

# Is caring oxymoronic in commissioning?

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# What is commissioning?

- *Commissioning is the process of planning, purchasing, agreeing and monitoring services (NHSE 2017)*
- Commissioning is not one action but many, ranging from the health-needs assessment for a population, clinically based design of patient pathways, service specification and contract negotiation or procurement, with continuous quality assessment

# HSCA 2012 Controversial

- Responsibility for health of citizens from Secretary of State for Health -> CCGs overseen by PHE/NHSE
  - Duty to “provide” becomes a duty to “arrange”
  - “the biggest revolution in the NHS since its inception” despite a manifesto pledge to stop top-down reorganisations which have got in the way of patient care

# Clinical commissioning groups in England

- Most of the NHS commissioning budget is now managed by 209 clinical commissioning groups (CCGs). These are groups of general practices which come together in each area to commission the best services for their patients and population.
  - Nationally, NHS England commissions specialised services, primary care, some public health, offender health and some services for the armed services
- CCGs are supported by commissioning support units (CSUs).

# Reflexive positioning

- Group of academics and activists interested in the HSCA 2012.
- Small programme of research into nurses' roles in commissioning
  - Pilot work in London (NS paper 2015)
  - Literature review (Nursing Inquiry 2015)
  - Evaluation of CNLN survey (Jnl Nursing Management 2015)
  - Observational study of two CCGs in London (Jnl of Research in Nursing 2017)

# Our position

- Globally health systems are under pressure to contain and reduce costs (Allan et al 2016).
  - managerialist restructuring (Rudge 2015)
  - new public management (Berg et al 2008)
  - budget cuts (Rudge 2015)
- Clinical Commissioning Groups (CCGs) in England form part of this trend (Allan et al 2016).
  - Governing body nurses (GBNs) were appointed to CCGs to provide nursing leadership to commissioning services.

# Oxymoronic

- A figure of speech in which apparently contradictory terms appear in conjunction
  - Cruel to be kind
  - Clearly confused
  - Act naturally

# Our paper....

- Problematifies these '*self-reported*' findings about the nursing role by drawing on observational work
  - 'Caring' commissioning
  - 'Patient-centred' commissioning

# Study

- Observational and interview case study
- Purposeful sampling
- Methods:
  - Observations of seven formal meetings, three informal observation sessions, and eight interviews from January 2015 to July 2015 in two CCGs in the South of England.

# Findings

- Retaining a patient centred focus on clinical commissioning groups is problematic as the GBNs' authority is contested.
- Four themes:
  1. patient centred focus
  2. nursing leadership in commissioning
  3. negotiating leadership within CCGs
  4. negotiating professional relationships outside the CCG

# 1. Enforcing the patient focus?

- “To provide the best health possible to the residents of XXX, encourage self-care, develop effective care pathways and to focus on quality of service. [...] this message has been condensed and will appear as a screen saver on everyone’s computer. [...] every CCG member will be issued with cards, also showing the vision statement, so that wherever they go, when asked, they will be united in their quest”. (Observation CCG)

# Reminding CCGs of their focus?

- “the NHS icon on their (CCG employees’] computers” [could] be the only reminder of their purpose” (Informal interview GBN Rutherford CCG)
- CCGs may be governed rather than directed by values: “creat[ing] an industry of process as opposed to doing what is the right thing by the patient” (Observation GBN Rutherford CCG).

# Bureaucracy?

- “This is nit picking [the debate over the agenda]. I don’t know what they’re on about. It’s the patient agenda that should be nit-picked. This is all about organisational bureaucracy [...]”  
(Observation Weatherspoon CCG Board meeting)

## Bottom line...

- “In terms of where quality and finance, [...] you’re wanting assurance that those cost reductions are not going to impact adversely on the quality, that’s going to be a conflict, with the number one priority about actually reducing costs”. (Interview CSU member Rutherford CCG).

## 2. Nursing leadership in commissioning

- Hilary was perceived by one CCG member as “the leader and [the] expert, [who] would use the part time nurse person for that softer side of things”
- “as a participative leader...the keeper of values that are shared by their team” (Interview Weatherspoon CCG).

### 3. Negotiating leadership in CCGs

- “nurses (generally) do not have “a strategic head on them”.(Observation Rutherford CCG)
- “part-time nurses were at that lower level” (interview finance officer Rutherford CCG)
- Anna’s interview “strategic matters went over her head” (Observation Weatherspoon CCG).
- CCG member considered part time, primary care nurses’ influence as “limited, with “a narrow scope of experience” (Interview Rutherford CCG)

# Negotiating leadership externally to CCGs

- Berenice and Anna felt that their leadership style facilitated “honest” relationships whereby the Trust could telephone the CCG “and say, we’ve had a serious incident, we just want you to know”. (Interview Berenice Weatherspoon CCG). Berenice suggested that an authentic relationship did not detract from scrutiny.
- Hilary’s style was more combative and at quality and contract review meetings, involved detailed scrutiny of trust data

- “the Director of Nursing [from a local acute Trust] had little conception of the health problems addressed by the CCG, yet was dismissive of their work....GBNs are perceived as *clipboard toting nuisances* by their acute care colleagues (Observation Rutherford)”
- ambivalent about local practice nurses, describing them as “a red herring that diverted attention from the work of the CCG” (Observation Rutherford CCG).

# Discussion

- Inherent in the nursing role (in CCGs as elsewhere) is the enduring and contested assumption that nurses embody the virtues of caring and compassion.
- New commissioning roles - such as those within CCGs - are not based on clinical knowledge or the traditional nursing virtues and nurses struggle to articulate a nursing leadership role.

# Conclusions

- The authority of nurses in commissioning groups is contested by nurses themselves, members of the CCG and external stakeholders irrespective of whether it is aligned with clinical knowledge and practice or with new forms of management
  - both disregard the type of expertise nurses in commissioning embody.
- The doctor-nurse game appears to be alive and kicking to the extent that nurses merely add 'quality' to what is in reality a cost cutting of services

# Is caring commissioning oxymoronic?

- It appears oxymoronic to state that nursing leadership can lead to *caring commissioning*
  - Little suggests nursing leaders are publicly critiquing commissioning or the HSCA or nurses' roles in cost cutting post adversity
  - Our data suggests that nurses' lack of authority diminishes their claim to lead and present a nursing agenda supposedly located in the 6Cs and patient-centred care.

# Global relevance

- Reviewer comment:
- “It is of concern that mostly these results indicate a persistent and predominant attitude that nurses are not qualified for leadership or managerial roles, and suggestion of gender politics proliferates”