Ipsos MORI
Social Research Institute

July 2016

CCG 360° Stakeholder Survey 2016

Overall report

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Contents

1 Introduction

1.1 Background

The CCG 360° Stakeholder Survey was initially commissioned by the Department of Health on behalf of NHS England (then the NHS Commissioning Board) in 2012 as a key component of the authorisation process through which aspiring CCGs applied for formal establishment and authorisation to discharge their statutory duties.

Four years on from the authorisation process the role of CCGs has changed and broadened in response to challenging financial positions and changes within the commissioning landscape. In order to continue to assess a CCG's capability, NHS England has statutory responsibility to conduct an annual performance review of each CCG, assessing against the five components set out in the *'CCG Assurance Framework 2015/16'.*

A central part of the assurance process is the 2016 CCG 360° Stakeholder Survey, the findings of which are presented in this report. The survey was conducted with a broad range of stakeholders connected to each CCG. A key aim of the survey is to enable NHS England to assess whether CCGs are operating effectively in partnership with key organisations in the local health system to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients.

In addition, the results from the survey also provide longitudinal data to help improve CCGs' ongoing organisational development, enabling them to continue building strong and productive relationships.

1.2 Methodology

The CCG 360° Stakeholder Survey was conducted by Ipsos MORI on behalf of NHS England, and all 209 CCGs in England took part in the survey. Each CCG provided Ipsos MORI with a list of stakeholders to be contacted for the 360° survey. The following stakeholder groups were included in each CCG's list:

- GP member practices;
- Health and wellbeing boards;
- Local Healthwatch and patient groups / organisations / representatives;
- NHS providers (acute, mental health and community);
- Other CCGs they collaborate with;
- Upper tier or unitary local authorities; and,
- Wider stakeholders[1]

[1] This is a varied group of stakeholders from other organisations not listed in the core list. CCGs had the opportunity to include up to ten additional stakeholders from other organisations.

CCGs were provided with a stakeholder framework which specified the maximum number of stakeholders required within each stakeholder group. To account for the fact that relationships between stakeholders and CCGs vary between CCGs, within each stakeholder group, CCGs were provided with some flexibility to choose the specific individuals they would like to complete the survey. More details of the specific requirements for each stakeholder group are included in the technical note in Chapter 14.

The survey was primarily conducted online. Nominated stakeholders were initially invited to participate via email, with up to four reminder emails targeted at those who did not respond to the survey. Two weeks after the initial invites, those stakeholders who had not responded to the email invitations were then telephoned by Ipsos MORI interviewers over a further three-week period, in order to encourage response and offer the opportunity to complete the survey by telephone. Some CCG leads also played a key role by proactively encouraging their stakeholders to complete the survey and supporting them through the process.

Within the survey, stakeholders were asked a series of questions about working relationships with the CCG. In addition, as stakeholder groups had different areas of experience and knowledge, they were presented with a short section of the survey that contained questions specific to the stakeholder group they represented (except those classed as wider stakeholders or other CCGs). Each question was linked to one of the five components of assurance set out in the '*CCG Assurance Framework 2015/16*'.

The questionnaire was standardised across the CCGs, although the name of the CCG was included within the question wording to ensure stakeholders (who were sometimes completing surveys for multiple CCGs) were clear which CCG they were answering about. In addition, the wording for GP member practices differed slightly to that for other stakeholders to reflect their status as a constituent member of CCGs rather than external stakeholders[2].

Where CCGs had supplied them, up to five additional localised questions were included at the end of the survey for all the CCG's stakeholders to answer. These questions were in a standardised form. In practice, these statements were often about localised activities that CCGs had carried out.

Fieldwork for the CCG 360° Stakeholder Survey began on the 1st March[3] and ended on the 4th April 2016. This timeframe allowed surveys to be completed, data analysed, and reports finalised, before annual assurance conversations were scheduled to take place between NHS England and CCGs.

In total, 13,924 stakeholders were invited to take part in the survey and 8,244 of these stakeholders went on to complete it. Consequently, the final overall national response rate was 59%. The response rate varied across CCGs and the different stakeholder groups; further details are provided in Chapter 14.

On completion of the survey, Ipsos MORI produced the following reports for each CCG:

[2] For this group the survey was referred to as the '*CCG member practice survey*'.

[3] Seven CCGs were unable to provide their stakeholder lists in time to launch on 1st March and as a result, for these CCGs, fieldwork commenced on 9th March. All fieldwork finished on 4th April in order to ensure the results for all CCGs could be provided in advance of their assurance conversations with NHS England.

- a full PowerPoint report comprising the findings from all of the closed questions in the survey with a breakdown by different stakeholder groups; and
- a document detailing stakeholders' verbatim responses to the open-ended (free-text) questions.

1.3 Interpretation of the data

NHS England are committed to ensuring that the process of assurance, and the key sources of information which inform it, continue to develop as co mature in the spirit of ongoing co-production with CCGs. The CCG 360° Stakeholder Survey should be viewed from this same perspective. The findings of the survey provide a 'snap-shot' at a particular point in time to inform how CCGs can continue to build and improve relationships with stakeholders in the future.

Where relevant and appropriate (i.e. consistent question wording across both surveys) comparisons with the 2014 and 2015 CCG 360° Stakeholder Surveys have been included. Comparisons with the 2012 survey, which was conducted prior to authorisation, have not been included in this report. This was deemed appropriate because, when the 2012 authorisation survey was conducted CCGs were in the process of establishing themselves as organisations. This is in contrast to the 2016 survey where CCGs have been formally functioning in their role for almost four years. In addition, for the authorisation survey the sample framework provided to CCGs was much more prescriptive, requiring CCGs to provide the details for stakeholders in specific roles. For both the 2015 and the 2016 surveys, while CCGs were provided with a list of core organisations to include, they were largely free to select the stakeholders within those organisations to include in the survey. As a result of the variation in sample and functioning of CCGs, comparisons with the authorisation survey have not been included in this report.

Throughout the report, statistically significant differences (either between 2015 and 2014 results or between results across different stakeholder groups) are denoted with black arrows on the relevant chart. Where a change in results across years, or a difference between stakeholder groups, is described as "significant", this is referring to statistical significance.

Where percentages in this report do not sum 100, this is due to computer rounding. Throughout the report an asterisk (*) denotes any value of less than half of one per cent, but greater than zero.

1.4 Structure of this report

The purpose of this report is to provide an overview of findings across all 209 CCGs. It will highlight the areas where CCGs are performing well and will also outline areas where relationships could be strengthened. Further, the report will provide details of the survey process, to serve as a record of how the research was conducted.

The majority of the analysis contained in this report is structured by specific stakeholder groups. However, the 'overall findings' chapter explores responses to the general questions about engagement, working relationships and CCG plans and priorities that were asked of all stakeholder groups. At the beginning of each stakeholder chapter, these overall findings are summarised for that particular stakeholder group. The report is structured as follows:

Chapter 1: Introduction – providing an overview of the background to the survey and how it was conducted

Chapter 2: Summary findings – summarising the key findings from the survey

Chapter 3: Overall findings – an overview of engagement and relationships, including analysis of how perceptions have changed between 2015 and 2016

Chapter 4: GP member practices – perceptions of internal governance arrangements within the CCG, CCGs' plans and priorities and perceptions of primary care co-commissioning

Chapter 5: Healthwatch and other patient groups – perceptions of the way in which CCGs communicate and engage with patients and public

Chapter 6: NHS providers – understanding how well CCGs and NHS providers are working together in a number of areas

Chapter 7: Upper tier/unitary local authority – exploring collaborative arrangements between local authorities and CCGs, including arrangements for safeguarding adults and children and integrated commissioning

Chapter 8: Health and wellbeing boards – focusing on views of the role CCGs play in the operation of Health and wellbeing Boards, along with CCGs' and local authorities' integrated commissioning

Chapter 9: Other CCGs – an overview of engagement and relationships for this group of stakeholders

Chapter 10: Wider stakeholders – an overview of engagement and relationships for this varied group of stakeholders

Chapter 11: Regional variation this chapter outlines whether any discernible differences emerged across the four NHS England regions.

Chapter 12: Technical information – providing more detail about the methodology for the survey and response rates

Chapter 13: Project learnings – this chapter suggests some directions in which the survey could develop for the future

Annex: The annex of this report contains tables showing, for each question discussed in the 'overall findings chapter' a breakdown of responses across each stakeholder group.

1.5 Acknowledgements

We would like to thank all 8,244 stakeholders and GP member practices who took part in the survey for their time. The survey would not have been possible without their willingness to engage with the survey and tell us in detail about their relationship with the CCG.

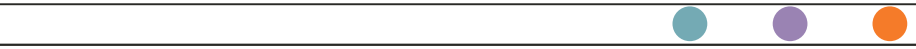
We would like to thank the CCG leads who took part in the survey engagement group for their time and the invaluable insight they gave when designing this year's survey. We would also like to thank all CCG leads for their help compiling the stakeholder samples and encouraging their stakeholders to participate in the survey.

Finally, we are also grateful to Sarah Briggs, Joanne Cooke and Victoria Chapman, as well as the wider CCG Advisory Group at NHS England for their support and feedback throughout the survey.

2 Summary findings

The following chart presents the summary findings across the CCG for the questions asked of all stakeholders. This provides the percentage of stakeholders responding positively to the key questions, including year-on-year comparisons where the question was also asked in 2015 and 2014.

Base = all stakeholders (2016; 8244 , 2015; 8472 , 2014; 9018) unless otherwise stated



Overall Engagement		2016	2015	2014
Overall, to what extent, if at all, do you feel you have been engaged by the CCG over the past 12 months?	% a great deal/ a fair amount	80%	81%	83%
And how satisfied or dissatisfied are you with the way in which the CCG has engaged with you over the past 12 months?*	% very/ fairly satisfied	71%	73%	74%
And still thinking about the past 12 months, to what extent do you agree or disagree that the CCG has listened to your views where you have provided them?	% strongly/ tend to agree	60%	64%	66%
To what extent do you agree or disagree that the CCG has taken on board your suggestions?	% strongly/ tend to agree	50%	53%	-
Overall, how would you rate your working relationship with the CCG?	% very/ fairly good	76%	79%	79%
And thinking back over the past 12 months, would you say your working relationship with the CCG has got better, got worse or has it stayed about the same?**	% got much/ a little better	40%	43%	49%

Commissioning services		2016	2015	2014
The CCG involves and engages with the right individuals and organisations when making commissioning decisions	% strongly/ tend to agree	59%	62%	63%
I have confidence in the CCG to commission high quality services for the local population	% strongly/ tend to agree	64%	68%	68%
I understand the reasons for the decisions that the CCG makes when commissioning services	% strongly/ tend to agree	60%	63%	64%
The CCG effectively communicates its commissioning decisions with me	% strongly/ tend to agree	55%	57%	59%
The CCG's plans will deliver continuous improvement in quality within the available resources	% strongly/ tend to agree	54%	58%	58%

***Base = all who feel they have some level of engagement with CCG (2016; 8046, 2015; 8320, 2014; 8852)**

****Base = all who feel they have a working relationship with CCG (2016; 8136, 2015; 8363, 2014; 8881)**

Base = all stakeholders (2016; 8244 , 2015; 8472 , 2014; 9018)

3 Overall findings

Summary

- Whilst the overall performance of CCGs remain high with some indicators showing in excess of 80 per cent satisfaction and many in the range of two thirds satisfied and only 10–20 per cent dissatisfied, some indicators show satisfaction falling to around half and dissatisfaction around one quarter. CCGs' performance on many measures has declined since the 2015 survey was conducted. In the majority of cases however, this change is caused by a negative shift in opinion among GPs only, and is not reflected in the opinions of other stakeholder groups. While disappointing, these results should be viewed in the context of a challenging year for the NHS and a recognised growing burden on GPs.
- Where a decline in scores from 2015 to 2016 is seen at the national level, this tends to be reflected in the pattern of change at the individual CCG level – with a greater number of CCGs seeing a decrease in their scores this year than saw an improvement. Across many measures, however, there is still a significant minority of CCGs whose scores have improved this year.
- Some of the CCG scores are very high, for instance almost all stakeholders (98%) felt they had been engaged by their CCG in the last 12 months – this is consistent with perceptions of engagement in 2015 (98%). Also consistent with 2015, the majority were satisfied with the way in which engagement has taken place (71%).
- Similarly, whilst ratings of working relationships have declined slightly, they still represent a high baseline, with three in four (76%) now reporting a very good or fairly good working relationship with the CCG (compared with 79% in 2015).
- Three in five stakeholders (60%) feel that the CCG has listened to their views and suggestions and just half (50%) agree that the CCG has taken on board their suggestions. Both measures have fallen since 2015. GP member practices give particularly poor ratings here, which may indicate that GPs increasingly feel they have little influence over their CCGs.
- Confidence in all aspects of CCGs' overall leadership has fallen since 2015, particularly in relation to their ability to deliver improved outcomes for patients (from 64% in 2015 to 59% in 2016) and to deliver its plans and priorities (from 67% in 2015 to 62% in 2016).
- Stakeholders are positive about the extent to which they feel able to raise concerns with their CCG about the quality of local services (83% feel able to raise concerns). Stakeholders tend to be less positive about how effectively the CCG monitors the quality of services it commissions (61%) and about how it acts on feedback it receives about the quality of services (66%).
- Although the majority of stakeholders remain positive about CCGs' involvement in local groups (65%), there has been a relatively large decline in this measure since 2015 (from 76%). Unlike many other measures, this decline is apparent across most stakeholder groups, not just GP member practices.

- This year a new question was added to assess the extent to which CCGs were effective as 'local system leaders' by their stakeholders. Results for the question were generally positive, with three in four (74%) reporting that their CCG was very or fairly effective as a local system leader.

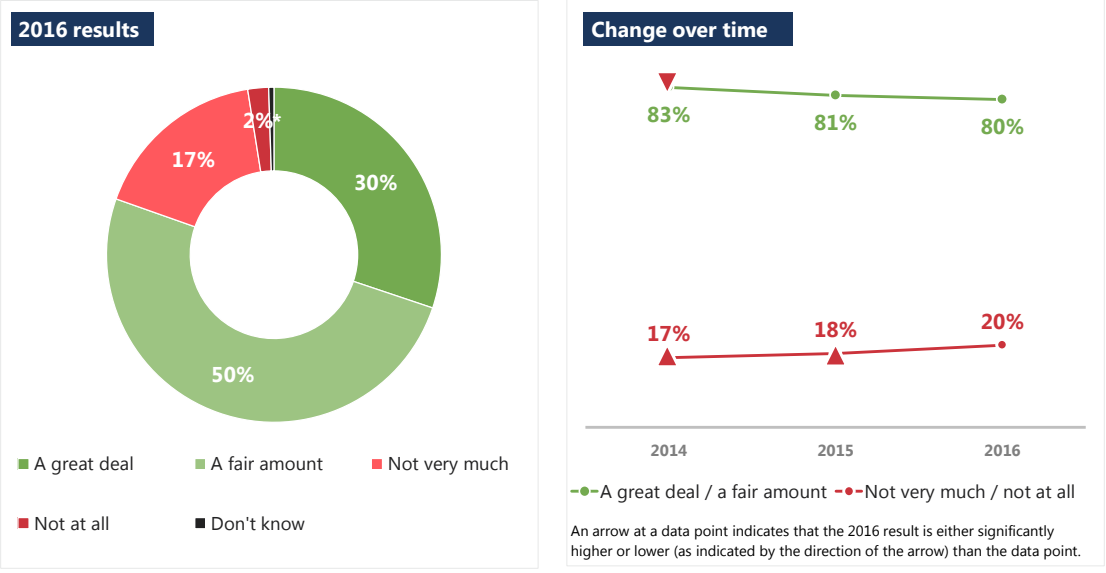
While each stakeholder group was asked specific questions on those aspects of their relationship with the CCG most relevant to their role, there were also a range of questions asked of all stakeholders. These questions look at general engagement, communications and relationships, which are all key to developing and maintaining productive relationships.

The following discussion shows how CCGs at the overall level are performing on these key areas, and how this performance has changed over time. It is worth bearing in mind that changes at the overall level may mask important changes happening within individual CCGs. Analysis of these overall measures at the CCG-level has been incorporated throughout this chapter. This analysis includes both discussion of the number of CCGs whose scores have increased or decreased at an absolute level, and also of the number whose scores have increased or decreased at a statistically significant level. In many cases, due to the small base size for individual CCGs, relatively large changes in individual CCGs scores across years are not statistically significant – this is highlighted throughout the chapter and should be born in mind when interpreting the data.

3.1 Engagement

Almost all (98%) stakeholders felt that they had been engaged by their CCG over the previous 12 months, with the vast majority (80%) feeling engaged either a great deal or a fair amount[4]. Whilst this has remained consistent since 2015 (81%), the proportion of stakeholders who report receiving little or no engagement has increased; from 18 per cent in 2015 to 20 per cent in 2016. This increase has primarily been driven by an increase in the proportion of GP member practices who report receiving little or no engagement (from 20% in 2015 to 22% in 2016).

Figure 3.1: Overall, to what extent, if at all, have you been engaged by the CCG over the past 12 months?



All stakeholders: 2016 (8,244); 2015 (8,472); 2014 (9,018).

[4] For a breakdown of results for this question across stakeholder groups, please see table 13.1 in the annex to this report.

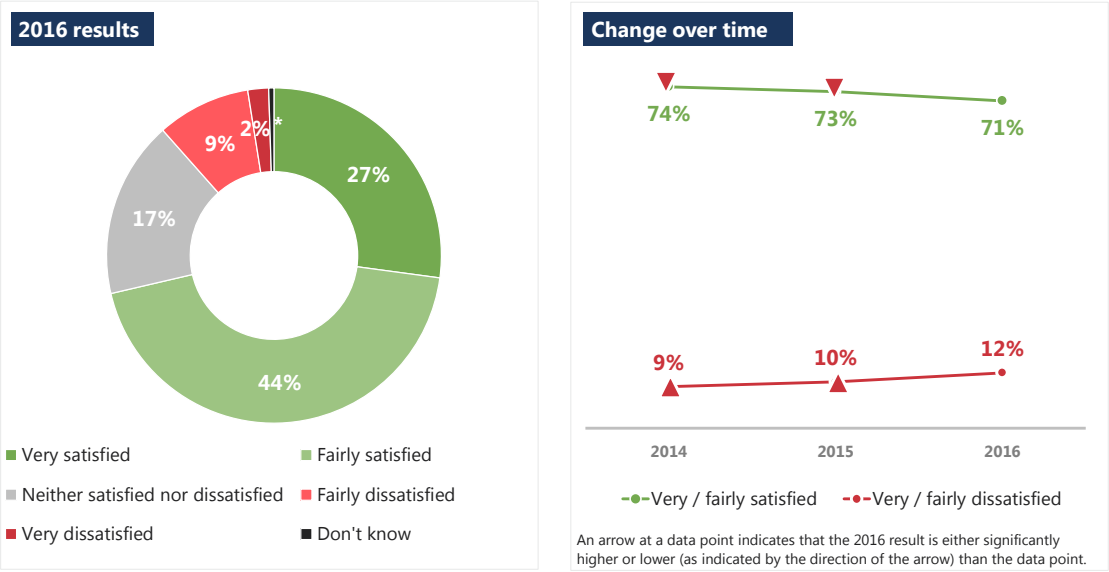
At the individual CCG level, the results for this measure indicate that this stability at the overall level is not based on consistency across all CCGs, but rather on a similar number of CCGs having seen their scores increase as the number seeing a decrease; 99 CCGs saw ratings of their engagement with stakeholders increase from 2015 to 2016, while scores for 104 CCGs decreased. However, when looking at significant changes, twice as many CCGs as increased their ratings saw a decrease (10 CCGs compared with 5). The fact that levels of engagement were maintained at the overall level despite this may be in part explained by the fact that, where scores did increase, they tended to increase by a greater percentage than scores that decreased. As an indication, the greatest positive change for this measure was an increase of 37%, while the greatest negative change was -26% (Figure 3.2).

Figure 3.2: Overall, to what extent, if at all, do you feel you have been engaged by the CCG over the past 12 months

Of the 98 per cent of stakeholders who felt they had been engaged, the majority (71%) were satisfied with the way in which this engagement had taken place[5]. This represents a decrease in satisfaction since 2015 (when 73% were satisfied). This overall increase in dissatisfaction is caused primarily by increased dissatisfaction among GP member practices, health and wellbeing board members and NHS providers.

[5] For a breakdown of results for this question across stakeholder groups, please see table 13.2 in the annex to this report.

Figure 3.3: How satisfied or dissatisfied are you with the way in which the CCG has engaged with you over the past 12 months?



All who feel they have had some level of engagement with CCG: 2016 (8,046); 2015 (8,320); 2014 (8,852).

Again, this decline is reflected in changes at the individual CCG level, with 124 CCGs having seen their scores decrease (18 significantly so) compared with 89 whose scores improved (four significantly so).

