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Midlands and Lancashire
Commissioning Support Unit

Single Commissioning Organisation involvement – engagement survey report of findings

Shropshire CCG and Telford and Wrekin CCG

Friday, 6 March 2020

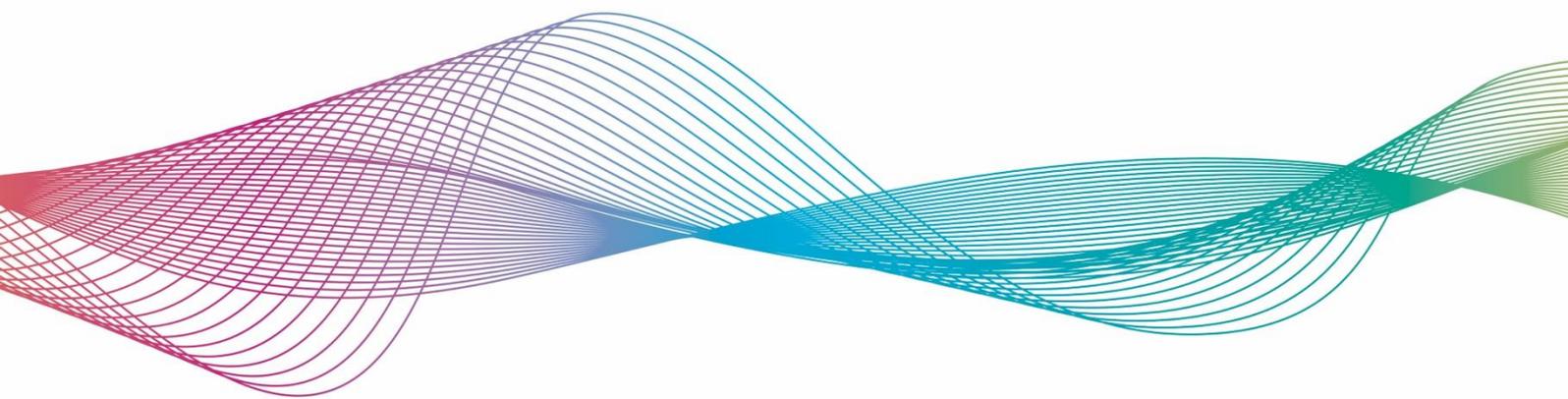


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1 Executive summary

1.1 Introduction

Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group (CCG) are looking to become one single organisation buying health services for local people across the county.

Across the whole country, CCGs are being asked to look at how they can work closer together to improve the way they commission and monitor services.

The CCGs gathered the views of stakeholders on the proposed plans to replace the two current CCGs with one new Single Commissioning Organisation that covers the whole county.

Feedback was gathered through a survey, which was live from **23 January 2020** until **20 February 2020**.

1.2 Survey methodology

Shropshire CCG and Telford and Wrekin CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to host the engagement survey and analyse the findings. MLCSU scripted and hosted the survey using their in-house software, Snap, which has been licensed from Snap Surveys Ltd.

The survey was hosted online and a link to it distributed by the CCGs on their websites and social media. A printable PDF version of the survey was also created to allow the surveys to be distributed at events. Completed paper surveys were then inputted into Snap by the CCGs in preparation for analysis.

1.3 Numbers of respondents

75 responses to the engagement survey were received.

1.4 Demographic profiling

A summary of the demographic profile of respondents is provided below:

- 70 (96%) respondents were White British
- 54 (74%) respondents were aged 60 or over
- 39 (55%) respondents were Christian
- 39 (57%) respondents were female
- 60 (87%) respondents were heterosexual
- 44 (62%) respondents were married
- 6 (9%) respondents had a health condition or disability which limited their day-to-day activities a lot
- 17 (27%) respondents were carers for person(s) aged over 50 years
- 6 (9%) respondents had served in the armed forces.

For further details, please see Table 1.

1.5 Findings

Overall, 56 (79%) respondents were **very or moderately supportive** of the proposal, whereas 15 (21%) respondents were **somewhat, slightly or not at all supportive** of the proposal. When comparing by CCG area, support was greater in the Shropshire CCG area, with 36 (86%) respondents **very or moderately supportive**, compared to 15 (63%) in the Telford and Wrekin CCG area.

Key reasons respondents gave for supporting the proposal were:

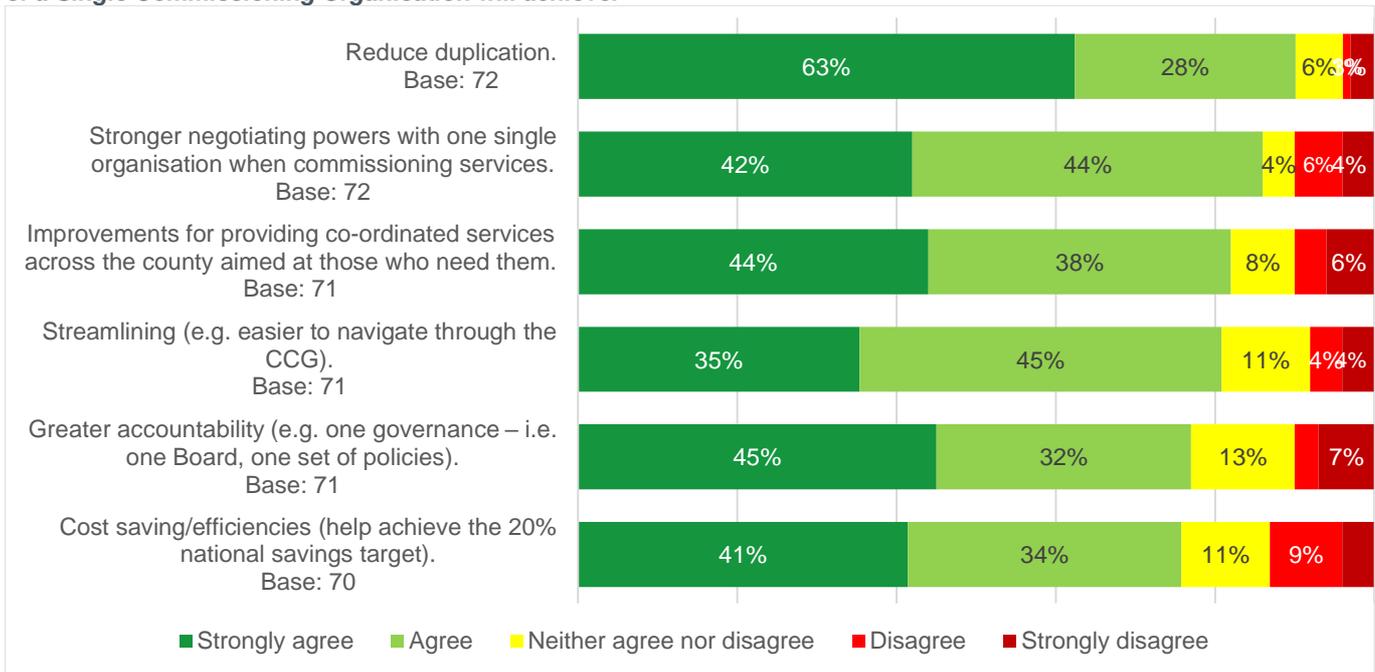
- **A single CCG would reduce costs and is a better use of resources**
- **A single CCG would increase efficiency and reduce bureaucracy.**

Key concerns or issues raised were:

- **The proposal may reduce focus and knowledge of local people's needs**
- **The proposal may not lead to change**
- **The need to consider access to local services.**

Respondents were presented with a list of potential benefits of the proposal and were asked to what extent they agreed or disagreed with the statements (Figure 1). The level of agreement was high across all the statements, in particular: 'reduce duplication (e.g. one board/chair)' (65 / 91%) and 'stronger negotiating powers with one single organisation when commissioning services' (62 / 86%).

