

Risk assessment of configuration

TECHNICAL APPENDIX 2

September 2011





Risk assessment of configuration

This section sets out further detail on the risk assessment for emerging clinical commissioning groups (CCGs) to undertake with SHA clusters. This is a risk assessment, not a binding decision and is designed to help emerging CCGs identify what further work may be required.

The first three aspects of the risk assessment are designed to help emerging CCGs understand whether their current proposed arrangements are likely to meet the criteria around configuration defined in the Health and Social Care Bill or set out in the Government's response to the NHS Future Forum. The specific requirements are:

- **Member practices** – The Bill stipulates that each of the members specified in the constitution of a CCG will be a holder of a primary medical contract at the time of establishment.
- **Geography** – The Bill stipulates that each CCG will have a geographic area (which cannot overlap with other CCG areas). This has three main purposes: the CCG will be responsible for working in partnership with the local authority (or local authorities) in that area, including being a member of the relevant health and wellbeing board(s); the CCG will have responsibility for persons who usually reside in the CCG's area and who are not provided with primary medical services by a member of any CCG (i.e. unregistered patients); and it will have responsibility for securing emergency care for any person present in its area.

The Bill stipulates that CCGs are responsible for persons who are provided with primary medical services by a member of the CCG. These registered patients will not necessarily all live in the CCG's geographic area; nor does the Bill require that each of the GP practices in the CCG are necessarily located in this geographic area. However, a CCG will need to work coherently with local partners to best serve local health needs – in order to achieve that coherence, a significant majority of the registered patients for whom a CCG is responsible will have to live in the CCG's geographic area.

- **Geography – relationship with local authority boundaries** – The Government has accepted the NHS Future Forum's recommendation that the geographic areas of CCGs should not normally cross the boundaries of unitary or upper tier local authorities, with any departure needing to be clearly justified and in the interests of patients. (This is not intended to preclude the possibility of a single CCG covering two local authority areas.)

The fourth aspect of the risk assessment is intended to help emerging CCGs understand the likely impact of their proposed size both on their organisational viability, and the degree of sharing of roles and functions or use of commissioning support they will need to consider, and their ability to secure local practice engagement in the case of very large CCGs.

Consequently, the proposed risk assessment is likely to be based on the following:



	RISK RATING		
	RED	AMBER	GREEN
Configuration: Member practices at the time of establishment	The member practices of the emerging CCG do not support the proposed configuration of the CCG, or the majority of practices do not wish to be part of any clinical commissioning group.	The emerging CCG is working towards being able to demonstrate that all its member practices are supportive of the proposed CCG configuration especially in relation to the consideration of shape, local authority boundaries and proposals for organisational viability.	Member practices are supportive of the proposed CCG configuration especially in relation to the consideration of shape, relationship with local authority boundaries and proposals for organisational viability.
Configuration: Geography – boundary/ population	The emerging CCG does not have a defined geographical area, or a significant majority of registered patients do not live in the proposed area, and/or the GP practices that make up the CCG are drawn from a widely dispersed area.	The emerging CCG has a defined geographical area, a significant majority of registered patients live in this area, but the GP practices that make up the CCG come from a dispersed area.	The emerging CCG has a defined geographical area, a significant majority of registered patients live in this area, and the GP practices that make up the CCG are not drawn from a dispersed area.
Configuration: Geography – local authority boundaries	The emerging CCG cannot demonstrate an overriding reason for straddling unitary or upper tier local authority boundaries.	The emerging CCG can demonstrate an overriding population centred reason for straddling unitary or upper tier local authority boundaries but cannot yet demonstrate support of the local authorities.	<p>CCG geographic area is coterminous with a unitary or upper tier local authority boundary (or the boundaries of two combined local authorities), or</p> <p>CCG geographic area falls wholly within a unitary or upper tier local authority boundary; or</p> <p>The emerging CCG can demonstrate an overriding patient/population centred reason for straddling unitary or upper tier local authority boundaries and has the demonstrable support of the local authorities for being able to discharge effective joint commissioning (for example, reflecting major patient flows along care pathways into acute healthcare).</p>



	RISK RATING		
	RED	AMBER	GREEN
Configuration: Impact of size	<p>The emerging CCG is very small and cannot identify a future arrangement through which it could secure the capacity and capability to carry out all its commissioning responsibilities [within its running costs]; or</p> <p>The emerging CCG is very large and has no realistic plans to secure local practice engagement.</p>	<p>The emerging CCG is very small and is developing options for arrangements through which it could secure the capacity and capability to carry out all its commissioning responsibilities [within its running costs]; or</p> <p>The emerging CCG is very large and is developing options to secure local practice engagement.</p>	<p>The emerging CCG is very small and confident that arrangements through which it could secure the capacity and capability to carry out all its commissioning responsibilities [within its running costs] are on track; or</p> <p>The emerging CCG is very large but arrangements for local practice engagement are on track.</p>