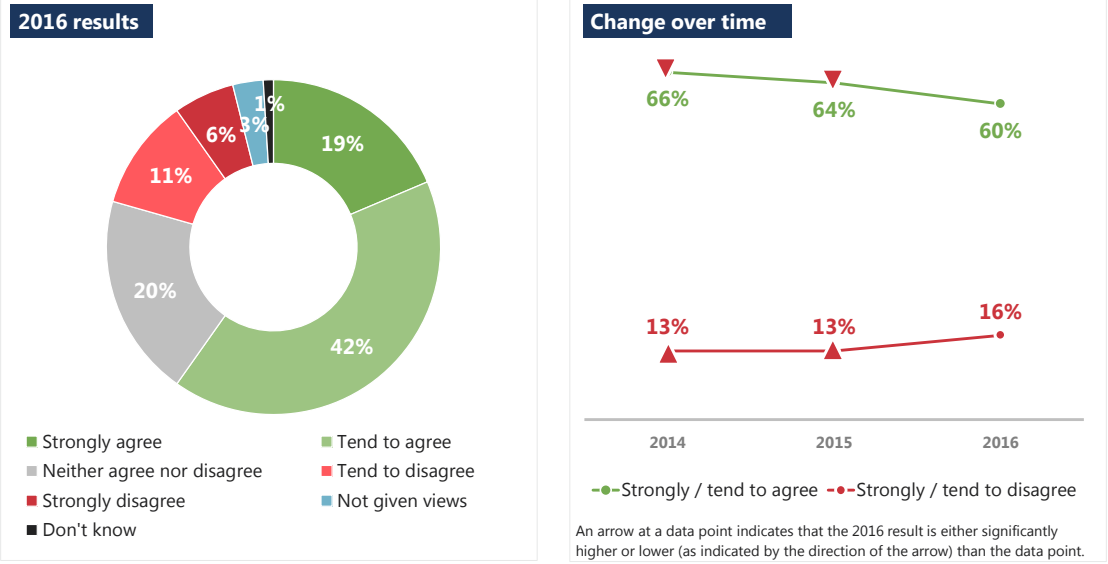
3.2 Listening to views and acting on suggestions

There are increasingly negative opinions of the extent to which CCGs listen to stakeholders' views and act on their suggestions, which may explain the decrease in overall satisfaction in engagement.

Three in five stakeholders (60%) feel that the CCG had listened to their views and suggestions[6] – a fall of four percentage points since 2015 (64%). As was seen with satisfaction with engagement, the negative change in opinion was largely driven by GP member practices, health and wellbeing board members and NHS providers.

[6] For a breakdown of results for this question across stakeholder groups, please see table 13.3 in the annex to this report.

Figure 3.4: Still thinking about the past 12 months, to what extent do you agree or disagree that the CCG has listened to your views where you have provided them?

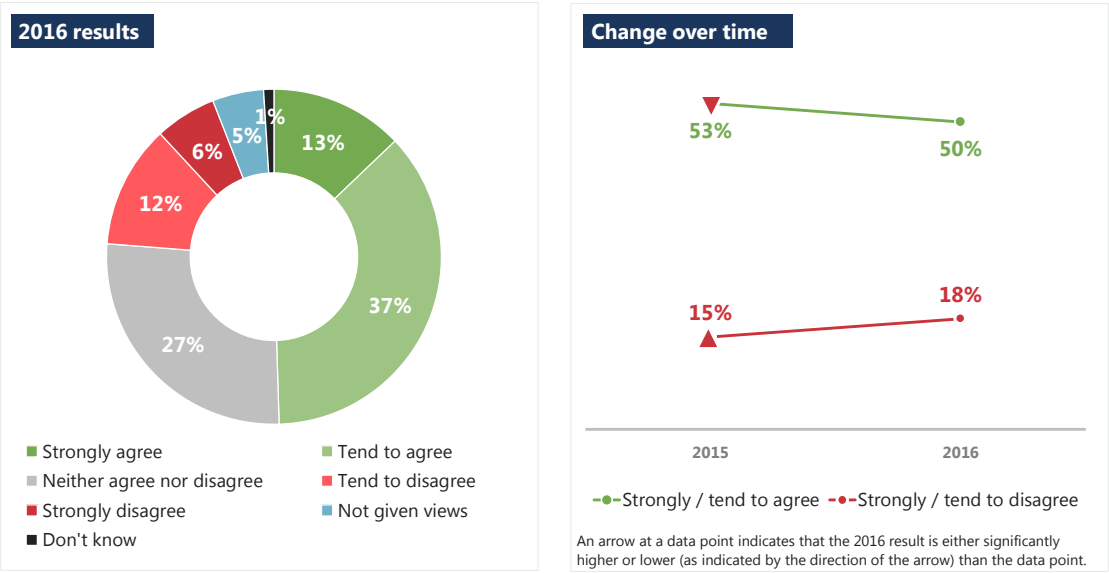


All stakeholders: 2016 (8,244); 2015 (8,472); 2014 (9,018).

As on previous measures, this decline at the overall level is reflected in the pattern of change at the CCG level, with a greater number of CCGs seeing a decrease (124) in their scores since 2015 than saw an improvement (79).

A similar picture is seen with the extent to which CCGs are viewed as taking on board stakeholders' suggestions. Just half of stakeholders (50%) agree that CCGs do so[7]. This has fallen since 2015 (from 53%) whilst the proportion who disagree has increased (from 15% to 18%). This change is largely driven by an increase in negative views among GP member practices and health and wellbeing board members.

Figure 3.5: To what extent do you agree that the CCG has taken on board your suggestions?



All stakeholders: 2016 (8,244); 2015 (8,472).

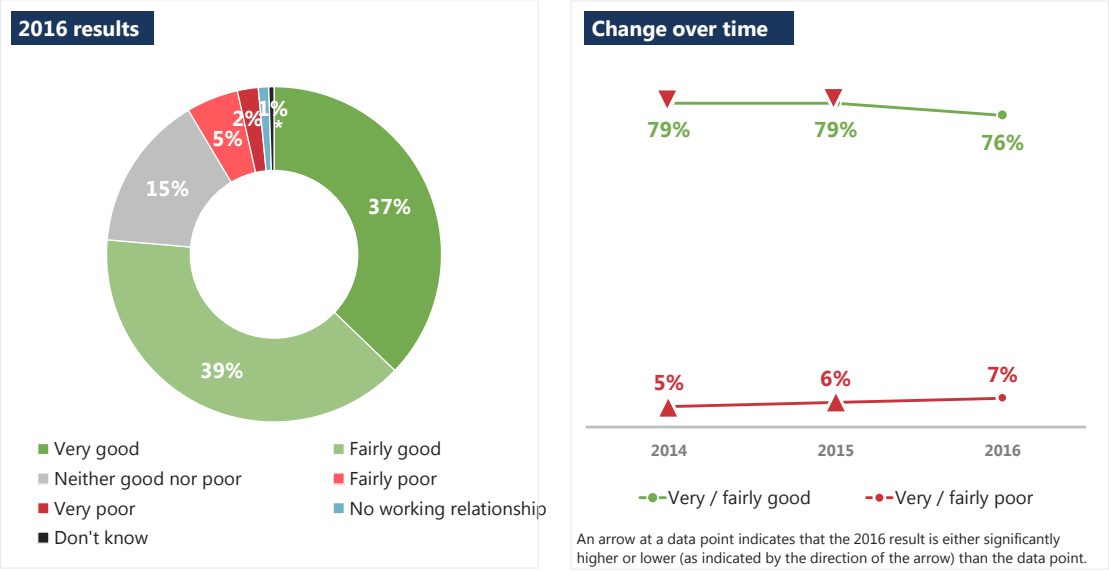
[7] For a breakdown of results for this question across stakeholder groups, please see table 13.4 in the annex to this report.

For this measure an even greater disparity between the number of CCGs whose scores have increased (72) and the number whose scored have decreased (132) is apparent. Similarly, only three CCGs saw a significant improvement in their ratings, while 12 saw a significant decrease.

3.3 Working relationships

Whilst ratings of working relationships remained stable between 2014 and 2015, this year the proportion of positive ratings has declined three percentage points to 76 per cent[8]. Nonetheless, given that fewer than one in ten (7%) report a poor relationship with the CCG, relationships still appear to be very positive.

Figure 3.6: Overall, how would you rate your working relationship with the CCG?



All stakeholders: 2016 (8,244); 2015 (8,472); 2014 (9,018).

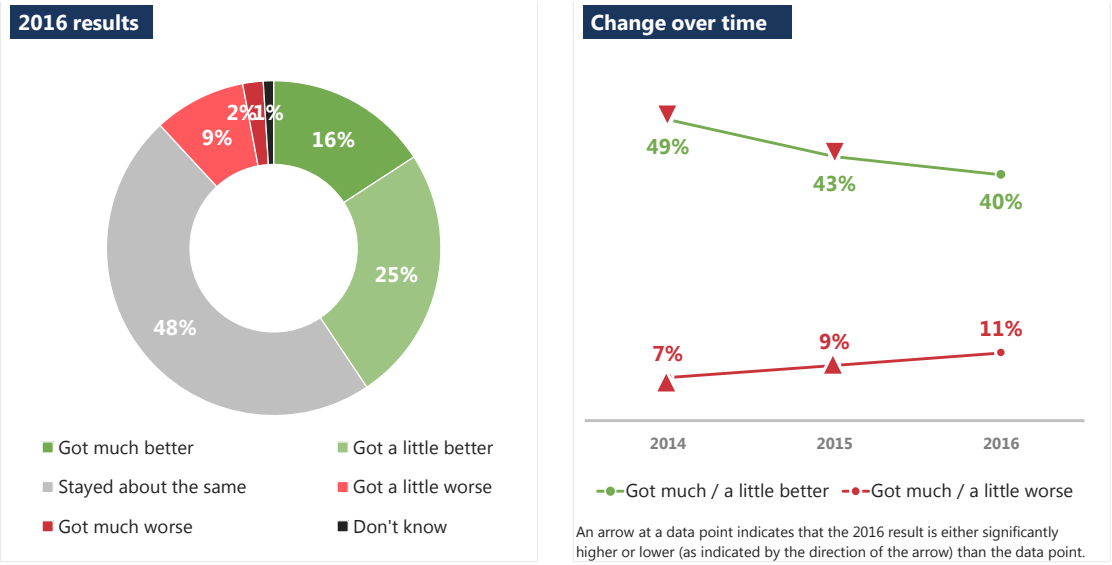
Once again, this decline at the overall level is reflected in changes at the individual level. Eighty-two CCGs saw ratings of their working relationships increase (4 of these significantly so), while 119 CCGs saw their ratings decrease (17 significantly so). Also in line with the decrease seen at the overall level, those CCGs who saw a decrease in their scores tend to have seen a greater decrease than the increase seen by those CCGs whose scores improved. On this measure the greatest positive change seen is 27 per cent, compared with a greatest negative change of -34 per cent.

The proportion of stakeholders that says their relationship with the CCG has improved over the past 12 months decreases each year. This year the proportion has decreased from 43 per cent to 40 per cent[9]. Nonetheless, given that ratings of working relationships are so high overall (as seen at the previous question), the finding that nine in ten stakeholders feel their relationship with the CCG is improving or stable, is a positive one.

[8] For a breakdown of results for this question across stakeholder groups, please see table 13.5 in the annex to this report.

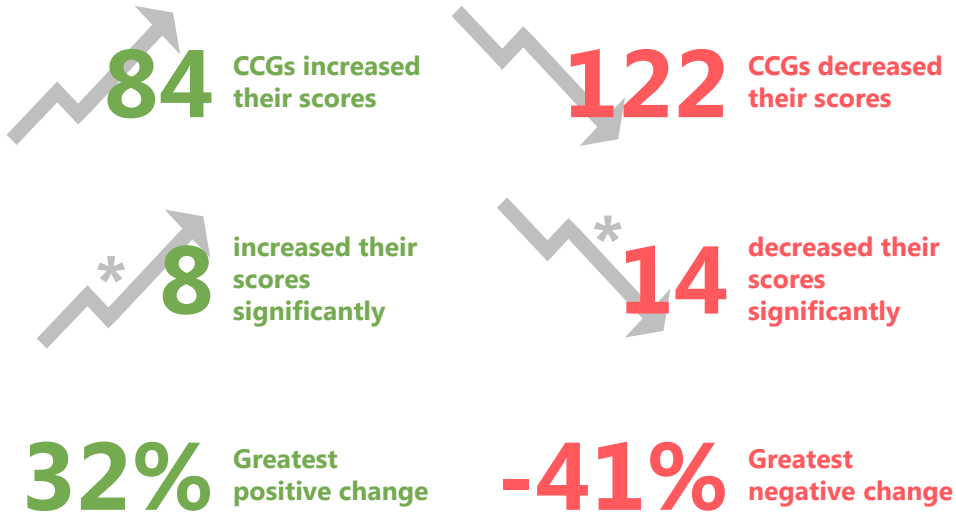
[9] For a breakdown of results for this question across stakeholder groups, please see table 13.6 in the annex to this report.

Figure 3.7: Thinking back over the past 12 months, would you say your working relationship with the CCG has got better, got worse or has it stayed about the same?



All stakeholders: 2016 (8,136); 2015 (8,363); 2014 (8,881).

Figure 3.8: Thinking back over the past 12 months, would you say your working relationship with the CCG has got better, got worse or has it stayed about the same?



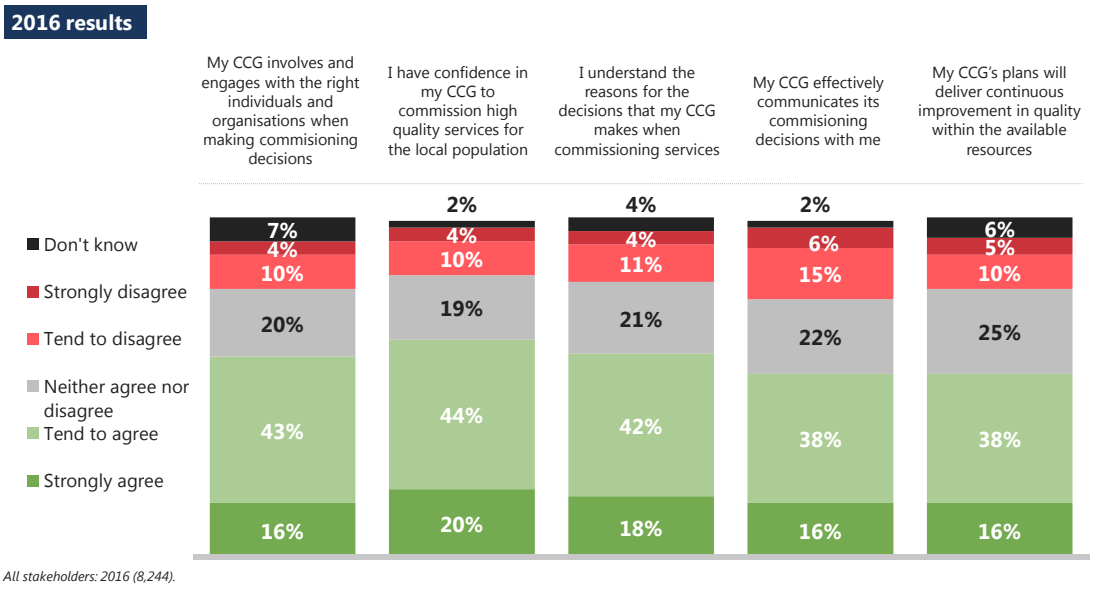
3.4 CCG commissioning decisions

The majority of stakeholders continue to report positive opinions on a series of factors around how CCGs make commissioning decisions.

Around three in five stakeholders agree that they understand the reasons for the decisions their CCG makes when commissioning services[10] (60% compared with 63% in 2015), that their CCG engages with the right individuals and organisations when making commissioning decisions[11] (59% compared with 62% in 2015) and that they have confidence in their CCG to commission high quality services[12] (64% compared with 68% in 2015).

Stakeholders are slightly less likely to agree that their CCG effectively communicates its commissioning decisions[13] (55% compared with 57% in 2015), or that their CCG's plans will deliver continuous improvement in quality within the available resources[14] (54% compared with 58% in 2015).

Figure 3.9: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services?



All stakeholders: 2016 (8,244).

Although the majority of stakeholders continue to have positive views on how their CCGs make commissioning decisions, ratings this year have declined for each of these statements. This decline is driven almost solely by GP member practices whose opinions are more negative than last year on all statements. NHS providers are also less likely than in 2015 to agree

[10] For a breakdown of results for this question across stakeholder groups, please see table 13.10 in the annex to this report.

[11] For a breakdown of results for this question across stakeholder groups, please see table 13.7 in the annex to this report.

[12] For a breakdown of results for this question across stakeholder groups, please see table 13.8 in the annex to this report.

[13] For a breakdown of results for this question across stakeholder groups, please see table 13.9 in the annex to this report.

[14] For a breakdown of results for this question across stakeholder groups, please see table 13.11 in the annex to this report.

that the CCG will deliver continuous improvement in quality within the available resources indicating that providers may have particular concerns in this aspect of service commissioning.

This decline at the overall level is reflected in changes seen at the individual level, where on each of these measures a greater number of CCGs saw a decline in their scores than saw an improvement, with the same also being true for significant increases and decreases. Similarly, across all measures relating to CCG commissioning decisions, the extent of the greatest negative change exceeds the extent of the greatest positive change. To illustrate, agreement with the statement 'I understand the reasons for the decisions that my CCG makes when commissioning services' is used as an example. Between 2015 and 2016 overall scores on this measure have decreased from 63 per cent to 60%. This is reflected in the fact that scores fell for 116 CCGs (16 significantly so) while scores improved for only 89 CCGs (3 significantly so). While the greatest positive change at this measure was 30%, this was exceeded by the extent of the greatest negative change (-40%).[15]

3.5 Leadership

As was the case in 2015, the majority of stakeholders report having confidence in the leadership of CCGs. Around three in four stakeholders (72%) agree that there is clear and visible leadership of their CCG[16], while two in three agree that the leadership has the necessary blend of skills and experience[17] (64%). Similarly, around three in five (62%) agree that they have confidence in the leadership of their CCG to deliver its plans and priorities[18]. Slightly smaller proportions have confidence in the leadership of their CCG to deliver improved outcomes for patients[19] (59%) or to deliver continued quality improvements[20] (57%).

[15] For a full breakdown of changes at the CCG level for each statement in this set please see tables 13.31-13..35 in the annex to this report.

[16] For a breakdown of results for this question across stakeholder groups, please see table 13.13 in the annex to this report.

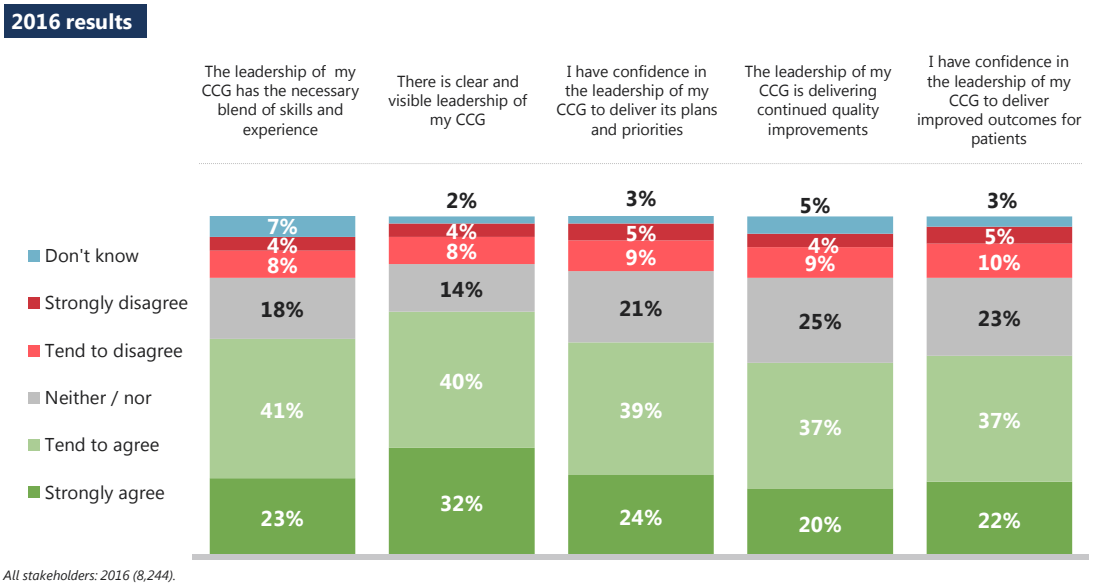
[17] For a breakdown of results for this question across stakeholder groups, please see table 13.12 in the annex to this report.

[18] For a breakdown of results for this question across stakeholder groups, please see table 13.14 in the annex to this report.

[19] For a breakdown of results for this question across stakeholder groups, please see table 13.16 in the annex to this report.

[20] For a breakdown of results for this question across stakeholder groups, please see table 13.15 in the annex to this report.

Figure 3.10: To what extent do you agree or disagree with the following statements about the overall leadership of the CCG?



All stakeholders: 2016 (8,244).