Figure 1. Overall feedback: To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve.



2 Introduction

2.1 Background

Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group (CCG) are looking to become one Single Commissioning Organisation, buying health services for local people across the county.

Across the whole country, CCGs are being asked to look at how they can work closer together to improve the way they commission and monitor services.

The CCGs gathered the views of stakeholders on the proposed plans to replace the two current CCGs with one new Single Commissioning Organisation to cover the whole county.

2.2 Overview of the engagement

Feedback was gathered through a survey, which was live from **23 January 2020** until **20 February 2020**.

2.3 Report authors

Shropshire CCG and Telford and Wrekin CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to coordinate the independent hosting of the engagement survey, analysis of the feedback and production of this report.

2.4 Report structure

This report is structured into the following sections:

- **Section 1:** Executive summary
- **Section 2:** Introduction
- **Section 3:** Survey hosting and reporting methodology
- **Section 4:** Respondent profiling
- **Section 5:** Findings
- **Section 6:** Conclusion
- **Appendix.**

3 Survey hosting and reporting methodology

3.1 Survey methodology

Shropshire CCG and Telford and Wrekin CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to host the engagement survey and analyse the findings. MLCSU scripted and hosted the survey using their in-house software, Snap, which has been licensed from Snap Surveys Ltd.

The survey was hosted online and a link to it distributed by the CCGs on their websites and social media. A printable PDF version of the survey was also created to allow surveys to be distributed at events. Completed paper surveys were then inputted into Snap by the CCGs in preparation for analysis.

The survey was compliant with Information Governance and included a Data Protection statement. The statement was presented at the start of the survey and respondents were asked to confirm they had read and agreed to it before being able to proceed.

3.2 Communications and engagement

A detailed overview of the engagement and promotion of this involvement can be found in the following documents:

- Single Strategic Commissioner Transition Communications and Engagement Plan
- Single Strategic Commissioner Transition Engagement Report

3.3 Geography of survey respondents

Survey respondents were asked to provide their postcode. This was used to undertake analysis of the feedback by CCG area.

Postcodes were cross-referenced against CCG areas using the NHS Postcode Directory: <http://geoportal.statistics.gov.uk/datasets/nhs-postcode-directory-uk-extract-august-2018>

Postcodes were also cross-referenced against the Index of Multiple Deprivation (IMD) using this online tool: <http://imd-by-postcode.opendatacommunities.org>

The IMD is the official measure of relative deprivation for small areas in England. Every small area (Lower Super Output Area) for England is ranked from one (most deprived area) to 32,844 (least deprived area). From this, the IMD 'deciles' are calculated. Deciles are created by dividing the 32,844 small areas into 10 equal groups. The most deprived 10 per cent of small areas nationally are categorised as 'decile 1' or '1' whilst the least deprived 10 per cent of small areas are described as 'decile 10' or '10'.

Some postcodes could not be profiled by the IMD as they were incomplete, not recognised or not in the database (e.g. postcodes of recently-built houses).

A map of respondents was also produced using ArcGIS Maps for Power BI.

3.4 Analysis of findings

The survey used a combination of 'open text' questions, for respondents to make written comments and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses. All the open responses received have been read and coded into themes. This is a subjective process. Initially, a random sample of responses from each open question was read and the key themes (codes) mentioned by respondents were identified. As more open responses were read, any new themes that emerged were added to the list and used to code the responses. This was undertaken for every open question, meaning every comment has been read and coded and included in this analysis.

Exemplar verbatim comments are also presented in the report. These are presented as written by the respondent, including any errors.

For closed questions, percentages may not add up to 100 per cent due to rounding.

4 Respondent profiling

This section presents a profile of the 75 respondents completing the survey.

4.1 Demographic profiling

Table 1. Overall report: Demographic profile of survey respondents

Ethnicity			Sexual orientation		
White: British	70	96%	Heterosexual	60	87%
White: Irish	-	-	Lesbian	1	1%
White: Gypsy or traveller	-	-	Gay	2	3%
White: Other	1	1%	Bisexual	1	1%
Mixed: White and Black Caribbean	-	-	Other	-	-
Mixed: White and Black African	-	-	Prefer not to say	5	7%
Mixed: White and Asian	1	1%	Base	69	
Mixed: Other	-	-	Relationship status		
Asian/Asian British: Indian	-	-	Married	44	62%
Asian/Asian British: Pakistani	-	-	Civil partnership	1	1%
Asian/Asian British: Bangladeshi	-	-	Single	4	6%
Asian/Asian British: Chinese	-	-	Divorced	5	7%
Asian/Asian British: Other	-	-	Lives with partner	4	6%
Black/Black British: African	-	-	Separated	3	4%
Black/Black British: Caribbean	-	-	Widowed	7	10%
Black/Black British: Other	-	-	Other	-	-
Other ethnic group: Arab	-	-	Prefer not to say	3	4%
Any other ethnic group	1	1%	Base	71	
Base	73		Pregnant currently		
Age category			Yes	-	--
16 - 19	-	-	No	61	95%
20 - 24	-	-	Prefer not to say	3	5%
25 - 29	1	1%	Base	64	
30 - 34	1	1%	Recently given birth		
35 - 39	1	1%	Yes	-	-
40 - 44	3	4%	No	60	95%
45 - 49	2	3%	Prefer not to say	3	%
50 - 54	6	8%	Base	63	
55 - 59	4	5%	Health problem or disability		
60 - 64	16	22%	Yes, limited a lot	6	9%
65 - 69	11	15%	Yes, limited a little	16	24%
70 - 74	17	23%	No	45	67%
75 - 79	6	8%	Prefer not to say	-	-
80 and over	4	5%	Base	67	
Prefer not to say	1	1%	Disability		
Base	73		Physical disability	8	21%
Religion			Sensory disability	8	21%
No religion	13	18%	Mental health need	3	8%
Christian	39	55%	Learning disability or difficulty	1	3%
Buddhist	-	-	Long-term illness	16	41%
Hindu	-	-	Other	13	33%
Jewish	-	-	Prefer not to say	6	15%
Muslim	-	-	Base	39	
Sikh	-	-	Carer		
Any other religion	6	8%	Yes - young person(s) aged under 24	4	6%
Prefer not to say	13	18%	Yes - adult(s) aged 25 to 49	1	2%
Base	61		Yes - person(s) aged over 50 years	17	27%
Sex			No	41	64%
Male	28	41%	Prefer not to say	2	3%
Female	39	57%	Base	64	
Intersex	-	-	Gender identity		
Prefer not to say	2	3%	Yes*	-	-
Other	-	-	No	56	95%
Base	69		Prefer not to say	3	5%
Armed services			Base	59	
Yes	6	9%	*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	60	87%			
Prefer not to say	3	4%			
Base	69				

Please see Appendix 1 for the version presented in the interim report of findings.

