past 12 months (50%). This may suggest that stakeholder expectations of working arrangements have increased since the previous survey at authorisation, which was conducted when CCGs were young organisations. If this is the case, it is encouraging that CCGs largely appear to have met any changes in stakeholder expectations.

79%



Of stakeholders say they have a good working relationship with the CCG



Figure 3.5 – Overall, how would you rate your working relationship with the CCG?



The CCG have made every effort to engage particularly in the last 6 months. I feel they listen well, are open, constructive and responsive, and that the relationship is professional and collaborative

NHS provider

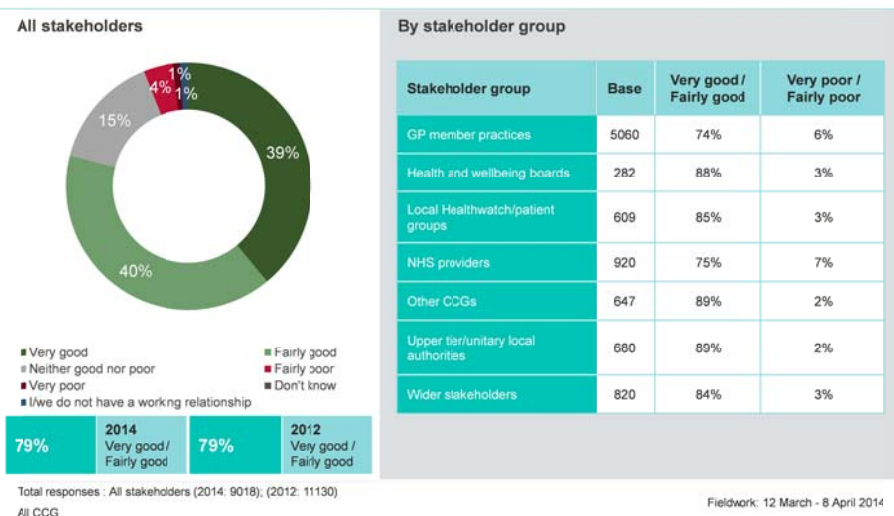
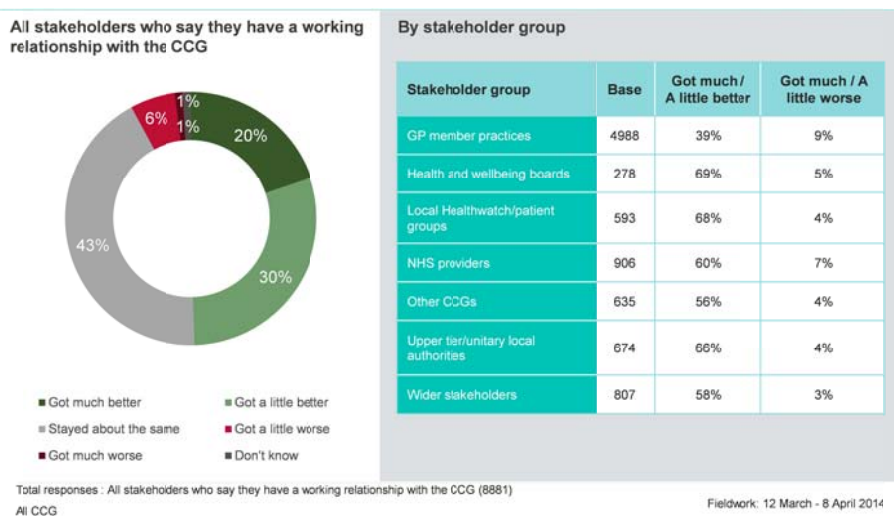


Figure 3.6 – Thinking back over the past 12 months, would you say your working relationship with the CCG had got better, got worse or has it stayed the same?



While only a small minority of stakeholders are negative about their relationship with the CCG, this is higher among particular groups. As with engagement, member practices and NHS providers are again more likely than other groups to say they have a poor working relationship with their CCG (six per cent and seven per cent respectively, compared with five per cent overall). Member practices are also more likely than any other groups to say the working relationship within their CCG has got worse since authorisation (nine per cent, compared with seven per cent across all other stakeholder groups) and are much more likely to say relationships have stayed the same (51%, compared with 43% across all other stakeholder groups).



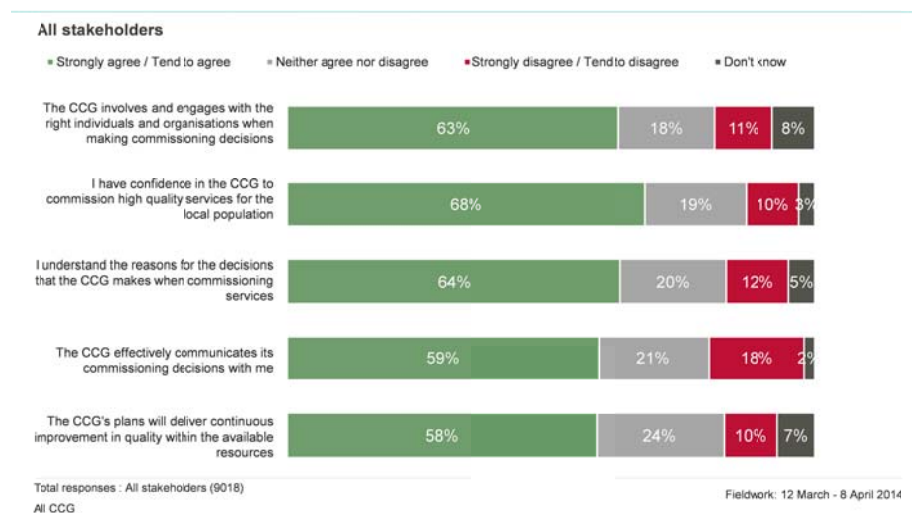
Again reflecting the findings around engagement, Healthwatch / patient group and upper tier / unitary local authority stakeholders both rate working relationships more highly than at authorisation<sup>5</sup> and report more improvements in relationships in the past 12 months (68% and 66% respectively, compared with 49% overall). Health and wellbeing board members also report particularly strong improvements in relationships (69%).

### 3.4 CCG commissioning decisions

Continuing the general positive trend, many stakeholders also show confidence in the commissioning decisions the CCG makes. For example, two in three stakeholders have confidence in the CCG to commission high quality services for the local population (68%). Stakeholders are a little less positive regarding the effectiveness of CCG communications about commissioning decisions (59%) or belief that the CCG's plans will deliver continuous improvement in quality within the available resources (58%).

While these are lower positive scores than those reported for working relationships covered in the previous section, this appears largely to be as a result of more stakeholders not having an opinion either way rather than more people being actively negative – which remains fairly low at around one in ten. That said, around one in five stakeholders disagree that the CCG effectively communicates its commissioning decisions with them (18%).

**Figure 3.7 – To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services...?**



While all stakeholders are positive towards the commissioning decisions CCGs make, on the whole health and wellbeing board (HWB) members,

<sup>5</sup> Among Healthwatch / patient group stakeholders, 85% rate their working relationship with the CCG as good compared with 70% at authorisation. For upper tier / unitary local authority representatives, 89% say the relationship is good, compared with 80% at authorisation.

68%



Have confidence in the CCG to commission high quality services for the local populations

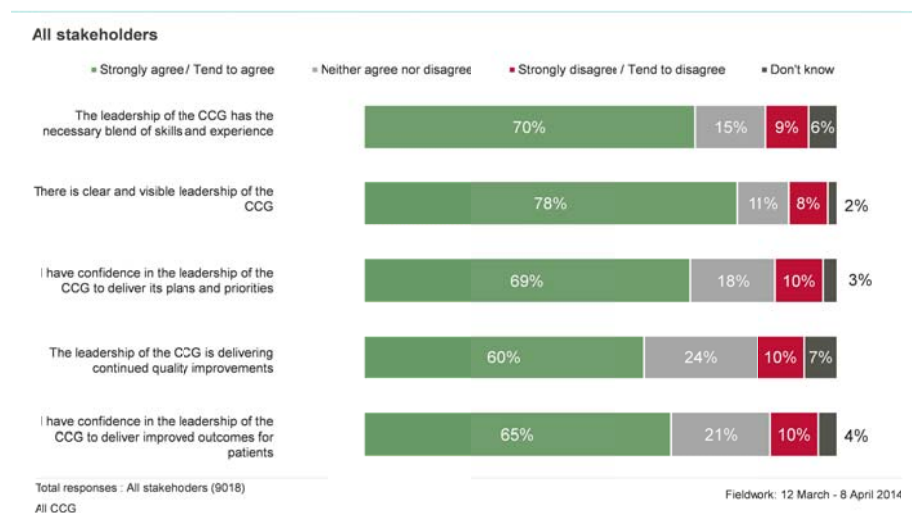
other CCG representatives and upper tier / unitary local authority stakeholders tend to show the greatest support. For example, more than seven in ten HWB members (72%), upper tier / unitary local authority stakeholders (76%) and other CCGs (72%) agree their CCG involves and engages the right individuals and organisations when making commissioning decisions (compared to 63% overall).

NHS providers and member practices again tend to be more likely than any other groups to disagree that their CCG delivers quality, communicates and makes the right choice about the commissioning decisions it makes.

### 3.5 Leadership

In line with the findings at the point of authorisation, the majority of stakeholders continue to be broadly confident in the leadership of CCGs. Nearly four in five stakeholders feel that there is clear and visible leadership (78%), while three in five agree that the leadership of the CCG is delivering continued quality improvements (60%). As with commissioning decisions, the lower proportions of stakeholders agreeing that the CCG is delivering continued quality improvements is linked to higher numbers of stakeholders (compared to the other aspects of leadership) saying that they neither agree nor disagree or don't know rather than an increase in negative views. Further exploration may be useful to identify why stakeholders feel less able to comment either way on this aspect of leadership.

**Figure 3.8 – To what extent do you agree or disagree with the following statements about the overall leadership of the CCG...?**



Reflecting findings elsewhere regarding improved engagement and relationships between upper tier / unitary local authority stakeholders and CCGs, these stakeholders are also more positive about the leadership than was the case at authorisation. For example, when asked to what extent they agree that there is clear and visible leadership of the CCG in 2012, just under four in five (78%) agreed; in 2014 this has risen to nearly nine in ten

78%



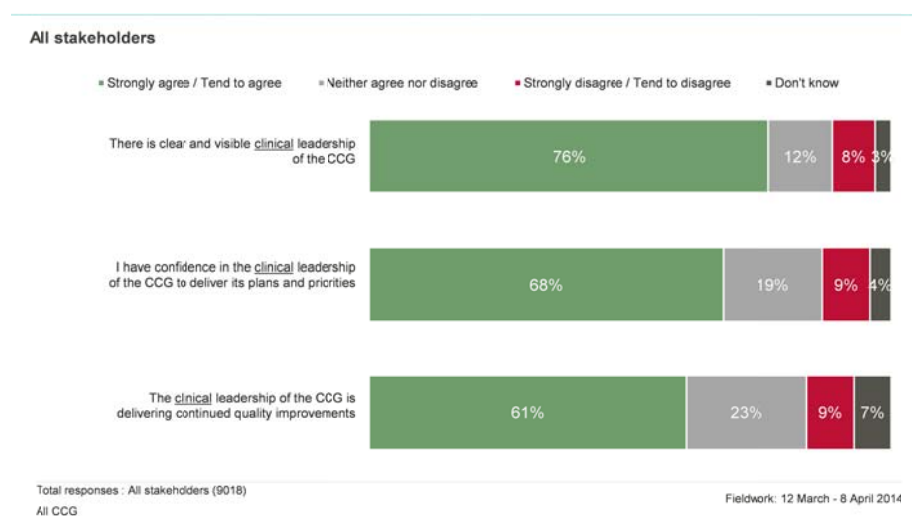
**Of stakeholders agree there is clear and visible leadership of the CCG**

(87%). This group, along with other CCGs, are also more likely than stakeholders in general to be positive about all aspects of CCG leadership.

Again consistent with earlier findings, member practices and NHS providers tend to be more negative in their views towards CCG leadership compared with others. For example, 10% of member practices and 15% of NHS providers do not think the leadership of the CCG has the necessary blend of skills and experience, compared with five per cent across the other stakeholder groups.

As well as general leadership, stakeholders were also asked separately about the *clinical* leadership of the CCG. Here, the views of stakeholders remain largely consistent with the views towards leadership of CCGs overall. The majority of stakeholders agree that there is clear and visible *clinical* leadership and that the *clinical* leadership of the CCG can deliver its plans and priorities (76% and 68% respectively). While still a majority, slightly fewer agree the *clinical* leadership can deliver continued quality improvements (61%); again due to the higher proportions of neither / nor responses to this statement (23%).

**Figure 3.9 – To what extent do you agree or disagree with the following statements about the clinical leadership of the CCG?**



As before, other CCG representatives and upper tier / unitary local authority stakeholders are particularly positive about all aspects of CCGs' *clinical* leadership than stakeholders in general. Member practices and NHS providers continue to be more negative compared with other stakeholders.

### 3.6 Monitoring and reviewing commissioned services

In addition to asking stakeholders about the commissioning decisions CCGs make, stakeholders were also asked their views on the CCG's ability to monitor the services it commissions and listen and respond to any concerns about the quality of these services.

On the whole, stakeholders appear assured by the CCG's ability to monitor and review the services they commission. Stakeholders are particularly likely to agree they would be able to raise concerns with CCGs about the quality of services, with almost nine in ten saying they would feel able to (86%). Similarly, the majority of stakeholders also say they have confidence that the CCG will act on the feedback it receives about the quality of services (71%).

Fewer stakeholders, just under two in three, have confidence that CCGs effectively monitor the quality of commissioned services (63%), with one in ten (10%) disagreeing. However, fewer stakeholders give an opinion on this, so it is likely to be more that they are not aware of how the CCG monitors quality than that they think the CCG is not performing well in this regard.

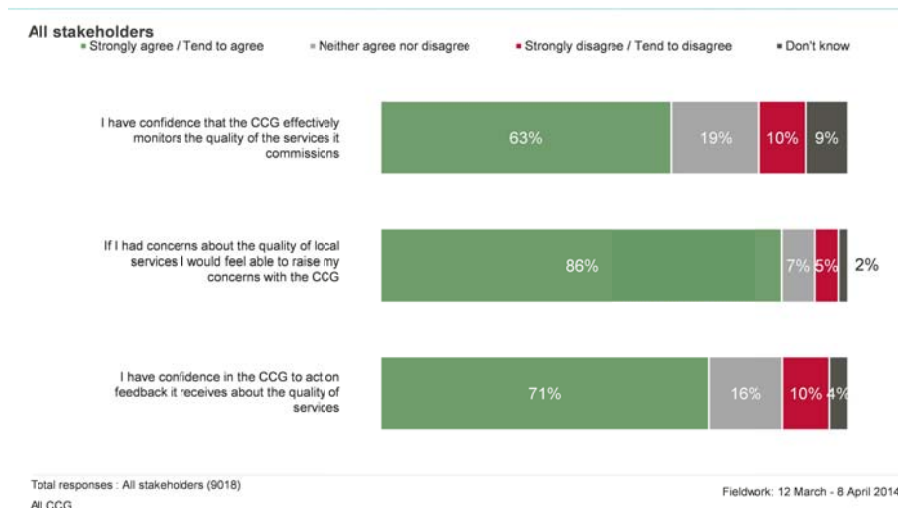


**The CCG has a clear high level vision and has been clear in explaining clinical decisions and the reasons for them**

Upper tier / unitary LA



**Figure 3.10 – To what extent do you agree or disagree with the following statements about the way in which the CCG monitors and reviews the quality of commissioned services...?**



Across all aspects of monitoring and reviewing commissioned services, member practices are among the least confident in the CCG's ability to undertake these processes. This includes confidence that they could raise their concerns about the quality of local services within their CCG. For example, just over four in five member practices (83%) feel able to raise their concerns, compared with nearly all upper tier / unitary local authority stakeholders (94%), the group most likely to agree.

### 3.7 Developing plans and priorities

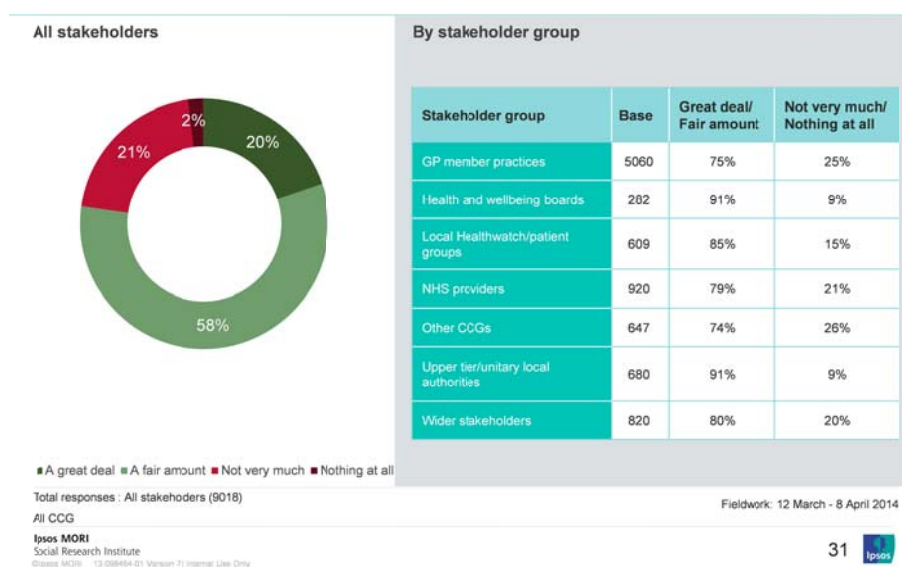
As part of the CCG authorisation 360° survey, stakeholders were asked a number of questions around CCGs' plans and priorities. At this time, CCGs were newly established organisations and were only starting to develop their plans and priorities, rather than putting them into practice. On the

whole, views in 2012 about the processes involved in developing plans and priorities were positive.