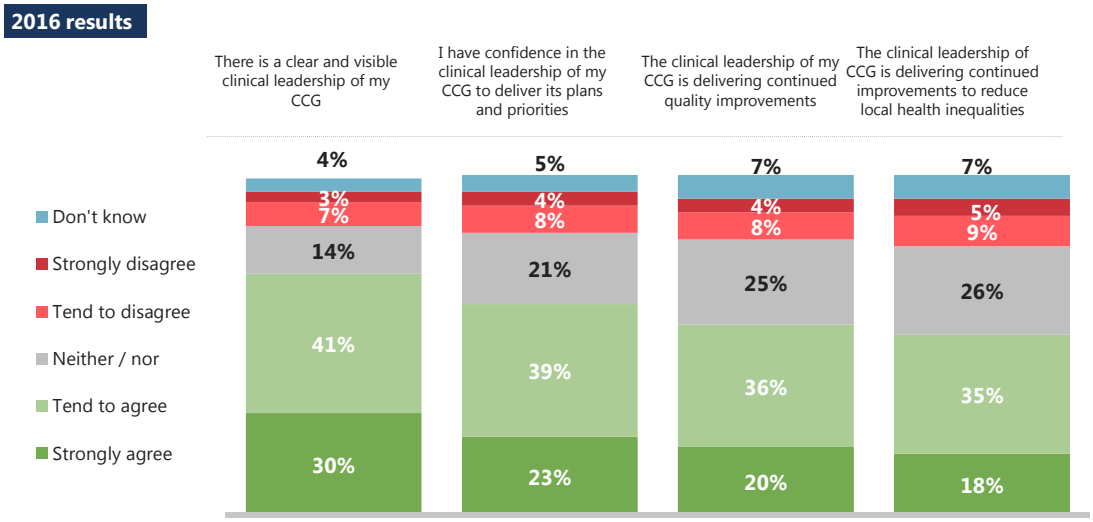
However, confidence in all aspects of CCGs' leadership has fallen slightly since 2015. The greatest falls – of five percentage points – were seen in confidence in leadership to deliver improved outcomes for patients (from 64% in 2015 to 59%) and in confidence in leadership to deliver its plans and priorities (from 67% in 2015 to 62%). Other measures fell by three percentage points this year. As seen previously, this decline was primarily driven by GP member practices, with other stakeholder groups' opinions remaining relatively stable, or in a few cases improving.

Trends at the individual level reflect this decline at the overall level and are consistent across all measures related to CCGs' overall leadership. For example, from 2015 to 2016 agreement with the statement 'the leadership of my CCG has the necessary blend of skills and experience' fell from 68 per cent to 64 per cent, marking a significant decrease. At the individual CCG level this is reflected in the fact that 131 CCGs saw their scores decrease (18 significantly so) while only 66 saw an improvement (seven of which were significant rises). In addition to this, across those measures related to overall leadership of the CCG, where CCGs saw a decrease in their scores this tended to be of a greater scale than the improvement seen by those whose scores rose. Using the current example, the greatest positive change seen was 33 per cent while the greatest negative change was -62 per cent.[21]

Stakeholders were also asked specifically about their CCG's clinical leadership. Views here are broadly in line with views on leadership more generally, with the majority of stakeholders having positive opinions on the clinical leadership. The majority of stakeholders agree that there is clear and visible clinical leadership (71%) and three in five (62%) report having confidence in their ability to deliver plans and priorities. Levels of confidence in clinical leadership to deliver quality improvements (56%) and to reduce local health inequalities (53%) are lower however.

[21] For a full breakdown of changes at the CCG level for each statement in this set please see tables 13.36-13.40 in the annex to this report.

Figure 3.11: And to what extent do you agree or disagree with the following statements about the clinical leadership of the CCG?



All stakeholders: 2016 (8,244).

As was the case with overall leadership, the majority of stakeholders remain positive about CCGs' clinical leadership, with only small proportions reporting that they have concerns. There have however been declines in confidence since 2015 and, again, this decline is driven by lower agreement among GPs and, when it comes to delivering plans and priorities and quality improvements, also among NHS providers.

As elsewhere, the decline in scores seen at the overall level is reflected in changes at the individual level – while a noteworthy number of CCGs saw their scores increase from 2015 to 2016, a greater proportion saw their scores decrease. The same was true of significant changes by CCG, and for each of these measures the extent of the greatest negative change exceeded that of the greatest positive change. To illustrate this trend, agreement with the statement 'the clinical leadership of my CCG is delivering continued quality improvements' fell at the overall level from 60 per cent in 2015 to 57 per cent in 2016. While at the individual level 77 CCGs saw their scores improve in this period, 127 saw their scores decrease. 16 of these CCGs saw their scores decrease significantly, while only one CCG saw a significant improvement in ratings. The greatest negative change seen on this measure was -55%, compared with a greatest positive change of 26%.[22]

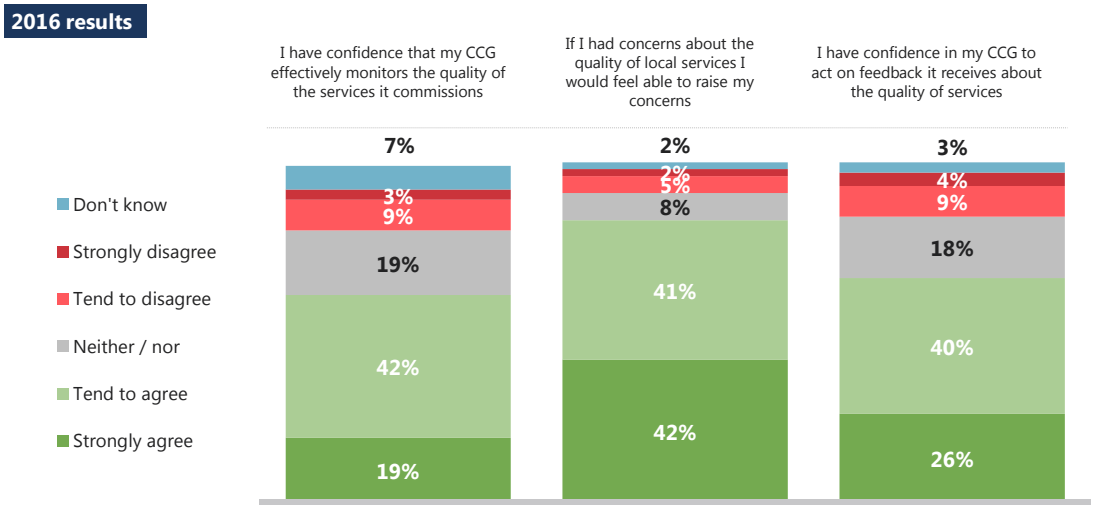
3.6 Monitoring and reviewing commissioned services

Stakeholders were also asked their views on the way in which their CCG monitors and reviews the quality of commissioned services, including whether or not the CCG listens and responds to feedback on the quality of these services. In line with findings elsewhere, while overall confidence remains relatively high, there has been a decline since 2015.

[22] For a full breakdown of changes at the CCG level for each statement in this set please see tables 13.40-13.44 in the annex to this report.

Stakeholders are the most positive about the extent to which they feel able to raise concerns with their CCG about the quality of local services, with 83 per cent agreeing they would feel able to raise any concerns[23]. Stakeholders tend to be less positive about how effectively the CCG monitors the quality of services it commissions[24] however (61%) and about how it acts on feedback it receives about the quality of services[25] (66%). Notably, the proportion of stakeholders answering 'neither agree nor disagree' or 'don't know' to these two statements is significantly higher than those giving these answers for the question on confidence when raising concerns. This indicates that whilst stakeholders feel confident raising issues with the CCG, they tend not to be aware of their CCG's internal processes for monitoring services and acting on feedback.

Figure 3.12: To what extent do you agree or disagree with the following statements about the way in which the CCG monitors and reviews the quality of commissioned services?



All stakeholders: 2016 (8,244).

Again, the ratings of how CCGs monitor and review services have fallen on all measures since 2015. As seen throughout this chapter, GP member practice's views have declined the most over the past year and are therefore driving this change. However, it's worth noting that there has also been a decrease in feelings of ability to raise concerns with the CCG among Health and wellbeing board members since 2015 (from 93% to 86%).

On all three measures in this area, a greater proportion of CCGs saw their scores decrease as saw an increase, reflecting the fact that on all three measures a decline in scores was seen at the overall level from 2015 to 2016. As an example, agreement with the statement 'if I had concerns about the quality of local services I would feel able to raise my concerns with my CCG' fell from 85 per cent in 2015 to 83 per cent in 2016. At the individual level, 78 CCGs saw their scores for this measure improve over the same period, while 116 saw a decrease.[26]

[23] For a breakdown of results for this question across stakeholder groups, please see table 13.22 in the annex to this report.

[24] For a breakdown of results for this question across stakeholder groups, please see table 13.21 in the annex to this report.

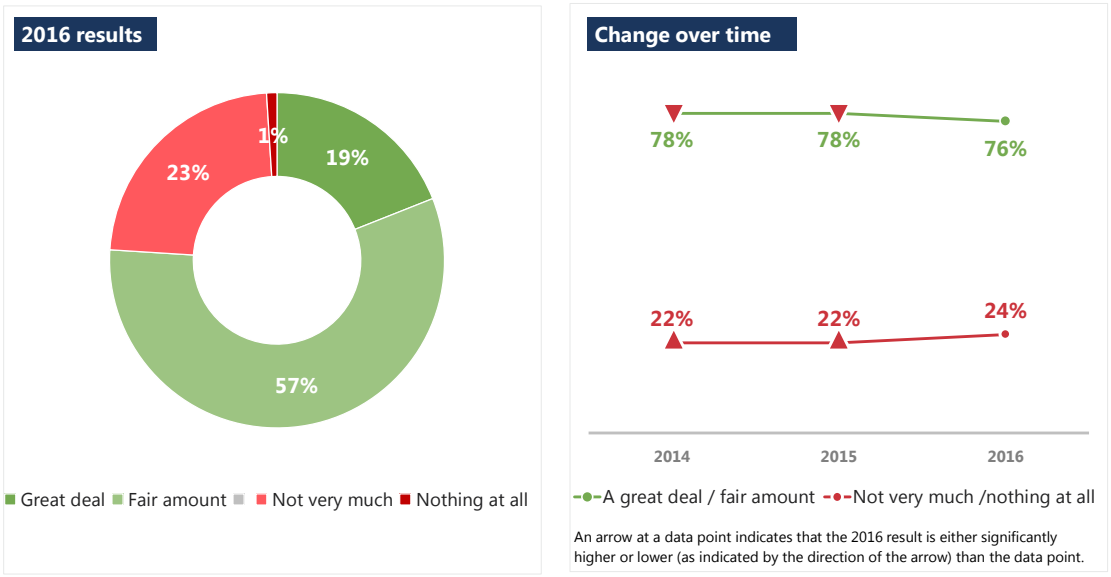
[25] For a breakdown of results for this question across stakeholder groups, please see table 13.23 in the annex to this report.

[26] For a full breakdown of changes at the CCG level for each statement in this set please see tables 13.45-13.47 in the annex to this report.

3.7 Developing plans and priorities

Stakeholders were asked a range of questions about their CCG's plans and priorities. Knowledge is generally high, with three in four stakeholders (76%) reporting a great deal or a fair amount of knowledge about their CCG's plans and priorities[27]. One in four (24%) however, report not knowing very much, or knowing nothing at all, about their CCG's plans and priorities. This finding represents a decrease in levels of knowledge about plans and priorities since the 2015 survey (when 78% knew a great deal or fair amount) – this is particularly true among health and wellbeing board members, where the proportion that know about the plans and priorities has fallen five percentage points since 2015 to 90%.

Figure 3.13: How much would you say you know about the CCG's plans and priorities?



All stakeholders: 2016 (8,244); 2015 (8,472); 2014 (9,018).

While the number of CCGs seeing an increase (93) or decrease (108) in their scores for this measure are relatively similar compared to some of the other measures, there is a greater disparity between the number of CCGs who saw a significant increase in their scores (one) and the number who saw a significant decrease (12). On this measure, as elsewhere, the extent of the greatest negative change (-30%) exceeded that of the greatest positive change (18%).

Stakeholders generally hold positive views on other aspects of CCGs' plans and priorities. Around three in five agree that the CCG has effectively communicated its plans and priorities[28] (62%) and they have been given the opportunity to influence those plans and priorities[29] (57%). There is room for improvement in how CCGs act on comments that are given to them however, as only half of stakeholders feel that their comments on the plans and priorities have been taken on board[30] (49%). Possibly linked to this, only about half of stakeholders feel that their CCG's plans and priorities are the

[27] For a breakdown of results for this question across stakeholder groups, please see table 13.24 in the annex to this report.

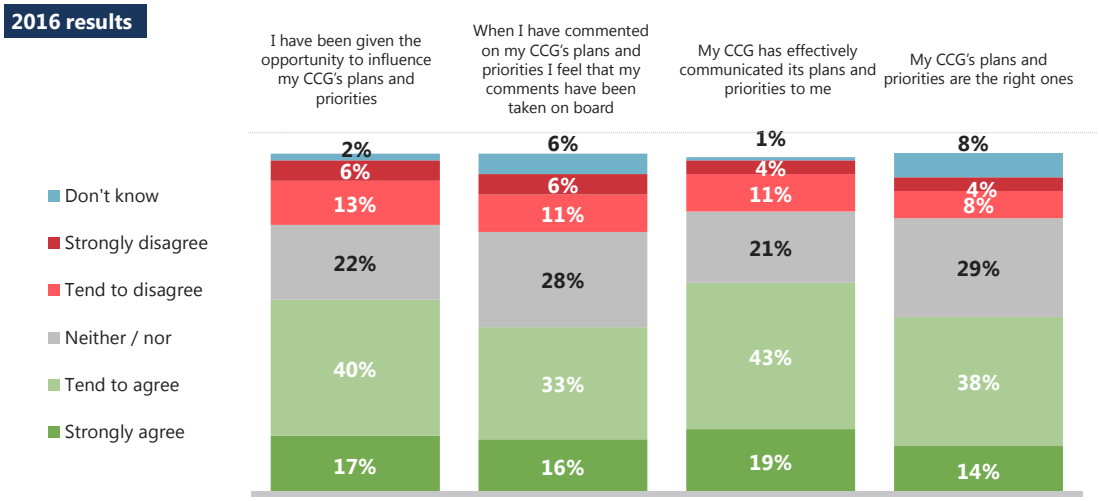
[28] For a breakdown of results for this question across stakeholder groups, please see table 13.27 in the annex to this report.

[29] For a breakdown of results for this question across stakeholder groups, please see table 13.25 in the annex to this report.

[30] For a breakdown of results for this question across stakeholder groups, please see table 13.26 in the annex to this report.

correct ones[31] (52% compared with 57% in 2015). Whilst this measure has consistently been lower than others in the survey, this year's decrease of five percentage points makes it a priority area for CCGs to focus on in the future.

Figure 3.14: To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities?



All stakeholders: 2016 (8,244).

On all measures relating to CCGs' plans and priorities, the relationship between the results at an overall level and the pattern of change at the individual level was similar to that seen elsewhere. To illustrate, agreement with the statement 'my CCG's plans and priorities are the right ones' fell from 57 per cent in 2015 to 52 per cent in 2016. At the individual level, 119 CCGs saw a decrease in agreement with this statement by their stakeholders (18 of these significantly so), while 84 saw an increase (none of these significantly so). The extent of the greatest negative change on this measure (-49%) far exceeded the extent of the greatest positive change (21%).[32]

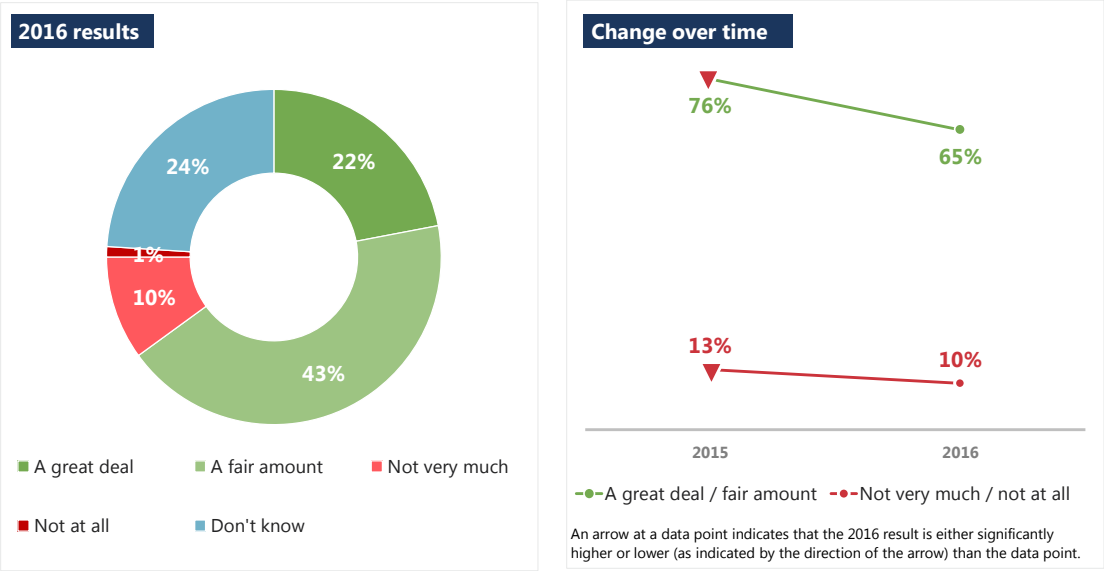
3.8 Contribution to wider discussions

Stakeholders were also asked about the extent to which they would say that their CCG has contributed to discussions about the wider health economy in their area through groups such as the Quality Surveillance Group, Urgent Care Working Group, Council for Voluntary Services, Strategic Clinical Networks and Clinical Senate Assemblies. The question aims to understand the extent to which CCGs are involved in wider discussions with their local health economies.

[31] For a breakdown of results for this question across stakeholder groups, please see table 13.28 in the annex to this report.

[32] For a full breakdown of changes at the CCG level for each statement in this set please see tables 13.48-13.13.51 in the annex to this report.

Figure 3.15: Please now think about discussions that take place about the wider health economy in your area, through local groups. To what extent, if at all, would you say the CCG has contributed to wider discussions through these groups?



All stakeholders: 2016 (8,244); 2015 (8,472); 2014 (9,018).

Although the majority of stakeholders remain positive about their CCG's involvement in these groups[33] (65%), there has been a relatively large shift in this measure since 2015 (from 76%). Unlike many other measures, which have been influenced primarily by falling ratings among GP member practices, the decline in this measure is apparent across all stakeholder groups.

The significant decrease seen at the overall level on this measure is reflected in changes at the individual level. For this measure we see the greatest difference between the number of CCGs whose scores have increased (36 – none of these significantly so) and the number of CCGs who saw their scores decrease (170 – 44 of these significantly so). This is reflective of the fact that, at the overall level, a greater drop in percentage points was seen on this measure than on any other in the survey.

3.9 The CCG as a local system leader

In the 2016 survey a new question was added to assess the extent to which CCGs were effective as 'local system leaders' by their stakeholders. The definition of 'local system leader' which was provided to stakeholders incorporates many of the characteristics that are measures throughout the earlier questions in this chapter; for example, working proactively and constructively with others and seeking the best health and wellbeing outcomes for its population.

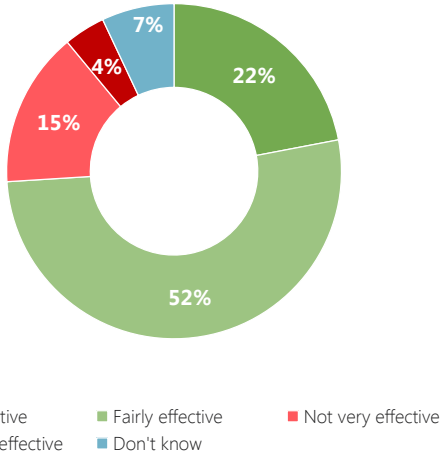
Results to the question were generally positive, with three in four (74%) reporting that their CCG was very or fairly effective as a local system leader[34]. One in five however (19%) reported that CCGs are not very or not at all effective and just under one in ten (7%) felt unable to respond to the question.

[33] For a breakdown of results for this question across stakeholder groups, please see table 13.29 in the annex to this report.

[34] For a breakdown of results for this question across stakeholder groups, please see table 13.30 in the annex to this report.

Figure 3.16: How effective, if at all, do you feel the CCG is as a local system leader? By 'local system leader' we mean that the CCG works proactively and constructively with the other partners in its local economy, prioritising tasks-in-common over formal organisational boundaries, to seek the best health and wellbeing outcomes for its population.

2016 results



All Stakeholders: 2016 (8,244)

4 GP member practices

Summary

- Whilst GPs are still, on the whole, positive about the engagement they have had with their CCG, they are consistently the least positive stakeholder group and on many measures their ratings have declined since 2015.
- The majority of GP member practices say their CCG has engaged with them over the past 12 months, with almost four in five reporting that they have been engaged at least a fair amount by their CCG (78%). This represents a decrease from 80% in 2015 however. Satisfaction with this engagement is also reasonably high, with two in three GP member practices reporting that they are very or fairly satisfied with the way in which their CCG has engaged them (66%).
- Perhaps contributing to this decrease in engagement, GP member practices are the group least likely to say they feel the CCG has listened to their views (51% compared with 60% overall) or that the CCG has taken on board their suggestions (40% compared with 50% overall). Again, GP member practices are more dissatisfied on both these measures than they were in the 2015 survey.
- Suggesting that GPs feel they have declining influence over CCG business, there has been a large decrease in the proportion of GPs who think arrangements for member participation in decision-making in the CCG are effective (from 68% in 2015 to 59% in 2016).
- Adding further emphasis to these findings, only one in three GP member practices (33%) report feeling able to influence CCGs' decision-making process a great deal or a fair amount, whilst one in four (24%) report that they are not at all able to.
- GP member practices also report the lowest level of knowledge of their CCG's plans and priorities, with 71% reporting that they know a great deal or a fair amount (compared with 76% overall). GP member practices are among the groups least likely to agree that their comments on plans and priorities have been taken on board (42% compared with 49% overall) and are the least likely group to agree that the CCG's plans and priorities are the right ones (46% compared with 52% overall).

