



RCN Policy and International Department
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Clinical Commissioning Groups: an overview of the authorisation process

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Introduction

The Health and Social Care Act 2012 includes radical reform of the way that health care is commissioned in England. The Government's aim for these changes is to produce a clinically-led and patient-focused NHS which is innovative and has lower administration costs.

As part of the reforms Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) are being abolished. In their place will be a new system for commissioning. The NHS Commissioning Board (NHSCB) is a national body which will be given a formal mandate to oversee the commissioning of health services in England by the Secretary of State for Health from April 2013 (apart from public health services, which will be commissioned by local authorities).

The NHSCB will delegate responsibility for commissioning most hospital and community health services to a network of 212 Clinical Commissioning Groups (CCGs), though it will commission certain specialised services itself (those that need to be organised nationally like spinal injuries services, or those for conditions that affect a small number of people). CCGs will therefore commission emergency care, community care, planned hospital care, and mental health and learning disability services in their local areas.

Before CCGs can take on the responsibility of commissioning, they must be authorised by the NHSCB to make sure that they meet certain standards of governance, and that they are ready and able to improve the health of communities.

Draft guidance has been produced by the NHSCB about how the authorisation process will work. This RCN factual briefing is intended as a user-friendly summary of this guidance, focusing in particular on the nursing role in the new commissioning landscape, and why it is important for RCN members to be aware of the changes.

Why is this important?

CCGs will have responsibility for commissioning the majority of local health services, holding a budget of around £60 billion per year. Their development is therefore relevant to every patient in England, and the authorisation process is the first step. The aim of authorisation is to make sure that the organisations holding this money are able to use it appropriately on behalf of individuals and communities.

Nursing staff currently employed in commissioning will be directly affected by the changes as PCTs and SHAs are disbanded and CCGs take on staff. For nurses working in NHS providers, the process is important because, once authorised, CCGs will decide which services are purchased in every local area in England.

Every CCG must have a nurse on their governing body, something the RCN fought hard for when the Health and Social Care Act was going through Parliament. It is vital that nurses get involved in every part of the commissioning process because of their unique perspectives and skills. Nurses

have a holistic understanding of patient needs across health and social care, and are uniquely placed to promote excellence in care quality.

The timetable for the authorisation process

There are 212 CCGs that are going towards authorisation covering the whole of England. This process will be done in four “waves”:

Wave	Start	End	Number of CCGs
1	1 July 2012	31 October 2012	35
2	1 September 2012	30 November 2012	70
3	1 October 2012	31 December 2012	67
4	1 November 2012	31 January 2013	40

If a CCG is successfully authorised, then they must work with the local PCT cluster to safely transfer responsibilities for commissioning by 1 April 2013.

The six domains

CCGs will be assessed based on a framework of six “domains”, each broken down into a detailed list of criteria. CCGs will have to produce evidence that they are able to achieve the outcomes listed in the domains. The NHSCB makes it clear in the guidance that they are focusing on outcomes rather than processes because they do not want to prescribe the way that CCGs achieve them. This allows CCGs a lot more flexibility and freedom over how they are run.

The NHSCB will set a threshold level that a CCG must reach to achieve authorisation. The guidance states that this is not the end of this process, and expects each CCG to continue to improve and develop as an organisation after April 2013.

The domains are:

Domain 1: A strong clinical and multi-professional focus which brings real added value

CCGs must use clinical skills to put quality and health improvement at the heart of commissioning. They must also use a variety of clinical perspectives from across health and social care to do this.

The guidance stipulates that each CCG governing body must have a registered nurse seat to help bring a multi-professional perspective.

Domain 2: Meaningful engagement with patients, carers and their communities

CCGs must actively engage with service users and the wider community so as to better design services. This includes local Health and Wellbeing Boards (boards, currently in shadow form, which include representatives from local authorities, CCGs and service users). They must allow patients to make choices about their health care.

The guidance also states that CCGs must be transparent in their decision-making.

Domain 3: Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge

CCGs must have plans in place to deliver improved health outcomes and efficiency savings through service redesign. Plans for commissioning in the 2013-14 financial year must be in place, and the CCG must be in a position to properly manage contracts with providers.

Domain 4: Proper constitutional and governance arrangements with the capacity and capability to deliver all their duties and responsibilities

CCGs must be compliant with all existing legislation applying to public bodies, so it must be able to manage risk, monitor its work, and manage its finances. The group must have processes in place to properly commission services in line with the NHS Outcomes Framework. This wide-ranging domain also includes having safeguarding systems in place (with a designated doctor and nurse for safeguarding children) and a focus on reducing health inequalities.

Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as appropriate commissioning support

CCGs must work with other CCGs to commission some services across their geographic boundaries where appropriate. They must also work with local authorities to develop joint health and wellbeing strategies (JHWSs) to promote the integration of services.

Domain 6: Great leaders who individually and collectively can make a real difference

The leaders of CCGs must have a focus on improving patient experience and health outcomes, and must be committed to partnership working so that the CCG can meet the requirements of the other domains.