5 Findings

This section presents the findings from the survey.

5.1 Feedback on the level of support for the proposal

Table 3 shows how supportive respondents were of the proposed creation of a Single Commissioning Organisation. Overall, 56 (79%) respondents were **very or moderately supportive**, whereas 15 (21%) respondents were **somewhat, slightly or not at all supportive**. When comparing by CCG area, 36 (86%) respondents in the Shropshire CCG area were **very or moderately supportive**, compared to 15 (63%) in the Telford and Wrekin CCG area.

Table 3. Q1. How supportive are you of the dissolution of the two CCGs and the creation of a Single Commissioning Organisation?

	Total		Shropshire CCG area		Telford and Wrekin CCG area		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Very supportive	37	52%	26	62%	8	33%	2	67%	1	50%
Moderately supportive	19	27%	10	24%	7	29%	1	33%	1	50%
Somewhat supportive	5	7%	1	2%	4	17%	-	-	-	-
Slightly supportive	5	7%	1	2%	4	17%	-	-	-	-
Not at all supportive	5	7%	4	10%	1	4%	-	-	-	-
Base	71		42		24		3		2	

Table 4 shows the reasons respondents gave for selecting **very or moderately supportive**. The key reasons were: **'a single CCG would reduce costs and is a better use of resources'** and **'a single CCG would increase efficiency and reduce bureaucracy'**.

Table 4. Q2. Please explain the reason for your answer: Respondents who selected very supportive or moderately supportive in Q1.

		Total	Shropshire CCG area	Telford and Wrekin CCG area	Out of area	Unknown CCG
Agreement	A single CCG would reduce costs and is a better use of resources (e.g. improve finances)	17	15	1	1	-
	A single CCG would increase efficiency and reduce bureaucracy	15	13	-	1	1
	A single CCG would increase consistency across the area and provide a more equitable service (e.g. stop postcode lottery)	11	8	1	2	-
	Consider the need for change to improve services in the area (e.g. waiting times, mental health provision)	6	4	1	-	1
	A single CCG would lead to more co-ordination and joined-up working (e.g. with voluntary sector)	6	1	2	2	1
	General comment in agreement with the proposal (e.g. I agree, think it's a good idea)	6	3	3	-	-
	A single CCG would improve commissioning with providers (e.g. increased buying power)	4	3	1	-	-
	A single CCG would be able to understand health needs across the county effectively	2	2	-	-	-
Neutral	Consider the need for the proposal to be implemented effectively	5	2	3	-	-
	Savings should be re-invested into services	3	2	1	-	-

	Consider the impact on neighbouring areas (e.g. Powys)	1	1	-	-	-
	Consider the need for a focus on prevention services	1	-	1	-	-
Disagreement	Proposal is focused on cost-savings	2	-	2	-	-
	Proposal may reduce local involvement and engagement	2	-	2	-	-
	Proposal may weaken existing relationships with the CCG	1	-	1	-	-
<i>Base</i>		52	33	14	3	2

Although respondents selected very supportive or moderately supportive in Q1, some commented with neutral themes or themes in disagreement.

Table 5 shows the reasons respondents gave for selecting **somewhat, slightly or not at all supportive**. The key reason was the **'proposal may reduce focus on the needs of local people'**.

Table 5. Q2. Please explain the reason for your answer: Respondents who selected somewhat supportive, slightly supportive or not at all supportive

		Total	Shropshire CCG area	Telford and Wrekin CCG area	Out of area	Unknown CCG
Disagreement	Proposal may reduce focus on the needs of local people (e.g. smaller or rural areas)	5	3	2	-	-
	Proposal is focused on cost-savings	3	2	1	-	-
	Proposal will not deliver an improvement to health services in the area	3	3	-	-	-
	Proposal would adversely affect CCG finances	2	1	1	-	-
Neutral	Consider the demographic and geographic differences across Telford and Shropshire	1	-	1	-	-
	Consider the need for the proposal to be implemented effectively	1	-	1	-	-
Agreement	Consider the need for change to improve services in the area (e.g. waiting times, mental health provision)	1	-	1	-	-
	A single CCG would reduce costs and is a better use of resources (e.g. improve finances)	1	1	-	-	-
	A single CCG would improve commissioning with providers (e.g. increased buying power)	1	-	1	-	-
<i>Base</i>		14	6	8	-	-

Although respondents selected somewhat supportive, slightly supportive or not at all supportive in Q1, some commented with neutral themes or themes in agreement.

Verbatim quotes can be found in Appendix 2.

5.2 Feedback on concerns or issues raised in response to the proposal

Table 6 shows the concerns or issues raised by respondents. The key concerns or issues were: **‘the proposal may reduce focus and knowledge of local people’s needs’**; **‘the proposal may not lead to change’** and **‘consider access to local services’**.

Table 6. Q3. If you have any concerns or issues, please give details here.

	Total	Shropshire CCG area	Telford and Wrekin CCG area	Out of area	Unknown CCG
Proposal may reduce focus and knowledge of local people’s needs (e.g. smaller or rural areas)	9	5	3	-	1
Proposal may not lead to change (e.g. same staff as former CCGs, no cost savings)	9	5	3	-	1
Consider access to local services (e.g. rural areas, for elderly and non-drivers)	9	8	1	-	-
A single CCG may be more complex and increase bureaucracy	6	5	1	-	-
Consider the need for effective consultation and engagement	6	3	3	-	-
Consider the need for the proposal to be implemented effectively	6	2	2	1	1
Consider the impact on staff and staff levels if the proposal is implemented (e.g. job losses)	5	2	3	-	-
Consider how budgets will be allocated	5	3	2	-	-
Consider the need for a focus on prevention services	4	3	-	1	-
Consider the need for adequate funding	3	-	2	1	-
Consider where offices will be located	2	1	1	-	-
No concerns or issues	2	1	1	-	-
Re-organising structures negatively impacts on patients	2	1	1	-	-
Proposal is focused on cost-savings	2	-	2	-	-
Proposal would lead to reduced representation for Telford (e.g. headquarters in Shrewsbury)	2	-	2	-	-
Consider the impact on provider service provision	1	-	1	-	-
Consider that the councils will still be separate organisations	1	1	-	-	-
Base	52	30	18	2	2

Verbatim quotes can be found in Appendix 2.