4.1 Overall engagement of GP member practices

The majority of GP member practices feel that their CCG has engaged with them over the past 12 months, with almost four in five reporting that they have been engaged at least a fair amount by their CCG (78%). Satisfaction with this engagement is also reasonably high, with two in three GP member practices reporting that they are very or fairly satisfied with the way in which their CCG has engaged them (66%).

Despite the level of engagement being fairly high, as was the case in 2015, GP member practices are consistently among the most negative groups on all aspects of their CCGs, including CCG engagement. This has been further exacerbated in 2016 by a negative shift in opinion among GP member practices since the 2015 survey; they are now less likely to report

that they had been engaged and that they were less satisfied with that engagement than they were in 2015. GP member practices are the only stakeholder group to have seen negative shifts on these measures since 2015.

Perhaps contributing to this decrease in engagement, GP member practices are the group least likely to say they feel the CCG has listened to their views (51% compared with 60% overall) or that the CCG has taken on board their suggestions (40% compared with 50% overall). Again, GP member practices are more dissatisfied at both these measures than they were in the 2015 survey.

GP member practices are also the only stakeholder group to give lower ratings of their working relationships with CCGs over this year than in 2015 (from 74% very / fairly good in 2015 to 70% in 2016) and remain among the stakeholder groups least likely to report a good working relationship.

GP member practices are generally positive about the overall leadership and the clinical leadership of their CCGs, as was seen in 2015. For example, three in five (61%) agree that the leadership of their CCG has the necessary blend of skills and experience. However, on all aspects of CCGs' leadership, GP member practices are among the least positive when compared with other stakeholder groups.

GP member practices also report the lowest level of knowledge of their CCG's plans and priorities, with a relatively low 71 per cent reporting that they know a great deal or a fair amount (compared with 76% overall). GP member practices report among the lowest levels of agreement that their comments on plans and priorities have been taken on board (42% compared with 49% overall) and the lowest levels of agreement that the CCG's plans and priorities are the right ones (46% compared with 52% overall).

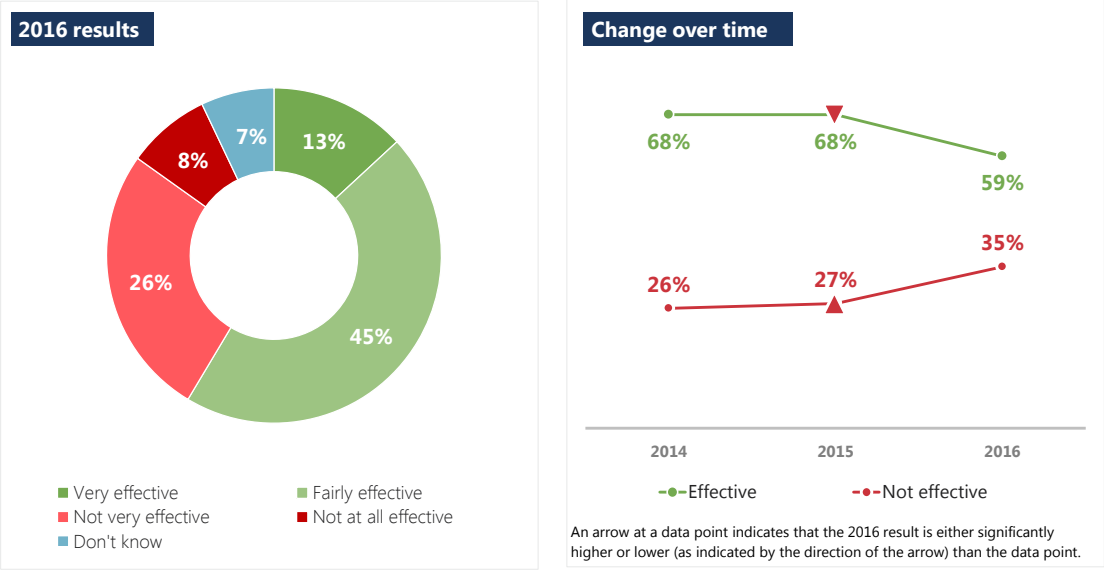
As in previous years, the views of GP member practices towards both commissioning decisions and the monitoring of these decisions are broadly positive and fall in line with views of stakeholders overall.

4.2 Views of governance structures

Under the CCG assurance framework CCGs are required to ensure that two-way accountability is in place between the CCG and its members, and that member practices have a voice within the CCG. In order to understand how GP member practices are involved in decision-making, the survey asked a range of questions on CCGs' internal governance structures.

Whilst the majority of GP member practices remain positive about the arrangements for member participation in decision-making in the CCG (59%), the proportion who thinks these arrangements are effective has fallen significantly since 2015 and 2014 (in both years 68% thought the arrangements were effective). This decline could be linked to the findings, discussed in Chapter 3, that GP member practices are less likely to feel that their suggestions are listened to or taken on board by the CCG than they have been in previous years.

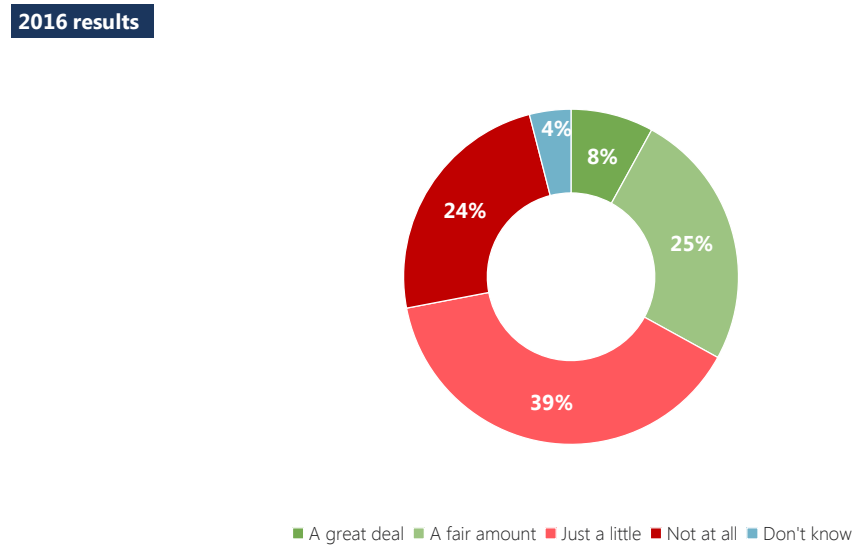
Figure 4.1: How effective, if at all, would you say the arrangements are for member participation in decision-making in the CCG?



All member practices: 2016 (4,341); 2015 (4,531)l 2014 (5,060).

Adding further emphasis to these findings, only one in three GP member practices (33%) report feeling able to influence their CCG's decision-making process a great deal or a fair amount, whilst one in four (24%) report that they are not at all able to.

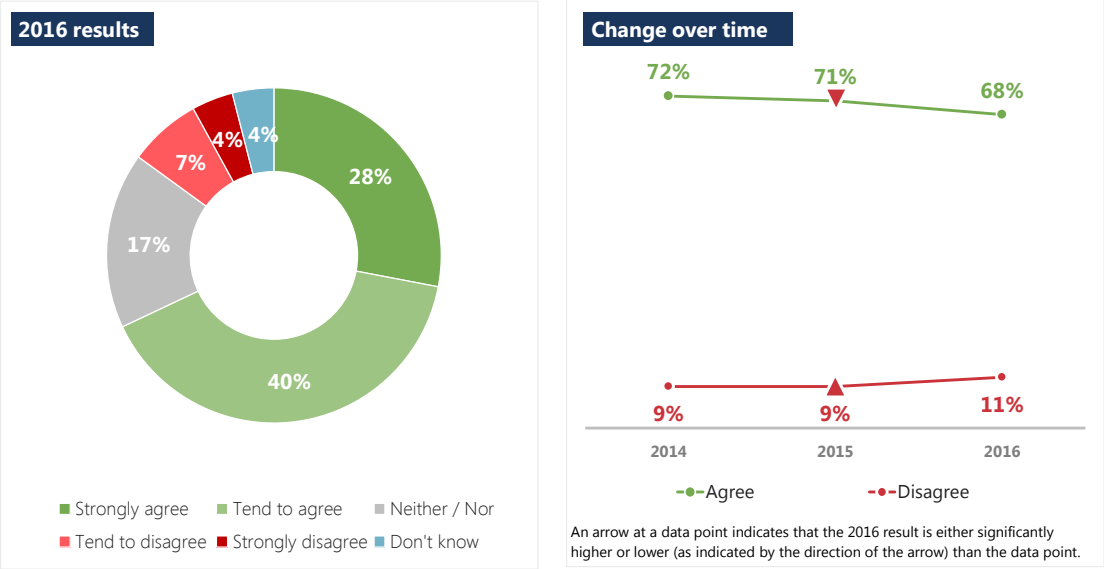
Figure 4.2: To what extent, if at all, do you feel able to influence the CCG's decision-making process?



All member practices: 2016 (4,341)

Member practices are more positive about their opportunities to take a leadership role within the CCG. Seven in ten member practices (68%) agree that they would be able to take a leadership role within the CCG if they wanted to. There is however increasing disagreement with this statement compared with previous years (9% in 2014 and 9% in 2015 compared with 11% in 2016).

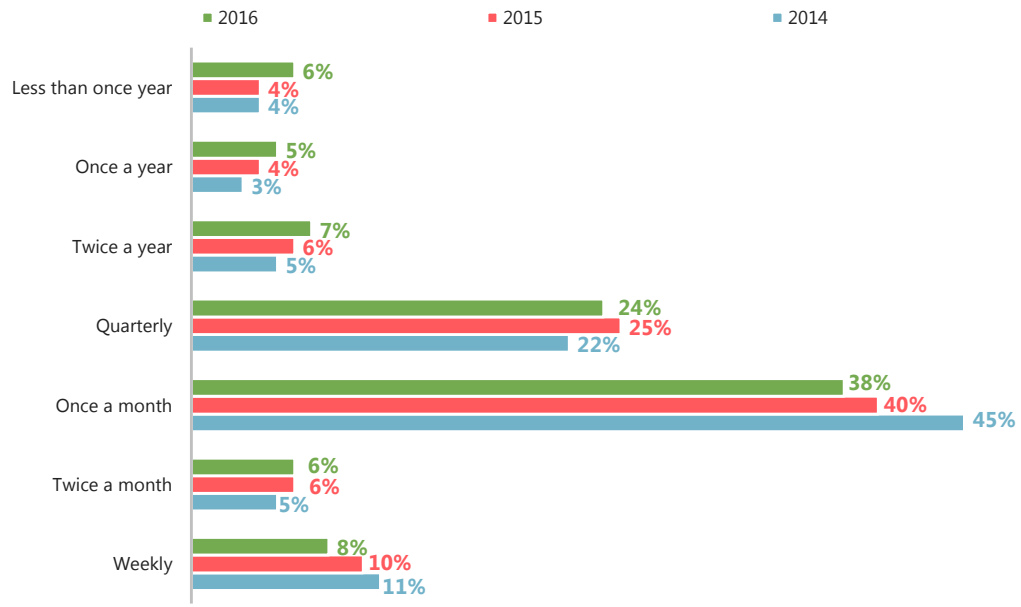
Figure 4.3: To what extent do you agree or disagree that representatives from member practices are able to take a leadership role within the CCG if they want to?



All member practices: 2016 (4,341); 2015 (4,531)l 2014 (5,060).

The survey also asks how often GP member practices were given the opportunity for direct discussion with their CCG's leaders. Responses were broadly positive, with 14 per cent having the opportunity for direct discussions more than once a month, 38 per cent reporting that they were given the opportunity once a month, and 24 per cent reporting that they were given the opportunity quarterly.

Figure 4.4: Approximately how often, if at all, do you have the opportunity for direct discussions with your CCG's leaders?



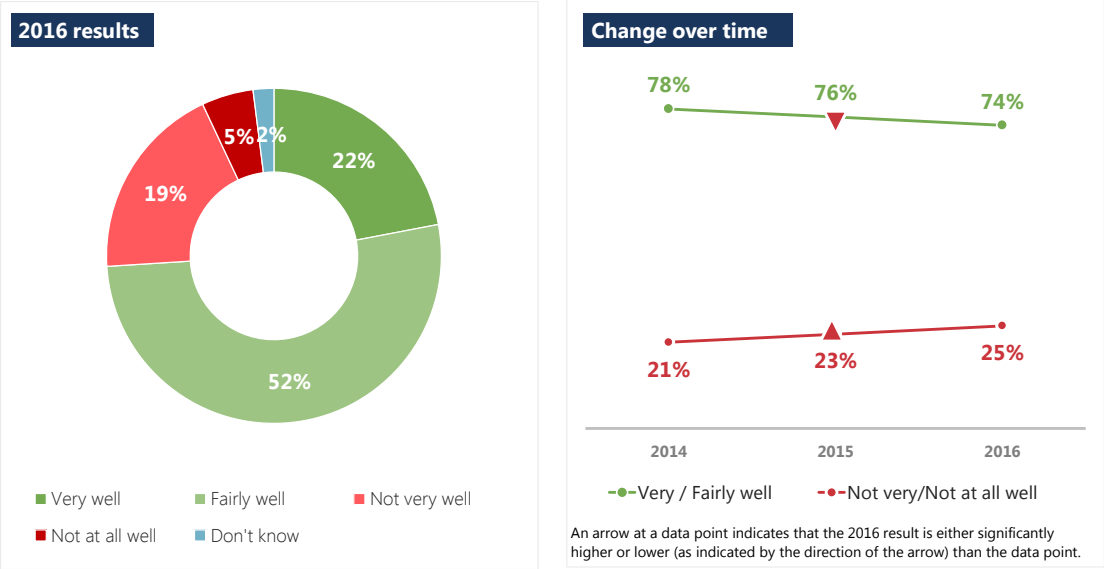
All member practices: 2016 (4,341); 2015 (4,531)l 2014 (5,060).

4.3 CCG plans and priorities

GP member practices were also asked about their awareness and views of their CCG's plans and priorities. The majority (71%) of GP member practices reported knowing a great deal or a fair amount about their CCG's plans and priorities. This proportion has fallen four percentage points since the previous survey however, when it was 75%.

Member practices are generally well informed about what is required of their practice in order to implement the CCG's plan, with three in four reporting that they are very well or fairly well informed (74%). This does however represent a slight decline since 2015 (76%). While most practices are positive, one in four (25%) report that they are not very well or not at all well informed about what is required of them. Reflecting the decrease in how informed member practices feel, this figure has increased from 23 per cent in 2015.

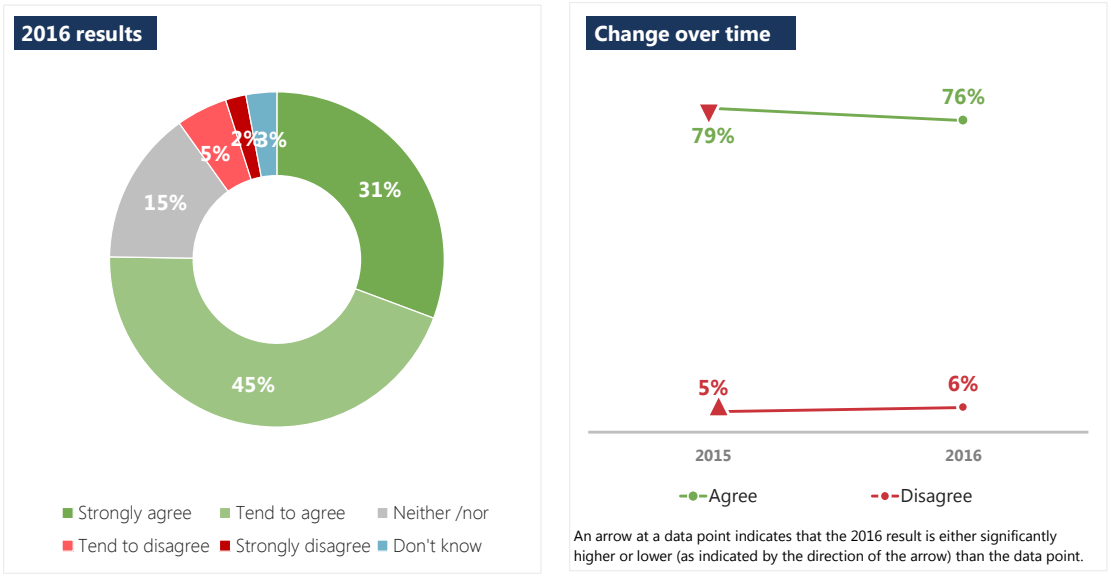
Figure 4.5: How well, if at all, do you understand what is required of your practice in order to implement the CCG's plans?



All member practices: 2016 (4,341); 2015 (4,531)l 2014 (5,060).

Three in four member practices (76%) agree that value for money is a key factor in decision making when formulating plans and priorities; a decrease from 79 per cent in 2015.

Figure 4.6: To what extent do you agree or disagree that value for money is a key factor in decision making when formulating the CCG's plans and priorities?



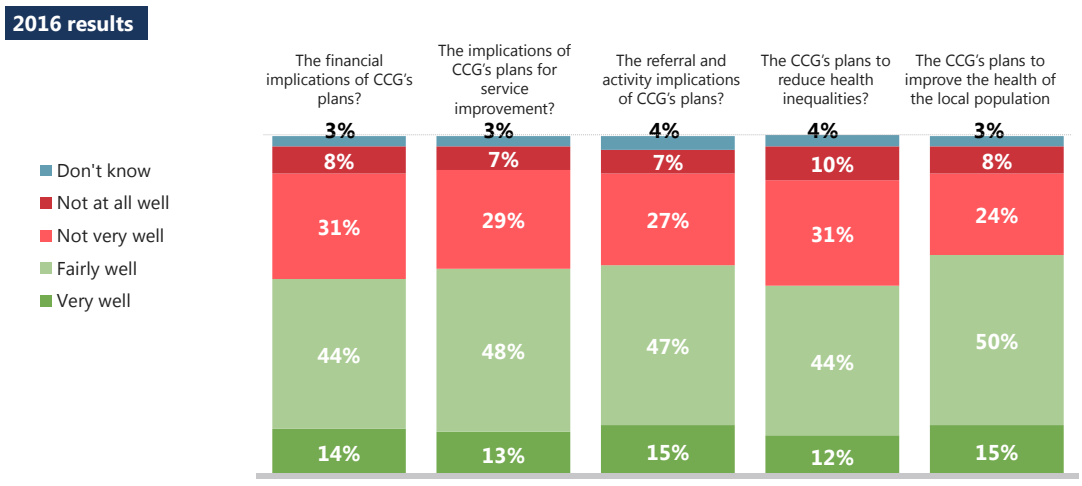
All member practices: 2016 (4,341); 2015 (4,531); 2014 (5,060).

GP member practices are best informed about CCGs' plans to improve the health of the local population, with two thirds reporting that they are very or fairly well informed (64%). As is the case for knowledge of all aspects of CCGs' plans however, a sizeable minority do report little or no knowledge (33%).

The aspects of CCGs' plans and priorities on which GP member practices report lowest levels of knowledge are understanding of the financial implications of the CCG's plans and understanding of the CCG's plans to reduce local health inequalities (58% and 64% respectively).

Levels of knowledge have fallen on three of the measures since 2015; the implications of the plans for service improvement (from 63% to 61%), the implications of the plans on referral and activity (from 66% to 62%) and the plans to improve the health of the local population (from 67% to 64%).

Figure 4.7: How well would you say you understand…



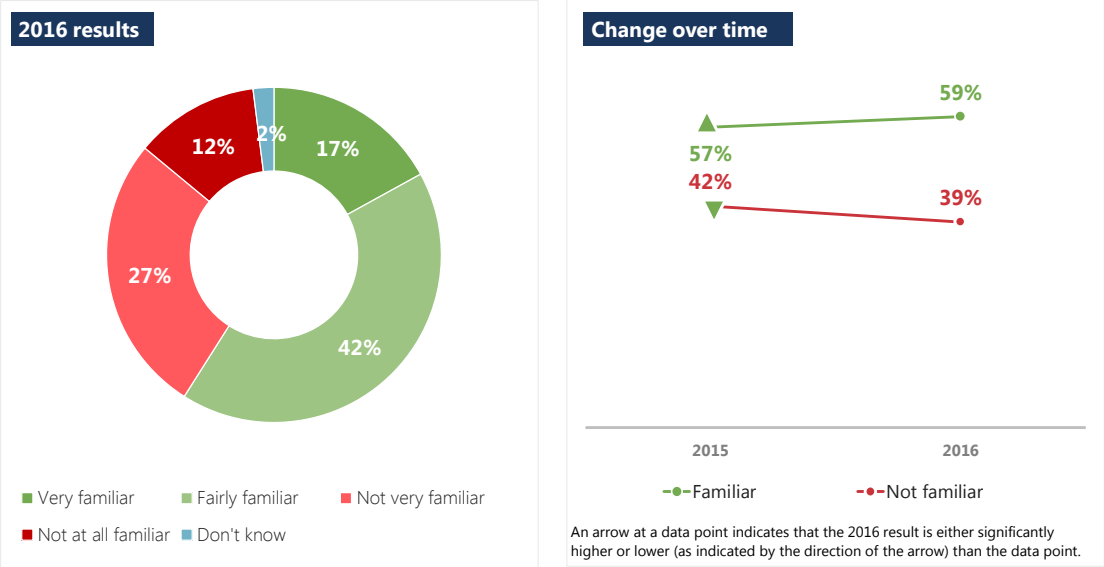
All member practices: 2016 (4,341).

