

Single Strategic Commissioning Organisation Public Engagement Themes and Considered Response Record			
Theme Area	Feedback for consideration	Feedback source	Response - highlighting any mitigation and how considered
		Survey/pop-ups/stakeholder event	
Corporate	May not be change - same staff no savings.	Survey	The development of a single strategic commissioning organisation involves the formation of a single Governance Board, where currently there are two, a single Executive structure, where previously there have been two, and a single staff structure. These structures are being developed to ensure the work of the organisation is delivered to a high standard, but that it fits within the new (reduced) running cost budget.
	Single CCG may be more complex and increase bureaucracy.	Survey	The development of the new organisational structure takes into account the work that needs to be performed by the commissioning organisation and the need to be as efficient and streamlined as possible, to reduce unnecessary bureaucracy and complexity.
	Reduced representation for Telford i.e. HQ in Shrewsbury.	Survey	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need by taking an evidence-based approach to understanding what the need in the population is and what the best service for that need is. This is not something that will be negatively affected by the change and it unlikely that patients will notice any difference in the day-to-day receipt of services, apart from the name and contact number of the Commissioning organisation should they wish to contact them.
	Consider the Councils will still be separate organisations.	Survey	The two local authorities are our key partners in commissioning differently in the future and it is for this reason we have taken time to consider the operating model the new CCG will use to commission both strategically and also at a place level in Shropshire and Telford and Wrekin.
	Proposal is focussed on cost savings.	Survey	The financial deficit of both CCGs and the wider system is well publicised and we have to work to return to spending within our means. That said, we do not allow this to happen at the expense of quality and patient care. Patients

			are at the forefront of CCG decision making and we have processes in place to check the impact of our proposed decisions on quality and equality.
	What efficiencies are you hoping to achieve?	Darwin SC	We are required to reduce our overall cost of running the CCG by 20% compared to 17/18 levels. Our current plans achieve this.
	Is bigger better? We should be moving towards more localised decision making.	Darwin SC	We agree, bigger is not always better. However, the decision taken here was that there is no real benefit from doing the work twice in two organisations, when it can be done once, in one, and that by combining our respective voices , the commissioning organisations can provide a more unified and influential voice in helping to determine the best models of care and safeguard quality of care.
	What about these private contracts - can we get rid of them? Only a left wing Government will sort this out?	Darwin SC	Most of our spend lies with NHS providers. Where we do have arrangements with private companies these are managed through a contract and they are held to the same high standards as their NHS peers.
	Councillor worried that focus on Telford and Wrekin to be watered down.	Tesco	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need, by taking an evidence- based approach to understanding what the need in the population is and what the best service for that need is regardless of where the need is geographically the new CCG will focus upon meeting that need.
	Will there be enough of a population to warrant being one organisation?	Park Lane	Currently the total population across Telford and Wrekin and Shropshire is just under 500,000. The guidance in the NHS Long Term Plan is that there is an expectation that there will only be one strategic commissioner in a Strategic Transformation Partnership (STP) area so on this basis it would be expected that only one CCG covers the geographical areas of Shropshire and Telford and Wrekin.
	In my opinion the proposals don't go far enough as I think commissioning needs to be at a regional level.	Ludlow	Although the Long Term Plan outlines that a single strategic commissioner will exist in each STP area, there are still some very specialised services that we will need to collaborate with other single strategic commissioners in neighbouring STP areas to commission together on a regional basis, like ambulance services, specialist children's