5.3 Feedback on potential benefits of the proposal

Respondents were given a list of potential benefits of the proposal and were to what extent they agreed or disagreed that the proposal would achieve these benefits (Table 7). Agreement¹ was high for all the statements, in particular **‘reduce duplication (e.g. one board/chair)’** with 65 (90%) respondents in agreement, and **‘stronger negotiating powers with one single organisation when commissioning services’** with 62 ((86%) respondents in agreement.

Table 7. Overall feedback: To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve.

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		Base
	No.	%	No.	%	No.	%	No.	%	No.	%	
Reduce duplication (e.g. one board/chair)	45	63%	20	28%	4	6%	1	1%	2	3%	72
Stronger negotiating powers with one single organisation when commissioning services	30	42%	32	44%	3	4%	4	6%	3	4%	72
Improvements for providing co-ordinated services across the county aimed at those who need them	31	44%	27	38%	6	8%	3	4%	4	6%	71
Streamlining (e.g. easier to navigate through the CCG)	25	35%	32	45%	8	11%	3	4%	3	4%	71
Greater accountability (e.g. one governance – i.e. one Board, one set of policies)	32	45%	23	32%	9	13%	2	3%	5	7%	71
Cost saving/efficiencies (help achieve the 20 per cent national savings target)	29	41%	24	34%	8	11%	6	9%	3	4%	70

Breakdown by CCG area:

- **Improvements for providing co-ordinated services across the county aimed at those who need them:** A greater proportion of respondents in the Shropshire CCG area agreed with this statement (36 / 84%), compared to 18 (75%) in the Telford and Wrekin CCG area.
- **Streamlining (e.g. easier to navigate through the CCG):** A greater proportion of respondents in the Shropshire CCG area agreed with this statement (36 / 84%), compared to 17 (71%) in the Telford and Wrekin CCG area.
- **Reduce duplication (e.g. one board/chair):** A greater proportion of respondents in the Shropshire CCG area agreed with this statement (39 / 91%), compared to 25 (88%) in the Telford and Wrekin CCG area.
- **Cost saving/efficiencies (help achieve the 20 per cent national savings target):** A greater proportion of respondents in the Shropshire CCG area agreed with this statement (33 / 77%), compared to 16 (70%) in the Telford and Wrekin CCG area.
- **Greater accountability (e.g. one governance – i.e. one Board, one set of policies):** A greater proportion of respondents in the Telford and Wrekin CCG area agreed with this statement (19 / 79%), compared to 33 (77%) in the Shropshire CCG area.
- **Stronger negotiating powers with one single organisation when commissioning services:** A greater proportion of respondents in the Shropshire CCG area agreed with this statement (39 / 91%), compared to 19 (76%) in the Telford and Wrekin CCG area.

For a further breakdown by CCG area, please see Tables 13-18 in Appendix 3.

¹ Agreement / agreed: refers to the total number / proportion of respondents selecting ‘strongly agree’ or ‘agree’.

6 Conclusion

Overall, 56 (79%) respondents were **very or moderately supportive** of the proposal, whereas 15 (21%) respondents were **somewhat, slightly or not at all supportive** of the proposal. When comparing by CCG area, support was greater in the Shropshire CCG area, with 36 (86%) respondents **very or moderately supportive**, compared to 15 (63%) in the Telford and Wrekin CCG area.

Key reasons for supporting the proposal were that a single CCG would reduce costs, be a better use of resources, increase efficiency and reduce bureaucracy. Key concerns or issues raised were that the proposal may reduce focus and knowledge of local people's needs, the proposal may not lead to change' and that access to local services should be considered.

Respondents were given a list of potential benefits and were asked to what extent they agreed or disagreed with them (Table 8). The level of agreement was high across all statements, particularly with 'reduce duplication (e.g. one board/chair)' and 'stronger negotiating powers with one single organisation when commissioning services'.

Table 8. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve...

	% strongly agreeing or agreeing	Base
Improvements for providing co-ordinated services across the county aimed at those who need them	82%	71
Streamlining (e.g. easier to navigate through the CCG)	80%	71
Reduce duplication (e.g. one board/chair)	90%	72
Cost saving/efficiencies (help achieve the 20 per cent national savings target)	76%	70
Greater accountability (e.g. one governance – i.e. one Board, one set of policies)	77%	71
Stronger negotiating powers with one single organisation when commissioning services	86%	72

Appendix 1: Demographic data presented in the interim report of findings

Table 9. Interim report: Demographic profile of survey respondents

Ethnicity			Sexual orientation		
White: British	45	98%	Heterosexual	38	90%
White: Irish	-	-	Lesbian	-	-
White: Gypsy or traveller	-	-	Gay	1	2%
White: Other	-	-	Bisexual	1	2%
Mixed: White and Black Caribbean	-	-	Other	-	-
Mixed: White and Black African	-	-	Prefer not to say	2	5%
Mixed: White and Asian	1	2%	Base	42	
Mixed: Other	-	-	Relationship status		
Asian/Asian British: Indian	-	-	Married	27	61%
Asian/Asian British: Pakistani	-	-	Civil partnership	-	-
Asian/Asian British: Bangladeshi	-	-	Single	2	5%
Asian/Asian British: Chinese	-	-	Divorced	3	7%
Asian/Asian British: Other	-	-	Lives with partner	4	9%
Black/Black British: African	-	-	Separated	1	2%
Black/Black British: Caribbean	-	-	Widowed	5	11%
Black/Black British: Other	-	-	Other	-	-
Other ethnic group: Arab	-	-	Prefer not to say	2	5%
Any other ethnic group	-	-	Base	44	
Base	46		Pregnant currently		
Age category			Yes	-	-
16 - 19	-	-	No	38	95%
20 - 24	-	-	Prefer not to say	2	5%
25 - 29	1	2%	Base	40	
30 - 34	1	2%	Recently given birth		
35 - 39	1	2%	Yes	-	-
40 - 44	1	2%	No	37	95%
45 - 49	1	2%	Prefer not to say	2	5%
50 - 54	5	11%	Base	39	
55 - 59	4	9%	Health problem or disability		
60 - 64	14	30%	Yes, limited a lot	4	10%
65 - 69	4	9%	Yes, limited a little	8	19%
70 - 74	9	20%	No	30	71%
75 - 79	5	11%	Prefer not to say	-	-
80 and over	-	-	Base	42	
Prefer not to say	-	-	Disability		
Base	46		Physical disability	4	17%
Religion			Sensory disability	6	26%
No religion	-	-	Mental health need	2	9%
Christian	23	66%	Learning disability or difficulty	1	4%
Buddhist	-	-	Long-term illness	10	43%
Hindu	-	-	Other	5	22%
Jewish	-	-	Prefer not to say	4	17%
Muslim	-	-	Base	23	
Sikh	-	-	Carer		
Any other religion	3	9%	Yes - young person(s) aged under 24	4	10%
Prefer not to say	9	26%	Yes - adult(s) aged 25 to 49	1	3%
Base	35		Yes - person(s) aged over 50 years	12	31%
Sex			No	23	59%
Male	15	35%	Prefer not to say	-	-
Female	27	63%	Base	39	
Intersex	-	-	Gender identity		
Prefer not to say	1	2%	Yes*	-	-
Other	-	-	No	34	94%
Base	43		Prefer not to say	2	6%
Armed services			Base	36	
Yes	3	7%	*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	39	91%			
Prefer not to say	1	2%			
Base	43				