4.4 CCG finances

The survey also asked GP member practices about their knowledge of the CCG's financial position. This is an important indicator of GP practices involvement as a member organisation of their CCG.

Familiarity with the financial position of the CCG was relatively but not very high, with around three in five (59%) reporting that they were very or fairly familiar with it. However, this does represent an increase since 2015, when just 57 per cent were familiar with their CCG's financial position.

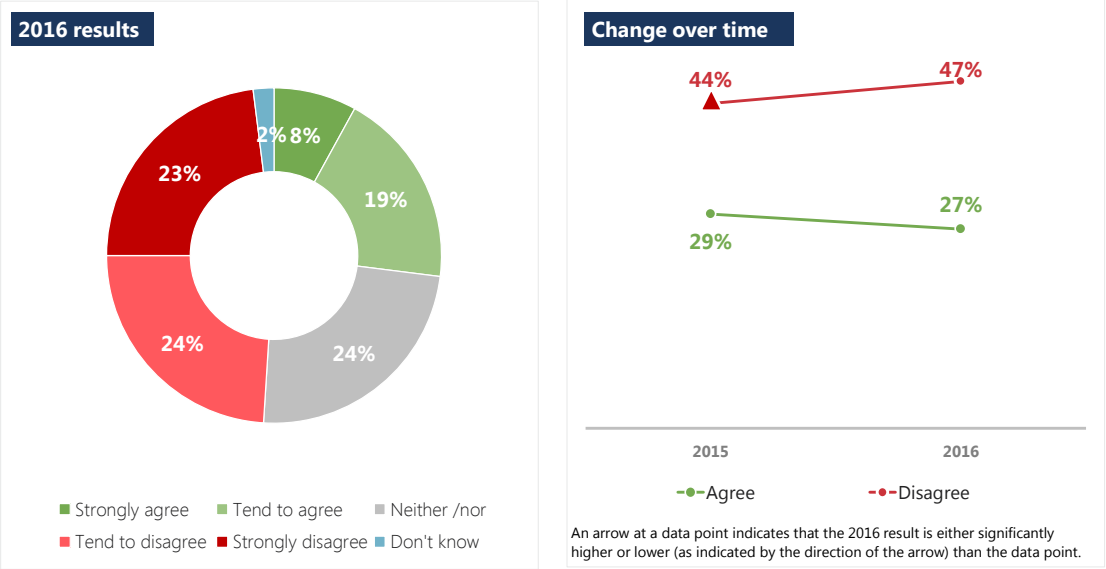
Figure 4.8: How familiar are you, if at all, with the financial position of your CCG?



All member practices: 2016 (4,341); 2015 (4,531); 2014 (5,060).

Smaller proportions agree that they are regularly involved in discussions regarding the management of their CCG's finances, with three in ten saying they tend to agree or strongly agree with the statement (27%). This maintains results seen in 2015 (29%).

Figure 4.9: To what extent do you agree or disagree that you are regularly involved in discussions regarding the management of the CCG's finances?



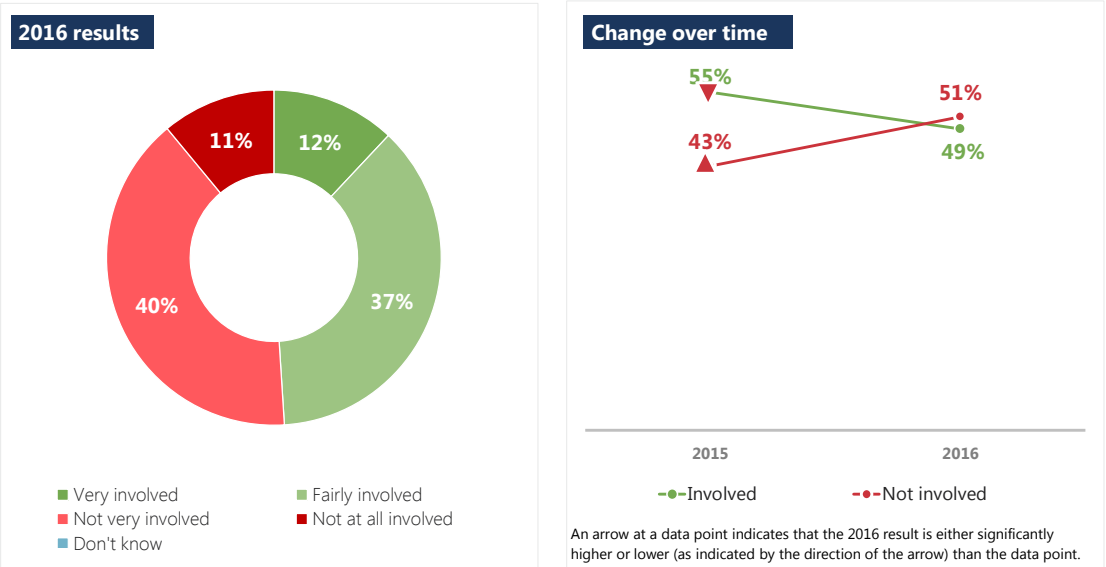
All member practices: 2016 (4,341); 2015 (4,531); 2014 (5,060).

4.5 Primary care co-commissioning

GP member practices were also asked about their views toward their CCG's plans for primary care co-commissioning. It is important to uncover how well CCGs are preparing for primary care co-commissioning, and to identify how member practices view those preparations, as the introduction of primary care co-commissioning will have a large impact on GP practices.

Around half of member practices feel very or fairly involved in discussions about primary care co-commissioning while half (51%) feel that they were not very or not at all involved in discussions.

Figure 4.10: Overall, how involved, if at all, do you feel you have been in discussions about your CCG's plans for primary care co-commissioning?



All member practices: 2016 (4,341); 2015 (4,531); 2014 (5,060).

Member practices are more positive about their confidence in the CCG to take the necessary steps to prepare for primary co-commissioning. Three in five (61%) report that they are very or fairly confident that their CCG is taking the necessary steps whilst only one in four report a lack of confidence (23%).

5 Healthwatch and other patient groups

Summary

- Levels of engagement are high among Healthwatch and patient groups, maintaining levels of positivity seen last year (88% compared to 85% in previous years). They are also satisfied with the way the CCG has engaged with them, continuing this positive trend (80%).
- Healthwatch and patient groups are among the groups most to feel that CCGs have listened to their views (76%), and, to a lesser extent, taken their suggestions on board (63%).
- Confidence in the leadership of CCGs remains high (69%), but has been steadily falling. Two thirds of Healthwatch and patient group stakeholders agree that the leadership of the CCG has the necessary blend of skills and experience (67%), which is in line with results last year. The majority agree that the leadership is clear and visible (74%), and this continues the decline seen since 2014 (81%). Fewer Healthwatch and patient group stakeholders say the leadership of the CCG delivers improved outcomes for patients (64%), and continued quality improvements (59%).
- Two-thirds (68%) of Healthwatch and patient group stakeholders are satisfied with the way the CCG engages with the patients and public. However, despite a third who remain critical of CCGs' engagement with seldom heard groups (31%), engagement with these groups is slowly improving with nearly half (46%) now saying their CCG engages with them.
- Communication seems to be an issue: stakeholders report a lower level of knowledge about the results and reasons for decisions that the CCG makes, with just over half (53%) agreeing that the CCG communicates effectively about commissioning decisions.

The perspective of patients and the general public should be taken into account by CCGs when making commissioning decisions. In order to achieve this, maintaining relationships with local Healthwatch bodies and wider patient groups within their locality is crucial. The CCG 360° survey therefore asked questions to assess the extent to which CCGs undertake active and meaningful engagement with patients and wider communities.

CCGs were asked to provide Ipsos MORI with details of the chair of their local Healthwatch, along with up to three representatives from local patient groups / organisations or individuals. The response from these representatives was high, with 74 per cent of those invited to take part completing a survey (compared with 59% overall).

5.1 Overall engagement of Healthwatch and other patient groups

Stakeholders from Healthwatch and patient groups tend to be positive about their relationship with their CCG and the leadership of it. This continues positive trends seen in previous years.

The vast majority of Healthwatch and patient group stakeholders feel they have been engaged by the CCG in the last 12 months (88%), which maintains levels of positivity seen in previous years (both 85%) and is higher than the average across all stakeholder groups (80%). Likewise, the majority are satisfied with the way in which the CCG has engaged with them

(80%), once again maintaining levels of satisfaction seen in previous years (79% in 2015 and 77% in 2014). This is particularly notable amongst those who are very satisfied with the way in which they have been engaged (35%), which is higher than the overall average (27%). Healthwatch and patient groups are also very positive about their working relationships with the CCG (86%), which is consistent with previous years, and higher than stakeholders overall (76%).

Consistent with previous years, where Healthwatch and patient group representatives have provided their views, three quarters (76%) agree they are listened to by the CCG, and are significantly more likely to feel this way than other stakeholder groups (60%). Healthwatch and patient groups are also particularly likely to agree that their suggestions were taken on board (63% compared with 50% of all stakeholders). However, this could also be a reflection on the type of suggestions made by the different stakeholder groups.

A positive trend seen in previous years has continued this year among Healthwatch and patient groups' views regarding whether the CCG involves and engages with the right individuals and organisations when making commissioning decisions (62% in 2016, 60% in 2015 and 58% in 2014). This is significantly higher than the overall score across stakeholder groups (59%). The same trend is seen among those who agree they have confidence in the CCG to commission high quality services for the local population (72%). Despite having confidence in the quality of the services commissioned, results are slightly lower among this stakeholder group when it comes to understanding the reasons for the decisions the CCG makes when commissioning services (64%). However, this is higher than the average among stakeholders overall (60%).

Communication about decisions the CCG makes may need to be addressed: just over half (53%) agree that the CCG communicates effectively about its commissioning decisions with them, and over a fifth disagree (22%). Results are not much better regarding those who agree that the CCG's plans will deliver continuous improvement in quality with the available resources (59%). However, only eight per cent disagree with this. Both of these results are significantly better than those for stakeholders overall (54% agree and 15% disagree).

Confidence in skills and experience of the overall leadership of CCGs remains high (67%), maintaining levels of confidence seen in 2014 (72%). Three-quarters of Healthwatch and patient group stakeholders agree that there is clear and visible leadership of the CCG (74%) and a similar proportion agree they have confidence in the leadership of the CCG to deliver its plans and priorities (69%) - higher than the 2016 average (62%). Results are lower regarding those who agree they have confidence in the leadership of the CCG to deliver improved outcomes for patients (64%) and lower still regarding the delivery of continued quality improvements (59%).

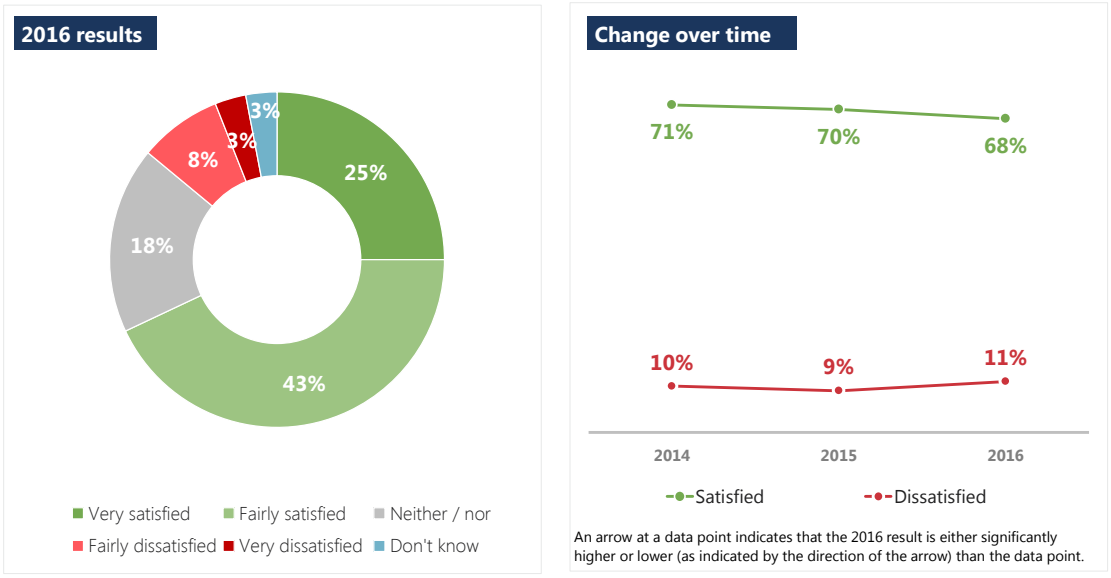
So in summary, it can be seen from these results that Healthwatch and patient groups think that CCGs consult well, they have confidence in CCGs commissioning high quality services, but the results of (and reasons for) the decisions are not promoted or communicated as well as they could be, and perhaps more information is needed about plans for improving quality.

5.2 Engaging with patients, the public and seldom heard groups

Stakeholders from Healthwatch and patient groups were asked how, from their perspective, CCGs communicate and engage with members of the public.

Two-thirds (68%) of these stakeholders are satisfied with the way the CCG engages with patients and public, but a significant proportion (11%) say they are dissatisfied. These results maintain levels of satisfaction seen in previous years (71% were satisfied in 2014 and 70% were satisfied in 2015).

Figure 5.1: How satisfied or dissatisfied are you with the steps taken by the CCG to engage with patients and the public?

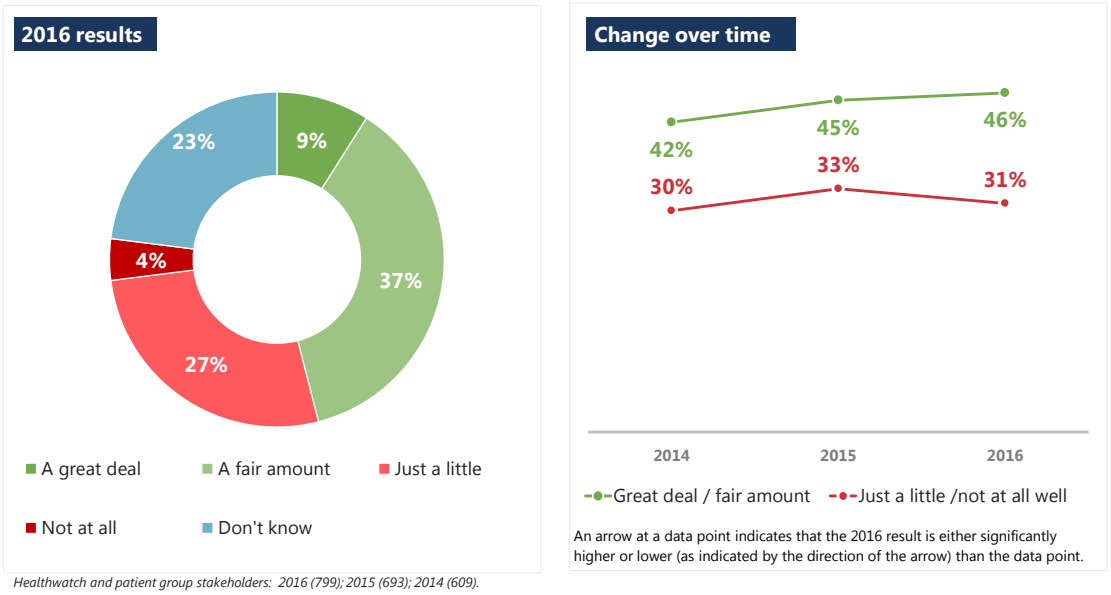


Healthwatch and patient group stakeholders: 2016 (799); 2015 (693); 2014 (609).

Engagement with seldom heard groups is weaker, but remains constant: just under half (46%) of Healthwatch and other patient groups feel the CCG engages with these groups a great deal or fair amount, which is in line with 2015 (45%) and 2014 (42%). Around a third (31%) report that the CCG has only engaged with seldom heard groups a little or not at all. Again, this is consistent with 2015 (33%) and 2014 (30%).

Nearly a quarter (23%) say they don't know the extent to which the CCG has engaged with seldom heard groups. This is a similar proportion as in 2015 (22%) and indicates that there is still more to be done in engaging with these groups and promoting any engagement they are carrying out.

Figure 5.2: To what extent, if at all, do you feel that the CCG has engaged with seldom heard groups?



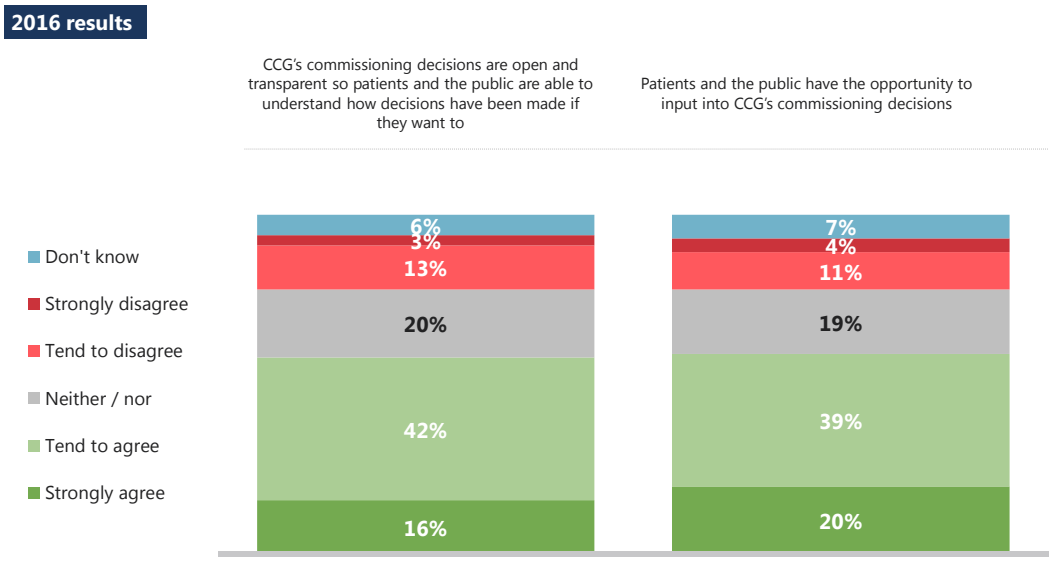
Healthwatch and patient group stakeholders: 2016 (799); 2015 (693); 2014 (609).

Healthwatch and patient groups were also asked about the extent to which the CCG's commissioning decisions are accessible, i.e. open and transparent, with opportunities for patients and the public to input into the decisions. Results are consistent with previous years, with no real improvement or decline seen in any of the categories.

Opinions on whether the CCG's commissioning decisions are open and transparent so patients and the public are able to understand how decisions have been made if they want to, are exactly the same as those in 2015, with 58 per cent agreeing and 16 per cent disagreeing.

Views on whether patients and the public have the opportunity to input into the CCG's commissioning decisions have been maintained across waves: nearly six in ten (59%) agree they have the opportunity, 15 per cent disagree, and a fifth (19%) say they neither agree nor disagree. Only the results for those who say don't know are significantly higher (7%) than in 2015 (4%). This might suggest that there is more to be done in promoting the opportunities available, given that over a quarter say they neither agree nor disagree or don't know.

Figure 5.3: To what extent do you agree or disagree with the following statements?

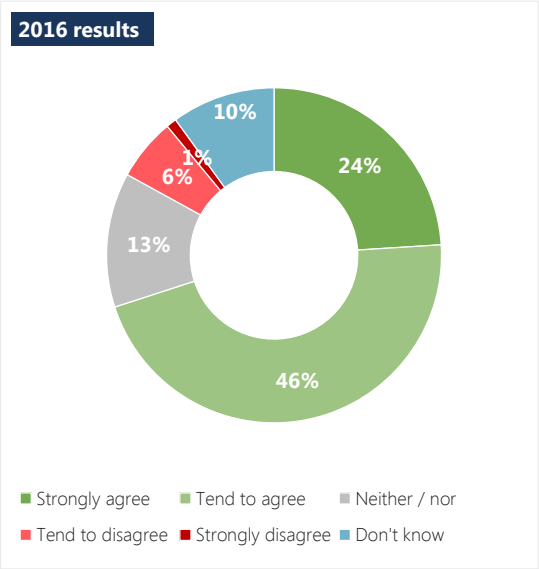


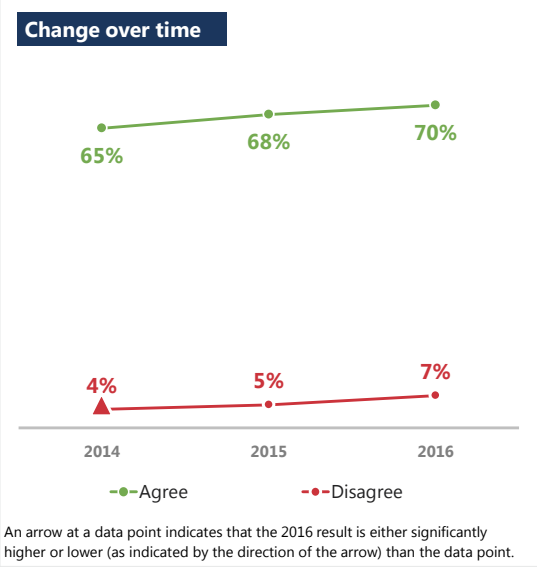
Healthwatch and patient group stakeholders: 2016 (799); 2015 (693); 2014 (609).