			services etc.
	Do we get a bonus if we get bigger?	Ludlow	There are no bonus arrangements associated with a move to become a single organisation.
	Will your computer systems speak to one another?	Ludlow	As a single commissioner we will operate one set of computer systems. As part of our system digital strategy, we will continue to ensure that, where necessary, our systems can be shared or linked as appropriate.
	How much efficiency do you anticipate?	Ludlow	We are required to reduce our overall cost of running the CCG by 20% compared to 17/18 levels. Our current plans achieve this.
	How will you change the mind set to encourage new ways of thinking?	Stakeholder event	The development of a single CCG allows us to look at best practice in both CCGs to adopt this across a wider footprint where it will add greater value. The Strategic Commissioner will also be helping to support more localised innovation at a more local level with the creation of Primary Care Networks (PCN) and Integrated Care Providers (ICP) who will determine how local services should be delivered.
	Will the CCG come to individual PPGs to explain the rationale and progress of the new CCG?	Stakeholder event	A further stakeholder event is planned for PPGs and updates will be provided through their respective Shropshire and Telford groups for cascading through their channels.
	Will the responsibilities shared between Shropshire Council, Telford and Wrekin Council and new CCG be any different from now?	Stakeholder event	Initially the responsibilities will remain the same until a new legislation is introduced by the Government to underpin the guidance set out in the NHS Long Term Plan.
	Councillors not being kept in the loop.	Oswestry	Databases have been reviewed and Oswestry Council Town Council included.
	Why no pop up in Wem?	Stakeholder event	Geographically there was a spread of pop ups to ensure a spread across the County within the resource available.
	Have pop ups been promoted on social media and shared with stakeholders inc. VCS?	Stakeholder event	Yes the pops up were promoted through stakeholders and attendees at the stakeholder event which included VCS members as well as at venues and across both CCG web sites and local media and extensively across social media.
Finance	Consider how budgets will be allocated.	Survey	We already have consideration of budget allocation in our work plan for finance. We will align our budget models to our place based models as they emerge.
	Consider the need for adequate funding.	Survey	The CCG has little ability to influence national policy on budget allocation. We will continue to present our case

			about funding however must also work hard to live within our means.
	What are the cost savings?	Ludlow	We are required to reduce our overall cost of running the CCG by 20% compared to 17/18 levels. Our current plans achieve this.
	What does 20% look like in figures?	Ludlow	The target reduction to current running cost expenditure (2019/20) to meet the 20/21 allocations will be £1.6m. The 20% reduction quoted has been calculated on 2017-18 levels and includes adjustments for year on year pay awards/pension changes etc.
	Money is the elephant in the room - one CCG vs 2 won't solve this. How to invest in community services, prevention etc. when there is no money?	Stakeholder event	This point is noted. Our out of hospital programme is designed to reduce spend at the hospital. In part, we recognise that some of these savings will be required to increase our community based services.
	Will the money saved be put back in the services?	Ludlow	All CCGs nationally have had their funding allocation for running costs reduced. This means that the savings have been retained centrally by the NHS for investment in other areas.
	What happens to the debt that the two organisations have built up?	Stakeholder event	We are still awaiting clarification on this from NHSE/I.
Operational	May reduce focus/knowledge of local people's needs (smaller rural areas).	Survey	We agree, bigger is not always better. However, the decision taken here was that there is no real benefit from doing the work twice in two organisations, when it can be done once, in one, and that by combining our respective voices, the commissioning organisations can provide a more unified and influential voice in helping to determine the best models of care and safeguard quality of care.
	How can you be sure your data is accurate when making future decisions?	Stakeholder event	The NHS already has robust processes for capturing and using data to predict future activity levels within services. We also rely on key demographic data held by public health departments in our local authorities to provide information on health inequalities. We believe that in creating a single CCG we can actually start to utilise other services of data held by our partners i.e. local authority that will help to model our population's health needs in more detail.