Now that CCGs are fully established organisations they have moved beyond development to delivery of their plans and priorities. As such, questions on this topic were altered to reflect this change in emphasis.

Encouragingly, the views about the delivery of plans and priorities appear to be largely positive. Four in five stakeholders say they know at least a fair amount about the CCG's plans and priorities (78%).

**Figure 3.11 – How much would you say you know about the CCG's plans and priorities?**



Of those stakeholders who say they know at least a fair amount, HWB members and upper tier / unitary local authority stakeholders self-report higher levels of awareness than others, (91% for both compared with 78% overall).

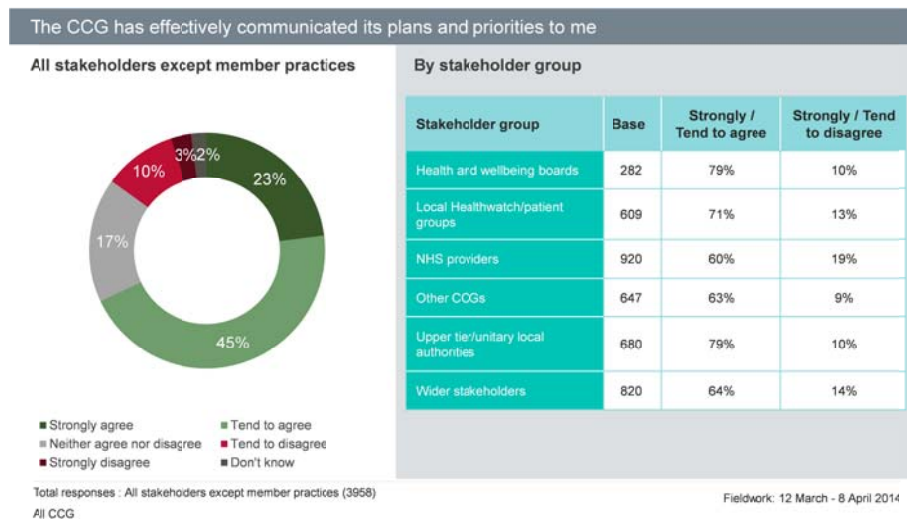
Despite assurance domains requiring greater communication and working between CCGs, other CCG representatives are among those reporting least knowledge about other CCGs' plans and priorities (26% say they do not know very much or know nothing at all, compared with 22% overall). Interestingly, given that they are constituent parts of their CCG, member practices also report lower levels of knowledge (25%, compared with 22% overall).

Seemingly linked to knowledge of plans and priorities, around two in three stakeholders also say that CCGs have effectively communicated their plans and priorities to them (68%).



**Say that CCGs have effectively communicated their plans and priorities to them**

Figure 3.12 – To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities...?

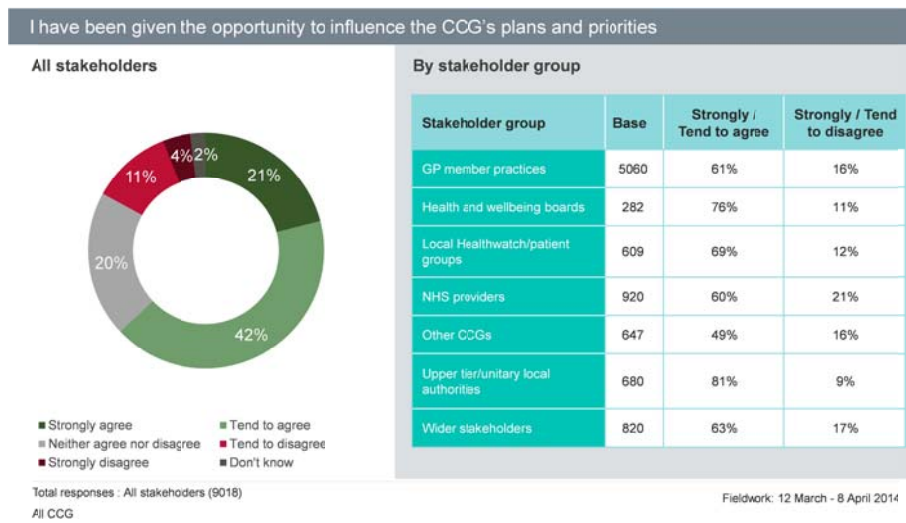


CCGs appear to be particularly successful at communicating their plans and priorities to HWB, upper tier / unitary local authorities and Healthwatch / patient groups (79%, 79% and 71% respectively agree that the CCG has effectively communicated its plans and priorities). Reflecting other less positive results, NHS providers are least likely to feel this is the case, with one in five disagreeing that the CCG has effectively communicated their plans and priorities with them (19%, compared with 13% overall).

While stakeholders tend to feel CCGs have effectively communicated their plans and priorities to them (68%), slightly fewer – but still a clear majority – appear to have been involved in their formation; just under two in three stakeholders feel that they have been given an opportunity to influence the CCG's plans and priorities (63%).



Figure 3.13 - To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities...?



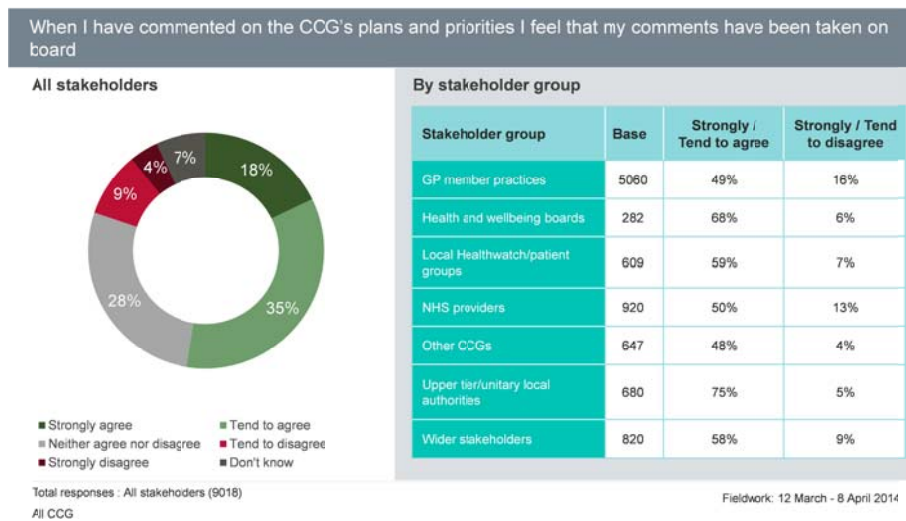
Again, certain stakeholder groups feel like they have had more opportunity to influence the CCG's plans and priorities. HWB members and stakeholders from upper tier / unitary local authorities feel more involved, with four in five saying they have had an opportunity to influence them (81% and 76% respectively, compared with 63% overall). This is also true for Healthwatch / patient groups, where seven in ten say they have had the opportunity (69%). NHS provider stakeholders are less satisfied than other stakeholder groups, with 21% agreeing they have had an opportunity to influence the CCG's plans and priorities (compared with 16% overall).

While many stakeholders feel that they have the opportunity to influence CCG plans and priorities, fewer feel that their comments have been taken on board where they have provided them, with around half agreeing that this is the case (53%). The lower proportion of stakeholders agreeing on this measure is largely as a result of the one in three stakeholders who neither agree nor disagree (28%) or don't know (seven per cent). This suggests either that a number of stakeholders have not made any comments on the plans and priorities, or that they are unsure of whether or not their comments have been taken on board.

# 53%

Feel their comments have been taken on board when they have provided them

Figure 3.14 - To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities...?



Repeating the pattern already seen, where stakeholders report greater levels of engagement with the CCG, they are more likely to agree that their comments have been taken on board. For example, HWB, upper tier / unitary local authority and Healthwatch / patient group representatives are all more likely to say that where they have made comments they have been taken on board (68%, 75% and 59% respectively, compared with 53% overall).

Again, member practices are most likely to say that their comments have not been taken on board (16%, compared with 12% overall).

Alongside generally positive perceptions about the process through which plans and priorities have been developed and stakeholders' level of involvement in that process, stakeholders are also confident in the quality of these plans and priorities; three in five stakeholders agree that the CCG's plans and priorities are the right ones (59%).

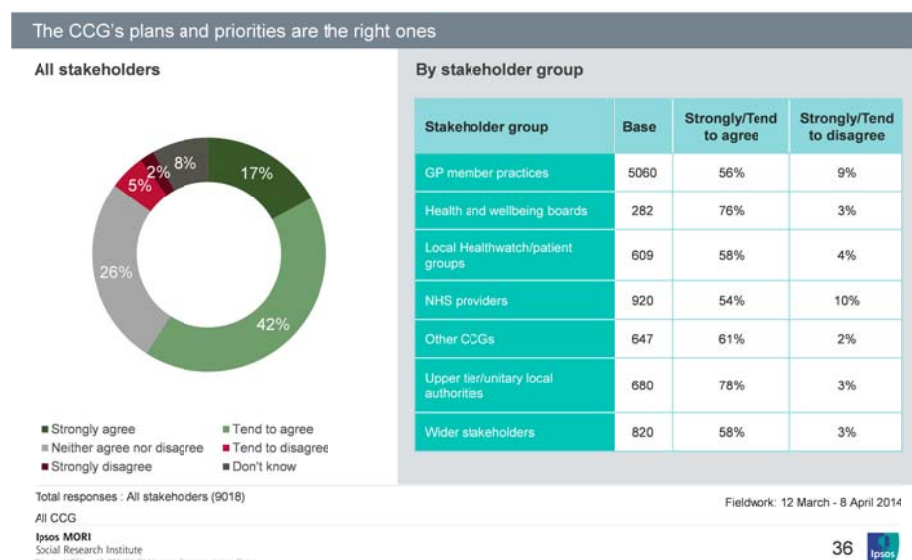
59%



Of stakeholders agree that the CCG's plans and priorities are the right ones



Figure 3.15 - To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities...?



HWB members and upper tier / unitary local authority stakeholders are among the most positive about CCGs' plans and priorities being the right ones (76% and 78% agree respectively, compared with 59% overall).

Although only a minority of stakeholders actively disagree that the CCG's plans and priorities are the right ones, member practices and NHS providers on the whole continue to be the most negative. These groups are more likely than any other groups to feel that the CCG's plans and priorities are not the right ones (nine per cent and ten per cent respectively, compared with seven per cent overall).

The clear pattern of differences in stakeholder groups' confidence and positivity suggests that where stakeholders feel engaged and involved in the work of a CCG, they are more likely to support that CCG and its outputs. A greater engagement push with NHS providers and among its member practices may see more positive responses towards CCGs in any further waves of the survey.

### 3.8 Contribution to wider discussions

In finishing discussions about overall experiences of working with CCGs, stakeholders were asked to comment on the extent to which CCGs have contributed to wider discussions through groups such as the Quality Surveillance Group and Urgent Care Working Group. The question aims to understand the extent to which CCGs are involved in wider discussions within their local health economies.

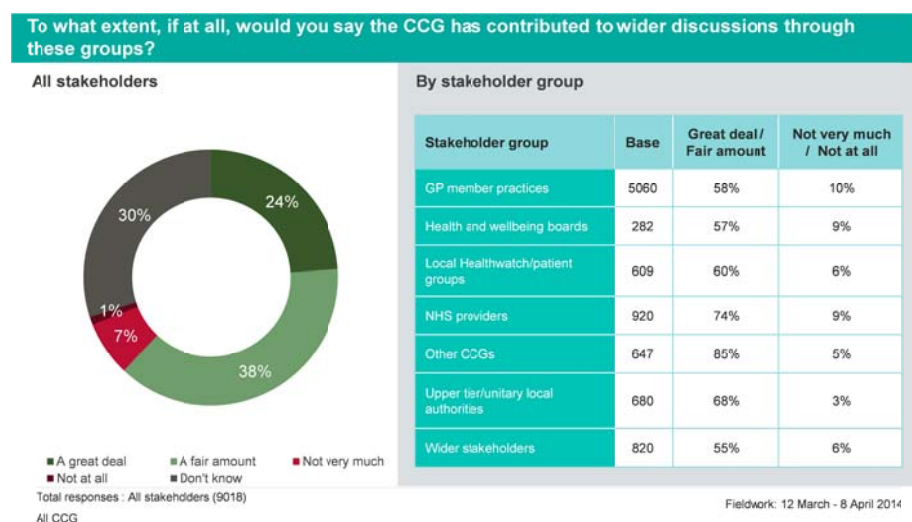
For just over three in five stakeholders (62%), CCGs are to some extent thought to be contributing to wider discussions about the health economy. However, many stakeholders feel unable to comment, with one in three

62%

Believe that CCGs are contributing to discussions about the wider health economy

saying they 'don't know' to what extent the CCG has contributed. This is likely to be a result of some stakeholders not being aware of CCGs' work in this area.

**Figure 3.16 – Please now think about discussions that take place about the wider health economy in your area, through local groups such as the Quality Surveillance Group and Urgent Care Working Group.**



Whereas on other measures NHS providers have tended to be less positive about CCG communications and engagement, they are generally supportive of the contribution of CCGs in these wider discussions. Around three in four say the CCG has contributed (74%, compared with 62% overall). Other CCG and upper tier / unitary local representatives are also more likely to say that CCGs contribute to wider discussions (85% and 68% respectively, compared with 62% overall).

Lower confidence in CCGs' work and communication continues among member practices. They are again the most likely to believe that CCGs are not contributing very much or not contributing at all to these wider discussions, albeit still only a small minority (10%, compared with six per cent across the other stakeholder groups).

The following chapters of this report now turn to the individual stakeholder groups, providing an overview of engagement and relationships with each group and exploring specific areas relevant to each.



**Excellent joint working across numerous agencies in joining up care beyond health and social care**

NHS provider



## 4 Upper tier / unitary local authorities

### Summary

- Given the important role that upper tier and unitary local authorities play it is encouraging to see that these stakeholders are among the most positive groups and that the relationships appear to have been developing and improving since authorisation.
- The vast majority feel they have been engaged by CCGs over the past 12 months (90%, a significant increase since authorisation from 79%) and are satisfied with the way in which they have been engaged (84%, again up from 76% at authorisation).
- Upper tier / unitary local authority stakeholders are also positive about the leadership of CCGs, with many agreeing that the leadership has the necessary skills and experience (80%, compared with 68% at authorisation) and that there is clear and visible leadership of the CCG (87%, compared with 78% at authorisation).
- The vast majority of upper tier / unitary local authority stakeholders report that they are working well with CCGs to develop (89%) and deliver (86%) shared plans around integrated commissioning. The majority also report that CCGs are active members of both the Local Safeguarding Children Boards (59%) and Local Safeguarding Adults Boards (58%).

Given the localism agenda for commissioning, effective relationships with local statutory bodies and local authorities in particular are of the utmost importance to CCGs. There are also a number of specific areas in which CCGs and local authorities need to collaborate, including fulfilling statutory duties. The survey therefore asked upper tier / unitary local authority stakeholders about how well the CCG was working with them to develop and deliver plans for integrated commissioning and their effectiveness as part of the Safeguarding Adults and Safeguarding Children Boards.

All CCGs were asked to provide details of up to five stakeholders from each of the unitary or upper tier local authorities in their locality. Possible roles of these stakeholders included the Chief Executive, Director of Adult Services, Director of Children's Services, representatives from the Health Overview

and Scrutiny Committee and elected members. At least one of the stakeholders was required to be able to comment on behalf of the local authority on the CCG's role in safeguarding children and safeguarding adults.

While a majority of local authority stakeholders responded to the survey, the response rate for stakeholders from local authorities was the lowest across all stakeholder groups, with 65% of those invited to take part completing the survey.

#### 4.1 Key upper tier / unitary local authority representative results in the overall findings

Representatives from upper tier / unitary local authorities are among the most positive stakeholders regarding levels of engagement and quality of working relationships with CCGs. They are not only among the most positive; the survey also suggests that relationships have been developing and improving since authorisation.

The vast majority of upper tier / unitary local authority representatives feel they have been engaged by CCGs over the past 12 months, with nine in ten (90%) saying they have been engaged at least a fair amount (compared with 83% across all stakeholders). This represents a significant increase since authorisation, when four in five said they had been engaged (79%).

They are also positive about the quality of this engagement; of those who feel they have some level of engagement with the CCG, the vast majority are satisfied with the way in which the CCG has engaged them over the past 12 months (84%, compared with 74% overall). Again, this is an increase since authorisation, when three in four were satisfied (76%).

Perhaps as a result of these apparent high levels of engagement, nearly all upper tier / unitary local authority stakeholders report good working relationships with CCGs (89%, compared with 79% overall). Reflecting this, and the positive changes seen in the survey results since authorisation, two in three feel that their working relationship with the CCG has improved over the past 12 months (66%).

Our stakeholder research often demonstrates that favourability towards organisations is stronger where contact between organisations is greater. This suggests that higher levels of engagement between upper tier / unitary local authorities and CCGs is resulting in stronger working relationships for the most part.

When they have provided them, the vast majority of unitary and upper tier stakeholders agree that the CCG has listened to their suggestions (82%). This is significantly higher than the two in three stakeholders who agree across all groups (66%) and is also higher than seen at authorisation when around three in four upper tier / unitary local authorities agreed (72%).



**The vast majority of upper tier / unitary local authority representatives feel they have been engaged by CCGs over the past 12 months (90%). This represents a significant increase since authorisation (79%)**



Whilst the majority are still positive, fewer upper tier / unitary local authority stakeholders agree that the CCG acts on their suggestions (68%). Again however, more agree than on average across all stakeholder groups (51%) and more agree than at authorisation (56%).