5.3 Listening and acting on concerns

Most Healthwatch and patient group stakeholders (70%) agree that the CCG listens to and acts on any concerns, complaints or issues that they raise. Only a small percentage disagrees with this (7%), but a significant minority (23%) say they 'neither agree nor disagree' (13%) or 'don't know' (10%). Whilst this is in line with the 2015 results, the results this year have declined since 2014, when only 4 per cent disagreed that the CCG listened.

Figure 5.4: To what extent do you agree or disagree that the CCG listens to and acts on any concerns, complaints or issues that are raised?





Healthwatch and patient group stakeholders: 2016 (799); 2015 (693); 2014 (609).

6 NHS providers

Summary

- NHS providers continue to feel that they have been engaged by their CCG over the past 12 months (77%). They are however more likely than stakeholders overall to say that they haven't been engaged either very much or at all (23% compared with 20% overall).

- Just over half of NHS providers say they have been given the opportunity to influence the CCG's plans and priorities (55%), with half saying the plans and priorities are the right ones (51%). Less than half say their comments have been taken on board (46%).

- Confidence in the leadership of their CCG continues to be low amongst NHS providers. Less than seven in ten (69%) of NHS providers agree that their CCG has clear and visible leadership, and only 57 per cent agree the leadership has the necessary blend of skills and experience.

- The percentage of NHS providers who believe enough emphasis is placed on positive patient outcomes has reduced since 2015 to less than six in ten (57%). Likewise, those who think there is not enough emphasis on this has risen to almost a fifth (18%).

- NHS providers are generally positive about quality assurance, with nearly two thirds saying they think the amount of monitoring the CCG carries out on the quality of services is about right (64%) or too much (22%). Only 7 per cent says the CCG carries out too little.

- Views on whether or not the CCG understands the challenges facing NHS providers remain at around three in five agreeing that the CCG understands these well (57%). However, negative views remain with around four in ten NHS providers saying the CCG does not understand this very well or 'not at all well' (42%).

CCGs mainly commission services for their local areas from NHS trusts, and therefore it is vital that CCGs and NHS providers work well together to ensure quality of provision and to develop a coherent long-term strategy. This survey looked at the working relationships between CCGs and NHS providers, and their views on ensuring the quality of services for their local communities.

A range of NHS providers – acute trusts, mental health trusts and community health trusts – were invited to take part in the survey, and each CCG was asked to provide details for up to two contacts from each of their main NHS providers.

The response rate among NHS providers was lower than the average across all stakeholder groups, with 55 per cent of NHS providers taking part (compared with 59% overall).

6.1 Overall engagement of NHS providers

Although NHS providers tend to be positive about the extent to which (77%) and way in which (64%) they are engaged with by their CCG, they are less positive than other stakeholder groups, with a significant minority not feeling engaged

(23%) or feeling dissatisfied with the way they have been engaged (17%). Most NHS providers tend to be positive about their working relationship with their CCG (72%), though they are less positive than other stakeholder groups.

NHS providers continue to be one of the least positive groups about whether the CCG has listened to their views (59%), and the proportion who feel listened to has fallen since 2014 (64%) and 2015 (65%). Other than GP member practices, NHS providers are the least positive group. Views have remained the same as last year regarding the extent to which NHS providers agree that the CCG has taken on board their suggestions (52%).

Positivity about, and confidence in, the overall leadership of CCGs continues to be particularly low among NHS providers. Less than seven in ten (69%) NHS providers agree that their CCG has clear and visible leadership, which is a significant decline since 2014 (77%) and 2015 (73%). Just half of NHS providers say they have confidence in the CCG leadership to deliver its plans and priorities (52%), and confidence in the CCG leadership to deliver improved outcomes for patients (49%). Notably, less than half of NHS providers agree that the leadership of the CCG is delivering continued quality improvements (47%) – this is the most negative result of all stakeholder groups.

Similar, but slightly lower, results are seen regarding the clinical leadership of CCGs. Two thirds agree that their CCG has clear and visible clinical leadership (66%), just over half say they have confidence in the CCG clinical leadership to deliver its plans and priorities (52%), and less than half say they think the clinical leadership of their CCG is delivering continued quality improvements (46%). The latter two of these results represent decreases since last year, and are amongst the lowest of all stakeholder groups.

NHS providers were asked for their views and opinions on a number of aspects regarding the commissioning decisions their CCG makes. It is notable that results have deteriorated on many of the measures, for example, understanding the reasons for the decisions that the CCG makes when commissioning services is down to 53 per cent (from 58% in 2015). As in previous years, NHS providers are least positive about their CCG's plans to deliver continuous improvement in quality within the available resources (44%). This is significantly lower than stakeholders overall (54%) and much lower than the figure for any other group. NHS providers were most positive about CCGs involving and engaging the right individuals (59%). This result is in line with stakeholders overall (59%).

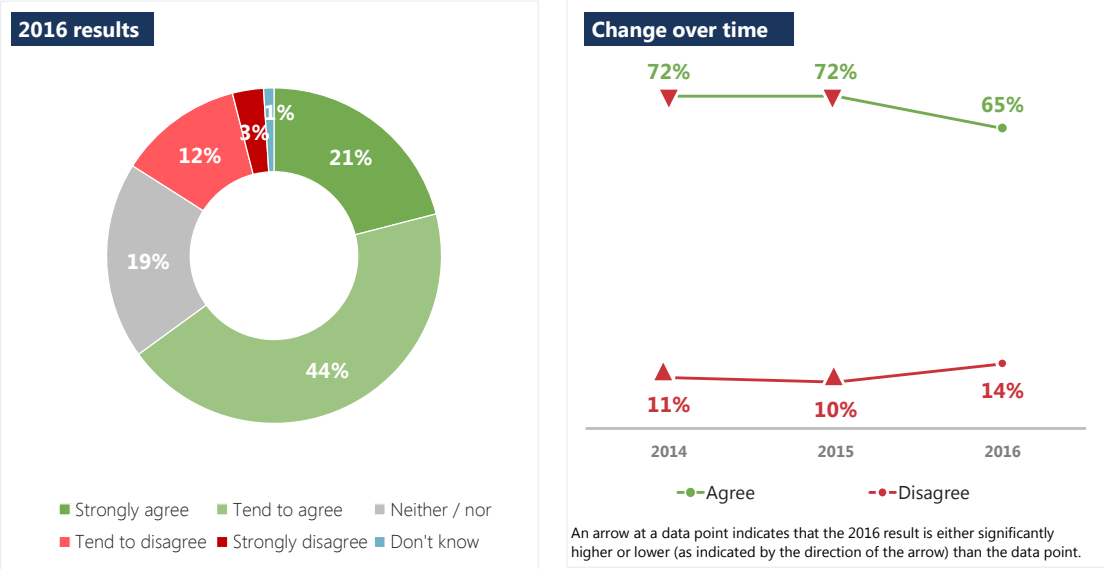
As with many other areas investigated in this survey, there is a trend emerging that suggests a general decline in positivity about the CCG's plans and priorities and an increasing lack of confidence in them. NHS providers report relatively good knowledge of their CCG's plans and priorities (80%), which is higher than stakeholders on average (76%), and has remained high since 2014. Just over half of NHS providers say they have been given the opportunity to influence their CCG's plans and priorities (55%). They are also less positive about whether their comments about their CCG's plans and priorities have been taken on board (46%), and whether the plans and priorities are the rights ones (51%).

6.2 Quality assurance

As mentioned earlier, one of the key roles of CCGs is to ensure the quality of services they commission. As was done in previous years, this survey aimed to find out the views of NHS providers on the extent and quality of the monitoring that CCGs carry out. Although results are mainly positive, there is a general downward trend in this, and a rise in the proportion of NHS providers who are less certain that CCGs undertake this role well.

Nearly two thirds of NHS providers believe that the quality of services is a key focus of the contracts that CCGs issue (65%). However, this has reduced from over seven in ten (72%) in both 2015 and 2014.

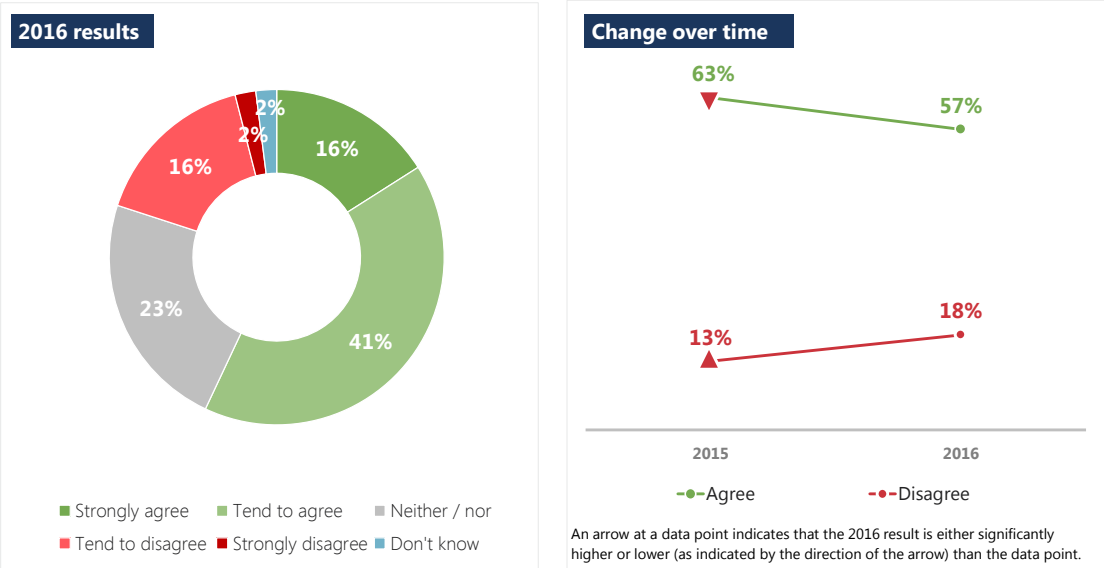
Figure 6.1: To what extent do you agree or disagree that the quality of services is a key focus of your contracts with the CCG?



All NHS Providers: 2016 (746); 2015 (827); 2014 (920).

Similarly, the percentage of NHS providers who believe that contracts with the CCG place enough emphasis on delivering positive patient outcomes has reduced to less than six in ten (57% in 2016 compared with 63% in 2015).

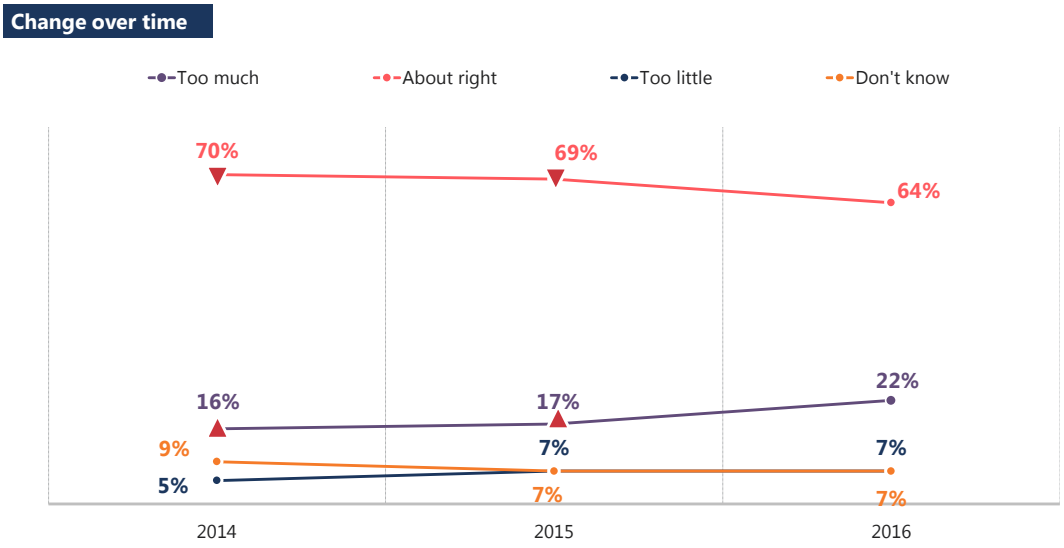
Figure 6.2: To what extent do you agree or disagree that your contracts with the CCG place enough emphasis on delivering positive patient outcomes?



All NHS Providers: 2016 (746); 2015 (827); 2014 (920).

Nearly two thirds of NHS providers believe that the amount of monitoring the CCG carries out on the quality of services provided is about right (64%), with over a fifth (22%) saying that the CCG carries out too much monitoring and just seven per cent saying it carries out too little, which is consistent with the 2015 survey.

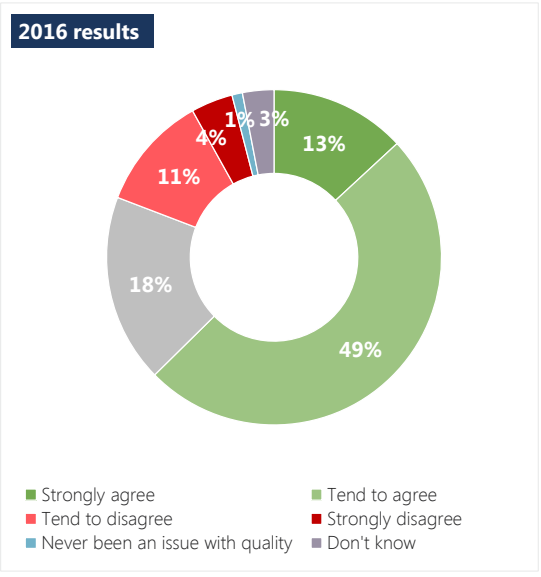
Figure 6.3: Would you say that the amount of monitoring the CCG carries out on the quality of your services is too much, too little or about right?

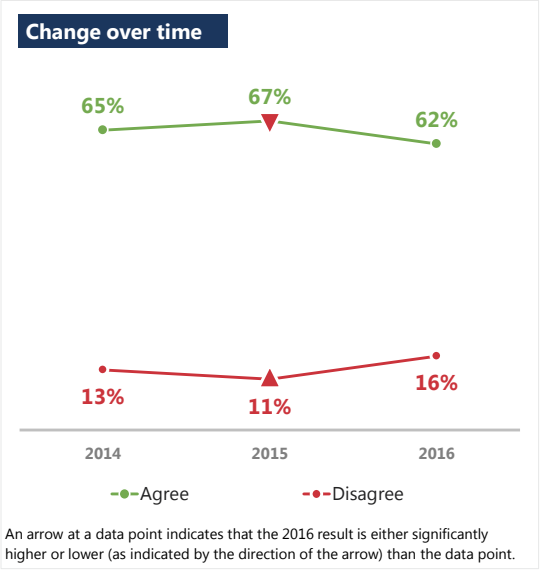


All NHS Providers: 2016 (746); 2015 (827); 2014 (920).

Consistent with previous years, a similar proportion believe that, where there is an issue with the quality of services, the response of the CCG is proportionate and fair (62%). However, as seen in other results regarding quality, a rising percentage of NHS providers disagree with this (16%, compared with 11% in 2015).

Figure 6.4: To what extent do you agree or disagree that when there is an issue with the quality of services, the response of the CCG is proportionate and fair?





All NHS Providers: 2016 (746); 2015 (827); 2014 (920).

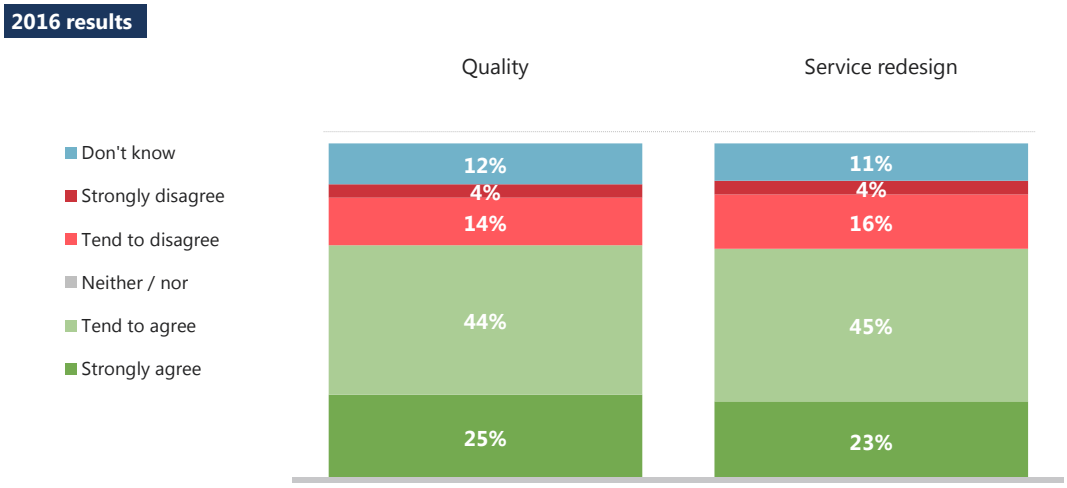
6.3 Clinical involvement

CCGs are intended to be clinically-led organisations and therefore, the survey sought to find out the extent to which clinicians from the CCGs are involved in discussions with NHS providers about quality and service redesign.

The results this year regarding quality are lower than in previous years, with seven in ten now saying they think clinicians are involved in discussions (70% compared with 74% in 2015). Figures have largely remained static since 2014 for those saying 'very involved', with a quarter reporting this (25%).

Results regarding service redesign are similar (but slightly more negative) to that of involvement with discussions about quality, with just under seven in ten (68%) saying they think clinicians are involved, but over a fifth saying they are not very or not at all involved (21%).

Figure 6.5: How involved, if at all, would you say clinicians from the CCG are in discussions about...?



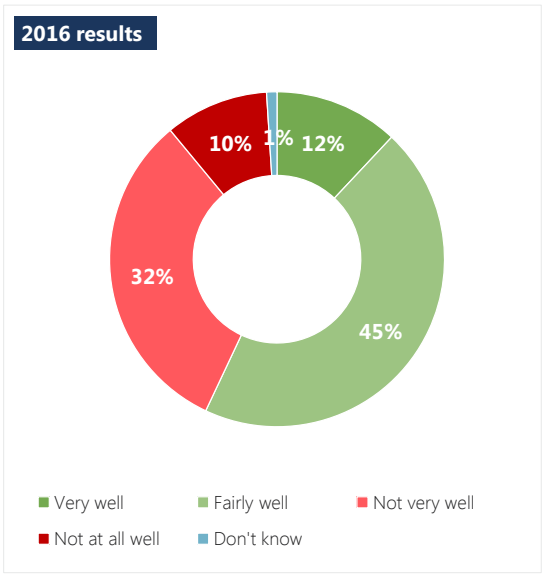
All NHS Providers: 2016 (746).

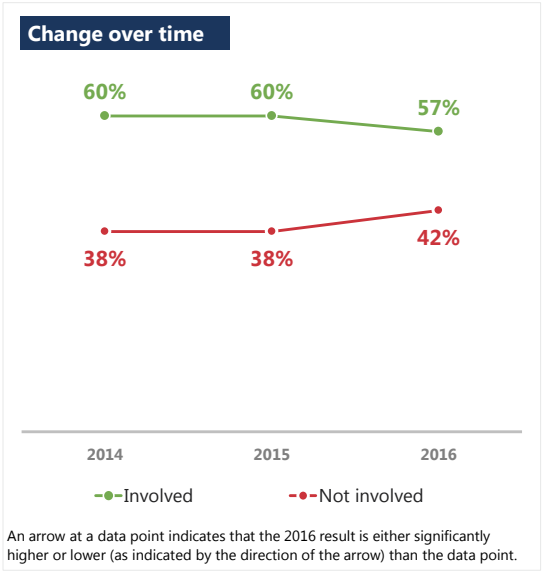
6.4 Understanding the challenges faced by NHS providers

Views on the extent to which CCGs appreciate the challenges facing NHS providers have remained constant since 2014, with 57 per cent thinking that the CCG understands the challenges well.

These findings suggest that, while over half of NHS providers have good working relationships that demonstrate that CCGs understand the challenges they face, there remains a significant proportion who are more negative and appear to have weaker perceptions of, and relationships with, their CCG.

Figure 6.6: How well, if at all, would you say the CCG understands the challenges facing your provider organisation?





All NHS Providers: 2016 (746); 2015 (827); 2014 (920).

