

## **USEFUL INFORMATION ABOUT Clinical commissioning groups (CCGs)**

### **Overview**

At the heart of the government's proposals for a new commissioning architecture are clinical commissioning groups (CCGs). Based on the membership of constituent general practices, and involving and empowering the full range of clinical professionals, these organisations are designed to realise the potential for clinical leadership.

Subject to the passage of the Health and Social Care Bill, clinical commissioning groups will be developed to cover the whole of England. As they develop, they will work through an authorisation process with the aim to have the vast majority of CCGs fully authorised by April 2013.

They will be responsible for commissioning the majority of healthcare for their local population. CCGs are designed to be truly different organisations through the clinical engagement and leadership GPs and other clinicians bring, the engagement of a range of health and care professionals, working in partnership with local government and the ability to be much closer to communities and patients. They will require good management and support in order to function effectively.

### **Location**

Clinical commissioning groups will cover the whole of England with their base expected to be within the geographical area for which they are responsible.

### **Numbers of Staff**

The numbers of staff in any CCG will largely depend on the size of CCGs and how CCGs choose to operate. Each CCG will decide the extent to which they carry out services in house, or share or buy in support services especially from Commissioning Support Services (CSSs). As CCGs develop towards authorisation they will develop and firm up their operating model and structures.

### **Organisation Design**

CCGs will be required to have a governing body to ensure that appropriate arrangements are in place to exercise their functions effectively, efficiently and economically and in accordance with the generally accepted principles of good governance and the constitution of the CCG. Each CCG will appoint a Chair of the Governing Body, an Accountable Officer and a Chief Finance Officer who will lead the design of the supporting organisational structure.

PCT Clusters will be working closely with the CCGs to assign roles during the transition. It is expected that CCGs will start putting arrangements in place to identify their substantive appointments from April 2012. Consultation exercises

with staff and trade unions are expected to commence thereafter in line with local organisation change policies, and will build on local HR frameworks, supported by national guidance to provide a consistent approach to people transition across the CCGs.

### **Useful documents**

'Developing Clinical Commissioning Groups – Towards Authorisation' was published in September 2011.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_130318.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130318.pdf)

'Technical Appendices for Towards Authorisation'

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_130293](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130293)

'Towards establishment Creating responsive and accountable clinical commissioning groups' was published in draft form in December 2011 describing the governance arrangements for CCGs.

<http://www.hsj.co.uk/Journals/2011/12/01/k/n/r/Draft-Governance-Framework-v4.0-to-SofSjt.pdf>

Phase 1 of the 'NHS Commissioning Board People Transition Policy' was published in July 2011.

<https://www.wp.dh.gov.uk/commissioningboard/files/2011/12/Paper-NHSCBA-12-2011-3-People-Transition-Policy.pdf>

CCGs will be provided with a checklist to support them in receiving staff from the NHS. This will draw together existing good practice recommendations from the Transition Framework and the PTP.