In comparison to other stakeholder groups, upper tier / unitary local authority stakeholders are also among the most positive about the leadership of CCGs. In many respects ratings of CCG leadership have increased since authorisation. For example, more than four in five upper tier / unitary local authority stakeholders agree that the leadership of the CCG has the necessary skills and experience (80%, compared with 70% overall in 2014 and 68% of upper tier / unitary local authorities at authorisation) and that there is clear and visible leadership of the CCG (87%, compared with 78% overall in 2014 and 78% at authorisation).

More than three in four upper tier / unitary local authority stakeholders agree that the CCG engages with the right individuals and organisations when making commissioning decisions (76%) – this is the highest result across all stakeholder groups and significantly higher than the average (63%). A similar proportion (77%) agree that they have confidence in the CCG to commission high quality services for the local population. This is again above the average across all stakeholder groups (68%).

The decisions the CCG makes when commissioning services are generally understood and seen to be transparent by upper tier / unitary local authority stakeholders. Three in four understand the reasons for decisions that the CCG makes when commissioning services (76%) and more than two in three agree that the CCG effectively communicates its commissioning decisions with them (69%). Both these results are above the average across all stakeholder groups (64% and 59% respectively).

There are high levels of agreement among upper tier / unitary local authorities that the CCG's plans will deliver continuous improvement in quality within the available resources (69%).

Upper tier / unitary local authority stakeholders also have high levels of confidence in the efficacy of feedback mechanisms. There is a very strong feeling among upper tier / unitary local authorities that they would be able to raise concerns with the CCG should they have any (94%). There are also high levels of agreement that the CCG would act on feedback it received about services (81%). Both these findings are significantly higher than the average across all stakeholder groups and (86% and 71% respectively).

Upper tier / unitary local authorities are well informed about their CCG's plans and priorities (91%) and that they have been effectively communicated to them by the CCG (79%). The majority agree that they have had the opportunity to influence the plans and priorities (81%) and feel that their comments have been taken on board (75%). Perhaps linked to

this, upper tier / unitary local authority stakeholders are the most likely stakeholder group to agree that the CCG's plans and priorities are the right ones. Again, these findings are significantly more positive than the overall findings across all stakeholder groups.

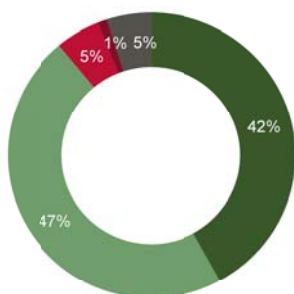
## 4.2 Integrated commissioning

With the move towards better integration between NHS and social care services and the establishment of the Better Care Fund, it is becoming increasingly important for CCGs and local authorities to work together when commissioning services.

The research demonstrates that upper tier / unitary local authority stakeholders are largely positive about the way in which the CCG and the local authority are working together to *develop* shared plans for integrated commissioning. Overall, nine in ten (89%) report that they are working well together, with 42% of those saying they are working *very well* together. Only a small minority (six per cent) report that the CCG and local authority are not working well together in this regard.

**Figure 4.1 – How well, if at all, would you say the CCG and your local authority are working together to develop shared plans for integrated commissioning?**

All upper tier / unitary local authority stakeholders



Very well Fairly well Not very well Not at all well Don't know

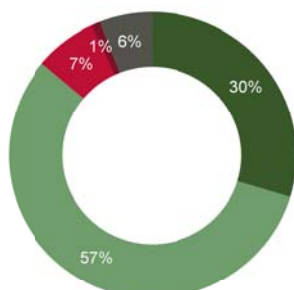
Total responses: All upper tier / unitary local authority stakeholders (677)  
All CCG

Fieldwork: 12 March - 8 April 2014

As well as working well together to *develop* shared plans for integrated commissioning, views are similarly positive regarding the way in which the CCG is working with the local authority to *deliver* shared plans for integrated commissioning. Just under nine in ten upper tier / unitary local authority stakeholders report that they are working well together to deliver shared plans (87%).

Figure 4.2 – How well, if at all, would you say the CCG and your local authority are working together to deliver shared plans for integrated commissioning?

All upper tier / unitary local authority stakeholders



■ Very well ■ Fairly well ■ Not very well ■ Not at all well ■ Don't know

Total responses : All upper tier / unitary local authority stakeholders (677)  
All CCG

Fieldwork: 12 March - 8 April 2014

### 4.3 Safeguarding children and adults

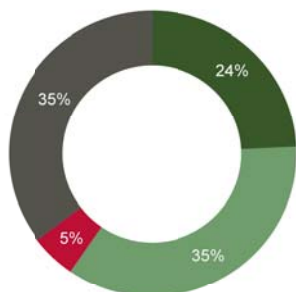
CCGs and upper tier / unitary local authorities have a statutory duty to fulfil safeguarding responsibilities and are both members of Local Safeguarding Children Boards and Local Safeguarding Adults Boards. The survey therefore asked upper tier / unitary local authority representatives about how the CCG had been fulfilling its safeguarding responsibilities.

Generally speaking, they are positive about the impact the CCG has had as part of the Local Safeguarding Children Board, with three in five reporting that the CCG has been very or fairly effective (59%). Very few actively say that the CCG has not been effective (five per cent). Instead, a relatively large minority say that they do not know how effective the CCG has been (35%). This reflects the roles of the local authority representatives invited to take part in the survey; not all will have in-depth knowledge of the CCG's work as part of this Board.



Figure 4.3 – How effective, if at all, has the CCG been as part of the Local Safeguarding Children Board?

All upper tier / unitary local authority stakeholders



■ Very effective ■ Fairly effective ■ Not very effective ■ Not at all effective ■ Don't know

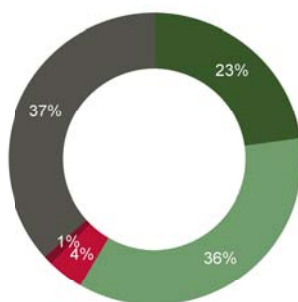
Total responses : All upper tier / unitary local authority stakeholders (677)  
All CCG

Fieldwork: 12 March - 8 April 2014

A similar finding emerges regarding CCGs' effectiveness as part of the Safeguarding Adults Board. Upper tier / unitary local authority representatives tend to be positive, with three in five saying that the CCG has been very or fairly effective (58%). Again, a relatively large minority report that they do not know how effective the CCG has been (37%), with very few thinking it has not been effective (five per cent).

Figure 4.4 – How effective, if at all, has the CCG been as part of the Safeguarding Adults Board?

All upper tier / unitary local authority stakeholders



■ Very effective ■ Fairly effective ■ Not very effective ■ Not at all effective ■ Don't know

Total responses : All upper tier / unitary local authority stakeholders (677)  
All CCG

Fieldwork: 12 March - 8 April 2014



## 5 Health and wellbeing boards

### Summary

- HWB stakeholders are generally very positive about CCGs. They report high levels of engagement with CCGs. The vast majority feel that they have been engaged by CCGs (86%) and are satisfied with the way in which CCGs have engaged with them (86%, an improvement since authorisation when 81% were satisfied).
- Similarly, most report having a good working relationship with CCGs (88%, compared with 85% at authorisation), with a majority also feeling that their views have been listened to (82%) and acted upon (66%).
- HWB stakeholders are also particularly positive about the communication of commissioning decisions. Two in three agree that CCGs effectively communicate these decisions with them (65%), and a similar proportion believe the CCG's plans will deliver continuous improvements in quality within the available resources (63%).
- HWB members are very positive about the levels of participation their CCG colleagues have in the board. Nearly all say that CCGs are active members of their HWBs (92%) and have been active in developing their Joint Health and Wellbeing Strategies (91%).
- HWB stakeholders are also positive about the CCGs' roles in integrated commissioning; the vast majority report that the CCG is working well with local authorities to develop (89%) and deliver (85%) these shared plans.

Health and wellbeing boards (HWBs) have a key role in enabling leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. As members of HWBs, CCGs must input to the work of HWBs to undertake Joint Strategic Needs Assessments (JSNAs) and develop a Joint Health and Wellbeing Strategy (JHWS). CCGs are also required to reflect these JSNAs and JHWSs in their commissioning plans. The survey therefore asked other HWB members about CCGs' role on HWBs.

Each CCG was asked to provide details of two members of their health and wellbeing board, one of which had to be the Chair. Some CCGs span more than one HWB and so provided details for each board of which they are members.

The response rate to the survey among HWBs was comparable to the overall response rate, with seven in ten of those invited to take part responding (69%, compared with 67% overall).

## 5.1 Key health and wellbeing board results in the overall findings

Similarly to upper tier / unitary local authority representatives (and perhaps reflecting overlap between these two groups of stakeholders), HWB members are generally among the most positive about CCGs.

As may be expected given that HWBs are a statutory body of which CCGs are members, levels of engagement activity seem high. Over four in five HWB stakeholders feel they have been engaged at least a fair amount by the CCG (86%). As well as feeling they have been engaged with, they are also satisfied with the way in which the CCG has engaged with them (86%). This represents an improvement since authorisation, when 81% were satisfied.

Similarly, and in line with findings at authorisation, nearly nine in ten report a good working relationship with the CCG (88%, compared with 85% at authorisation), with a majority feeling that their views have been listened to (82%) and acted upon (66%). Of those who have a working relationship with the CCG, nearly seven in ten say this relationship has improved over the last 12 months (69%).

In comparison to other stakeholder groups, HWB stakeholders are particularly positive about communications between the CCG and their organisations. Two in three HWB members agree that the CCG effectively communicates its commissioning decisions with them (65%), while a similar proportion believe the CCG's plans will deliver continuous improvement in quality within the available resources (63%).

Confidence in the overall and clinical leadership of the CCG is generally high and in line with the views of other stakeholder groups. Just over four in five say there is clear and visible overall leadership (82%) and around three in four think it has the necessary blend of skills and experience (77%), a significant increase of seven percentage points since authorisation. They are also confident in the ability of the overall leadership of the CCG to deliver. Three in four are confident they will deliver the CCG's plans and priorities (75%) and are confident that they will deliver improved outcomes for patients (73%). Around two in three believe the leadership is delivering continued quality improvements (64%).



**We have a very strong working relationship with good communications between us and are working well together in a spirit of partnership**

HWB member



In comparison to other stakeholder groups, HWB members are less sure than others about whether the CCG effectively monitors and reviews the quality of commissioned services (55%, compared with 63% overall). However, most HWB stakeholders feel confident that they would be able to raise their concerns with the CCG regarding the quality of local services (90%).

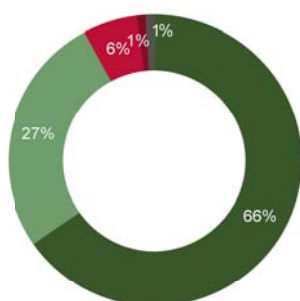
HWB members tend to be positive with regards to the CCG's plans and priorities. Most claim they know about the CCG's plans and priorities (91%), while two in three feel that their comments on the CCG's plans and priorities have been taken on board where they have made them (68%). Around four in five also say that the CCG has effectively communicated its plans and priorities to them (79%) and believe that the CCG's plans and priorities are the right ones (76%).

## 5.2 Engagement with the HWB and its strategy

HWB members are very positive about the levels of participation their CCG colleagues have in the board. Nearly all say that the CCG is an active member of the HWB (92%), with two in three saying it is very active (66%).

**Table 5.1 – How active, if at all, would you say the CCG is as a member of the health and wellbeing board?**

All health and wellbeing board stakeholders



■ Very active ■ Fairly active ■ Not very active ■ Not at all active ■ Can't know

Total responses : All health and wellbeing board stakeholders (282)

All CCG

Fieldwork: 12 March - 8 April 2014

The vast majority of HWB stakeholders are also positive about how active the CCG has been in developing their Joint Health and Wellbeing Strategy (91%); over half say the CCG has been very active (56%), while only a small minority (six per cent) report that the CCG has not been very active, or not active at all.

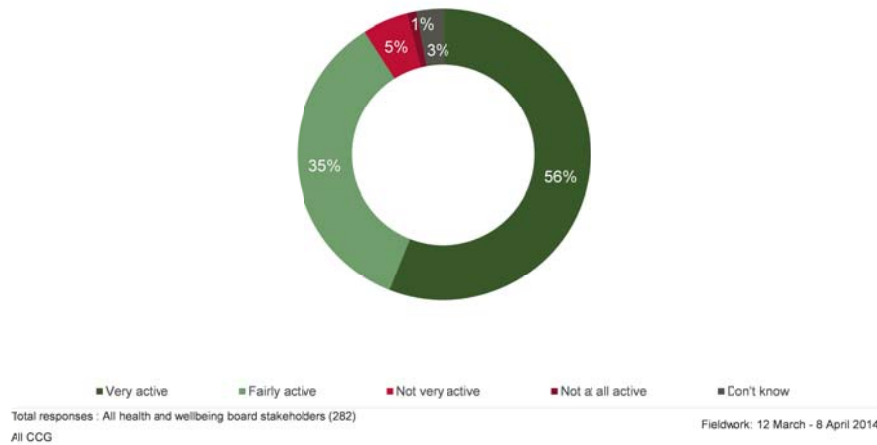
91%



**Of HWB members say the CCG has been active in developing the joint HWB strategy**

Figure 5.2 – How active, if at all, would you say the CCG has been in developing your Joint Health and Wellbeing Strategy?

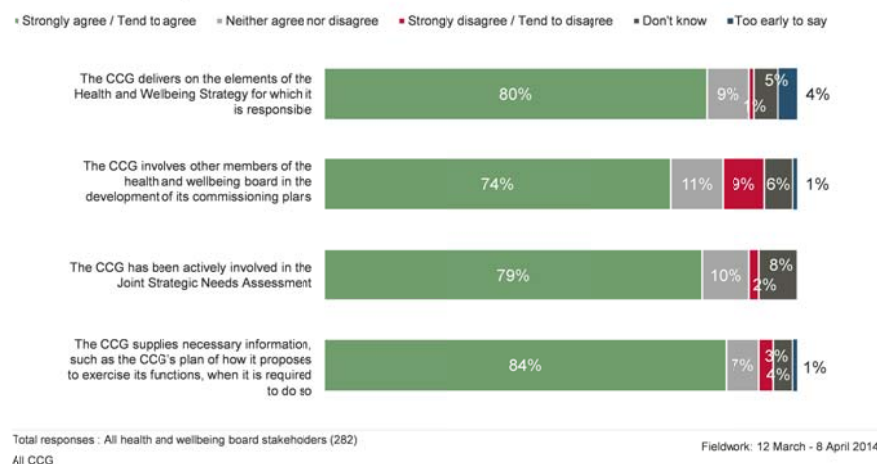
All health and wellbeing board stakeholders



While HWB members therefore report high levels of participation of CCGs in HWBs, suggesting that relationships and joint working are progressing well, there is some variation across the different aspects of the CCG's partnership working. For example, HWB members are particularly likely to agree that the CCG supplies necessary information when it is required to do so (84%), but fewer agree that the CCG involves other members of the health and wellbeing board in the development of its commissioning plans (74%). While this still represents a clear majority, it suggests that CCGs could look to improve engagement with HWBs in this area.

Figure 5.3 – To what extent do you agree or disagree with the following statements?

All health and wellbeing board stakeholders



### 5.3 Integrated commissioning

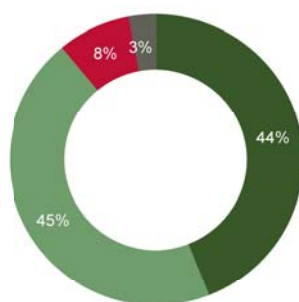
One of the roles of health and wellbeing boards is to promote the integration of health and social care services. HWB stakeholders were therefore asked

about how effective relationships between local authorities and CCGs are around integrated commissioning.

The vast majority of HWB stakeholders are positive about the way in which the CCG and the local authority are working together to develop shared plans for integrated commissioning. Nearly all say they are working well together (89%), including over two in five who say they are working very well together (44%). Only a small minority (eight per cent) report that the CCG and local authority are not working well together. These findings remain in line with those at authorisation when 89% said that the CCG and the local authority were working well and just seven per cent reported that they were not.

**Figure 5.4 – How well, if at all, would you say the CCG and the local authority are working together to develop shared plans for integrated commissioning?**

All health and wellbeing board stakeholders



Very well Fairly well Not very well Not at all well Don't know

Total responses : All health and wellbeing board stakeholders (282)

All CCG

Fieldwork: 12 March - 8 April 2014

HWB stakeholders are similarly positive about the delivery of the shared plans on integrated commissioning. Over four in five HWB stakeholders say the CCG and the local authority are working well together to deliver the shared plans (85%), while one in ten (11%) believe they are not.



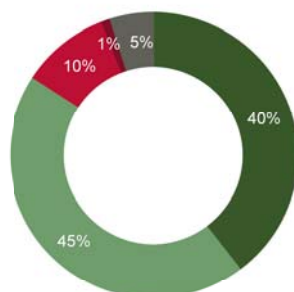
**The CCG has taken a very proactive role in supporting integrated commissioning and through jointly leading with the council the BCF across all stakeholders**

HWB member



Figure 5.5 – How well, if at all, would you say the CCG and the local authority are working together to deliver shared plans for integrated commissioning?

All health and wellbeing board stakeholders



■ Very well ■ Fairly well ■ Not very well ■ Not at all well ■ Don't know

Total responses : All health and wellbeing board stakeholders (282)  
All CCG

Fieldwork: 12 March - 8 April 2014

These findings among HWB members corroborate the views of upper tier / unitary local authority stakeholders regarding the strength of partnership working around integrated commissioning. This will partly reflect the overlap between the two groups of stakeholders, but does suggest robust relationships are in place to promote integrated care.