7 Upper tier and unitary local authorities

Summary

- Upper tier and unitary local authorities continue to be among the most positive stakeholder groups on all aspects of their CCGs and results have generally remained consistent since the 2015 survey.
- As seen in previous years, upper tier and unitary local authorities are among the most engaged groups - the majority say they have been engaged at least a fair amount (89%), and they are satisfied with the way they have been engaged (80%).
- CCGs' overall leadership is viewed positively by upper tier and unitary local authority stakeholders, with ratings that are in line with most other stakeholder groups. Whilst this year results are largely in line with the results in 2015, there has been a drop in many of these measures since 2014.
- Local authority stakeholders report good levels of CCG effectiveness for both the Local Safeguarding Children Boards and Local Safeguarding Adults Boards (65% and 64% respectively). In addition to these results improving, there are very few who say their CCG has not been effective.

Given the localism agenda for commissioning, effective relationships with local statutory bodies and local authorities in particular are of the utmost importance to CCGs. The survey asked a wide range of questions of stakeholders from upper tier or unitary local authorities, to ascertain whether the positive relationships reported in previous years have been developed further.

There are also some specific areas in which CCGs and local authorities need to collaborate, including fulfilling statutory duties. The survey therefore asked upper tier and unitary local authority stakeholders about how well the CCG was working with them to refresh and deliver plans for integrated commissioning and about their effectiveness as part of the Safeguarding Adults and Safeguarding Children Boards.

All CCGs were asked to provide details for up to five stakeholders from each of the upper tier or unitary local authorities in their locality. Possible roles of these stakeholders included the Chief Executive, Director of Adult Services, Director of Children's Services, representatives from the Health Overview and Scrutiny Committee and elected members. At least one of the stakeholders was required to be able to comment on behalf of the local authority on the CCG's role in safeguarding children and safeguarding adults.

Over half of upper tier or unitary local authority stakeholders responded to the survey, in line with the response rate for all stakeholder groups (58% compared to 59% overall).

7.1 Overall engagement of unitary and upper tier local authorities

As in 2015, upper tier and unitary local authority stakeholders are among the most positive stakeholder groups regarding both the levels of engagement they have received (89% a great deal or a fair amount) and the way in which they have been engaged (80% satisfied).

A relatively large proportion of local authority stakeholders also agree that CCGs listen to their views where they have provided them (75%). Nearly two-thirds (64%) also agree that the CCG takes on board their suggestions, which is in line with the majority of other stakeholders.

The proportion of local authority stakeholders who report good working relationships (85%) is comparable to the majority of other stakeholder groups, with only a small minority say the relationship is poor (3%).

CCGs' overall leadership is viewed positively by upper tier and unitary local authority stakeholders, with ratings that are in line with most other stakeholder groups. For example, nearly eight in ten upper tier and unitary local authority stakeholders (79%) agree that there is clear and visible leadership of their CCG and 70 per cent agree that they have confidence in the leadership to deliver its plans and priorities. Whilst this year results are largely in line with the results in 2015, there has been a drop in many of these measures since 2014.

Whilst confidence in the way CCGs commission services tend to be lower than confidence in leadership, local authority stakeholders generally give some of the highest ratings across the different stakeholder groups. Nearly seven in ten agree that the CCG involves and engages with the right individuals and organisations when commissioning decisions (69%), that they understand reasons for the decisions the CCG makes when commissioning services (70%) and that they have confidence in their CCG to commission high quality services (73%). However, fewer upper tier and local authority stakeholders agree that the CCG effectively communicates its commissioning decisions with them (59%).

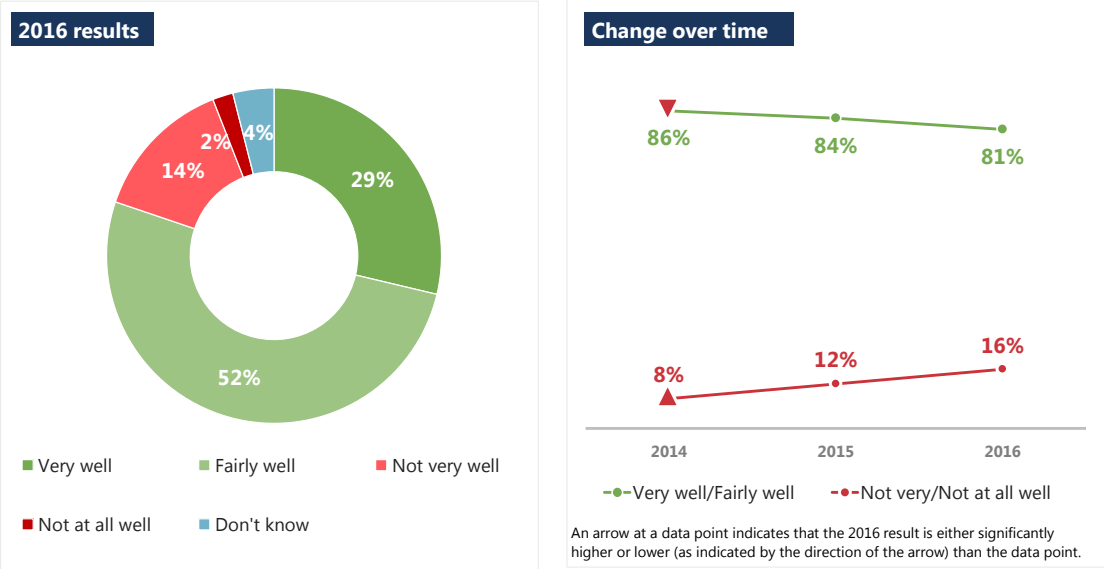
Upper tier and local authority stakeholders continue to be one of the most well informed stakeholder groups about their CCG's plans and priorities, with nearly nine in ten (88%) saying they know a great deal or a fair amount. Nearly three quarters (73%) agree they have been given the opportunity to influence their CCG's plans and priorities, and two-thirds say their comments have been taken on board (65%) and that the CCG's plans and priorities are the right ones (66%). These findings have remained consisted since 2015.

7.2 Integrated commissioning

Integrated commissioning between CCGs and local authorities has become increasingly important as the system moves towards better integration between NHS and social care services. To provide data on this, the survey asked upper tier and unitary local authority stakeholders' questions on how their CCG is working with them to refresh and deliver shared plans for integrated commissioning.

Upper tier and local authorities' views remain very positive about the way in which their CCG is working with them to deliver shared plans for integrated commissioning (81%).

Figure 7.1: How well, if at all, would you say the CCG and your local authority are working together to deliver shared plans for integrated commissioning?



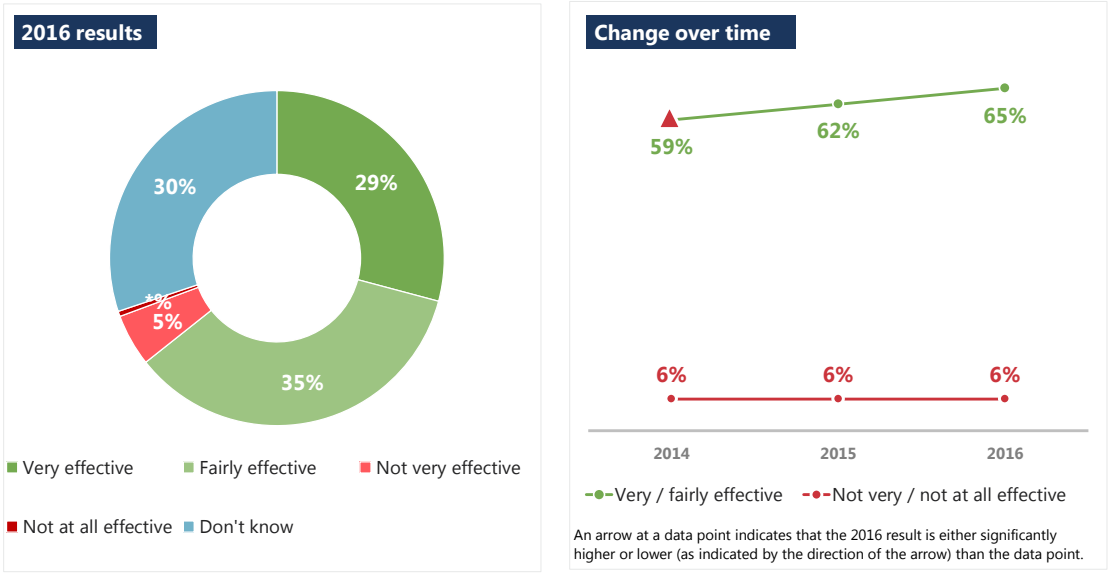
All upper tier/unitary local authority stakeholders: 2016 (629); 2015 (672); 2014 (680).

7.3 Safeguarding children and adults

CCGs and upper tier and unitary local authorities have a statutory duty to fulfil safeguarding responsibilities and are both members of Local Safeguarding Children Boards and Local Safeguarding Adults Boards. The survey therefore asked upper tier/unitary local authority representatives about how the CCG had been fulfilling its safeguarding responsibilities.

There has been increasing positivity from upper tier and unitary local authorities since 2014 about the impact the CCG has had as part of the Local Safeguarding Children Board, with two thirds now saying their CCG is effective (65%). The proportion of respondents who don't know how effective the CCG has been has reduced to three in ten (30%). This is likely to reflect the roles of the local authority representatives invited to take part in the survey; not all will have in-depth knowledge of the CCG's work as part of this Board.

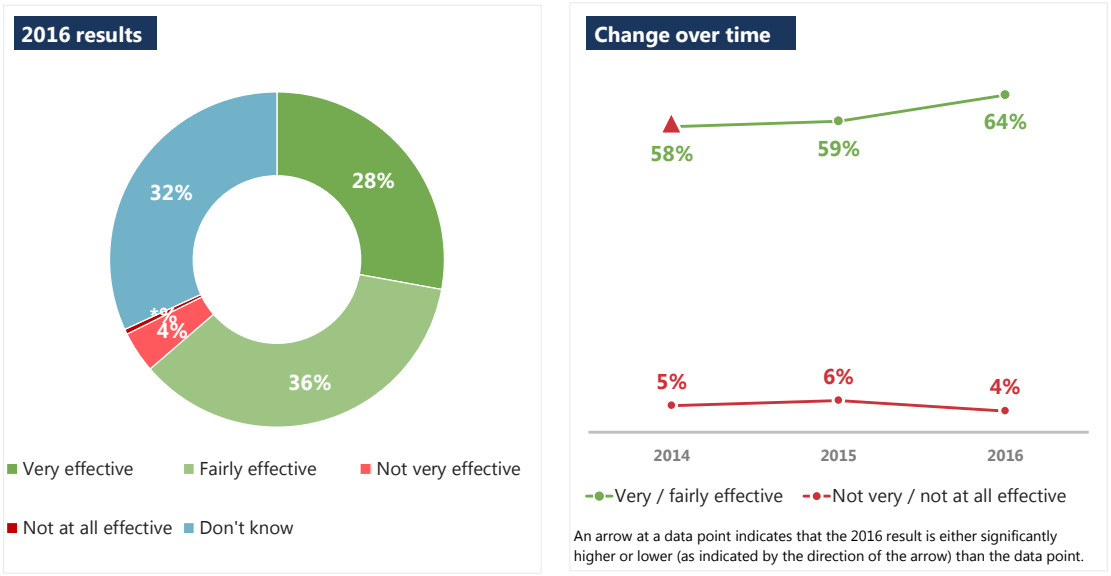
Figure 7.2: How effective, if at all, has the CCG been as part of the Safeguarding Children Board?



All upper tier/unitary local authority stakeholders: 2016 (629); 2015 (672); 2014 (680).

Similar results can be seen regarding the CCGs' role in the local Safeguarding Adults Board; positivity about their effectiveness is almost two thirds (64%). Very few in this stakeholder group think their CCG was not very effective or not at all effective (4%).

Figure 7.3: And how effective, if at all, has the CCG been as part of the Safeguarding Adults Board?



All upper tier/unitary local authority stakeholders: 2016 (629); 2015 (672); 2014 (680).

8 Health and wellbeing boards

Summary

- Health and wellbeing board (HWB) members are generally positive about their CCG. Levels of engagement (83%) and satisfaction with that engagement (79%) remain high.
- HWB members are particularly positive (compared with other stakeholder groups) about their CCG's commissioning processes and decisions. They have confidence in their CCG to commission high quality services (78%). They are also more likely to think that the CCG involves the right individuals and organisations (69%) and they understand the reasons for commissioning decisions (72%).
- Confidence in leadership remains high, with an increase since 2014 in confidence regarding the delivery of continued quality improvements (73% compared with 64%). Opinions on whether CCGs effectively monitor the quality of services have remained stable since last year (65%) – but there has been a decline in HWB members feeling they can raise concerns about quality (86% compared with 93%).
- HWB members continue to report that CCGs are active members of the board (90%), though this has decreased since last year (95%).
- HWB stakeholders also remain positive about their CCG's role in working together to deliver shared plans for integrated commissioning (85%) – though there seems to be a significant shift in opinion this year from 'very well' to 'fairly well'.

Health and wellbeing boards (HWBs) have a key role in bringing together CCGs and councils to develop a shared understanding of the health and wellbeing needs of the community. Together with the CCG, they undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed.

Each CCG was asked to provide details of two members of their health and wellbeing board, one of which had to be the Chair. Some CCGs span more than one HWB and so provided details for each board of which they are members.

The response rate to the survey among HWBs was comparable to the overall response rate, with three in five of those invited to take part responding (58%, compared with 59% overall).

8.1 Overall engagement of health and wellbeing boards

As may be expected given that HWBs are a statutory body of which CCGs are members, the level of engagement with CCGs is high (83%). Satisfaction with the way in which they have been engaged is also high, but has fallen over the last two years to 79 per cent (from 86% in 2014). The majority of HWB members are positive about their working relationship with the CCG, with 84 per cent saying they have a good working relationship.

In line with most other stakeholder groups, the majority of HWBs agree that CCGs have listened to their views (70%), but slightly fewer agree that the CCG has taken on board their suggestions (63%). However, they are among the most positive groups about this.

HWB members are more likely than many other stakeholder groups to agree that their CCG involves and engages with the right individuals and organisations when making commissioning decisions (69%). Consistent with previous years, they are also one of the stakeholder groups with the most confidence in their CCG to commission high quality services (78%).

HWB members remain as confident as they were last year in their CCG when it comes to understanding the reasons for the decisions their CCG makes when commissioning services (72% compared with 70%). Similarly, views on whether the CCG effectively communicates these decisions are consistent with last year (60% compared with 61%).

Confidence in the leadership of the CCG and clinical leadership remains high, and is amongst the highest of the stakeholder groups. Most HWB members say there is clear and visible overall leadership of the CCG (80%), and they are confident their CCG leadership will deliver its plans and priorities (77%), with results showing an increase since 2014 in confidence in the delivery of quality improvements (73%). HWB members also remain confident that their CCG will deliver improved outcomes for patients (74%). Nearly seven in ten agree that their CCG's plans will deliver continuous improvement in quality within the available resources (67%), and three quarters also agree that the leadership of their CCG has the necessary blend of skills and experience (75%).

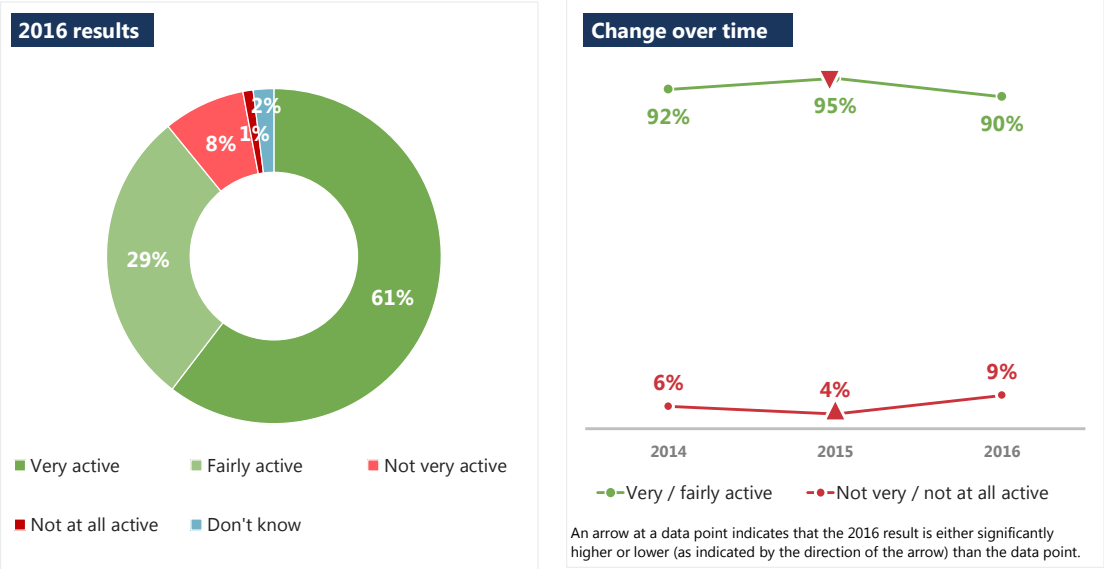
HWB members express confidence that CCGs effectively monitor the quality of the services commissioned, with two thirds of HWB members agreeing (65%). However, despite results remaining positive, there has been a decrease since 2015 in HWBs feeling they can raise concerns about the quality of local services with their CCG (86%, compared with 93% in 2015), and unlike last year, they are no longer the most positive group. Fewer HWB stakeholders say they have confidence in the CCG to act on feedback it receives about the quality of services (78%), though this group remains well above average (66%).

HWB members are very positive regarding the CCG's plans and priorities, and in all aspects, they are among the most favourable of all the stakeholder groups. The vast majority say they know a great deal or a fair amount about the CCG's plans and priorities (90%). Likewise, three quarters feel they have had the opportunity to influence the CCG's plans and priorities (74%). Seven in ten feel that their comments on the CCG's plans and priorities have been taken on board where they have made them (69%). Around four in five also say that the CCG has effectively communicated its plans and priorities to them (78%) and around three in four believe that the CCG's plans and priorities are the right ones (74%).

8.2 Engagement with the health and wellbeing board and its strategy

The vast majority of HWB members say their CCG is an active member of the HWB (90%), with three in five saying they are 'very active' (61%).

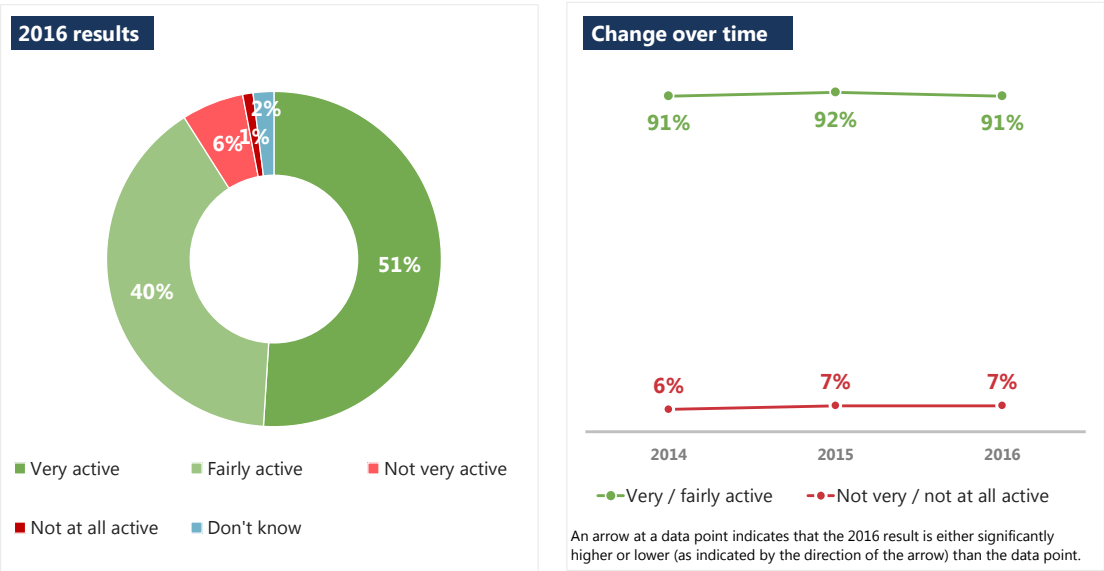
Figure 8.1: How active, if at all, would you say the CCG is as a member of the health and wellbeing board?



Health and Wellbeing Stakeholders: 2016 (250); 2015 (274); 2014 (282).

Similarly, HWB members are overwhelmingly positive about the CCG's involvement in the development of their Joint Health and Wellbeing Strategy (91%). This is consistent with previous years, and only a small minority say their CCG is 'not active' or 'not very active' (7%).

Figure 8.2: How active, if at all, would you say the CCG has been in developing your Joint Health and Wellbeing Strategy?