Patients	Re-organising structures negatively impacts on patients.	Survey	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need, by taking an evidence-based approach to understanding what the need in the population is and what the best service for that need is. This is not something that will be negatively affected by the change and it unlikely that patients will notice any difference in the day-to-day receipt of services, apart from the name and contact number of the Commissioning organisation should they wish to contact them.
	How would changes affect patients?	Whitchurch	The single strategic commissioning organisation does not directly deliver patient care. Like the CCGs, the role of the new organisation will be to buy the services the population need, by taking an evidence-based approach to understanding what the need in the population is, and what the best service for that need is. This is not something that will be negatively affected by the change and it unlikely that patients will notice any difference in the day-to-day receipt of services, apart from the name and contact number of the Commissioning organisation should they wish to contact them.
	Would patients see a difference?	Whitchurch	
	Is bigger better? Concerns over doctor appointments and that individual were being lost.	Whitchurch	We agree, bigger is not always better. However, the decision taken here was that there is no real benefit from doing the work twice in two organisations, when it can be done once, in one, and that by combining our respective voices , the commissioning organisations can provide a more unified and influential voice in helping to determine the best models of care and safeguard quality of care.
	Welsh patients getting whatever they want but not contributing.	Oswestry	The CCG does not fund care for Welsh patients. Where they are treated in our local hospitals this is funded by Welsh commissioners.
	What will change for patients?	Polish Support Group/Meeting Point House	No noticeable change for patients, but may be a change to telephone numbers if public facing services move i.e. prescription ordering, PALS.
	Will people have to change their doctor or hospital?	Meeting Point House	No people will still keep the same GP and continue to use their registered GP practice.

	As one bigger organisation will you still be responsible for what you have commissioned in the past e.g. how we get our repeat prescriptions?	Ludlow	The aim is a single and bigger CCG would cut down on duplication and it would give greater buying power as well as more efficiencies and one voice.
	What are the plans and benefits of a single CCG?	Ludlow	We believe the creation of a single CCG will have a number of benefits for both the CCGs, patients and the health system as a whole as set out in our engagement statement.
	Please consider family carers as well as patients/service users when planning services and making changes.	Stakeholder event	These are being researched and added to our database.
Services	Consider the need for focus on prevention services.	Survey	The need to further develop place based working and the prevention agenda is key within the commissioning strategy being developed for the new organisation.
	Consider the impact on provider service provision.	Survey	Our local providers have in the past had to deal with two sets of contracts, often describing similar/subtly different types of services, with all the paperwork monitoring and negotiation this entails. In the case of a single commissioning organisation, they will be working in a more collaborative manner, with a single commissioner, which will be a beneficial change to provider colleagues. As above, the move to single commissioning organisation should not impact on day-to-day delivery of services to patients.
	With the creation of a new CCG, will there be an improvement to Shropshire's mental health services?	Darwin SC	The new strategic commission organisation, in line with the existing CCGs, recognises the importance of good mental health services and will work with providers to see improvements in this area.
	Audiology/Neurology services are a lot better in Shropshire than Telford and Wrekin - how will you ensure these services are not negatively impacted when the CCGs come together?	Darwin SC	Currently audiology services and neurology services are jointly commissioned by Shropshire and Telford and Wrekin CCGs. There is no inequity of service at present and we do not expect there to be any inequity of service following the creation of the new organisation.
	Struggling to know what is out there - desperate for day services/group activities for memory loss.	Tesco	We now have in post a newly appointed Director of Partnerships and their role will involve working with the voluntary sector to see what is available and identify gaps.
	Will provision of hearing aids be any different in the new CCG?	Stakeholder event	Provision of services is always under review by CCGs so there may be changes to services although these will not be linked to the creation of the new organisation.

Transport	Consider access to local services (rural areas/for elderly and non-drivers).	Survey	Shropshire, Telford and Wrekin is an area with a mix of some quite densely populated urban areas and quite marked rurality and low population density in other areas. We recognise that availability of and access to local services varies across the Shropshire, Telford and Wrekin, and that (as do the existing CCGs) a new strategic commission organisation will need to reflect this important consideration when planning and buying services and this will continue to be part of what is.
	How would the elderly get to appointments in Telford? - Concern noted.	Whitchurch	
	Those with mobility issues have problems with transport, especially if services are moved.	Tesco	Initially services will not change venues however they may in the future. If people have mobility issues there is help available and they may meet the criteria for NEPTS.
	We're in our 80s and need more outpatient appointments in Ludlow Hospital.	Ludlow	With the creation of the new single commissioner we are looking to move focus away from hospital and bring health and social care into the community.
	Questions from named individuals from the Stakeholder event for action.		
	NHS England wants great savings on Stoma Care. Shropshire CCG has been doing a pilot study on stoma care and has had stoma nurses seeing patients in a number of surgeries. However patients with urostomies were moved to urinary specialist nurses about four years ago (these nurses do not have training or experience of post-operative care). Who will be bringing about these savings and will the stoma charities be involved - Toni Haynes, Shropshire and Wales branch of the Urostomy Association.		The pilot has now come to a close. We will produce a report on the outcomes, and the CCGs will work to realise any highlighted opportunities for improvement of the patient pathway, which will include appropriate engagement.
	We are an association currently commissioned by each CCG to provide a different service in the community in Telford and Shropshire. What will the process be in 2021? How will we move forward as a commissioned service? Re-tender? Make services the same?		Any services that are currently delivered differently across the two organisations are likely to be reviewed to determine if they should be merged into a single service for the whole population or if the differences need to remain to meet the needs of the differing populations.