## 6 Healthwatch and patient groups / organisations / representatives

### Summary

- Levels of engagement among Healthwatch and patient group stakeholders have improved since authorisation. Over four in five feel they have been engaged by the CCG (85%, an increase from 70% at authorisation), and around three in four are also satisfied with the way in which the CCG has engaged with them (77%).
- Stakeholders from Healthwatch and patient groups also tend to feel that CCGs have listened to their views where they have provided them (75%) and acted on their suggestions where suggestions have been made (56%).
- Confidence in the overall and clinical leadership of CCGs is also high, and again shows improvement since authorisation. Nearly three in four Healthwatch and patient group stakeholders agree that the overall leadership of the CCG has the necessary blend of skills and experience (72%), while around four in five agree that this leadership is clear and visible (81%).
- The majority of Healthwatch and patient group stakeholders (71%) are satisfied with the steps CCGs take to engage with patients and the public generally. However, they are more critical about CCGs' engagement with seldom heard groups; three in ten believe the CCG has engaged these groups just a little or not at all (30%).

In order to successfully fulfil their obligations, CCGs need to ensure the perspective of patients and the general public is taken into account and reflected in commissioning arrangements. Relationships with local Healthwatch bodies and wider patient groups within their locality are a crucial part of this engagement. The 360° review therefore also aimed to assess the extent to which CCGs undertake active and meaningful engagement with patients and wider communities.

CCGs were asked to provide Ipsos MORI with details of the chair of their local Healthwatch, along with up to three representatives from local patient groups / organisations or individuals. The response from these

representatives was good, with 80% of those invited to take part completing a survey (compared with 67% overall).

## 6.1 Key Healthwatch and patient groups' results in the overall findings

Stakeholders from Healthwatch and patient groups are generally very positive about the CCG and its leadership. Levels of engagement activity with Healthwatch and patient group stakeholders are high and relationships are perceived to be working well. There also appears to be an improvement in the views of these representatives since authorisation. In the 360° survey at authorisation, these stakeholders were more negative than other stakeholder groups, while in 2014 their views are broadly comparable to other stakeholder groups. However, it is important to note that in the authorisation survey, Healthwatch organisations were still in shadow form and LINKs were included in the surveys. These differences may explain some of the improvements since authorisation.

Over four in five Healthwatch and patient group stakeholders feel they have been engaged at least a fair amount by the CCG (85%), a significant increase of 15 percentage points since authorisation (70%). Around three in four are also satisfied with the way in which the CCG has engaged with them (77%), which again is significantly higher than at authorisation (68%).

Healthwatch and patient group representatives also tend to feel that the CCG has listened to their views where they have provided them (75%) and acted on their suggestions where suggestions have been made (56%), both of which again reflect a positive change since authorisation (66% and 45% respectively).

Healthwatch and patient group stakeholders are also positive about their working relationships with the CCG. Over four in five say they have a good working relationship with the CCG (85%). More report a good working relationship than at authorisation (70%) and, reflecting this, nearly seven in ten say their working relationship with the CCG has improved in the past 12 months (68%).

While the majority of Healthwatch and patient group stakeholders are positive about how the CCG involves and engages with the right individuals and organisations when making commissioning decisions (58%), they are less sure on this aspect of CCG working than other stakeholder groups (63% overall). They are also less positive than others about how effectively the CCG communicates its commissioning decisions; just over half agree it effectively communicates them (51%, compared with 59% overall).

Confidence in the overall leadership and clinical leadership of CCGs is high. Again, this shows improvement since authorisation, perhaps reflecting higher levels of contact between Healthwatch / patient groups and CCGs.



**There appears to be an improvement in the views of Healthwatch and patient group representatives since authorisation. Previously these stakeholders were more negative than other stakeholder groups, while in 2014 their views are broadly comparable**



Nearly three in four Healthwatch and patient group stakeholders agree that the overall leadership of the CCG has the necessary blend of skills and experience (72%), a significant increase of 12 percentage points since authorisation. Around four in five agree that this leadership is clear and visible, again a significant increase since authorisation (81%, compared with 70% at authorisation).

Nearly all Healthwatch and patient group stakeholders feel they would be able to raise their concerns with the CCG if they had any concerns about the quality of local services (87%), while three in four are confident that the CCG will act on feedback it receives about the quality of services (73%).

Healthwatch and patient group stakeholders are also relatively positive about the CCG's plans and priorities. Their reported levels of knowledge of the CCG's plans and priorities are high (85% say they know at least a fair amount, compared with 78% overall). Their views of the plans and priorities tend to be in line with other stakeholder groups. They tend to feel they have been given the opportunity to influence them (69%). The majority of Healthwatch and patient group stakeholders also agree that the CCG has effectively communicated its plans and priorities to them (71%) although, in common with other stakeholder groups, a slightly smaller proportion agree that these are the right ones (58%).

## 6.2 Listening and acting on concerns

The majority of Healthwatch and patient group stakeholders have confidence in the CCG to act on their concerns. Around two in three agree that the CCG listens to and acts on any concerns, complaints or issues that are raised (65%). While very few stakeholders disagree (four per cent), there are a significant minority who neither agree nor disagree (16%) or say they do not know (14%). This may be as a result of lack of familiarity with the process among those who have not raised concerns, or could highlight the need for CCGs to inform this group (and others) of how it deals with any concerns about services.

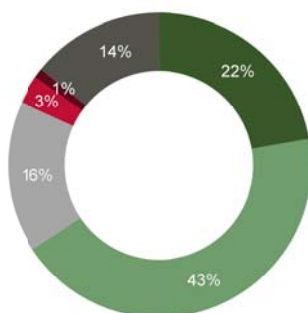
65%



of Healthwatch and patient group stakeholders agree that the CCG listens to and acts on feedback

**Figure 6.1 – To what extent do you agree or disagree that the CCG listens to and acts on any concerns, complaints or issues that are raised?**

All Healthwatch and patient group stakeholders



■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know

Total responses : All Healthwatch and patient group stakeholders (809)  
All CCG

Fieldwork: 12 March - 8 April 2014

## 6.3 Engaging with patients, the public and seldom heard groups

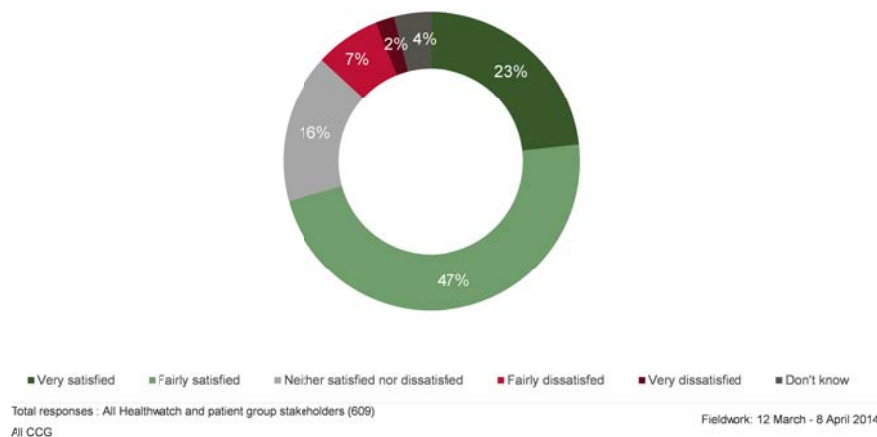
Stakeholders from Healthwatch and patient groups were asked how, from their perspective, CCGs take into account and act on feedback and involvement from patients and the public.

The majority of Healthwatch and patient group stakeholders are satisfied with the way in which the CCG engages with patients and the public generally, although there is a suggestion that engagement with seldom heard groups is either weaker or less well-known among these stakeholders.

Seven in ten are satisfied with the steps taken by the CCG to engage with patients and the public (71%).

Figure 6.2 – How satisfied or dissatisfied are you with the steps taken by the CCG to engage with patients and the public?

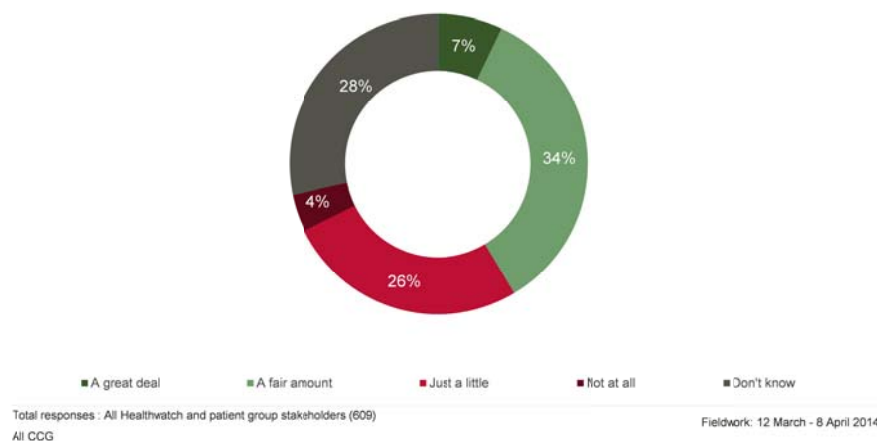
All Healthwatch and patient group stakeholders



Healthwatch and patient group stakeholders are less positive about how CCGs have engaged with a specific segment of the population they serve, those who are seldom heard. While two in five feel that there has been at least a fair amount of engagement with seldom heard groups (42%), three in ten believe the CCG has only done this just a little or not at all (30%). However, a significant minority of these stakeholders (28%) say they do not know to what extent CCGs have engaged with seldom heard groups. This may reflect the types of patient groups taking part in the survey, but could also suggest that CCGs could do more to engage with these groups and to promote the actions they are taking here.

Figure 6.3 – To what extent, if at all, do you feel that the CCG has engaged with seldom heard groups?

All Healthwatch and patient group stakeholders



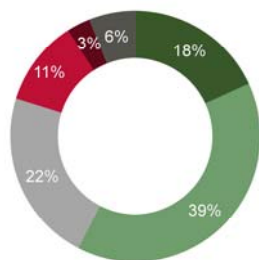
As well as the extent of engagement, Healthwatch and patient groups were also asked about the extent to which patients and the public are able to access and feed into the decisions that CCGs make.

Over half of Healthwatch and patient group stakeholders agree that the CCG's commissioning decisions are open and transparent so patients and the public are able to understand how decisions have been made if they want to (57%), while 15% disagree. As with other aspects related to patient and public input there is a significant minority of these stakeholders who neither agree nor disagree (22%) or do not know (six per cent).

**Figure 6.4 – To what extent do you agree or disagree with the following statement?**

The CCG's commissioning decisions are open and transparent so patients and the public are able to understand how decisions have been made if they want to

**All Healthwatch and patient group stakeholders**



■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know

Total responses : All Healthwatch and patient group stakeholders (609)  
All CCG

Fieldwork: 12 March - 8 April 2014

The views of Healthwatch and patient group stakeholders are similar when looking at the opportunity that patients and the public have to input into the decisions that CCGs take. Around three in five agree that patients and the public have the opportunity to input into the CCG's commissioning decisions (62%), while a minority disagree (14%).



**Members of the CCG have individually and as a team engaged with the public at numerous events and meetings. This personal contact with the public has encouraged honest and open debate**

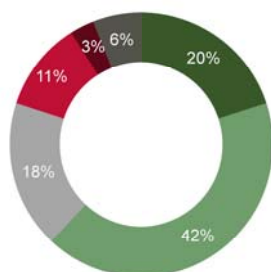
Healthwatch stakeholder



Figure 6.5 – To what extent do you agree or disagree with the following statement?

Patients and the public have the opportunity to input into the CCG's commissioning decisions

All Healthwatch and patient group stakeholders



■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know

Total responses : All Healthwatch and patient group stakeholders (609)

Fieldwork: 12 March - 8 April 2014

All CCG

## 7 GP member practices

### Summary

- Member practices feel less well engaged than at authorisation (82% say they have been engaged at least a fair amount in the past 12 months, compared with 87% at authorisation), and fewer are satisfied with the way in which they have been engaged (down to 70% from 77% at authorisation).
- In addition, far fewer member practices rate working relationships within the CCG as good than was the case at authorisation (from 80% to 74%).
- In terms of the internal governance structures and arrangements within CCGs, member practices tend to have positive perceptions. For example, the majority agree that the arrangements for member participation and decision-making are effective (74%) and are confident in the systems to sustain this two-way accountability (62%).
- GP member practices are less positive about their level of involvement in the decision making process within their CCGs, with approaching half of GP member practices saying they are not very involved or are not involved at all in the decision making process within their CCGs (48%).
- Member practices in CCGs with fewer member practices tend to be much more positive about engagement, relationships and input to the CCG, while those operating in CCGs with a large number of member practices tend to be more negative.

As member organisations, it was important that the survey captured GP member practices' views of CCGs and how engaged practices are. Their support for the CCG was captured across a number of areas, including overall relationships, leadership and internal governance arrangements. The survey also aimed to explore member practices' understanding of CCGs' plans and priorities, how they are communicated within the CCG and their implications for individual practices.

GP member practices comprised the largest stakeholder group in the survey, with every practice within each CCG invited to take part. The response rate among member practices was slightly lower than the overall response rate for the survey (65%, compared with 67% overall).

## 7.1 Key GP member practice results in the overall findings

GP member practices widely report that they have been engaged well by their CCG, and are satisfied with the way in which their CCG has approached engagement. Furthermore, on the whole they tend to rate working relationships within the CCG positively.

Despite these largely positive findings, the results show a general decline in engagement and relationships since authorisation. Member practices feel less well engaged than at authorisation; levels of engagement are reported to be lower (82% say they have been engaged at least a fair amount, compared with 87% at authorisation), and fewer are satisfied with the way in which they have been engaged (down to 70% from 77% at authorisation). In addition to this, far fewer member practices rate working relationships within the CCG as good than was the case at authorisation (from 90% to 74%).

GP member practices tend to be among the least positive stakeholder groups on many of the overall measures. For example, fewer report a good working relationship within the CCG (74%, compared with 79% across all stakeholder groups).

Perhaps reflecting these findings, the direction of travel of working relationships between CCGs and their member practices is markedly different to other stakeholder groups. Still few member practices say relationships have got worse over the past 12 months (nine per cent), although this is higher than the findings across the other stakeholder groups (seven per cent). Just two in five say that relationships have improved (39%, compared to 49%) across all other stakeholder groups. Instead, member practices see more stability in relationships, with half saying that they have stayed about the same over the past 12 months (51%, compared with 41% across all other stakeholder groups).

Another factor which may feed into GP member practice stakeholders' satisfaction with relationships is whether they feel their views are being listened to and acted upon by CCGs. The results show that GP member practices are less likely than average think both that their views are being listened to by their CCG (59% compared to 66% overall) and that the CCG has acted upon their suggestions (44% compared to 51% overall).

In terms of CCGs' commissioning decisions, GP member practices' views were very much in line with other stakeholder groups. Three in five agree that their CCG involves and engages with the right individuals and organisations when making commissioning decisions (60%) and a similar proportion agree that they understand the reasons for decisions the CCG makes when commissioning services (62%).



**Despite the largely positive findings, the results show a general decline in engagement and relationships since authorisation. Member practices feel less well engaged and fewer are satisfied with the way in which they have been engaged**



GP member practices are among the least well informed about their CCG's plans and priorities. A relatively low three in four GP member practices say they know a great deal or fair amount about the plans and priorities (75%). Linked to this, GP member practices are less likely than others to say they have been given an opportunity to influence their CCG's plans and priorities (61% compared to 63% overall) or that their comments about plans and priorities have been taken on board (53% compared to 49%).

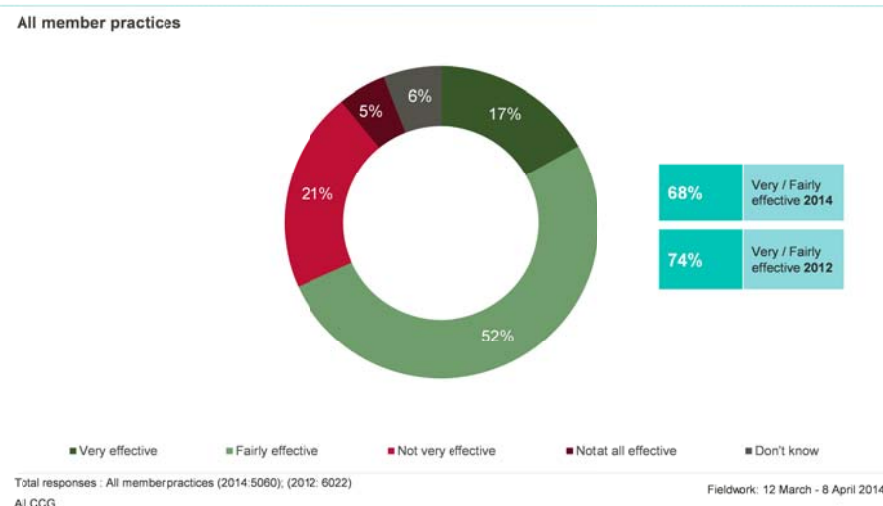
In the overall questions asked of all stakeholders, member practices are positive about the leadership of their CCG. They are particularly positive about how clear and visible the leadership is (75% agree they are clear and visible). GP member practices again tend to be slightly less positive about the leadership of their CCG than other stakeholder groups.

## 7.2 Views of governance structures

As membership organisations, CCGs are accountable to their member practices and need to ensure that practices have a voice within the CCG, with two-way accountability between the CCG and its members. The survey therefore aimed to understand what internal governance structures are in place within the CCG and how member practices are involved in decision-making. For the most part, member practices tend to have positive perceptions of the governance structures and arrangements in their CCG, although these tend to be less positive than was the case at authorisation.

GP member practices are generally satisfied with governance arrangements within their CCG; around seven in ten agree that the arrangements for member participation and decision-making are effective in their CCG (68%). However, this represents a fall of five percentage points since authorisation, when 74% agreed the arrangements were effective.