Figure 3. Interim map showing responses by location

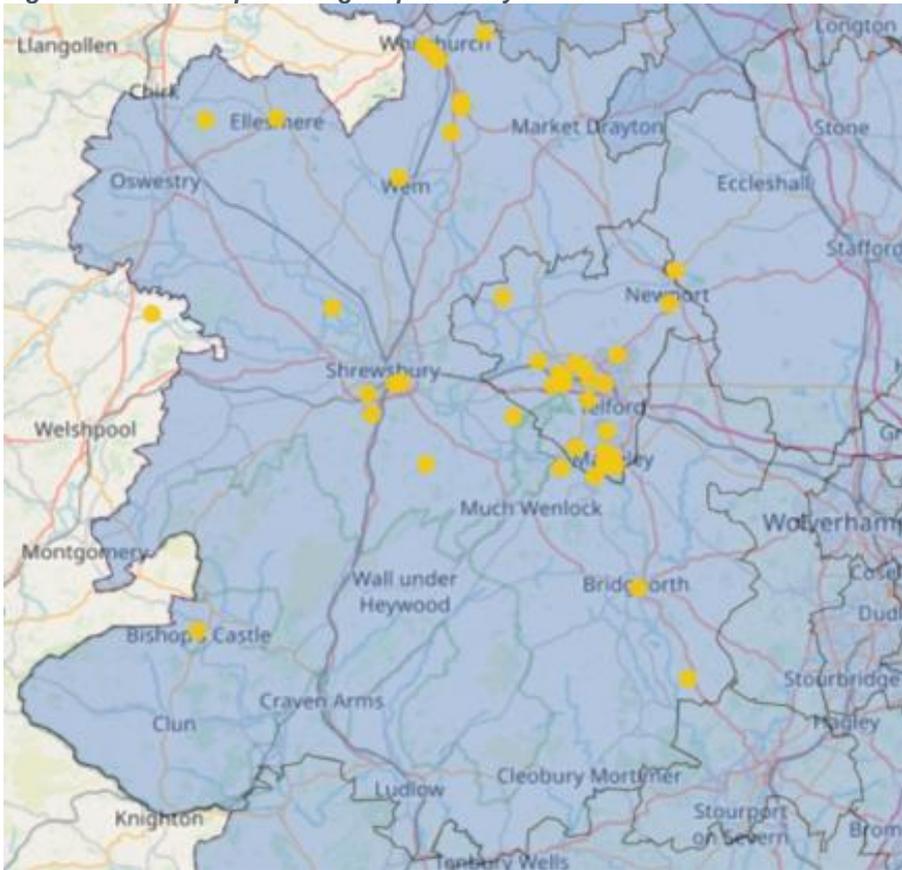


Table 10. Interim Index of Multiple Deprivation (IMD)

Decile	Total
1 (most deprived)	6%
2	-
3	11%
4	15%
5	21%
6	9%
7	6%
8	13%
9	6%
10 (least deprived)	4%
Out of area	4%
Postcode unable to be profiled or no postcode provided	4%
Base	47

Appendix 2: Verbatim comments

Table 11. All verbatim comments: Q2. Please explain the reason for your answer

Response	CCG area	Gender	Age band
The present commissioning organisations do not appear to be providing a good health service for Shropshire residents. The delays while Telford and Shrewsbury argue interminably are not in anyone's interest. Where are the community services needed to keep people out of hospital? Mental health provision for young people is poor.	Shropshire CCG	Female	60 - 64
Should result in joined up working across the county. Should reduce bureaucracy.	Unknown CCG	Male	70 - 74
Understand the need to save money. Not certain it will be reinvested in services as different messages from professionals in the room.	Telford and Wrekin CCG	Female	50 - 54
I appreciate the need to save administration costs. However the move to a greater geographic area must mean a lesser focus on particular requirements of patients in the smaller areas as now. The 2 CCGs already commission some services together so greater buying power may not outweigh the disadvantages. Larger areas lead to a greater remoteness from patients.	Telford and Wrekin CCG	Male	60 - 64
it is a requirement and opportunity to save money and focus resources	Shropshire CCG	Female	45 - 49
Consistent application and focus of resources across the area. Improved buying power. Better coordination with voluntary services.	Shropshire CCG	Male	60 - 64
Potentially a better vehicle for delivery	Telford and Wrekin CCG	Male	60 - 64
One organisation should be more efficient and less costly than two. The approach seems to be well managed and taking account of a wide audience.	Shropshire CCG	Male	75 - 79
I can see how one organisation can work well effectively and understand health needs across both areas as a whole, and how cost savings could be made to reinvest in services. I also support the equitable access to services.	Shropshire CCG	Female	50 - 54
There is a need to do things differently, to give the best service for the public if services in Shropshire Telford and Wrekin	Telford and Wrekin CCG	Unknown	60 - 64
Not sure we will keep our very supportive contact that we have in Telford with the Telford and Wrekin CCG.	Telford and Wrekin CCG	Female	70 - 74
Taking out a layer of management	Shropshire CCG	Male	70 - 74
Understand the need to save funds. Understand the need to reduce duplication but have concerns that the quality of patient engagement will become less.	Telford and Wrekin CCG	Unknown	60 - 64
Not sure bigger is always better. Still suspicious this is about saving money.	Telford and Wrekin CCG	Male	70 - 74
Not sure about ability of team to get the balance right across the whole county.	Telford and Wrekin CCG	Male	65 - 69
Economy, single source of communication. No post code lottery.	Shropshire CCG	Male	75 - 79
We are one country; we should have one CCG. Most of the providers serve both current CCGs - it will be much more efficient if one CCG commissions one service.	Shropshire CCG	Female	60 - 64
The current set up is not sustainable and not the most suitable for the whole of Shropshire in my opinion.	Telford and Wrekin CCG	Female	55 - 59
An integrated organisation should be cost affective and provide a better service for people	Out of area	Female	55 - 59
It will save money and be more efficient way of working	Shropshire CCG	Female	40 - 44
Need to demonstrate value for money and co-operation across T&W and Shropshire	Telford and Wrekin CCG	Female	55 - 59
Single voice, more equal treatment of the regions	Shropshire CCG	Male	60 - 64
Cost savings plus opportunity for a new ethos: less marker driven, more emphasis on public health, preventative medicine and integrated care, plus resources for care in the community.	Shropshire CCG	Male	75 - 79
Would offer support providing change is for the right reasons	Telford and Wrekin CCG	Male	65 - 69
Equity across both CCGs. Money saving on reduction of duplication of depts. (which should be redirected to the front line treatment of patients)	Shropshire CCG	Prefer not to say	65 - 69

