Focus-on: CCG mergers

Since the beginning of 2019, CCGs (clinical commissioning groups) in England have been increasingly encouraged to consider merging to cover larger geographic areas. At least 55 CCGs submitted merger applications by the end of 2019, and more proposed mergers are being considered. NHS England has argued in its Long Term Plan that these mergers are needed as part of ongoing efforts to integrate NHS services at a 'system' level.

However, some GPs, and the LMC England Conference in 2019, have raised concerns about the implications of merging CCGs in their areas, including that larger commissioning structures could be less responsive and accountable.

This guidance has been produced to help inform and support BMA members and LMCs (local medical committees) as these mergers continue. It sets out how these changes are taking place, why they are happening, and when mergers are likely to take place, as well as the BMA's position. It also provides a number of examples of GPs, LMCs and others challenging and shaping planned mergers in their areas, as well as practical advice on what doctors can do to amplify their influence and ensure their voices are heard.

Background: what, why, and when?

What is happening?

CCGs are the main bodies responsible for commissioning health services in England. They were introduced in April 2013 as part of the 2012 Health and Social Care Act and replaced PCTs (primary care trusts). Originally there were 211 CCGs, but, as of April 2019 (the last confirmed figures available), there were 191 across England.

In January 2019, the NHS England Long Term Plan established an expectation for there to typically be a single CCG for each STP (sustainability and transformation partnership) or ICS (integrated care system) footprint in the future.[1] There are currently 42 STPs and ICSs across England – though this may change in the future – meaning the total number of CCGs could be reduced by nearly 150 by the end of 2021. **Read the BMA's briefing on ICSs and what they mean for the NHS here.**

Mergers are not currently mandated and formally remain at the discretion of the CCGs themselves, and do not have to be coterminous with ICS and STP boundaries. NHS England has, however, considered the possibility of requiring CCGs to merge.[2] This has received a mixed reaction, with several ICSs and STPs reluctant to disrupt their existing working relationships with individual CCGs.

There has been a clear national drive towards greater collaboration between, and mergers of, CCGs for some time. For example, prior to the publication of the Long Term Plan, NHS England had announced that they would be granting a larger number of CCG mergers per year. Mergers have also been encouraged financially, with NHS England's 20 per cent reduction in CCG administrative budgets in part presented as a means of encouraging further integration.[3]

What do CCGs need to do?

Since the publication of the Long Term Plan, NHS England has published updated guidance for CCGs pursuing mergers. This sets out the criteria they are expected to meet for a merger application to be successful, including:

- alignment with (or within) the footprint of the local STP or ICS
- alignment with local authorities
- the leadership, capacity and capability to deliver integrated commissioning
- demonstrable clinical leadership, including member participation in CCG decisions
- proper financial management – including cost savings
- a history of (and/or plan for) joint working and collaboration
- engagement with the local community
- approval from the CCG governing body
- evidence of engagement with GP member practices and local Healthwatch organisations, including serious consideration of their views.

Why are CCG mergers taking place or being proposed?

The stated intention of this approach is to support system-wide working and more streamlined commissioning, with the single CCG directing commissioning across the entire system.[4] They would also work directly with other partners across the system, including the ICS or STP leadership, PCNs (primary care networks), PCN clinical directors, NHS Trusts, community and mental health care providers, local authorities, and others.

This reflects a longer-term trend of closer co-operation between CCGs. The NAO (national audit office) reported in December 2018 that while there were 195 individual CCGs at that time, 117 shared joint accountable officers with at least one other CCG.[5]

When are changes happening?

CCG mergers are likely to occur increasingly over the next year, but, as of yet, no specific target date for their completion has been announced by NHS England. However, 2021, the year in which all STPs are expected to have progressed to ICS status, is being seen by some as a de facto deadline for CCG mergers.

Mergers must still be approved by NHS England and their Regional Directors but can now take place at any point in a year. Boundary changes will, however, only formally come into full effect at the beginning of a new financial year – meaning that any applications submitted after October 2019 will be considered for merger for April 2021.

In 2019, two sets of CCG mergers have taken place. In Devon, Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG have merged to form Devon CCG. While in Derbyshire, Erewash CCG, Hardwick CCG, North Derbyshire CCG and Southern Derbyshire CCG merged to create Derby and Derbyshire CCG.

Reports suggest that at least 55 CCG merger applications were submitted to NHS England by September 2019.[6] The number of applications, being greater than the 42 health and care systems (STPs and ICSs) currently in place, indicates that many mergers will not be coterminous with ICS and STP footprints. As a result, it is possible that some of those footprints may eventually change.[7]

What does the BMA think?

The BMA strongly believes that as CCGs were established as GP-led membership organisations, any changes, including mergers, should always be decided by local GPs, clinicians, and CCG member practices – not driven by national policy. In addition, the BMA is concerned that CCGs are being driven towards merging not just by policy, but by financial constraints enforced at a national level through the reduction of CCG administrative budgets.