	Dianne Beaumont, Alzheimer's Society.		
	How were people invited to this event? Telford voluntary sector invited by email letter from Sharon. Not the same in Shropshire leading to lack of representation from wider voluntary sector.		Stakeholder databases were used to identify appropriate groups along with desk research and these were sent by the respective organisations from different sources to support capacity.
	Reduced representation for Telford i.e. HQ in Shrewsbury.	Survey	We acknowledge that many people living in different parts of Shropshire and Telford and Wrekin are concerned that in creating a single much larger CCG across the whole county may diminish the focus on their communities health needs. We have thought carefully about how we can ensure we have equal clinical representation on the proposed new governing body and address these issues more directly. Both memberships have agreed that 6 GP/Primary Health professional will sit on the governing Body - 3 elected from the practices in Shropshire and 3 form the practice in Telford and Wrekin. From these elected six 1 will be elected by these individuals to become the chair of the single CCG. We believe this is a pragmatic solution that retains local clinical knowledge but does not undermine streamlined decision making.
	Who does what at the moment?	Whitchurch	The two CCGs receive money from the Secretary of State to buy (commission) health care services for their respective local populations which includes hospital care, ambulance, mental health, community services, out of hours and primary care. We are proposing in the future that one CCG will receive the total budget to buy these services from the whole population of people living in the county of Shropshire.
	Where will the new Board be located?	Stakeholder event	Currently there are two CCG bases for each CCG, one in Shrewsbury and one in Telford. At the moment our plan is to retain bases in both localities as neither accommodation allows consolidation of staff on either site.
Corporate - Estates	Consider where offices will be based.	Survey	
	Concerns about where new CCG would be based.	Whitchurch	

Implementation	Consider the need for effective implementation.	Survey	This is a recognised risk in undertaking this level of reconfiguration and so we have a number of safeguards in place: NHS England have a robust application process that CCGs have to adhere to which tests our strategy and the financial basis of our plan, it also tests whether we have some fundamental building blocks in place prior to becoming a new statutory body. In addition we also have to develop a benefits realisation plan which sets out what benefits we think the change will afford us and then how we will measure the progress against each stated benefit. In the year following the creation of a new CCG the plan will show whether we have gained a benefit or not and in what area.
	CCGs are rubbish and a merger isn't about to help that.	Ludlow	We believe the creation of a single CCG will have a number of benefits for both the CCGs, patients and the health system as a whole as set out in our engagement statement.
Staff	Consider the impact on staff and staff levels e.g. job losses.	Survey	The proposal to create a single CCG has had a number of drivers, one of which is the need for CCGs to make 20% savings in their running costs. This is significant and we have been clear with our staff that although we will do everything to avoid redundancies, with this level of saving required it cannot be ruled out. We have started preparing new staff structures to consult upon with staff but this has now been put on hold due to the impact COVID 19 is likely to have on the health system. The structures will seek to focus on the new role of strategic commissioner and identifying the skills sets that will be required moving forward. We believe that this will ensure that we can retain and continue to attract talented staff, but particularly utilising clinicians more effectively at both a strategic and place level.
	Concern that talent is lost during the process and this should be avoided at all costs.	Darwin	
	Won't it mean extra work for staff who won't be able to do their work properly and there will be a knock on effect on patients?	Park Lane	
	How do you intend to attract the right staff - both medical and professional?	Stakeholder event	