it is about time competition for finite resources was stopped.	Telford and Wrekin CCG	Female	70 - 74
Am slightly dubious @ where Powys comes into this. Why do they not join with Wales as a country and if devolvement comes in will this happen.	Shropshire CCG	Female	60 - 64
Obvious financial benefits. Equality across whole county more likely	Shropshire CCG	Female	70 - 74
Don't want Shropshire debt	Telford and Wrekin CCG	Male	25 - 29
My concern is the needs of Telford and Wrekin as a growing industrial town with levels of deprivation and health issues against the traditional loud voices and pull of Shropshire hot to undermine valid rural issues.	Telford and Wrekin CCG	Male	70 - 74
Supportive if it provides better services to public	Telford and Wrekin CCG	Female	60 - 64
Sometimes it may be too much work for one person, as saying many hands make light work and important facts may be missed.	Telford and Wrekin CCG	Female	50 - 54
I am very supportive as I think it is a very good idea	Telford and Wrekin CCG	Female	35 - 39
It is all about saving money not improving cars	Shropshire CCG	Female	60 - 64
There is so much to gain from sharing ideas, cost saving etc	Shropshire CCG	Female	65 - 69
we need to have one voice speaking for the people of Shropshire. Currently, there are different policies and procedures in place in Telford and Wrekin and Shropshire CCG. The reorganisation will also help to save money as there will no longer need to be 2 boards and Executive Directors. There would also be a realignment of offices which will also release cash. .	Shropshire CCG	Female	60 - 64
Just wondering why a single organisation would be advantageous when the current organisation is failing miserably through lack of funding. We need to have much more information...particularly with regards to our GP services which, like our A & E services are clearly seriously overburdened.	Shropshire CCG	Female	75 - 79
affordability of management costs, and joined up commissioning across the county.	Out of area	Female	55 - 59
I'm concerned that standards of services that are commissioned will not improve. How are the two CCG's rated against their targets? If they are both already poorly rated what you will end up with is a poor larger CCG. Standards must improve.	Shropshire CCG	Male	60 - 64
Saves money and will mean a more joined up plan across the region	Telford and Wrekin CCG	Female	50 - 54
A single organisation will better meet the needs of the populations of the two local authorities at lower overheads and more frontline spending.....	Shropshire CCG	Male	65 - 69
I understand that the Shropshire group has insufficient funds and so hope that this burden would be shared by Telford & Wrekin.	Shropshire CCG	Female	45 - 49
30 years ago the NHS in Shropshire was delivered by Shropshire Health Authority one governing body. There have been so many costly changes with the break up of SHA and money could have gone into patient healthcare instead of the creation of several organisations. There are too many big bosses taking huge unrealistic salaries ... let's see the streamlining of those positions and the money saved going back into patient care	Shropshire CCG	Female	60 - 64
Working together should give us a better organisation and co-ordinate across all of Shropshire.	Telford and Wrekin CCG	Male	70 - 74
Combined purchasing power	Telford and Wrekin CCG	Female	70 - 74
Makes complete sense and allows access to best practice innovation and information sharing through efficiency measure achievements	Shropshire CCG	Female	40 - 44
Cost saving. \Postcode lottery eliminated hopefully. More measures for patient support.	Out of area	Female	80 and over
Primarily economies of scale	Shropshire CCG	Male	70 - 74
I cannot answer as I don't know the effects it would have. The individual gets lost.	Shropshire CCG	Female	80 and over
Avoid duplication. More efficient to have one large one than two separate bodies of administration. Cost.	Shropshire CCG	Unknown	65 - 69
It seems to be sensible to save money on 'back office' matters, but I wonder how it will be more suitable for patients.	Shropshire CCG	Female	65 - 69
In order for a combined CCG to function effectively, the problematic issues eg poor communication between depts. effectively working silos. If this culture is not addressed these you will be creating a bigger problem for yourselves. This will	Shropshire CCG	Female	70 - 74

loose any cost effectiveness of the merger and will not gain you support from an already frustrated public.			
If it gives up joined up thinking, it can only be good.	Shropshire CCG	Female	70 - 74
The current situation incurs higher costs in admin which is wasteful.	Shropshire CCG	Male	65 - 69
Should save money which can be used to improve services.	Shropshire CCG	Male	80 and over
It will make it easier to understand what is available to us to able to access what is needed	Telford and Wrekin CCG	Female	60 - 64
It makes sense to combine the two for efficiency and joined up management	Shropshire CCG	Female	70 - 74
A bigger population and a big county. When I was young we had several hospitals. Some people will have to travel 50 miles for a hospital.	Shropshire CCG	Male	70 - 74
The creation of two clinical commissioning groups within the area of Shropshire and Telford and Wrekin was never justified. In former years this geographical area was well served by the Salop Area Health Authority (from 1974) which became the Shropshire Health Authority in the early 1980s.	Shropshire CCG	Male	80 and over
Their actions should produce an increased standard of care and clearer pathways for referral.	Unknown CCG	Unknown	Unknown
the division into Shropshire and Telford and Wrekin has been the focus of dispute and competitive behaviour which has been a waste of money and effort.	Shropshire CCG	Female	65 - 69
The overall approach of a simple merger to save 20% of admin costs (which I hope are a small fraction of the CCG budget) will not result in better health care of a new way of delivering this, as is claimed. It will simply result in a larger CCG with all the deficiencies of the present two, with the added difficulty of having to commission for both a very rural catchment and pockets of urban need. Commissioning efficiency results from the skills of the commissioners, not from scale.	Shropshire CCG	Prefer not to say	Prefer not to say
Reducing costs and improving efficiency	Shropshire CCG	Male	65 - 69
Sounds good but I'm of an age where I am cynical about large changes.	Shropshire CCG	Male	75 - 79
I feel county population base is too small for two CCGs to work as effective commissioners.	Shropshire CCG	Male	65 - 69
Combining the two CCGs will lead to more efficiency and economy of size when purchasing goods and services.	Shropshire CCG	Male	70 - 74
It will reduce waste in the system and also means that a county-wide approach is taken to health and healthcare.	Shropshire CCG	Male	40 - 44
Need to ensure services are equitable across Shropshire, Telford and Wrekin and not sure if this will happen hope so. It will become a powerful organisation which is a concern in one respect and good in terms of commissioning. Need to secure patient voice, funding for voluntary sector and statutory services - especially preventative services.	Telford and Wrekin CCG	Male	50 - 54

Table 12. All verbatim comments: Q3. If you have any concerns or issues, please give details here.