**Figure 7.1 – How effective, if at all, would you say the arrangements are for member participation and decision-making in your CCG?**

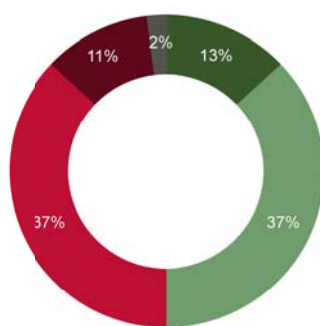




Member practices are less positive about their level of involvement in the decision making process within their CCG, with opinion evenly divided. While half feel that they are involved in the decision making process (50%), approaching half do not think they are very involved or are not involved at all (48%). As seen previously, there appears to be an association between feeling involved in decisions and the perceived extent of engagement (and satisfaction with this) that has taken place. Given that a significant minority of GP member practices do not feel involved in the decisions made by their CCG, it is therefore perhaps not surprising that they are also less positive on the headline measures of engagement than other stakeholder groups.

**Figure 7.2 – How involved, if at all, do you feel you are in your CCG's decision making process?**

All member practices



■ Very involved ■ Fairly involved ■ Not very involved ■ Not at all involved ■ Don't know

Total responses: All member practices (5060)  
All CCG

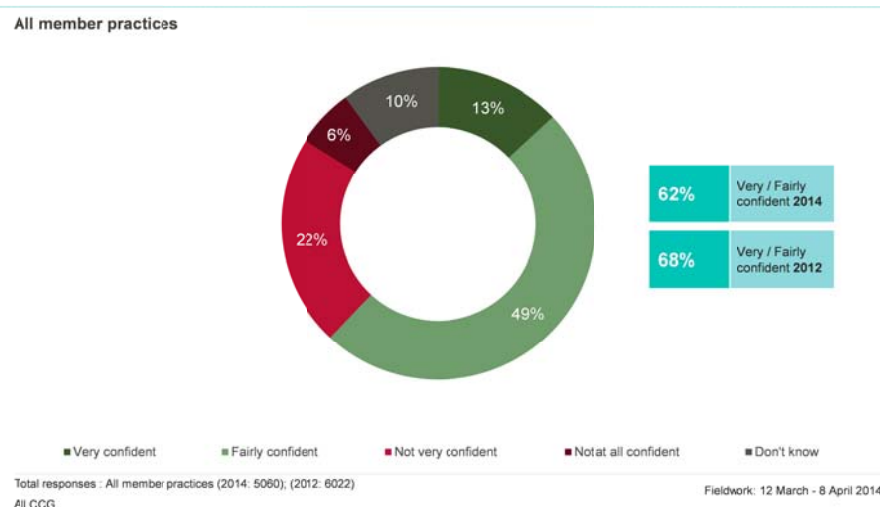
Fieldwork: 12 March - 8 April 2014

Member practices are a little more positive about the systems in place to sustain two-way accountability within the CCG. Around three in five practices are confident in the systems to sustain this accountability (62%). However, still around three in ten are not confident in these systems (28%). As for the effectiveness of arrangements for member participation, this represents a slight decrease in confidence since authorisation, when 68% reported that they were either very or fairly confident in the systems for sustaining two-way accountability.



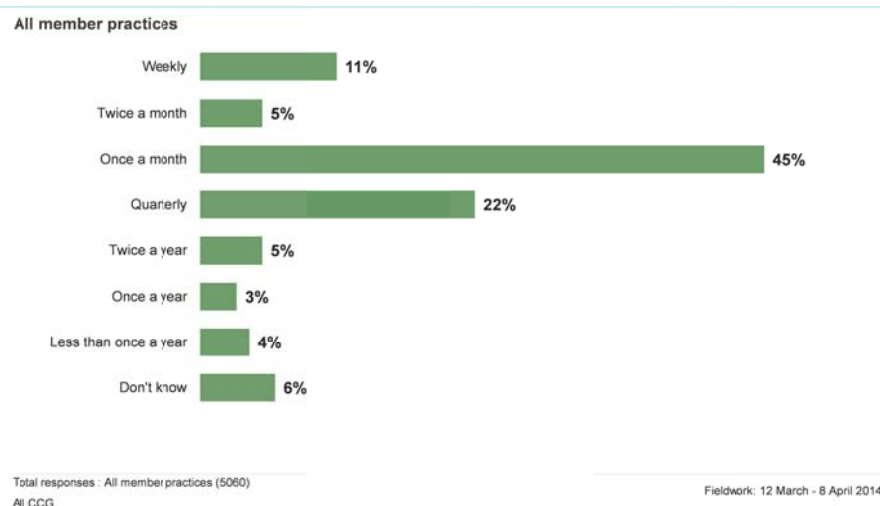
**Of GP member practices are confident in the systems to sustain two-way accountability**

Figure 7.3 – How confident are you, if at all, in the systems to sustain two-way accountability between your CCG and its member practices in the CCG?



Member practices were asked how often they have the opportunity for direct discussions with their CCG's leaders. The majority say they have the opportunity for direct discussions either once a month (45%) or quarterly (22%). Some member practices report lower levels of interaction, with around one in ten saying they have the opportunity less than quarterly (12%), while others have more frequent contact (16% say at least once a fortnight).

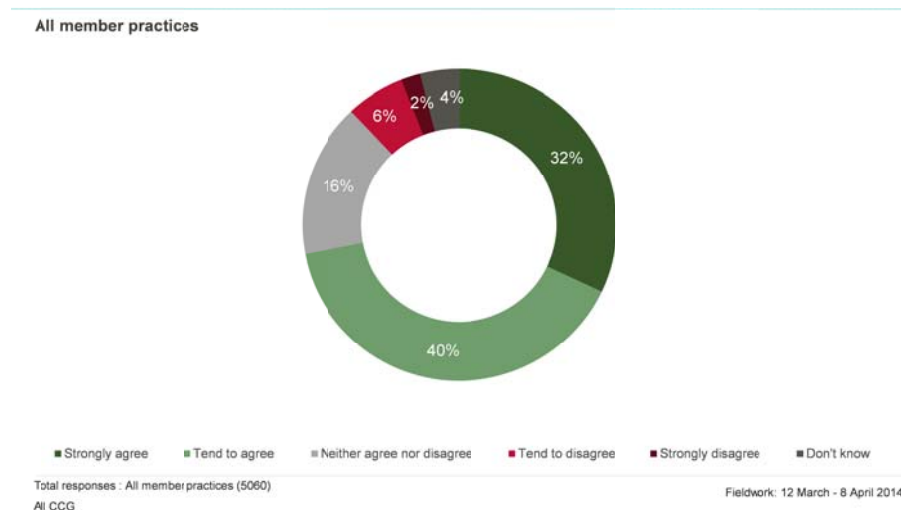
Figure 7.4 – Approximately how often, if at all, do you have the opportunity for direct discussions with your CCG's leaders?



Despite varying levels of opportunity to have direct discussions with the CCG's leaders, approaching three in four GP member practices (72%) agree that representatives from member practices would be able to take a leadership role within the CCG if they want to. This includes approaching one in three who *strongly* agree that they have this opportunity (32%). This

suggests that member practices would be able to increase their involvement in the CCG if they wish to do so.

**Figure 7.5 – To what extent do you agree or disagree that representatives from member practices are able to take a leadership role within the CCG if they want to**



### 7.3 CCG plans and priorities

Alongside the internal governance arrangements, the survey also aimed to explore member practices' awareness and views of their CCG's plans and priorities.

GP member practices are generally aware of the implications of their CCG's plans for their practice; around four in five say they understand what is required of their practice in order to implement their CCG's plans in their area (78%). Member practices seem more knowledgeable about what is required of them than was the case at authorisation, when three in four said they were aware of what was required (74%). That said, there remains a significant minority (21%) who say they do not understand what is required of their practice to implement their CCG's plans.



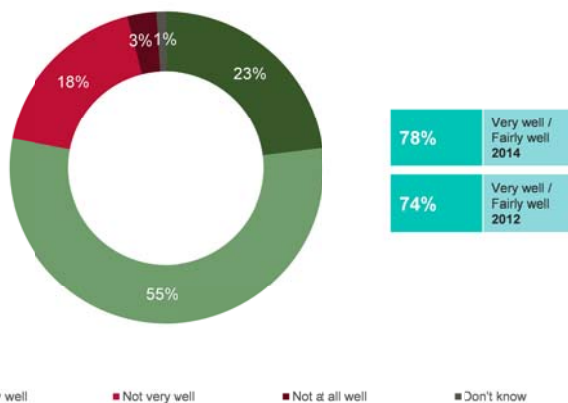
There is no time and it is not properly resourced. We are drowning in day to day workload and the CCG is not therefore a priority, particularly when the CCG focus is on commissioning secondary care and not about developing, protecting or resourcing Practices. Until Practices see a benefit to their workload and resources engagement will not be seen as relevant

GP member practice



Figure 7.6 – How well, if at all, do you understand what is required of your practice in order to implement the CCG's plans?

All member practices



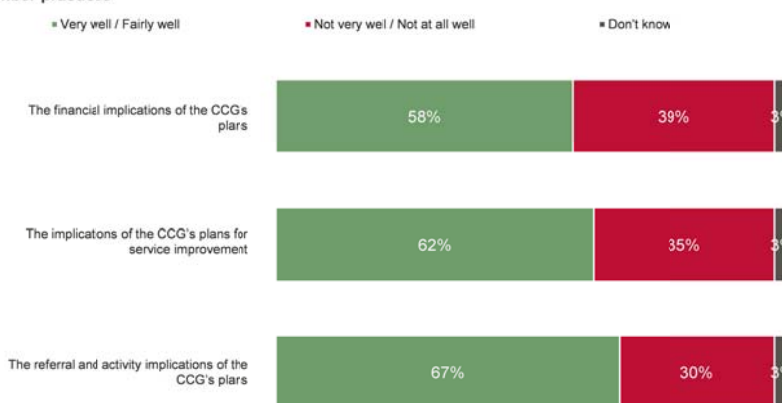
Total responses : All member practices (2014: 5060); (2012: 6022)  
All CCG

Fieldwork: 12 March - 8 April 2014

GP member practices were also asked about some specific areas where the plans would have an impact on their own practice, and there are variations in the extent to which the impact is understood. The referral and activity implications of their CCG's plans are best understood (67% say they understand them well), while they are least aware of the financial implications (58%).

Figure 7.7 – How well, if at all, would you say that you understand...?

All member practices



Total responses : All member practices (5060)  
All CCG

Fieldwork: 12 March - 8 April 2014

Whilst understanding of the financial implications and service improvement implications of CCGs' plans are understood as well as they were at authorisation (58% vs 57% and 62% vs 62% respectively), understanding of the referral and activity implications of CCGs' plans has fallen from 71% to 67% since authorisation.

## 7.4 Differences by size of CCG

The size of each CCG – defined here as the number of GP member practices within the CCG – varies greatly. The smallest CCG is made up of just six member practices while the largest comprises 129 member practices. Given this variation, the number of constituent member practices could potentially be expected to have an effect on the quality of stakeholder relations that exist within CCGs. For example, larger CCGs will have more member practices to engage which may present a greater logistical challenge, and as such could result in lower levels of or less frequent engagement with each individual member practice.

In order to analyse the results of the CCG 360° stakeholder survey by size, the CCGs were divided into quartiles based on the number of GP member practices they contain, as outlined below:

- Group 1 (largest) – CCGs containing 50-129 member practices
- Group 2 – CCGs containing 36-49 member practices
- Group 3 – CCGs containing 24-35 member practices
- Group 4 (smallest) – CCGs containing 6-23 member practices

The results show a clear difference between the views of member practices in CCGs of different sizes on nearly all measures; those in the smallest CCGs (group 4) are consistently more likely to be positive than those in larger CCGs (groups 1-3). In addition those member practices in medium size CCGs (groups 2-3) are also generally more likely to be positive than those in the largest CCGs (group 1). Some of the key differences are highlighted below:

- Size of CCG has a clear impact on the extent to which member practices feel engaged by their CCG and the extent to which they feel satisfied with the engagement and input they have. Nine in ten (89%) member practices from the smallest CCGs (group 4) say they have been engaged by their CCG at least a fair amount. This compares with 84% for those in groups 3 or 2, and 78% of those in the largest CCGs (group 1). A similar pattern is also evident for satisfaction with the engagement that has taken place (77% of those in the smallest CCGs are satisfied, compared with 74%, 72% and 65% respectively in groups 3, 2 and 1) and listening to their views (70% of those in the smallest CCGs agree that their views have been listened to compared with 62%, 61% and 52% respectively in groups 3, 2 and 1).
- Similarly, those in smaller CCGs are more likely to rate the arrangements for member participation and decision making in the

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**Member practices are more positive about engagement and relationships if they belong to CCGs with fewer member practices; those in CCGs with many member practices tend to be most negative**

CCG as effective (80% in group 4 compared with 62% group 1), and feel they are involved in the decision making process of the CCG (66% in the smallest CCGs compared with less than half, 44%, in the largest).

- Likely as a result, working relationships are also rated highest for smaller CCGs (group 4 – 81%) and lowest for those CCGs with the greatest number of member practices (group 1 – 69%). However, there is less variation in the extent to which member practices across CCGs of different sizes feel that their working relationship has changed in the past 12 months. Around two in five member practices across all four groups say the working relationship has got better over the past 12 months.
- Member practices from smaller CCGs are also most likely to agree that they have been given the opportunity to influence their CCGs' plans and priorities (73% in group 4, the smallest CCGs, agree they have the opportunity, compared with 66% in group 3, 61% in group 2 and 54% for those in group 1, the largest CCGs).
- While it may have been expected that size of CCG would have an impact on the extent to which member practices feel engaged by their CCG, it also appears to translate across wider measures of member practices' confidence in the CCG's ability to effectively deliver its role. For example, member practices from smaller CCGs (groups 2-4) have more confidence in the CCG to commission high quality services for the local population (69%) than those in the largest CCGs (group1 – 62%). They are also more likely to agree that their CCG's plans will deliver continuous quality improvements within the available resources (60% compared with 52%) and that the CCG effectively monitors the quality of the services it commissions (63% compared with 55%). This pattern is largely repeated for all aspects of CCGs' roles asked about in the survey, demonstrating the apparent significant impact that size appears to have on the confidence that member practices have in their organisations to deliver.

## 8 NHS Providers (acute, mental health and community)

### Summary

- NHS providers feel more engaged by CCGs than was the case at authorisation (79% report that they have been engaged in the past 12 months, compared with 74% at authorisation), while a similar proportion also say they have a good working relationship with CCGs (75%).
- NHS providers are less likely than other stakeholder groups to feel that their views and suggestions have been taken into consideration, and they also report lower levels of confidence in the leadership of CCGs. For example, around three in five NHS providers think CCGs have the necessary blend of skills and experience (61% compared with 70% overall).
- However, NHS providers are more likely than other groups to agree that CCGs effectively monitor and review the quality of commissioned services (68%, compared with 63% overall). Encouragingly, most are also confident they can raise any concerns they have about the quality of local services with CCGs (87%).
- In terms of quality assurance, NHS providers are generally positive. The majority agree that quality is a key focus of the contracts they have with CCGs (72%), and believe that the amount of monitoring the CCG carries out on their services is about right (70%).

The services that CCGs commission are, to a large extent, those provided by NHS trusts. CCGs therefore need to work with NHS providers to ensure the quality of the services provided to the population they serve, and work together to develop long-term strategy and plans. NHS providers were therefore asked about their relationship with the CCG in these areas.

Acute trusts, mental health trusts and community health trusts were all included in the survey, and CCGs were asked to provide details of up to two contacts from each of the main NHS providers in their locality. The response rate among NHS providers is in line with the average across all



stakeholders, with 68% of those invited to take part completing a survey (compared with 67% overall).

## 8.1 Key NHS provider results in the overall findings

While in most cases the majority of NHS provider stakeholders are positive about the level of engagement and the working relationship they have with CCGs, they are one of the least positive groups of stakeholders about a range of issues. That said, many of the results do show a positive change since authorisation, indicating that relationships are continuing to develop in the right direction.

Given their role in delivering services to the local population, it is encouraging to see that the vast majority of NHS providers have been engaged by the CCG. Four in five NHS provider stakeholders say they have been engaged by CCGs at least a fair amount (79%), five percentage points higher than was the case at authorisation (74%).

Despite this improvement, the overall figure remains the lowest of all stakeholder groups. In addition, one in five say they have not been engaged very much or not been engaged at all (21%). This suggests that CCGs may need to continue to focus on strengthening ties with their provider organisations. Reflecting the perceived lower levels of engagement, stakeholders from NHS providers are also less likely to say they have a good working relationship with the CCG than other groups (75%, compared with 79% overall). However, CCGs are making strides here, perhaps based on the higher levels of engagement than was the case at the early stage of authorisation. NHS provider stakeholders are particularly likely to point to improvements in their working relationships with CCGs over the past 12 months; of those who have a working relationship with the CCG, three in five say it has improved (60%, compared with 49% overall).

NHS providers tend to be more negative than other stakeholder groups regarding how their views and suggestions have been taken into consideration. While two in three agree that their views have been listened to when provided (64%, compared with an average of 75% among all stakeholder groups except member practices), fewer think their suggestions have been acted on (51%, compared with an average of 75% among all stakeholder groups except member practices).

Confidence in the leadership of CCGs among NHS providers is also relatively low compared with other stakeholder groups. Around three in five think the CCG has the necessary blend of skills and experience which, despite having significantly increased by five percentage points since authorisation, is still lower than overall results (61% compared with 70% overall). NHS providers also have the lowest levels of confidence in the leadership of the CCG to deliver its plans and priorities (58%, compared



The CCG come across as open, willing to be influenced, and happy to learn from other areas where issues have been tackled. This makes for productive discussions, and that your time has been valued and respected

NHS provider



with 69% overall), confidence levels that have fallen since authorisation (a significant decrease of six percentage points). Having said this, just over three in four of these stakeholders say there is clear and visible leadership (77%) and this is in line with the findings at authorisation (75%).

