

## Proposed merger of the three East Berkshire CCGs – FAQ

### Summary

Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG are anticipating a formal merger to come into effect from 1 April 2018. Since authorisation in 2013, there has always been a strong history of collaboration between the three organisations. In spring 2016 the CCGs' memberships and Governing Bodies agreed to restructure to form a single management team. In February 2017 it was agreed to move to a single Governing Body in Common, with shared joint subcommittees beneath this.

In July 2017 the Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England.

### Frequently asked questions

Q. How does the proposal fit with the development of Sustainability and Transformation Partnerships?

A. It provides a logical next step in our journey of closer working in the Frimley STP footprint and thence to an Accountable Care System.

Q. Will this mean money being taken away from my area for investment somewhere else?

A. The overwhelming majority of spend on health is charged on an activity basis (for example, acute and elective work) or through a block contract (for example community nursing and mental health). The merger does not change this. There has been a small amount of discretionary investment previously, but in future NHS England is putting any additional funds into the Sustainability and Transformation Partnerships to determine the areas which will provide the greatest benefit from investment.

Q. Won't this mean a loss of local focus, understanding and engagement?

A. No. Local health status and needs will continue to be identified through the Joint Strategic Needs Assessment in partnership with each Local Authority. The three membership areas will continue to operate as they do now, so that local GPs are fully involved in the commissioning of service developments.

Q. Will the proposal help or hinder efforts to address inequalities?

A. It will lessen the risk of differential service provision between geographically very close areas (which occurs at the moment) and allow incremental investment to flow more easily to where the greatest health gain/reduction in inequality is required.

Q. What is the impact on clinical leadership?

A. The reach of clinical leadership to accelerate adoption of innovations and good practice will be broadened. The single Governing Body includes 11 clinicians.

Q. The CCGs have different strengths, how will these be maintained/shared?

A. All three of the CCGs have recently been rated “Outstanding” by NHS England, but there is still variation in quality and outcomes between them, and particularly at practice level. The merger will support wider benchmarking and referencing between practices to drive up standards and reduce inappropriate variation.

Q. Won't the change to governance be a big upheaval and distraction?

A. No. The CCGs have been working very closely, and with a single management team, for some time. The merger builds on the current governance of a single Governing Body in Common and it is not proposed to restructure the Governing Body, subcommittees or management team.

Q. Will the merger do anything about existing boundary issues?

A. Yes. It removes several of the current boundary-related inequalities and recognises the cross-border traffic in primary care that exists between the CCGs currently (for example, branch surgeries in different CCGs).

Q. What will patients see change?

A. The merger will enable clearer pathways that are more intuitive for patients and easier for providers to support. At the moment providers have to support several different pathways/models, which is inefficient for them and confusing for patients. We aim to facilitate clearer communication to public about how services work and where/how to access them.

Q. Will useful datasets at Local Authority level be maintained?

A. Although formal measurement by NHS England will be of a single CCG, locally we will be enhancing measurement and datasets at GP practice level and maintaining the ability to view data at a Local Authority level.

Q. It doesn't sound like this is much of a change, so why do it at all?

A. For many purposes, the three CCGs are already viewed and treated as an entity – for example by NHS England. However, the merger will allow us to reduce some back-office overheads such as three sets of audits and annual reports and implement clearer pathways more rapidly as described above.