Response	CCG area	Gender	Age band
Bigger may lead to loss of contact at local level	Unknown CCG	Male	70 - 74
Currently commissioned by both CCGS but providing different services in Telford to Shropshire. Are we also expected to make a cost saving.	Telford and Wrekin CCG	Female	50 - 54
Yes, bigger is not always better. Bigger can be much more complex and more difficult to steer. The new body is staffed by people from the old CCGs - a reality perception of "little change".	Telford and Wrekin CCG	Male	60 - 64
That it will focus only on 'big ticket' pieces of work in order to have biggest impact but not take the long view and invest in prevention.	Shropshire CCG	Female	45 - 49
Please focus on prevention. Not to abdicate responsibility for quality of service delivered.	Shropshire CCG	Male	60 - 64
That the new regime can't deliver 100% on the 1st April 2021. Failure on that or notified phased delivery failure will result in lost confidence and baggage that stays in the proposed "new model" CCG. Don't use either old HQs for the new CCG because that will create past ownership hassles.	Telford and Wrekin CCG	Male	60 - 64
That the networking events and public consultation is taken seriously, not just used as a box ticking exercise.	Shropshire CCG	Male	75 - 79
Ensuring that patients fully have a role in shaping the new organisation. Will the cost savings really take place? Does equity of service access mean having to travel further if services are made central?	Shropshire CCG	Female	50 - 54
That we still have strong links with the CCG through engagement patient leads and commissioners	Telford and Wrekin CCG	Unknown	60 - 64
Losing local knowledge and out lying areas missing out.	Shropshire CCG	Male	70 - 74
As above. Need to ensure funds are used for areas that need it. Seeking patient feedback on initiatives is imperative.	Telford and Wrekin CCG	Unknown	60 - 64
communication, understanding and situation of new offices because that will impact on thinking and connectivity.	Telford and Wrekin CCG	Male	70 - 74
Representing Wem and Prees. We are no where near any hospital or service, no access to Telford or Gobowen hospitals except by taxi or private volunteers. need local services - particularly for elderly and non drivers.	Shropshire CCG	Male	75 - 79
The elephant in the room is two councils. if the new CCG is truly effective, it will bring the leaders of Shropshire and T & W Councils together and get them to agree.	Shropshire CCG	Female	60 - 64
Concerned about timeline to have one CCG in place. Enough money has already been spent and wasted on Future Fit - let's not make the same mistakes again.	Telford and Wrekin CCG	Female	55 - 59
To make sure to commission an inclusive service that has a budget for preventive services and makes best use of the voluntary sector who have good local knowledge and access But voluntary services are not free you need to be funding them if you want their support and expertise.	Out of area	Female	55 - 59
Change for change sake don't do this!	Shropshire CCG	Male	60 - 64
The change would lapse with a large managerial exercise. Will there be real vision? Can the two very different areas work in real partnership?	Shropshire CCG	Male	75 - 79
Concerned that change is purely based on financial grounds rather than looking to provide a better service	Telford and Wrekin CCG	Male	65 - 69
Loss (through retirement/or job seeking/of some experienced staff. Unsettled and a period of bedding down taking a long time.	Shropshire CCG	Prefer not to say	65 - 69
That there does not appear to be a budget line for patient involvement That experts by experience will continue to be ignored. No information on the operation process available.	Telford and Wrekin CCG	Female	70 - 74
I have concerns around what happens to staff who are made redundant as a result of this proposal - will they be redeployed elsewhere in the NHS to use their skills experience. What about redundancy costs? Will resources be spread equitably across the whole of T & W and Shropshire	Telford and Wrekin CCG	Female	60 - 64
Where is the single CCG going to be situated? How much is the redundancy going to cost us or the NHS. How many staff will be made redundant, what will happen to them.	Shropshire CCG	Female	60 - 64
Bigger isn't necessarily better. Patient/users likely to be forgotten or get lost. Communication - lack of. Transparency - lack of.	Shropshire CCG	Female	70 - 74

Avoid political interference	Shropshire CCG	Female	70 - 74
How will the needs of Telford population be advanced and covered Has the agreed staffing covered both T & W and Shropshire staff and their knowledge basis How will budget allocations be apportioned.	Telford and Wrekin CCG	Male	70 - 74
Staff cut backs (lose of jobs)	Telford and Wrekin CCG	Female	60 - 64
Blinkered views by one individual	Telford and Wrekin CCG	Female	50 - 54
No concerns or issues	Telford and Wrekin CCG	Female	35 - 39
Providing it is getting efficiency Not Shrewsbury dominant Where will you be based? Shrewsbury? Wouldn't like this.	Telford and Wrekin CCG	Unknown	70 - 74
Fearful that Telford will lose its voice once again.	Telford and Wrekin CCG	Female	75 - 79
Concern is that in a time of trying to achieve savings the boards will be diverted from this by this reorganisation.	Shropshire CCG	Female	60 - 64
Our Whitchurch GP services are overburdened - we were promised a new surgery at Pauls Moss but that seems in doubt now. We are not given any information about this. It is difficult to get to see a GP - and very difficult to telephone for an appointment the as the switchboards are constantly busy. People very often just give up trying - especially old people - that could be one of the reasons A & E is at breaking point ie not getting to see a GP and then the condition becomes an emergency.	Shropshire CCG	Female	75 - 79
the time it will take to achieve an integrated, functional team	Out of area	Female	55 - 59
I'm a type one diabetic and have been for 62 years. I fall under the Shropshire CCG and have seen preventative health care deteriorate over the last 10 years. Foot screening and eye photography which should be every 12 months are now every 15-18 months and the timescale is lengthening. Providing libre freestyle blood monitoring was largely rejected by this CCG on cost grounds prior to the Governments intervention in November 2018 that as from April 2019 all CCG' would provide this, subject to conditions being met. Good provision was decided by postcode. I'm not sure this merger will help in this respect.	Shropshire CCG	Male	60 - 64
It is essential that the local populations needs are not lost and are still considered	Telford and Wrekin CCG	Female	50 - 54
Services required in rural areas may well be different to those used in larger towns and cities, and these should be protected.	Shropshire CCG	Female	45 - 49
The CCG should listen to the people on the ground doing Band 2,3 and 4 jobs and ask them where savings could be made and how services could be run more efficiently. These are the people that have a common sense attitude and manage their lives on low pay and the Fat Cats could learn a lot from them... CCG take note !!	Shropshire CCG	Female	60 - 64
As above the individual gets lost. I asked at the desk of one of the surgeries if I could make an appointment to see a doctor and was told to come back at 8.00 am the next day. Previous to the reorganisation this would never have happened. I'm scared. I'm a reasonably healthy 87 year old but!!!	Shropshire CCG	Female	80 and over
We have had a very good experience of healthcare in Shropshire throughout our own lives and those of our children and parents. We really appreciate our small local hospital in Whitchurch, which is invaluable. The only problems have been with administration.	Shropshire CCG	Unknown	65 - 69
May current concern is that a referral to the rapid access chest pain clinic on 7 Jan has not provided a 14 days time appointment rather an appointment in 70 days time on 18 March! Shocking! And its in Telford - miles aware from my home in Ruyton XI Towns.	Shropshire CCG	Female	65 - 69
My concern is there will still be an imbalance in the County between east, west and south and priority issues in each of these area need addressing evenly. Cost saving issues need careful handling as those can lead to unforeseen problems and suffering, eg. transport.	Shropshire CCG	Female	70 - 74
Lack of joined up thinking on diabetes care.	Shropshire CCG	Female	70 - 74
None particular.	Shropshire CCG	Male	65 - 69