BMA members have also raised concerns about the implications of CCG mergers, including:

- **Loss of continuity of funding and support**
  CCGs often provide substantial support and funding for GP practices, especially those in areas with particularly high levels of deprivation. In the event of any merger, and subsequent changes in demography, funding and support to practices in such areas could be affected, exacerbating health inequalities

- **Local understanding and input**
  GPs have a vital understanding of the needs of their patients and the areas in which they live. As a result, they are uniquely able to inform and direct – alongside other local clinicians – commissioning decisions within their CCGs that reflect the requirements of those areas. However, as CCGs increasingly operate on a larger scale, there is a risk that this local understanding will be lost

- **Undermining local relationships**
  Many CCGs are already coterminous with local authorities and have strong relationships with local stakeholders, including NHS Trusts and community providers, as well as their STP or ICS. There is a risk that these will be undermined following a CCG merger, as personnel change

- **Strength of voice**
  CCGs currently play an important role in ensuring clinicians have a strong voice in decisions affecting health services in their local area. They also provide GPs and LMCs with a clear and accessible stakeholder with which to raise concerns and lobby regarding the needs of general practice. The proposed mergers of CCGs could potentially dilute this role and the influence of GP practices and LMCs, as longstanding relationships with CCGs change. However, it could also be argued that a larger CCG could allow GPs to amplify their voice within the wider health and care system, especially in areas with particularly strong secondary care providers

- **Engagement and accountability**
  We have received reports from GPs that, in some areas, there has been minimal clinical engagement regarding proposed mergers, or very limited time given to member GPs to review important documentation ahead of merger votes. NHS England has stated that CCGs are not necessarily required to hold public consultations on proposed mergers but, depending on the constitution of the CCGs in question, should hold a formal vote for member practices

The BMA and GPC England have taken steps to challenge NHS England on the manner in which CCG mergers have been pursued thus far, highlighting both the concerns set out above and specific issues raised by members. This has included two letters sent to NHS England identifying and seeking reassurances on a range of major issues.

We will continue to raise issues whenever and wherever appropriate, to ensure that CCG mergers do not disadvantage patients, GPs, GP practices, PCNs, LMCs, or the wider health system.

How are GP practices, LMCs and others approaching mergers?

A number of proposed mergers have been stalled, stopped, or heavily influenced by local practices and LMCs, as well by local authorities and other NHS bodies.

We believe that decisions on mergers must be made by local GPs and be based on the needs of that area. On this basis, GPs and LMCs may wish to oppose, challenge, or support a CCG merger and should make that judgement based on their needs and particular situation.

There are already several examples of GP practices rejecting mergers. In Staffordshire, GPs voted against a proposed merger of six CCGs, which the local LMC saw as driven by NHS England and not the benefit of the local area.[8] Similarly, GPs in the North West rejected a merger between Warrington and Halton CCGs, with member practices in the latter voting against the proposals.[9] In this case, concerns were also raised by the local Council leader regarding the quality of engagement and consultation ahead of the vote.

Planned CCG mergers in North East and North West London have both also been delayed by a year to 2021, following feedback from member practices, the public, and other stakeholders.[10] Again, this illustrates that local opposition and activity can help to shape and redirect proposed mergers.

In other areas, where LMCs and GP practices have been heavily engaged and involved in the proposals, they have lent their support to mergers after securing agreement on key issues from the CCGs in question. For example, practices have secured the levelling-up of GP funding and investment across the new CCG footprint, and have ensured that engagement and representation with all practices is embedded within the new CCG's governance system and decision-making committee structures. This support has also frequently come with the wider view that, in the local context, a stronger CCG will help to amplify the voice of general practice to a system-wide level. Alongside effective GP Federations, PCNs, and a strong LMC, this can provide a 'single voice' for general practice in the area.

What can you do?

As individual GPs, as part of your PCN or LMC, or as a member of your CCG, there is a considerable amount you can do to shape and challenge any potential CCG merger in your area. The above examples show how this can be done, and why it is important to engage in this increasingly common process.

Some of the steps you can take include:

- engaging with your local LMC and supporting and informing their local lobbying activity, find the details of your LMC here
- sharing information and local examples with colleagues nationally and regionally, so that others can learn from opportunities and challenges you have encountered – this could be through local networks, national committees, LMCs, or the BMA's regional structures
- highlight both positive and negative examples with the BMA, so that we are able to raise issues and spread best practice on your behalf
- considering what agreements and assurances you need and can get from your local CCGs before supporting (or challenging) a merger
- mobilising and collaborating with local colleagues, including through your LMC, to present as united a voice as possible for general practice

If you have any concerns or questions about a CCG merger in your area, or an example you would like to highlight, please contact our national policy staff at info.policy@bma.org.uk

References

1 NHS England. *The NHS Long Term Plan*. January 2019. Available at: www.longtermplan.nhs.uk

2 *Health Service Journal*. NHSE considers tightening rule to push CCGs to merge. September 2019. Available at: www.hsj.co.uk

3 *Health Service Journal*. CCG admin budgets to be cut by a fifth. November 2018. Available at: www.hsj.co.uk

4 NHS England. *Procedures for clinical commissioning groups to apply for constitution change, merger or dissolution*. April 2019. Available at: www.england.nhs.uk

5 National Audit Office. *A review of the role and costs of clinical commissioning groups*. December 2018. Available at: www.nao.org.uk

6 *Health Service Journal*. Batch of CCG mergers approved for next year. October 2019. Available at: www.hsj.co.uk

7 *Health Service Journal*. Mapped: Sweeping CCG mergers planned for next year. July 2019. Available art: www.hsj.co.uk

8 *Health Service Journal*. GPs reject merger driven by NHS England. September 2019. Available at: www.hsj.co.uk

9 *Warrington Guardian*. Merger of Warrington and Halton CCGs is off. September 2019. Available at: www.warringtonguardian.co.uk

10 *Health Service Journal*. Plan to merge eight CCGs pushed back a year. September 2019. Available at: www.hsj.co.uk

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