Clinical leadership in service redesign using Clinical Commissioning Groups: a mixed-methods study

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Plain English summary

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When Clinical Commissioning Groups (CCGs) were set up in 2012/13, they were designed to devolve responsibility and accountability to clinicians – especially general practitioners (GPs). The policy rationale was that layers of bureaucracy could be removed if GPs took responsibility for assessing local health needs and designing and commissioning services that met the needs of their patients. The ‘commissioning’ element offered purchasing power to their work. A number of important questions arise from this innovation. The first and most obvious is whether or not, and, if so, how, GPs would rise to this challenge and opportunity. As far as we are aware, despite a number of research reports about CCGs (e.g. about their governance and their engagement of GPs), until now there has been no systematic reporting and analysis of the actualities of clinical leadership in and around CCGs in specific service redesign attempts.

The research found some novel examples of active clinical leadership in new forms of service design. These occurred at different levels and in different arenas, and the patterns are described and illustrated in this report. On the other hand, many CCGs struggled even to find GPs willing to serve on their governing bodies. In a significant number of cases, non-clinical managers exercised the most influence. Managers took their lead from the NHS England (NHSE) hierarchical structures, and thus the centre-led influence persisted. Moreover, within 3 years of their existence, other major nationally led initiatives and policy priorities took centre stage. Notably, sustainability and transformation plans, launched in 2016, handed strategic service redesign to larger institutional footprints than the CCGs. Likewise, the influential NHSE initiative, the Five Year Forward View (NHS England. Five Year Forward View. London: NHS England; 2014), placed emphasis on integration and collaboration rather than on competition and commissioning. Many clinical leaders gravitated towards new provider organisations, such as the federations of general practices and other forms of large-scale general practice, rather than towards the commissioning bodies.
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This report

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