Likely as a result of their higher knowledge and experience, NHS providers are more likely than other stakeholder groups to agree that the CCG effectively monitors and reviews the quality of commissioned services (68%, compared with 63% overall). Encouragingly, nearly nine in ten feel confident they can raise any concerns they have about the quality of local services with CCGs (87%) and around three in four are confident that the CCG will act on this feedback (73%).

## 8.2 Quality assurance

Ensuring the quality of the services they commission is one of the key functions of CCGs. As such, the survey asked providers of NHS services a number of questions around the extent and quality of the monitoring that CCGs undertake. The results are generally positive overall, corroborating the findings discussed above with respect to quality. However, for each aspect there is a persistent small minority of member practices, around one in ten, who are less confident in the role that CCGs play at present.

The majority of NHS provider stakeholders believe that quality plays an important part in the contracts that CCGs issue. Nearly three in four NHS provider stakeholders agree that quality is a key focus of the contracts (72%), with around three in ten (28%) *strongly* agreeing that this is the case. Around one in ten disagree that quality is a key focus of the contracts (11%).

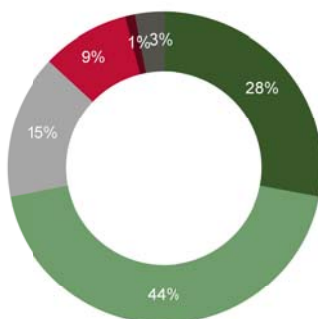
72%



Of NHS providers agree that quality is a key focus of contracts the CCG has with them

Figure 8.1 – To what extent do you agree or disagree that quality is a key focus of your contracts with the CCG?

All NHS providers



■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know

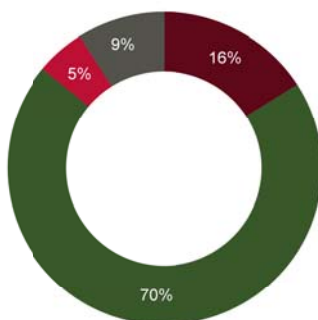
Total responses : All NHS providers (920)  
All CCG

Fieldwork: 12 March - 8 April 2014

In terms of the amount of monitoring the CCG undertakes on contracts, the majority of NHS provider stakeholders judge that the level of monitoring is about right (70%). A minority of these stakeholders believe that the amount of monitoring is either too much (16%) or too little (five per cent).

Figure 8.2 – Would you say that the amount of monitoring the CCG carries out on the quality of your services is too much, too little or about right?

All NHS providers



■ Too much ■ About right ■ Too little ■ Don't know

Total responses : All NHS providers (920)  
All CCG

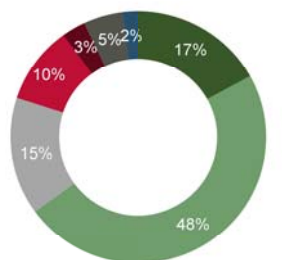
Fieldwork: 12 March - 8 April 2014

Where there has been an issue with the quality of an NHS provider's services, for the most part NHS provider stakeholders agree that the CCG responds proportionately and fairly (65%). Only around one in ten do not think the response has been fair and proportionate (13%).

Figure 8.3 – To what extent do you agree or disagree with the following statement? 'When there is an issue with the quality of services, the response of the CCG is proportionate and fair?

When there is an issue with the quality of services, the response of the CCG is proportionate and fair

All NHS providers



■ Strongly agree  
 ■ Neither agree nor disagree  
 ■ Strongly disagree  
 ■ There has never been an issue with the quality of services  
 ■ Tend to agree  
 ■ Tend to disagree  
 ■ Don't know

Total responses : All NHS providers (920)  
All CCG

Fieldwork: 12 March - 8 April 2014

### 8.3 Clinical involvement

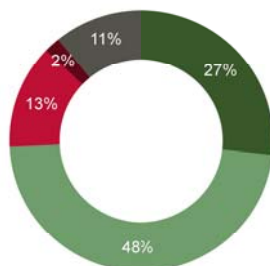
As CCGs are intended to be clinically-led organisations, the survey also sought to understand the extent to which clinicians are involved in discussions with providers. Clinicians are generally thought to be involved, although again a small, persistent minority do not recognise clinical involvement.

Around three in four NHS provider stakeholders (75%) say that clinicians from the CCG are involved in discussions about quality. However, around one in ten think CCG clinicians are not very involved regarding discussions about quality (13%), and a similar proportion do not know (11%).

Figure 8.4 – How involved, if at all, would you say clinicians from the CCG are in discussions about quality?

Quality

All NHS providers



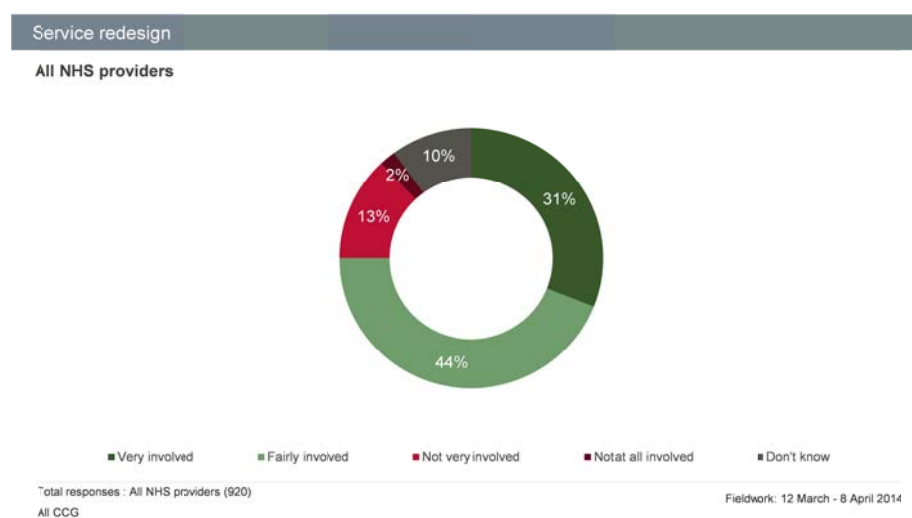
■ Very involved  
 ■ Fairly involved  
 ■ Not very involved  
 ■ Not at all involved  
 ■ Don't know

Total responses : All NHS providers (920)  
All CCG

Fieldwork: 12 March - 8 April 2014

Similarly, when asked about levels of involvement of clinicians from the CCG in discussions about service redesign, three in four NHS provider stakeholders believe that they are involved (74%); this includes three in ten (31%) think they are *very* involved in these discussions. However, 15% think they are not very or not at all involved in discussions about service redesign and a further one in ten do not know the extent to which they are involved in these discussions.

**Figure 8.5 – How involved, if at all, would you say clinicians from the CCG are in discussions about service redesign?**

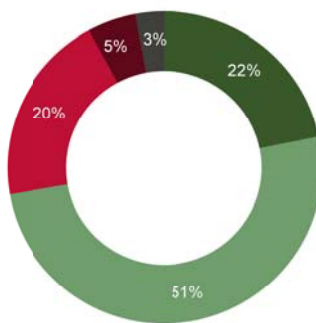


## 8.4 Long-term strategies and plans

Views are divided regarding the extent to which providers and CCGs are thought to be working together to develop long-term strategies and plans. Nearly three in four think they are working well with CCGs to develop these strategies and plans (73%). However, a significant minority of one in four NHS provider stakeholders do not think CCGs and providers are working well together in this regard (25%).

**Figure 8.6 – How well, if at all, would you say the CCG and your organisation are working together to develop long-term strategies and plans?**

All NHS providers



■ Very well ■ Fairly well ■ Not very well ■ Not at all well ■ Don't know

Total responses : All NHS providers (920)  
All CCG

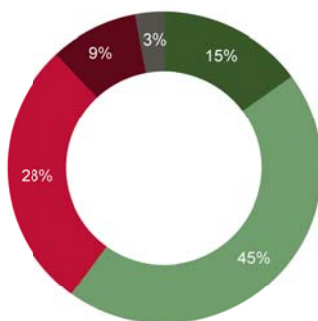
Fieldwork: 12 March - 8 April 2014

## 8.5 Understanding the challenges faced by NHS providers

There is also a divergence in views about the extent to which CCGs appreciate the challenges facing NHS providers. While three in five think the CCG understands the challenges facing their organisation well (60%), around three in ten do not think the CCG understands (28%), including one in ten who do not think CCGs understand their challenges at all well (nine per cent).

Figure 8.7 – How well, if at all, would you say the CCG understands the challenges facing your provider organisation?

All NHS providers



■ Very well ■ Fairly well ■ Not very well ■ Not at all well ■ Don't know

Total responses : All NHS providers (920)  
All CCG

Fieldwork: 12 March - 8 April 2014

These findings suggest that, while the majority of NHS providers report good working relationships that look to the long-term and demonstrate that CCGs understand the challenges facing providers, there is a significant minority of NHS provider stakeholders who seem to have weaker relationships with their CCG colleagues.



A greater focus on outcomes and impact rather than inputs and processes will be welcome as our work progresses

NHS provider





## 9 Other CCGs

### Summary

- Representatives from other CCGs are largely positive about the engagement they have with CCGs generally – more so than many other stakeholder groups.
- Four in five say they have been engaged by CCGs over the past twelve months (80%) and say they are satisfied with the way in which CCGs have done so (82%).
- Other CCG representatives are among the stakeholder groups most likely to agree that their views have been listened to when they have provided them (76% compared with 66%) and acted on (60% compared with 51% overall).
- Representatives from other CCGs are also positive in relation to the commissioning decisions of CCGs. For example, four in five of these stakeholders agree that they have confidence in the CCG to commission high quality services (79% compared with 68% overall).
- In contrast to other positive results, representatives from other CCGs tend to be less positive than other stakeholder groups with regard to the plans and priorities of the CCG. For example, three in four representatives from other CCGs say they know at least a fair amount about the plans and priorities of CCGs (74%, compared with 78% overall). This suggests that while CCGs seem to be working well together, there has perhaps been less information and collaboration among CCGs about their individual plans.

In many cases, CCGs have formal commissioning arrangements with other CCGs – particularly in areas of specialist care. It was therefore important to ask these CCGs about their relationships with each other. No specific additional questions were asked to stakeholders from other CCGs and therefore only a brief recap of overall findings from section one of the questionnaire is included in this chapter.

CCGs provided details of up to five stakeholders from other CCGs with whom they collaborate to commission services. As may be expected given the high level of awareness of the survey among CCGs, response rates for this group were particularly strong, with 83% completing a survey (compared with 67% overall).

## 9.1 Key representatives of other CCGs results in the overall findings

Four in five other CCG representatives say they have been engaged by the CCG over the past twelve months (80%), with a similar proportion of those who have been engaged satisfied with the way in which the CCG has engaged with them (82%). While these results are positive, fewer of these stakeholders say they have been engaged and are satisfied with the level of engagement they have had than was the case at the point of authorisation (87% for both). In addition, one in five say they have not been engaged very much or not been engaged at all (20%), slightly higher than the average across all stakeholder groups (17%).

However, other CCG representatives are among the stakeholder groups most likely to agree that their views have been listened to when they have provided them (76% compared with 66% overall). Corresponding with this, other CCG representatives are also among the most likely to agree that the CCG has acted on their suggestions (60% compared with 51% overall).

Given the high levels of reported engagement it is perhaps unsurprising that the vast majority of other CCG representatives (89%) report that they have a good working relationship with the CCG. While this is among the highest of all the stakeholder groups, fewer of these stakeholders report having a good relationship than was the case at authorisation (94%). Relationships are reported to have got better (56%) or stayed about the same (40%) over the past 12 months.

Continuing the trend seen, representatives from other CCGs are among the most positive stakeholders in relation to the commissioning decisions that the CCG makes. Over seven in ten of these stakeholders agree that they have confidence in the CCG to commission high quality services, that the CCG involves and engages with the right individuals and organisations when making commissioning decisions and that they understand the reasons for the decisions the CCG makes when commissioning services (79%, 72% and 72% respectively compared with 68%, 63% and 64% respectively overall). While slightly fewer representatives from other CCGs agree that the CCG's plans will deliver continuous improvement in quality within the available resources (69%) and that it effectively communicates its commissioning decisions with them (64%), this group remains more positive on these measures than other stakeholders in general (58% and 59% respectively).

In terms of the overall leadership of the CCG, representatives of other CCGs are again the most positive stakeholder group, with the strong results seen at authorisation largely repeated again this time. The vast majority of these stakeholders agree that there is clear and visible leadership of the CCG (87%), while over four in five also agree that the leadership of the CCG has the necessary skills and experience, that they have confidence in the



**A proactive and intelligent partner whose input is always appreciated. They are an excellent sounding board for discussions and have no hidden agendas**

Other CCG stakeholder



leadership to deliver improved outcomes for patients and that they have confidence in the leadership to deliver its plans and priorities (all 81%). While most of the results remain consistent with those at authorisation, confidence in the leadership to deliver its plans and priorities has fallen (down six percentage points). As with other stakeholder groups, fewer representatives of other CCGs agree that the CCG is delivering continued quality improvements (72%). The findings for the clinical leadership of CCGs are generally similar to those reported for the overall leadership of the CCG.

Representatives from other CCGs are also positive about the CCG's ability to manage the quality of the services it commissions. Nine in ten feel able to raise any quality concerns they have with the CCG (91%), while over four in five have confidence in the CCG to act on the feedback it receives about the quality of the services (83%) – the highest of any stakeholder group. Fewer representatives of other CCGs agree that the CCG effectively monitors the quality of the services it commissions (76%). However, this is largely as a result of fewer of these stakeholders giving a response either way (neither agreeing nor disagreeing or saying they don't know) rather than as a result of higher disagreement (only two per cent).

In contrast to other results, representatives from other CCGs tend to be less positive than other stakeholder groups with regard to the plans and priorities of the CCG. This suggests that while CCGs seem to be working well together, there has been less information and collaboration among CCGs about their individual plans. Three in four representatives from other CCGs say they know at least a fair amount about the plans and priorities of the CCG (74%), which is a lower proportion than stakeholders overall (78%). These stakeholders are also among the least likely to agree that they have been given the opportunity to influence the plans of the CCG (49%, compared with 63% overall), or that their comments have been taken on board when they have commented on the plans and priorities (48%, compared with 53% overall).

## 10 Wider stakeholders

In addition to the core list of organisations that were compulsory for inclusion in the survey, CCGs were also able to include stakeholders from other organisations that they work with and wanted feedback from. Each CCG had the opportunity to include up to an additional seven stakeholders from other organisations if they wanted to. The types of organisations included varied from CCG to CCG depending on the relationships and structures that existed locally. Adding stakeholders beyond the core list was not mandatory, but 187 of the 211 CCGs took the opportunity to include additional stakeholders in their lists. These are referred to as 'wider stakeholders' in this chapter and throughout the report.

This stakeholder group is disparate and contains a mix of very different stakeholders from a range of different types of organisations fulfilling a range of different roles, including (but not limited to):

- clinicians, for example representatives of leadership networks or clinical service-based networks;
- CSUs;
- Health Education England (local contact);
- lower tier local authorities;
- MPs;
- private providers;
- Public Health England (local contact);
- social care / community organisations; and
- voluntary sector / third sector providers.

It is important to remember the diversity of the group when considering the results of wider stakeholders. The results will therefore be more useful for CCGs at a local level than at a national level. There was no such group in the authorisation survey so comparisons cannot be made. Two in three of those invited to participate completed a survey (68%), which is comparable to the overall response rate of 67%.

## 10.1 Key wider stakeholder results in the overall findings

Due to their varied nature, wider stakeholders were only asked the general questions in section one of the questionnaire that covered their working relationship with the CCG, the level of engagement the CCG has had with them, their confidence in the leadership of the CCG and their thoughts on CCG's plans and priorities.

The majority of wider stakeholders are positive about the engagement they have with CCGs and their working relationship with them, and tend to be in the middle of the stakeholder groups in their views. For example, over four in five say they have been engaged by the CCG at least a fair amount (83%), while a similar proportion (84%) say they have a good working relationship with the CCG. As for other groups, the direction of travel in the quality of relationships is positive, with nearly three in five saying their relationship with the CCG has improved over the past 12 months (58%), and very few saying it has got worse (three per cent).

Wider stakeholders are also largely confident in the overall and clinical leadership of CCGs to deliver, mostly in line with the views of stakeholders overall. For example, three in four agree that CCGs have the necessary skills and experience (73%), while four in five say there is clear and visible leadership (80%). They have more confidence in the leaders of CCGs to deliver improved outcomes for patients than other stakeholder groups (71% compared with 65% overall).

The majority of wider stakeholders are also positive about the plans and priorities of CCGs. They appear knowledgeable, with four in five saying they know at least a fair amount about CCGs' plans and priorities (80%). They also tend to feel that the plans and priorities have been effectively communicated to them (64%) and that they have had the opportunity to influence them (63%). However, as with other stakeholder groups, fewer wider stakeholders agree that when they have commented on CCGs' plans and priorities that they have been taken on board (58%) or that the plans and priorities are the right ones (58%); this is largely as a result of the large minorities of these stakeholders (around one in three) who neither agree nor disagree or say they do not know as opposed to active disagreement on these measures.



**The CCG has been proactive in creating the opportunities for us as an organisation not only to engage in the development of the plans for their locality but also to participate in the wider discussions regarding the development of the health and social care system**

Wider stakeholder



# 11 Area team differences

The previous chapters of this report have considered the survey results overall and by each stakeholder group. In this chapter we explore the results by area team for the questions asked of all stakeholders. This chapter will therefore outline whether discernible differences emerged across area teams. This will allow NHS England to explore the findings in more detail and identify potential areas of best practice to share across all CCGs in England. This chapter does not detail the results of individual area teams, but instead focuses on differences in the range of scores between area teams.

A general finding is that where stakeholders are particularly positive, variation between the area teams with the highest and lowest results tends to be relatively low. In contrast, where stakeholders are less positive there is often greater variation in the results of area teams. While this pattern does not hold for all results, it indicates that it is possible for areas doing less well to improve and that there are areas of best practice from which they can learn.