The authorisation process

Authorisation of CCGs will take place in three stages:

1. Pre-application

Each CCG will be supplied with a full profile by the NHSCB covering their area's geography and demography, and financial and performance data. The CCG will then begin preparing the evidence required during the application phase, particularly documents covering the organisational, financial and governance arrangements that will be put in place.

During this phase, the NHSCB will send out a 360° web-based survey to a range of stakeholders, asking them about whether each CCG has communicated its vision to them and is involving them in decision-making. Stakeholders include people from local authorities, Health and Wellbeing Boards, LINks/Health Watch groups (the new local centres of patient and public involvement), member practices, providers, and a variety of health professions.

2. Application

The application form covers the wide-ranging responsibilities of the CCGs, as laid out in the six domains. CCGs will give factual details about themselves, but much of the form will be about self-certifying that they meet the requirements and are ready to take on all their duties.

CCGs must submit a wide range of supporting documents with the application form, including all governance documents, strategies, comments on the 360° survey results, and case studies. Case studies will provide evidence of how the new CCG has involved stakeholders, focused on innovation and quality, and considered the needs of vulnerable groups.

The form must be submitted on or before the start date of each CCG's "wave".

3. NHSCB-led assessment

The NHSCB will take all the evidence from the application stage and assess it based on the criteria for authorisation in a "desktop review". This will be carried out by a team of experts on commissioning, governance and clinical quality.

Each CCG will then have a site visit by a team made up of a senior NHSCB leader, an NHSCB assessor, a clinical leader from another CCG, a lay assessor, and finance and commissioning experts.

Outcomes

There are three possible outcomes from the authorisation process:

1. Fully authorised – this means that the CCG has met all the requirements set out in the six domains and will be able to take on commissioning in their area from April 2013.

2. Authorised with conditions – this means that the CCG has not met all the requirements needed to receive full authorisation. The NHSCB will set conditions relating to the requirements that it hasn't met, directing the CCG to not carry out some of its duties or specifying how they must carry them out. There will be a timetable showing how the NHSCB will monitor the conditions and when they will be reviewed.

The NHSCB is not setting an upper limit of how many conditions a CCG can have. A CCG may have a range of minor conditions placed upon it, or there may be one or two areas that the CCG is significantly lacking in. The NHSCB will put a plan in place to support these CCGs to safely carry out their duties.

3. Established but not authorised – this means that the CCG has failed to meet the requirements of authorisation to such a degree that it cannot take on its commissioning duties. Because there must be a CCG in place in every area in England for legal reasons, the CCG will be

classed as just “established” but not “authorised”. In essence, it will remain in shadow form until it can be authorised.

The NHSCB will take responsibility for making sure that health services are properly commissioned in the CCG’s area. Either the NHSCB will make the commissioning decisions itself, or arrange another CCG to do so on its behalf.

The RCN’s position

Nurse involvement is needed at all levels of commissioning because of the unique and multi-faceted perspective nurses bring. At the centre of this is the registered nurse seat on the governing body. The RCN believes that it must be filled by an experienced, senior-level nurse leader. It should be a substantive post and should hold responsibility for quality of care and patient safety.

The RCN would encourage wider involvement of nurses in the work of CCGs than just the statutory registered nurse seat, however, to make sure that nursing’s skills and knowledge are properly used to improve service design. Nurses should be considered for other roles on the governing body (for example, the Chair and Accountable Officer roles, or as a practice representative), if they have the skills and experience required.

Nursing staff have a patient-focused approach and an understanding of care pathways across organisational divides. Their skills should be used by CCGs when planning services in detail too, not just at board level.

The RCN welcomes CCG engagement with service users, carers and the wider community, because it is key to delivering effective health and social care services that meets people’s needs, and which are also effective, safe and cost-effective. Nurses, as the professionals who work most closely with patients across care settings, are in a position to lead this engagement.

Proper governance arrangements are crucial for any organisation involved in commissioning. Openness and transparency are essential to ensure public confidence in the work of CCGs. The RCN believes that governance documents should be easily available.

What is the RCN doing?

The RCN is promoting nursing involvement at every level in the new commissioning structure, and we have developed guidance for CCGs and other bodies involved in the reforms. We are also monitoring all CCGs to make sure that nursing expertise is used, with a particular focus on the registered nurse seat on the governing body.

More information

More information on the authorisation process, including the draft guidance can be found on the NHSCB website: www.commissioningboard.nhs.uk

The RCN has produced resources for its members, including briefings on the reforms and guidance on nurse involvement in CCGs: www.rcn.org.uk/nhsreform

If you would like to be kept updated and involved in the RCN's work on commissioning reform, or would like to let us know what is happening in your area, please contact us: commissioning@rcn.org.uk

If you are an RCN member and you are being directly affected by the reforms, you can access advice and support from RCN Direct on 0345 772 6100.