

Kent and Medway Strategic Commissioner Update

February 2018

The Clinical Commissioning Groups (CCGs) across Kent and Medway are looking at options for developing a strategic commissioner function that works across multiple CCGs. The aim is to strengthen how CCGs work together, where doing so can drive service improvements that our patients need and expect.

Making strategic commissioning decisions across multiple CCGs is good because it provides consistency and reduces duplication; both for ourselves and the hospital, community and mental health services we work with. It will help improve services for patients by reducing variation in quality and access to care and will drive up standards across all providers.

A formal proposal to establish a strategic commissioner and share a single senior management team with one accountable officer (chief executive) is being considered by CCG governing bodies at meetings in January/February 2018. Six of the eight CCGs have agreed the proposal. South Kent Coast will confirm their view following a meeting of their GP membership on the 22 February. Although Thanet CCG are not pursuing a path to be a part of formal arrangements, they will continue to work with the other CCGs on development of the strategic commissioner and on a range of strategic service improvement plans as they recognise that there are functions they currently undertake which could be usefully undertaken at a larger geography.

The strategic commissioner will be established in a shadow form from April 2018. To prepare for the new arrangements the accountable officers of the CCGs are taking on additional transitional roles from February. Details are outlined below.

	CCG Accountable Officer	Transitional role
Ian Ayres	West Kent CCG	Medway, North and West Kent Managing Director
Patricia Davies	Dartford, Gravesham and Swanley CCG, Swale CCG	Director of Acute Strategy
Simon Perks	Ashford CCG, Canterbury and Coastal CCG	Medway, North and West Kent Deputy Managing Director
Caroline Selkirk	Medway CCG	East Kent Managing Director
Hazel Smith	South Kent Coast CCG, Thanet CCG	Director of Partnerships

In the coming months the CCGs will be working together to design where the different functions of commissioning need to sit and how to ensure the local voice of clinicians and patients is heard at the strategic level, and how to ensure that local commissioning decisions are still taken locally where this is most appropriate.

We will be working with staff, member practices and lay-members of the CCGs and patient and public representatives to consider the scope and scale of future commissioning arrangements at every level, including how current functions should be split across a strategic commissioner and individual CCGs. This work will include exploring which CCG decisions might be delegated to CCG joint committees that could operate across areas.

Co-design process

During March, we will undertake a co-design process to determine what responsibilities should sit with a strategic commissioner and what should stay locally in CCG areas, including what might need to be undertaken at a sub-system level (e.g. in East Kent or in North Kent / West Kent / Medway) or at an even more local level (e.g. GP federation). We are also considering the NHS England functions that might sit more appropriately with a strategic commissioner.

This process will include a number of workshops looking at both commissioning priorities, functions and responsibilities; governance and options for end state. We will also be issuing a survey as part of the on-going engagement we will be doing in the coming months to understand the views of senior colleagues and stakeholders. The results of this survey will be shared at a co-design workshop which will include CCG chairs, lay members, accountable officers and their senior management teams.

Could this lead to the CCGs merging?

A merger of CCGs is one potential option for the longer-term which we will be discussing in the coming months, but it is not the only option and no decisions have been made at this stage. A proposal to merge would require all the CCGs involved to engage and seek the views of their membership practices and other stakeholders, and NHS England would also have to approve proposals.