As seen previously, the vast majority of stakeholders feel that they have been engaged by CCGs, and this is the case across all 27 area teams with at least three in four stakeholders saying they have been engaged at least a fair amount (varying by 12 percentage points between 89% and 77%). Stakeholders are also largely satisfied with the way in which they have been engaged by CCGs over the last 12 months, although there is greater variation on this measure with results varying by 19 percentage points (from 83% to 64%).

There is greater variation between area teams on the extent to which stakeholders agree that their views have been listened to and that CCGs have acted on their suggestions. For these aspects there is a difference of 25 and 26 percentage points respectively between the area team where the highest and lowest proportions agree with the statements (76% to 51%, and 65% to 39% respectively).

The vast majority of stakeholders say they have a good working relationship with CCGs and there is relatively little variation (17 percentage points) between the different area teams.

In terms of commissioning decisions, the difference between the highest and lowest rated area teams is fairly consistent across the assessment of CCGs for most of the different aspects asked about in the survey. For example, there is a variation of 18 percentage points between the top and bottom area teams for both understanding the reasons for the decisions CCGs make when commissioning services and the effective communication of commissioning decisions. However, there is much greater variation

between area teams in CCG stakeholders' views about whether CCGs' plans will deliver continuous quality improvement within available resources. While seven in ten (70%) in one area team agree with the statement this figure is around two in five (42%) in another area team, a range of 28 percentage points.

Similarly large differences between area teams are also evident for some aspects of CCG leadership. This includes having confidence in the leadership to deliver improved outcomes for patients, which varies by 27 percentage points between the highest and lowest area teams (between 75% and 48%), and agreeing that the leadership of CCGs are delivering continued quality improvements, which varies by 34 percentage points (between 72% and 38%), the largest variation recorded.

There is also variation between area teams with regard to quality and the monitoring of services. Most stakeholders across all area teams agree that they would feel able to raise concerns with CCGs if they were worried about the quality of local services (a variation of only 12 percentage points between 91% and 79%). However, there is greater variation in the confidence in CCGs to act on the feedback they receive on the quality of services (22 percentage points, between 82% and 60%) as well as confidence in CCGs to effectively manage the quality of services (25 percentage points, between 71% and 46%).

Plans and priorities is another area where there is variation across different aspects. For example, there is a difference of 19 percentage points between the highest and lowest area teams with regard to whether CCGs' plans and priorities are the right ones (between 68% and 49%). However, there is a difference of 27 percentage points between stakeholders in the highest and lowest area teams with regard to CCGs effectively communicating their plans and priorities to them (between 80% and 53%).

Looking at the areas where there is greatest differentiation, as highlighted in this chapter, may identify the areas in which improvements can be made since some areas are achieving stronger results. Best practice could be shared across area teams to facilitate these improvements.

## 12 Future directions

This chapter of the report reviews how the survey worked and explores what lessons can be learned for the future, should similar surveys be repeated for future waves.

### 12.1 Summary evaluation

Overall, the CCG 360° stakeholder survey achieved its aims, and the methods honed across the four waves of the authorisation survey in 2012 continued to work well.

The co-design day with representatives from CCGs and NHS England area teams was a welcome addition, with the valuable feedback from the day used to develop the details of the survey to ensure that it meets the needs of the end users.

The response rate remained high, with two in three of those stakeholders invited to take part completing the survey (67%, compared with 74% for the authorisation survey).

The process of obtaining stakeholder lists from CCGs ran to time for the vast majority of CCGs, and all 211 CCGs did eventually provide a list for the survey. CCGs were anecdotally pleased with the opportunity for greater local flexibility, with more choice on which stakeholders to include and the option to add five local statements to the survey. Finally, the results for each CCG were provided in time for the assurance conversations, in PowerPoint format to allow CCGs and NHS England area teams to cut and use the reports as they require.

The key recommendations if the survey is repeated in the future are:

- retaining and potentially expanding the co-design element, to continue to ensure the survey meets requirements;
- allowing more time for the survey, particularly for CCGs to collate stakeholder lists and for the lists to be thoroughly checked and amended; and
- the need to gather feedback while the process of the survey remains fresh. In particular, it would be useful to gather feedback on the reports while people are actually using them, so that further refinements can be made to ensure they are as useful as possible (which may have implications for the questionnaire).



## 12.2 Lessons learned

### Co-design day

An important contributor to the success of the survey was the co-design event. The event was attended by over 50 representatives from CCGs and NHS England area teams. This was particularly useful as it allowed Ipsos MORI and the NHS England 360° stakeholder survey team to hear directly from the end users of the survey what they needed it to provide. The feedback from the event informed all aspects of the survey design including the content of stakeholder lists, the questionnaire (including confirming the question 'stem' for the local questions), reporting outputs and lines of communication for the survey.

For any future surveys, it will be important to build on this co-design approach and ensure that they are also developed in consultation with CCGs and NHS England area teams, either through a similar event or pilot / test groups of CCGs. If time allows, it may be beneficial to have more than one such engagement event to allow for rounds of feedback. In particular, some CCGs at the engagement day expressed a concern that the survey is for use more for NHS England than for themselves. An additional co-design event could be conducted earlier to further inform the design of the survey, particularly in terms of the content of the questionnaire. Opinion was divided regarding the benefits of linking the questions to the domains, and it could potentially be useful to check whether any other content would also be useful for CCGs' organisational development.

It would then be possible for a second event to test the materials once they are developed (for example, the questionnaire and report template), to allow CCGs and NHS England area teams to comment on actual drafts as opposed to more abstract preferences.

### Stakeholder lists

Anecdotally, the feedback from CCGs about them having the freedom to choose the individual stakeholders to include in the survey was a welcome change from the authorisation survey – both selecting the most relevant people from the specified core list of organisations and the opportunity to add up to seven additional stakeholders from other organisations. Allowing CCGs this freedom ensured that they could select the most appropriate stakeholders locally from each organisation to take part. While this was beneficial for the CCGs, the resulting variation across lists did impact on the comparability of the survey results to the authorisation survey to some degree.

While all 211 CCGs supplied their stakeholder lists for the survey, a significant minority missed the original deadline for submission. As a result, fieldwork for the survey was delayed by two days from the original planned date, while fieldwork for five of the CCGs started later still. Feedback from

CCGs at the co-design day flagged the timings of the survey as a potential issue for a number of CCGs and timings were extended by one week as a result. While CCGs had two weeks to supply their stakeholder lists, one of these was over a half-term period, which meant that a number of staff were on leave. Collating the stakeholder list for a CCG requires a significant amount of CCG time, with many CCGs reporting that they did not have adequate resources to allocate to the task.

If the survey is repeated it is essential to allow additional time for CCGs to collate their stakeholder lists. Around a month was allowed in the authorisation survey and this seemed to work well, particularly if advance warning can be given that the survey is approaching and the resulting demands for their time. While communications had been sent out in advance, for example asking CCGs to identify the appropriate lead for the survey, these communications were sometimes 'lost' somewhere in the system

A small number of CCGs had issues around timing which related to communication about the survey and its requirements not being received by the most appropriate person in the CCG, or where their designated contact was on leave for a significant amount of the set-up phase. In these cases the communication often did not reach the person in the CCG who would be the day-to-day lead (or someone who was not on leave) until a few days later. As such, for these CCGs, the timescales in which they needed to collate their stakeholder lists were significantly reduced. The contacts put forward by CCGs as their lead should ideally be the person who will be dealing with the survey on a day-to-day basis and importantly, that they are around during the set-up phase of the survey.

Once stakeholder lists had been collated by CCGs, they were sent to Ipsos MORI to collate into one sample for the survey. Due to the required timescales for the survey – which were governed by the need for CCGs to receive their results at least two weeks prior to their assurance conversations – it was not possible for Ipsos MORI to check all 211 stakeholder lists individually and go back to CCGs with any queries where required information was missing or incomplete. While Ipsos MORI did query samples with a larger number of inaccuracies, it was not possible to do this for all CCGs. Common issues included:

- incorrect email addresses or missing contact details;
- no stakeholder contacts being provided for some of the core organisations;
- more than the maximum number of stakeholders being provided for some stakeholder groups, including too many additional stakeholders;

- lack of flags added to stakeholders who appear in the list of a CCG more than once (for example, a GP who is a lead for more than one member practice) so the stakeholder knows which organisation they should be responding about;
- CCGs using the Excel template for the authorisation survey rather than the one developed for this assurance survey. This meant they often provided us with a number of stakeholder groups who were no longer on the core list (for example, lower-tier local authorities), but also that the stakeholder list had to be transferred to the new template to make it compatible for automation; and
- not assigning a stakeholder group to the contacts. This was a vital piece of information as it affected the route that the stakeholder would be taken through in the questionnaire.

As well as allowing more time for CCGs to collate their stakeholder lists, if the survey is conducted again, we recommend that adequate time and budget be available to allow for a thorough process of checking to take place on each stakeholder list. This would include allowing enough time to query the content of the lists with CCGs and for them to re-submit them, as was the case for the authorisation survey.

## Questionnaire

As the format of the questionnaire, with an overall section upfront containing a series of general questions asked to all stakeholders followed by a short section of questions specific to each key stakeholder group, worked well for the authorisation survey it was retained for this survey. It again ensured that all key elements, however specific, could be assessed using a single questionnaire without overburdening stakeholders or asking them to comment on topics that were outside their sphere of expertise. The initial section asked of all stakeholders was expanded from that used in the authorisation survey to ensure feedback on the wider range of essential functions of CCGs now they are fully functioning organisations.

An important consideration for the questionnaire development this time was the desire to enable comparisons with the results from 2012. As such, when reviewing the questions from the authorisation survey, where the number of stakeholders was large enough to potentially allow such comparisons (i.e. those asked of all stakeholders and GP member practices), the wording was kept consistent wherever possible. In addition to the authorisation survey, feedback from the co-design day was used to inform the drafting of the questionnaire.

Rather than a full pilot, the questionnaire was reviewed by the NHS England CCG Oversight Group, which contains CCG representatives, before a final draft was agreed with NHS England. There was also a meeting at which the

questionnaire was reviewed. This worked particularly well as it is a very efficient way of gathering all views on the questions and ironing out any differences of opinion quickly. It also contributed significantly to the development of a strong questionnaire that was able to deliver the objectives of the survey.

Stakeholders seemed to understand the questions they were being asked, with only a small number saying they didn't know the answer for most questions.

As well as the core standard questionnaire, CCGs also had the opportunity to add up to five local statements that would only be asked of their stakeholders. This element was added following feedback from CCGs to the authorisation survey, where CCGs expressed a desire to increase the local focus of the survey. In order to make the question workable across all 211 CCGs in the timeframe for the survey it was necessary for some element of standardisation to be present. As such, the 'stem' of the question was standardised across all CCGs: 'How would you rate [CCG] on each of the following...'. CCGs were then able to identify up to five statements that fitted with this stem. In total, 68 of the 211 CCGs took up the opportunity and included at least one local statement. Aspects that they chose to test included local plans, priorities and activities. If the survey is run again it would be interesting to collect feedback from CCGs about how useful the local statements are, or if there is desire for more local variation. Ideally, if more time is allowed for Ipsos MORI to check individual stakeholder lists, the local statements could also be checked more thoroughly and comments could be sent to CCGs to help them improve the statements. CCGs would also be aided in this by earlier sight of the final questionnaire, not possible in this scenario due to the timings.

## Methods

Overall, the methodology for the survey again worked well, as evidenced by the 67% response rate achieved for the survey. The mixed methodology of an online survey in conjunction with a telephone follow-up meant that stakeholders had multiple opportunities to take part in the survey in a way convenient to them, or where respondents experienced technical difficulties accessing the online survey. For example, some IT systems block the site or do not allow emails from unknown sources to be read. The telephone aspect of the survey meant it was possible to follow up with individuals experiencing these difficulties. Learning from the experience from the authorisation survey, telephone fieldwork for the survey started at the same time as the online element was launched. This meant that stakeholders who reported technical issues in accessing the online link or in the small minority of cases where an email address was not provided for a stakeholder could be contacted by the telephone team from the outset.

Some stakeholder groups, such as those from local authorities, were often nominated by more than one CCG to take part in the survey. It had been hoped that, where this was the case, it would be possible to send only one email to these stakeholders containing all the links to the surveys for the different CCGs as opposed to separate emails for each CCG. However, upon investigation this was not possible to set-up in a way that the process could be automated within the timescales. As such, if the survey was repeated any additional time that could be made available to investigate the possible options for these stakeholders would be welcome.

If time allows, for future surveys, the length of fieldwork could also be increased from four to six weeks. Many of the stakeholders occupy senior positions, with busy schedules, and finding time in their calendars to complete the survey can be difficult without sufficient notice. Allowing an additional two weeks for fieldwork is likely to enable a greater number of stakeholders to take part and share their views. In particular, the feedback from GP member practices was that the timing of the survey, which took place over the end of the financial year, was not convenient for them – their time over this period being limited. Extending the fieldwork period to six weeks would have provided these stakeholders additional time after this period to complete the survey. Having said this, the response rate remained high and so this is not a crucial recommendation.

The support provided to CCGs and stakeholders during the survey was a valuable addition to the process. Without this, some CCGs may have struggled to finalise their stakeholder lists and response rates would certainly have been lower. For example, some stakeholders struggled to access the survey and so contacted the telephone and email helplines to arrange telephone interviews.

Finally, acknowledging the role of CCG support in the process, the high response rate is partly attributable to the efforts of CCGs to encourage their stakeholders to take part, and this again played an invaluable part in the success of the survey.

## Reporting

The requirements for reporting were key considerations for the project as the lasting outputs that CCGs and NHS England area teams will use going forwards. Feedback on the reports developed for the authorisation survey was provided at the co-design event. While the reports from the previous survey were generally well received, useful feedback on their content and style was provided.

As fieldwork for all CCGs was conducted as part of the same wave, the reports this time were able to include a comparison of the results for each CCG against the average for all CCGs (as opposed to just the wave of authorisation they were in which was the case last time). In addition,

comparisons were also included in the report against the average for the CCG's area team as well as, where possible, the results of the CCG from the authorisation survey. While mixed views were expressed at the co-production day about the validity and usefulness of incorporating comparisons both over time and with other CCGs, many CCGs were keen to have this included. It should be noted that there are significant caveats around comparisons of the results due to small stakeholder numbers and differences in stakeholder lists.

Each CCG was also provided with a PowerPoint report containing a slide for every question. While the detailed report packs were seen as useful, the feedback was clear that CCGs also wanted to receive a short, accessible summary of their results as well. For the authorisation survey a written Word summary of the results was provided to each CCG. However, given that the reports for all 211 CCGs were required on the same date this time it was not possible for a written summary to be developed in the survey timings. As such, an automated PowerPoint summary report was developed and provided to each CCG. This report contained the results for the CCG on the key questions, as well as comparisons with the average for all CCGs, the average for the CCG's area team and, where possible, the results for the CCG from the authorisation survey.

In addition to the two PowerPoint reports, CCGs were also provided with a PDF of the verbatim comments stakeholders gave to the open questions included in the survey. Anecdotally this has been useful for CCGs as it provides them with additional information to help understand and interpret their results in a more meaningful way. The files were provided in PDF just to ensure that CCGs could not change the comments that stakeholders have made but instead report them verbatim. However, this also includes possible typos and grammatical errors. If the survey is repeated in future, it may be a consideration to include the necessary budget and timescales to allow cleaning of the files before they are provided to CCGs.

Finally, if the survey is repeated it would be very valuable to start gathering feedback now on the survey process and outputs. In particular, while CCGs and NHS England area teams are using and discussing the results of the survey, they may be able to provide feedback about the reports that they will not be able to remember at a later date.

# 13 Technical information

This chapter of the report provides more detail on the methodology for the survey.

## 13.1 CCG input

Input was sought from CCGs and NHS England for the development and design of the survey. This was to ensure that the CCG 360° stakeholder survey was able to both support CCG's annual assurance conversations with NHS England and to also provide CCGs with a valuable tool to evaluate their progress and inform their organisational development.

CCGs were invited to attend a co-design event for the survey in London on 5<sup>th</sup> February 2014. The event lasted five and half hours and was attended by over 50 representatives, including over 30 CCGs and a number of NHS England area teams.

The parameters<sup>6</sup> of the survey were presented to attendees, following which they discussed and provided comments on a number of areas relating to the final questionnaire and survey outputs. In particular, the discussions covered the following topics:

- Stakeholder framework: the previous wave's mandated stakeholder list was discussed, along with any stakeholders CCGs felt to be missing. The job roles that should be included in the stakeholder lists and how many stakeholders should be included for each stakeholder grouping<sup>7</sup> were also discussed. The feedback resulted in a change of approach to numbers of stakeholders for the survey; the initial plan that was tested on the co-design day had been to allow all member practices plus 15 to 20 other stakeholders. CCGs felt this was too restrictive, particularly for large CCGs, and so the framework was amended to give a maximum number for each stakeholder grouping plus an additional seven stakeholders from other organisations.
- Content: using the assurance domains as a guide, the content of the questionnaire was discussed, including which stakeholder groups should be asked what, and finally the framing of the local questions was discussed.

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<sup>6</sup> The parameters discussed included: the survey only being available to complete online and via telephone; total length of survey being no more than 20 minutes; c.50 stakeholders per CCG; all stakeholder lists being provided in one go; and the timescales being fixed with little flexibility.

<sup>7</sup> Here we are referring to the stakeholder groupings which were used in the previous wave for the authorisation survey.



- Reporting structure: participants were provided with the reports from the authorisation survey. They provided feedback on how they would use the results, what data they would like, and how the data would be best provided and presented.
- Communication: there was also a discussion about the best way for Ipsos MORI and NHS England to communicate with CCGs during the survey process.
- Questions: At the end of the session CCGs were given the opportunity to ask questions about any aspects of the survey.