It may make it difficult for members to represent the whole county as not either Shrewsbury or Telford. However it was not a problem for the old Shropshire Health Authority so it can be done again.	Shropshire CCG	Male	80 and over
The problem may be two unitary authorities with one trust and one CCG having conflicting interests.	Shropshire CCG	Female	70 - 74
Budget. If co-operation is not highlighted and practised across the site it will eventually be a very expensive move.	Unknown CCG	Unknown	Unknown
The balance of the Board of Directors must fairly reflect the two former areas, and THERE SHOULD BE A SPECIFIC REPRESENTATIVE FOR RURAL AREAS ... something which has been missing on both of the current CCGs. there must be fair allocation of resources to the huge rural areas as well as the more densely populated urban areas. policies must move resources from secondary care into primary care.	Shropshire CCG	Female	65 - 69
Concern that the needs of rural and low density areas are fully considered.	Shropshire CCG	Male	65 - 69
Any savings should be used for frontline staff.	Shropshire CCG	Male	75 - 79
I still think for 'strategic' planning the population size is too small. Service is too Shropshire centred in its thinking - in our area South Shropshire we share issues and services with Herefordshire and Worcestershire.	Shropshire CCG	Male	65 - 69
Local authority commitment across Shropshire, Telford & Wrekin voluntary sector service we have lost due to a lack of funding. Patient voice not fully recognised or meaningfully considered by new organisation, loss of experienced staff. People accessing services who have no transport and reliant on public transport which is not good. MP's views are balancing views.	Telford and Wrekin CCG	Male	50 - 54

Appendix 3: Feedback on potential benefits of the proposal

Table 13. Q4a. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Improvements for providing co-ordinated services across the county aimed at those who need them

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	31	44%	21	49%	8	33%	2	67%	-	-
Agree	27	38%	15	35%	10	42%	1	33%	1	100%
Neither agree nor disagree	6	8%	2	5%	4	17%	-	-	-	-
Disagree	3	4%	2	5%	1	4%	-	-	-	-
Strongly disagree	4	6%	3	7%	1	4%	-	-	-	-
Base	71		43		24		3		1	

Table 14. Q4b. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Streamlining (e.g. easier to navigate through the CCG)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	25	35%	18	42%	6	25%	1	33%	-	-
Agree	32	45%	18	42%	11	46%	2	67%	1	100%
Neither agree nor disagree	8	11%	3	7%	5	21%	-	-	-	-
Disagree	3	4%	2	5%	1	4%	-	-	-	-
Strongly disagree	3	4%	2	5%	1	4%	-	-	-	-
Base	71		43		24		3		1	

Table 15. Q4c. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Reduce duplication (e.g. one board/chair)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	45	63%	29	67%	13	52%	3	100%	-	-
Agree	20	28%	10	23%	9	36%	-	-	1	100%
Neither agree nor disagree	4	6%	2	5%	2	8%	-	-	-	-
Disagree	1	1%	1	2%	-	-	-	-	-	-
Strongly disagree	2	3%	1	2%	1	4%	-	-	-	-
Base	72		43		25		3		1	

Table 16. Q4d. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Cost saving/efficiencies (help achieve the 20 per cent national savings target)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	29	41%	20	47%	7	30%	2	67%	-	-
Agree	24	34%	13	30%	9	39%	1	33%	1	100%
Neither agree nor disagree	8	11%	4	9%	4	17%	-	-	-	-
Disagree	6	9%	4	9%	2	9%	-	-	-	-
Strongly disagree	3	4%	2	5%	1	4%	-	-	-	-
Base	70		43		23		3		1	

Table 17. Q4e. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Greater accountability (e.g. one governance – i.e. one Board, one set of policies)

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	32	45%	19	44%	11	46%	2	67%	-	-
Agree	23	32%	14	33%	8	33%	-	-	1	100%
Neither agree nor disagree	9	13%	5	12%	3	13%	1	33%	-	-
Disagree	2	3%	2	5%	-	-	-	-	-	-
Strongly disagree	5	7%	3	7%	2	8%	-	-	-	-
<i>Base</i>	71		43		24		3		1	

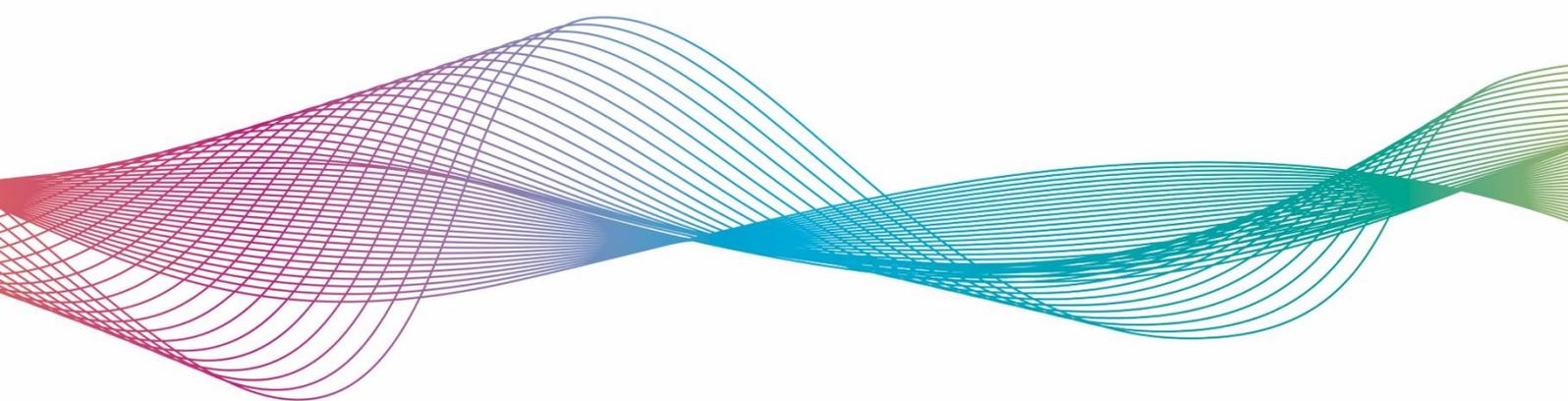
Table 18. Q4f. To what extent do you agree or disagree that the dissolution of the two CCGs and the creation of a Single Commissioning Organisation will achieve: Stronger negotiating powers with one single organisation when commissioning services

	Total		Shropshire CCG		Telford and Wrekin CCG		Out of area		Unknown CCG	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	30	42%	22	51%	6	24%	2	67%	-	-
Agree	32	44%	17	40%	13	52%	1	33%	1	100%
Neither agree nor disagree	3	4%	-	-	3	12%	-	-	-	-
Disagree	4	6%	2	5%	2	8%	-	-	-	-
Strongly disagree	3	4%	2	5%	1	4%	-	-	-	-
<i>Base</i>	72		43		25		3		1	

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