At the end of the day Ipsos MORI discussed the key findings from the event with NHS England. All comments from the day were considered by Ipsos MORI and NHS England in the design of the survey. For example, a number of CCGs requested additional time to collate stakeholder lists, taking into account February half term. For this reason, the time allowed to provide stakeholder lists was extended by a week.

## 13.2 Stakeholder lists

Each of the 211 CCGs were responsible for identifying the relevant stakeholders for their CCG, collecting their contact details and providing these to Ipsos MORI in a timely manner.

On 10<sup>th</sup> February 2014, CCG leads were given an information pack on how to complete the task of collating stakeholder lists. CCGs were asked to have completed their lists and to have provided any additional local questions by 28<sup>th</sup> February 2014. For some CCGs these deadlines had to be extended, for example due to annual leave of lead CCG contacts, having the incorrect contact details for the CCG lead, and other unforeseen circumstances such as CCG leads delegating responsibility to colleagues at a later date.

The framework around which CCG leads were expected to follow when deciding their stakeholder lists is outlined in Table 1. This framework was drawn up by Ipsos MORI following the engagement day and agreed with NHS England. The framework lists the core organisations that CCGs were requested to include in their stakeholder list. Unlike for the authorisation survey, where stakeholders' roles within those organisations were specified, the assurance survey allowed CCGs to identify the individuals in each organisation most appropriate to include in the survey, to account for the flexibility of local relationships.

In addition to the framework, CCGs also had the *option* to include up to an additional seven stakeholders who were not in the core framework. If they did choose to include additional stakeholders, NHS England staff or staff from within the CCG (excluding GP member practices) were not permitted to be included.



Table 13.1 – Stakeholder framework

Organisation type	Maximum numbers	Possible roles (exact contact will vary by CCG)
GP member practices	<i>One</i> stakeholder from every member practice of the CCG	Designated GP lead
Other CCGs with whom the CCG collaborates on commissioning services (e.g. formal commissioning arrangements)	<i>Up to five</i> stakeholders in total (If the CCG collaborates with more than five CCGs, select the five with the closest relationship)	Clinical Lead and / or Chair
Health and wellbeing boards	<i>Up to two</i> stakeholders per Health and wellbeing board geographically linked with the CCG	<b>For each health and wellbeing board, one of the nominated stakeholders <u>must</u> be the Chair</b> The other could be a board member
Upper tier or unitary local authorities	<i>Up to five</i> stakeholders per upper tier or unitary local authority geographically linked with the CCG. <b>At least one of the stakeholders included <u>must</u> be able to comment on behalf of the local authority on the CCG's role in:</b> <ul style="list-style-type: none"> <li>• Safeguarding of children</li> <li>• Safeguarding of adults</li> </ul>	Chief Executive Director of Adult Services Director of Children's Services Director of Public Health Representative from the Overview and Scrutiny Committee Elected members
Local Healthwatch	<i>One</i> per local Healthwatch geographically linked with the CCG	Chair
Other patient groups, organisations or representatives	<i>Up to three</i> stakeholders in total	Senior representatives from local or branches of national patient groups that represent different groups and patients nominated by the CCG as appropriate
NHS Providers – Acute trusts	<i>Up to two</i> from each main acute provider(s) for the CCG	Chief Executive Medical Director (From each main acute provider)

NHS Providers – Mental health trusts	<i>Up to two</i> from CCG's main mental health provider in terms of contract value	Chief Executive Medical Director
NHS Providers – Community health trusts	<i>Up to two</i> from CCG's main community provider in terms of contract value	Chief Executive Medical Director

NHS England recognised that there would be variation between CCGs in the range of relationships that existed locally. CCGs therefore needed to interpret the framework according to their local circumstances. Some common deviations from the above stakeholder framework and the way they were dealt with are listed below:

**1. The community health, acute and mental health providers were the same organisation.**

CCGs were asked to only include the relevant details once.

**2. One stakeholder performed two of the roles listed in the framework.**

Where this was the case (e.g. there was overlap between the Health and wellbeing Board and Local Authority), CCGs were asked to nominate an alternative for one of the positions. If that was not possible, separate links to the survey were sent to the stakeholder for them to complete in respect of each role. The email containing the link and the introduction to the survey made it clear to which stakeholder group the survey was referring.

**3. Stakeholders also being members of the CCG Governing body.**

Here CCGs who made Ipsos MORI aware of this were told that it their discretion if they chose to include these stakeholders. CCGs were told that the survey outlined that stakeholders should complete the survey from the perspective of their organisation not in terms of any other role. Where CCGs opted to not include these stakeholders they were requested to provide alternative names.

CCGs were requested to provide the following details for each stakeholder:

- allocation to a stakeholder group;
- organisation;
- job title;
- full name;
- department (if applicable);
- email address and telephone number of main contact; and

- alternative email address for main contact or email address for someone else (e.g. PA).

To ensure that all stakeholder lists were provided in a consistent format, CCGs were provided with a sample template in MS Excel. Once completed, the excel template was submitted by the CCG via Ipsos MORI's secure portal.

On receipt of the stakeholder list, Ipsos MORI checked that every completed Excel sample template was in the required standard format and amended it where necessary. It was the CCG's sole responsibility to submit the list of stakeholders, act on any advice and, if necessary, re-submit an accurate list by the final deadline.

A number of CCGs provided lists which were incomplete or inaccurate. Where there were a larger number of errors<sup>8</sup>, Ipsos MORI worked with the CCG to make corrections. However, due to survey timings<sup>9</sup> it was not possible to fully check every stakeholder list and liaise with every CCG to develop a more fully accurate list.

### 13.3 Questionnaire design

The questionnaire was designed taking into account both the feedback from the co-design event and also the authorisation survey questionnaire. One of the main requirements from CCGs which emerged from the co-design event was that, where appropriate, the survey needed to be comparable to the authorisation survey allowing for some tracking of improvement and areas which have regressed. For this reason, the questionnaire in this wave followed a similar structure to the previous wave's questionnaire.

The questionnaire was divided into a number of sections. The first section was asked to all stakeholders, and asked a series of general questions about the engagement they have received from the CCG and opinions on their working relationship with it. The additional sections were aimed at specific stakeholder types to allow the survey to reflect on the diverse areas of experience and knowledge that different stakeholder groups have with CCGs. All stakeholder groups were asked to answer one of these additional sections of specialised questions, apart from those stakeholders who were classed as either 'wider stakeholder group' or 'other CCGs'. The wording for GP member practices differed slightly to that for other stakeholders to reflect their status as a constituent member of CCGs rather than external stakeholders.

<sup>8</sup> A list of common errors is included in Chapter 12.

<sup>9</sup> Checking time was reduced as a result of the additional week provided to CCGs to get their stakeholder lists to Ipsos MORI.

Finally, where provided by CCGs, stakeholders were asked up to five local questions, specific to the CCG. These were done in the form of a statement asking the stakeholder to rate CCGs on up to five statements. The statement or 'stem' of the question was standardised across all CCGs: 'How would you rate [CCG] on each of the following...'. CCGs were then able to identify up to five statements that fitted with this stem.

A standardised questionnaire was used across all CCGs. The name of the CCG was included within the question wording to make it clear to stakeholders which CCG they were answering about; this was especially important for those stakeholders who had been asked to complete surveys for multiple CCGs.

Questions were closely linked to each of the six domains of assurance set out in '*Clinical Commissioning Group Assurance Framework*'. This document outlines the criteria and evidence sources against which CCGs will be assessed during their assurance conversations. Questions were included in the survey for all criteria for which the 360° stakeholder survey was intended to provide evidence.

The questionnaire predominantly comprised 'closed' questions which required stakeholders to select a response from a pre-specified scale or series of options. By using 'closed' questions the survey remained relatively short (taking an average of 16 minutes to complete), therefore reducing the burden on stakeholder and increasing the response rate. However, to ensure that CCGs gain more detailed insight into some of the reasons behind answers to closed questions and to allow stakeholders to feel they can respond more fully, stakeholders were also asked at least four free text questions during the survey.

## 13.4 Fieldwork

Fieldwork for the 360° stakeholder survey was conducted using both an online and telephone methodology. The online survey link was opened on 12<sup>th</sup> March with the telephone survey starting two weeks after this. The end of fieldwork was timed to allow reporting back at least two weeks before scheduled annual assurance conversations began between NHS England area teams and CCGs. As such, the timeframe allowed for surveys to be completed, the data to be analysed and disseminated to CCGs as closely as possible in time to feed into CCGs' assurance conversations with NHS England.

The authorisation survey comprised four waves due to the different waves of CCG authorisation. This year, the survey was completed in one wave of fieldwork, with fieldwork completed over a four-week period between 12<sup>th</sup> March and 8<sup>th</sup> April.

In total, 13,415 stakeholders were invited to take part in the survey and 9,018, of these went on to complete it. Consequently, the final overall national response rate was 67%. A more detailed breakdown of response rate can be found in section 13.5.

### Online fieldwork

At the launch of fieldwork, invitations to the online survey were emailed to every stakeholder for whom an email address was provided. Once the initial email invitation had been sent out to all stakeholders, CCG leads were informed that the survey was live and encouraged to send follow-up emails to further encourage participation.

To maximise response rates to the online survey, following the initial invite, up to four reminder emails were sent out at weekly intervals to those who had not yet completed the survey.

The invite and reminder emails all included details of the research and a link to the survey. To ensure that the survey was only completed once, the link was personalised and unique for each stakeholder. Using a unique link had a number of advantages.

- stakeholders were unable to complete the survey more than once;
- this removed the need for stakeholders to input a password to gain access to the survey;
- stakeholders were able to leave the survey at any time if necessary and return to the same point later; and
- reminders could be targeted specifically at non-responders and stakeholders who had started but not completed the survey, rather than all stakeholders.

Where email addresses for secondary contacts were provided, email invitations and reminders were sent to both the main email address and the secondary email address for each stakeholder. The email to the secondary contact made it clear that the survey had been sent to the main contact for completion, and asked for their assistance in bringing it to the main contact's attention.

A telephone and email helpline service was provided for the duration of fieldwork; contact details for the Ipsos MORI research team were included in the invitation and the survey itself in case respondents had any queries or encountered any difficulties completing the survey.

In the authorisation survey, a number of stakeholders experienced issues with accessing the survey via the link that was included in the email invitation. To avoid these issues, the link was provided to stakeholders in

plain text, which had to be copied and pasted into their browser. However, due to local security settings a minority of stakeholders had difficulty accessing the survey via the link that was included in the email invitation. Where the team at Ipsos MORI was alerted to this problem, the stakeholder's contact number was taken and the stakeholder was prioritised for a telephone interview. Appointments for the telephone interview were arranged at a time convenient for the stakeholder. In addition, a number of stakeholders failed to receive emails from Ipsos MORI due to security settings blocking Ipsos MORI's email account. Where CCG leads and stakeholders alerted Ipsos MORI to this, the stakeholder was sent the email again from a member of the Ipsos MORI team's personal email account. In the vast majority of cases this ensured the stakeholder received their survey link, but where it did not, the stakeholder's details were taken and they were prioritised for a telephone interview.

### Telephone fieldwork

In the authorisation survey, to assist in securing a high response rate, after ten working days of online fieldwork, details of those who had not yet responded to the online survey were sent to the Ipsos MORI telephone interviewing team for follow up. Due to the assistance this gave in increasing response rates, this process was used again for the assurance survey. Consequently, the purpose of these telephone calls was threefold:

- 1** To obtain interviews over the telephone; or
- 2** To remind stakeholders to take part online; or
- 3** If the stakeholder refused to take part, to try and complete a short non-response survey.

Ideally, the telephone call would result in a telephone interview with the respondent or an appointment for a telephone interview at a later time. However, if the respondent did not want to complete the survey by telephone, the interviewer would encourage them to fill it out online. The telephone interviewer also had the option to email the online link to the respondent again if they wanted to complete it online but had missed or lost the original invitation. As a worst case scenario, if the respondent did not want to take part in the survey, they were asked to participate in a short non-response survey.

The content of the telephone questionnaire was exactly the same as the content of the online questionnaire. In total, 36,735 attempts were made to contact stakeholders by telephone. A total of 1,055 stakeholders completed the survey by telephone accounting for 12% of the total responses. Many phone calls also resulted in stakeholders completing the survey online having been emailed their survey link again by the telephone interviewers.

## 13.5 Response rates

In total 9,018 completed surveys were achieved from a total sample of 13,415 stakeholders. This gave an overall response rate of 67%. The response rate for the authorisation survey was slightly higher at 74%. The lower response compared with the authorisation survey may be due to the following factors:

- The authorisation survey fed directly into CCGs' authorisation process. For this reason the survey was extremely important and one which stakeholders were keen to complete, and CCGs were keen to encourage stakeholders to complete. Less emphasis was placed on the importance of CCGs securing high response rates in 2014. For the authorisation survey, CCGs were highly proactive in informing their stakeholder about the survey, both reminding them to complete the survey and supporting them in completing it. This year, while many CCGs did drive to ensure high response rates and took a proactive approach in informing stakeholders, this was perhaps less the case than for the authorisation survey.
- This year is the second time that many stakeholders will have completed the survey. With CCGs now established, many stakeholders, particularly member practices said that they were also being required to undertake a number of other surveys for the CCG. As such, there may be a degree of survey fatigue among stakeholders.
- In order to allow the survey to have been completed in time for assurance conversations, the timings for the projects were much more restricted in this wave of the survey. As a result, the quality of the stakeholder lists may have been impacted as it was not possible to review and obtain revised stakeholder lists from all CCGs.

However, despite the lower response rate, taking into account the nature of the research and the time pressured roles of many of the stakeholders, the response rate remains high and robust.

When looking at the level of stakeholder groups, variation in response rates is apparent. In particular, upper tier / unitary local authority stakeholders and GP member practices have the lowest response rates (65% for both). Local Healthwatch / patient groups had the highest response rates at 80%.

In terms of the medium through which stakeholders responded to the survey, 88% of those who took part in the survey completed it online, while 12% did so via the telephone interviews. These are similar proportions to last year (85% and 15% respectively). The proportion of surveys that were completed by telephone varies by stakeholder group and tended to be

higher among those stakeholder groups with the lowest response rates. GP member practices for example, saw a slightly higher percentage of stakeholders completing the survey via telephone (14%). This highlights the importance of the mixed-mode methodology, employing both an online survey and telephone interviewing, to ensure that response rates are maximised, even among those stakeholder groups least likely to respond.

**Table 13.2 – Response rates by stakeholder group**

Stakeholder group	Invited	Online	Telephone	Total completed	Response rate
GP member practices	7851	4341	719	5060	65%
Health and wellbeing boards	408	253	29	282	69%
Local Healthwatch/patient groups	762	528	78	606	80%
NHS providers	1349	871	49	920	68%
Other CCGs	778	629	18	647	83%
Upper tier or unitary local authorities	1059	616	67	683	65%
Wider stakeholders	1208	725	95	820	68%

## 13.5 Data processing and reporting

On completion of the survey, Ipsos MORI produced individual sets of data tables for each CCG. These tables were then used to run individual automated PowerPoint reports for each CCG including all of the feedback obtained from their stakeholders. This report was structured by the six assurance domains, presenting the results for every question in each domain. It also provided an additional initial section on overall engagement and relationships which contains the general questions that were not linked to specific domains. The end of each section of the report contained a table summarising the results, along with some comparative data for those questions asked of all stakeholders.

For the individual reports, the reporting process was automated. Automation saved significant amounts of time while still allowing data to be well-presented and generated within the timescales, in a format that allows CCGs and NHS England area teams to take the data forward.

In addition to the main report sent to all individuals, a PowerPoint summary report was also provided. The summary report shows the results at CCG level for the questions asked of all stakeholders (i.e. only those in section one of the questionnaire). This report provided CCGs with an ‘at a glance’ visual summary of the results for the key questions, including direction of travel comparisons where appropriate.

All verbatim from the free text questions were provided, unedited, to the CCGs in an excel file.



### 13.6 Statistical reliability

Because a sample of stakeholders, rather than the entire population of stakeholders, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the stakeholders in a sample of 9,018 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than one percentage point, plus or minus, from the result that would have been obtained from a census of the entire population of stakeholders (using the same procedures). An indication of appropriate sampling tolerances that may apply to the overall sample size and various stakeholder sub-groups in this survey are given in the table below.

**Strictly speaking the tolerances shown here apply only to random samples, so these tolerances should be treated as indicative only. In addition, for this particular survey, the size of the population of stakeholders is unknown for the most part, so again the figures below should be treated as indicative only.**

**Table 13.3 – Statistical reliability of the survey**

Size of sample on which the survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)		
	10% or 90%	30% or 70%	50%
	±	±	±
119	5	8	9
401	3	5	5
920	2	3	3
5,060	1	1	1
9,018	1	1	1
Source: Ipsos MORI			

When comparing an individual CCG's results from a question asked of all stakeholders to the overall average result across all CCGs, a difference must be of at least a certain size to be statistically significant. The following table is a guide to the required differences for CCGs with different numbers of stakeholders, bearing in mind the caveats mentioned above.

**Table 13.4 – Statistical reliability of the survey – comparing responses**

Size of total sample on which the individual CCG's survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)		
	10% or 90%	30% or 70%	50%
	±	±	±
119	5	7	9
70	7	11	12
50	8	13	14
30	11	17	18
Source: Ipsos MORI			

The following table is a guide to the required differences for comparing a CCG's member practices with all member practices across all CCGs.

**Table 13.5 – Statistical reliability of the survey – comparing an individual CCG's GP member practices**

Size of total sample on which the individual CCG's survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)		
	10% or 90%	30% or 70%	50%
	±	±	±
88	6	10	11
68	7	11	12
56	8	12	13
20	14	21	23
10	20	30	33
Source: Ipsos MORI			

The results for other stakeholder groups for individual CCGs should not be compared with the average for the same stakeholder group across all CCGs, because the number within each individual CCG will be very small.

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