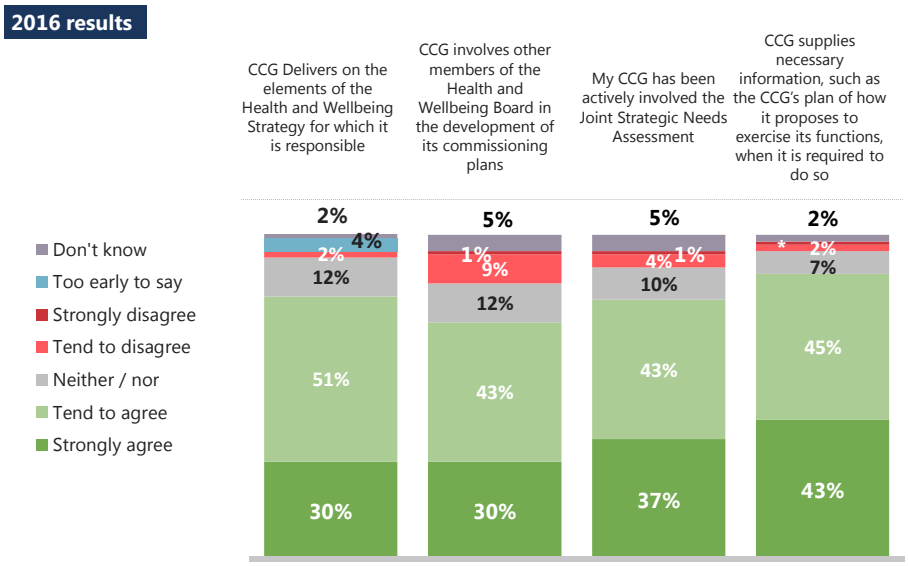


Health and Wellbeing Stakeholders: 2016 (250); 2015 (274); 2014 (282).

As in previous years, most HWB members are likely to agree that the CCG supplies necessary information when it is required to do so (88%). They also agree that the CCG has been involved in the Joint Strategic Needs Assessment (80%) and that it delivers on the elements of the Health and Wellbeing strategy for which it is responsible (80%) – only a tiny minority disagree with either of these (5% and 2% respectively).

Consistent with 2014 and 2015 however, there continues to be a slightly lower level of agreement that the CCG has involved other members of the HWB in the development of its commissioning plans (73%). Therefore, this remains an area of engagement where CCGs could look to improve.

Figure 8.3: To what extent do you agree or disagree with each of the following statements?



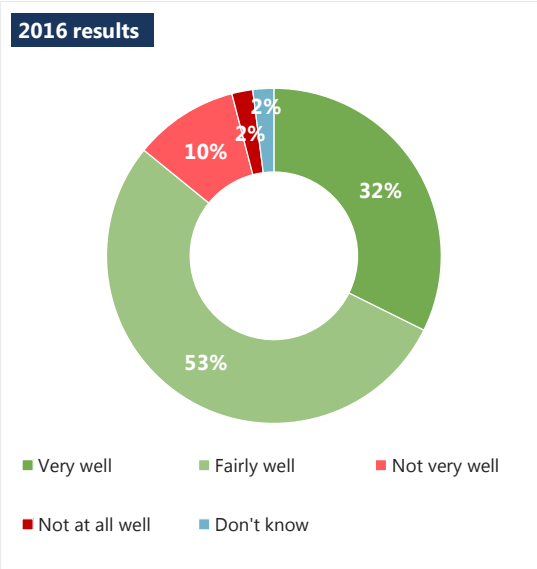
Health and Wellbeing Stakeholders: 2016 (250); 2015 (274); 2014 (282).

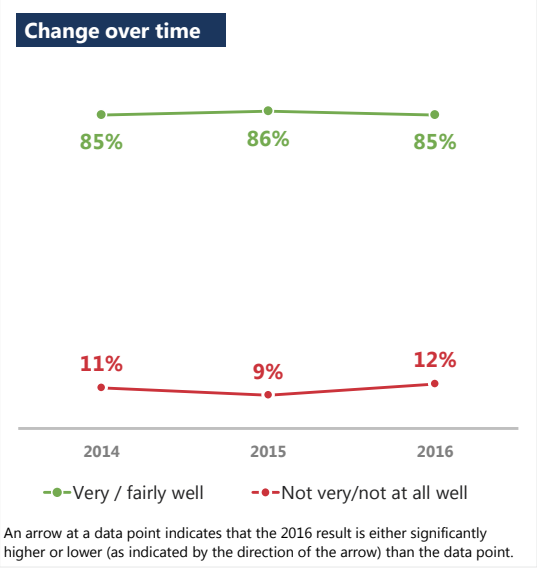
8.3 Integrated commissioning

Health and wellbeing boards are instrumental in the promotion of the integration of health and social care services. The survey therefore asked HWB stakeholders about how effective the relationships are between local authorities and CCGs in delivering shared plans for integrated commissioning.

Opinions continue to be very favourable here (85%). However, there seems to be a significant shift in opinion from very well to fairly well. Over ten per cent now report that the CCG and local authority are not working well together (12%).

Figure 8.4: How satisfied or dissatisfied are you with the steps taken by the CCG to engage with patients and the public?





Health and Wellbeing Stakeholders: 2016 (250); 2015 (274); 2014 (282)..

9 Other CCGs

Summary

- Representatives of other CCGs are generally positive about engagement, with three in four (77%) saying they have been engaged over the past 12 months. Of these, four in five (80%) say that they are satisfied with the way in which the CCG has engaged them.
- This stakeholder group is similarly positive about working relationships, with 87 per cent reporting a fairly or very good working relationship with the CCG.
- Representatives from other CCGs are particularly positive about both the commissioning decisions the CCG makes and the monitoring of those decisions. Eighty per cent report confidence in the CCG to commission high quality services for the local population.
- This stakeholder group do however report relatively low understanding of and involvement in collaborating with CCG's on their plans and priorities. Just half of CCGs have been given the opportunity to influence the CCG's plans and priorities (50%)

It is common for CCGs to have formal commissioning arrangements in place with other CCGs – particularly in areas of specialist care. As such, it is important to ask CCGs about their relationships with one another, and these are covered by the questions asked of all stakeholders. Therefore, no additional questions were asked of this group.

CCGs were asked to provide contacts of up to five other CCGs with whom they collaborate. Response rates from other CCGs were the highest of all stakeholder groups, as may be expected given the high level of awareness of the survey among CCGs. As was the case in 2015, 76 per cent of those representatives from other CCGs who were invited to participate in the survey, compared with 59 per cent overall.

9.1 Overall engagement of other CCGs

Three in four representatives from other CCGs reported they have been engaged over the past 12 months (77%), with almost one in three (30%) reporting that they have been engaged a great deal. While this is positive, and has remained stable since 2015 (76%), the results are slightly less positive than for stakeholders overall (80%).

However, satisfaction with the way in which these CCG stakeholders have been engaged is high. Four in five (80%) report that they are fairly or very satisfied with the way in which the CCG has engaged with them. This represents an increase since the 2015 result (76%).

Reflecting these high levels of engagement, CCGs are very positive about their working relationships, with the majority reporting that they have very good or fairly good working relationships with the CCG (87%). They are amongst the most positive of all stakeholder groups. Over half state that their relationship has improved over the last 12 months (55%).

As seen across the board, the majority of these stakeholders say that their comments have been listened to, but fewer say that their suggestions have been taken on board. Around seven in ten agree that their comments have been listened to (71%) by the CCG, while just over six in ten agree that their suggestions have been taken on board (61%).

Representatives from other CCGs are the most positive stakeholders on both the commissioning decisions that the CCG makes and the way in which the CCG monitors and reviews the quality of commissioned services. For example, stakeholders from this group are more likely than any other group to report confidence in the CCG to commission high quality services for the local population (80% compared with 64% overall) and that the CCG's plans will deliver continuous quality improvements (67% compared with 54% overall). They are also more confident than any other group that the CCG effectively monitors and reviews the quality of commissioned services (76% compared with 61%), and among the groups most likely to agree that they would feel able to raise concerns with the CCG (92% compared with 83% overall) and that the CCG would act on any concerns that were raised (82% compared with 66% overall).

Confidence in both the overall and clinical leadership of the CCG is also high among representatives from other CCGs. More than four in five agree that there is clear and visible overall leadership (88% compared with 72% overall) and clinical leadership (83% compared with 71% overall). On many of these measures they are among the most positive of all the stakeholder groups. For example, 80 per cent have confidence in the overall leadership's ability to deliver improved outcomes for patients and 74 per cent have confidence in the clinical leadership of the CCG to deliver its plans and priorities.

Contrasting with the general trendc seen in this chapter, representatives from other CCGs report relatively low understanding and involvement with collaborating CCGs' priorities. Just half of CCGs have been given the opportunity to influence the CCG's plans and priorities (50%) and a similar proportion feel that their comments about plans and priorities have been taken on board (51%). For both of these measures, CCG representative's ratings fall below the average across all stakeholder groups.

This year, stakeholders were asked how effective they feel the CCG is as a local system leader. CCG representatives were among the most positive stakeholder groups on this measure, with the vast majority (85%) reporting that the CCG was very or fairly effective in this respect (compared with 74% overall).

10 Wider stakeholders

Summary

- Wider stakeholders are generally positive about their engagement by and working relationships with CCGs. Eighty-four per cent feel that they have been engaged by their CCG a great deal or fair amount over the past 12 months.
- Confidence in the overall leadership of CCGs is similarly high, with two thirds (66%) saying they have confidence in the leadership of their CCG to deliver on its plans and priorities. Confidence in the clinical leadership of CCGs is, however, lower.
- Wider stakeholders report good knowledge of the CCG's plans and priorities. 78 per cent say they know a great deal or a fair amount about their CCG's plans and priorities.

The majority of CCG stakeholders fall into one of the stakeholder groups considered separately in earlier chapters of this report. Many CCGs do, however, have stakeholders that are not captured by these groups but whose feedback is valuable. In order to allow for the views of these stakeholders to be included in this research, each CCG was given the opportunity of including up to ten additional stakeholders from organisations not covered by the core stakeholder framework. This group is referred to as 'wider stakeholders' in this chapter and throughout the report.

This stakeholder group is disparate, containing a mix of different stakeholders from a range of organisations fulfilling diverse roles, depending on the relationships and structures that exist locally to each CCG. Consequently, no questions specific to this group were asked of these stakeholders - rather, they were asked only the general questions asked of all stakeholders, covering their working relationship with the CCG, the level of engagement the CCG has had with them, their confidence in the leadership and clinical leadership of the CCG and their thoughts on the CCG's plans and priorities.

Most CCGs took up the opportunity to include these wider stakeholders in the survey, (188 of the 209 CCGs). The stakeholders listed within this group include (but are not limited to):

- clinicians, such as representatives of leadership networks or clinical service-based networks;
- CSUs;
- Health Education England (local contact);
- lower tier local authorities;
- MPs;
- private providers;
- Public Health England (local contact);

- social care/community organisations;
- voluntary sector/third sector providers; and
- care homes.

When considering the survey results from this group it is important to take into account the diversity of these stakeholders. With this in mind, results from wider stakeholders will be more useful to CCGs at a local level than at the national level. Six in ten of those invited to participate in the survey responded (60%), which is comparable to the overall response rate of 59 per cent.

10.1 Key wider stakeholder results in the overall findings

As in previous waves of the survey, wider stakeholders are generally positive about all aspects of both their engagement and working relationships with CCGs. Over eight in ten stakeholders from this group feel that they have been engaged by their CCG a great deal or fair amount over the past 12 months (84%). More than three in four (77%) are satisfied with the way in which their CCGs have engaged them. Wider stakeholders are similarly positive about their working relationships with CCGs; 84 per cent rate their working relationship with the CCG as 'good'. Despite the fact that this positive rating of working relationships has been maintained across waves (86% in 2015 and 89% in 2014), more than half of wider stakeholders (51%) say that their working relationship with the CCG has improved over the past 12 months.

Wider stakeholders are generally positive about the commissioning decisions CCGs make, though results here are not as strong as in other areas. For example, two in three wider stakeholders (66%) agree that they have confidence in their CCG to commission high quality services for the local population and they are less positive than stakeholders overall on the communication of commissioning decisions. Just 51 per cent of wider stakeholders agree that their CCG effectively communicates its commissioning decisions with them, compared with 55 per cent overall. This might reflect the less regimented role of these stakeholders within the CCG. However, 71 per cent of this group agree that they have confidence in their CCG to act on feedback it received about the quality of commissioned services (compared with 66% overall).

There is confidence in the overall leadership of CCGs amongst this diverse group. For example, two in three (66%) say that they have confidence in the leadership of their CCG to deliver on its plans and priorities. Wider stakeholders do, however, tend to be less positive about the *clinical* leadership of their CCG, and this is in line with the pattern seen in 2015. Wider stakeholders are, for example, among the groups least likely to agree that their CCG has clear and visible clinical leadership (65%, compared with 71% overall). As was also the case in 2015, however, wider stakeholders are generally more likely than other groups to say that they 'don't know' about the various aspects of CCGs clinical leadership. On the same measure, 11 per cent of wider stakeholders said that they don't know, compared with just four per cent overall. This may suggest a lack of knowledge about clinical leadership among this group, therefore, rather than negative perceptions of this aspect of their CCG.

Wider stakeholders report a high level of knowledge of the CCGs' plans and priorities, with 78 per cent saying that they know a great deal or a fair amount. This represents a slight but significant decline in reported knowledge among this group since last year (83%), but remains positive nonetheless. Wider stakeholders are similarly positive about all aspects of CCGs plans and priorities. For example, 86 per cent of wider stakeholders agree that improving patient outcomes is a core focus for their CCG. Wider stakeholders are equally positive about their CCG's effectiveness as a local system leader, with 77 per cent of this group saying that their CCG has been effective in this role.

11 Regional variation

Summary

- Little variation by region is seen on those questions asked of all stakeholders. Variation of only three percentage points is seen in the extent to which stakeholders feel their CCGs have engaged with them over the past 12 months (London 82%, North 81%, Midlands and East 79%, South 79%). Stakeholders from London however are more likely than average to be positive on a number of overall measures.

- Greater variation is seen on those questions asked of specific stakeholder groups. For example, there are 14 percentage points between the region where upper tier/unitary local authority stakeholders are most positive (London, 91%) and least positive (Midlands and East, 77%) about how well this group thinks their CCGs are working with their local authorities to deliver shared plans for integrated commissioning. Similarly, GP member practices from the North are more likely than average to respond positively to questions about their CCG. For example, 64 per cent of GP member practices from the North say that they understand the implications of their CCG's plans for service improvement, compared to 61% overall.

This report has so far explored the results of this year's survey with a focus on uncovering differences in perceptions according to stakeholder groups. This chapter will explore whether any discernible differences emerge when survey results are broken down by NHS England region (London, the Midlands and East, the North and the South). This will allow NHS England to identify potential areas of best practice to share across regions.

As was the case in 2015 there is, broadly speaking, little variation in survey results when broken down by region[35]. This would suggest that across each area of the country the distribution of CCGs performing well and not so well is fairly even. For this reason, this chapter will focus specifically on those questions where the greatest variation is seen, rather than exploring the survey results in full. Unlike in 2015, there is generally no greater variation by region on those measures asked of specific stakeholder groups than on those measures asked of all stakeholders.

On those questions asked of all stakeholders we see relatively little variation by region. Across all four regions we see only a three percentage point variation in the extent to which stakeholders feel their CCGs have engaged with them over the past 12 months (London 82%, North 81%, Midlands and East 79%, South 79%). Those in London are, however, more likely than average to say that they are satisfied with the way in which they have been engaged (74%, compared with 71% overall), while those in the South are less likely than average to say the same (68%). Similarly, stakeholders in London are more likely than average to say that their working relationship with their CCG has got better over the past 12 months (45%, compared with 40% overall), and this score is higher than for any other region (South 41%, North 40%, Midlands

[35] For a breakdown of results by region for those questions asked of all stakeholder groups, please see tables 13.52-13.71 in the annex to this report.

and East 38%). Those in London are also more likely than stakeholders in any other region to agree that the leadership of their CCG is delivering continued quality improvements (London 62%, North 58%, Midlands and East 55%, South 53%). There are also a number of measures on which the North performs better than average, such as the number of stakeholders agreeing that they have confidence in their CCG to commission high quality services for the local population (67%, compared with 64% overall). Stakeholders in London also rate their CCGs better on this measure than do stakeholders overall (67%).

As with those questions asked of all stakeholders, results from those questions asked only of specific stakeholder groups broadly align across the four NHS England regions. In terms of those measures asked only of upper tier/unitary local authority stakeholders, greatest variation by region is seen in how well this stakeholder group thinks their CCGs are working with their local authorities to deliver shared plans for integrated commissioning. There are 14 percentage points between the region where stakeholders are most positive (London, 91%), and the region where stakeholders are least positive (Midlands and East, 77%). Similarly, those in the Midlands and East are more likely than those in London to think that their CCG has not been working very well with their local authority (18%, compared with 7% in London).

Health and Wellbeing Board members displayed little variation across regions, and there was no identifiable trend of one region tending to perform better or worse than the others.

Results among Healthwatch and other patient group stakeholders also tend to be consistent across all four regions, although those in the North are more likely than average to agree that their CCG listens to and acts on any concerns, complaints or issues that are raised (77%, compared with 70% overall).

As seen earlier in this report, GP member practices tend to be less positive than other stakeholder groups. There does not seem to be a relationship between which region GP member practices are from and how positive or negative they are toward their CCG – no clear pattern emerges when results from this group are broken down by region. However, GP member practices from London are less likely than those from any other region to say that they have a good understanding of the financial implications of their CCG's plans (North 60%, Midlands and East 59%, South 58%, London 53%). In fact, GP member practices from London are more likely than GP member practices overall to say that they either do not understand these financial implications very well or do not understand them at all (43% compared with 39% overall).

Conversely, on a number of measures, GP member practices from the North are more likely than average to respond positively to questions about their CCG. For example, 64 per cent of GP member practices from the North say that they understand the implications of their CCG's plans for service improvement (compared with 61% overall). This result is also higher than for any other region (London 60%, Midlands and East 59%, South 59%).

As with other stakeholder groups, little variation by region was discernible among NHS providers. The greatest variation was seen on perceptions of how involved stakeholders from this group feel clinicians from their CCG are in discussions about quality, with a range of 18 percentage points between the region in which stakeholders are most positive (London, 80%), and the region where stakeholders are least positive (the South, 62%). A similar trend is seen with regard to how involved this stakeholder group feels clinicians from their CCG are in discussions around service improvement, with 77 per cent of those in London saying they think clinicians are involved, compared with just 62 per cent from the Midlands and East.

While no overall trends or patterns are discernible when looking at results broken down by region, variation does occur on specific measures. Knowing that variations exist on a few specific measures enables us to identify specific issues for improvement in each region and where best practice might come from to be shared across regions.

12 Technical information

This chapter of the report provides more detail on the methodology for the survey.

Stakeholder lists

Each of the 209 CCGs were responsible for identifying the relevant stakeholders for their CCG, collecting their contact details and providing these to Ipsos MORI in a timely manner.

On 25th January 2016, CCG leads were given an information pack on how to complete the task of collating stakeholder lists. CCGs were asked to have completed their lists and to have provided any additional local questions by 19th February 2016. For seven CCGs these deadlines had to be extended, for example due to annual leave of lead CCG contacts, having the incorrect contact details for the CCG lead, and other unforeseen circumstances such as CCG leads delegating responsibility to colleagues at a later date.

The framework around which CCG leads were expected to follow when deciding their stakeholder lists is outlined in the following table. This framework is based on the framework that was used in the 2014 and 2015 surveys, having been devised following the 2014 engagement day and agreed with NHS England. The framework lists the core organisations that CCGs were requested to include in their stakeholder list. Unlike for the authorisation survey, where stakeholders' roles within those organisations were specified, the assurance survey largely allowed CCGs to identify the individuals in each organisation most appropriate to include in the survey, to account for the flexibility of local relationships.

In addition to the framework, CCGs also had the *option* to include up to an additional ten stakeholders who were not in the core framework. If they did choose to include additional stakeholders, NHS England staff or staff from within the CCG (excluding GP member practices) were not permitted for inclusion.

Organisation type	Maximum numbers	Possible roles (exact contact will vary by CCG)
GP member practices	*One* from every member practice of the CCG	Designated GP lead
Other CCGs with whom the CCG collaborates on commissioning services (e.g. formal commissioning arrangements)	*Up to five* stakeholders in total (if the CCG collaborates with more than five CCGs, select the five with the closest relationship)	Clinical lead and/or chair
Health and wellbeing boards	*One or two* stakeholders per Health and wellbeing board	For each health and wellbeing board, one of the nominated

	geographically linked with the CCG	stakeholders must be the Chair. The other could be a board member
Upper tier or unitary local authorities	*Between one and five* stakeholders per upper tier or unitary local authority geographically linked with the CCG. At least one of the stakeholders included must be able to comment on behalf of the local authority on the CCG's role in: • Safeguarding of children • Safeguarding of adults	Chief Executive Director of Adult Services Director of Children's Services Director of Public Health Representative from the Overview and Scrutiny Committee Elected members

NHS England recognised that there would be variation between CCGs in the range of relationships that exist locally. CCGs therefore needed to interpret the framework according to their local circumstances. Some common deviations from the above stakeholder framework and the way they were dealt with are listed below:

1. The community health, acute and mental health providers were the same organisation.

CCGs were asked to only include the relevant details once.

2. One stakeholder performed two of the roles listed in the framework.

Where this was the case (e.g. there was overlap between the Health and wellbeing Board and Local Authority), CCGs were asked to nominate an alternative for one of the positions. If that was not possible, separate links to the survey were sent to the stakeholder for them to complete in respect of each role. The email containing the link and the introduction to the survey made it clear to which stakeholder group the survey was referring.

3. Stakeholders also being members of the CCG Governing body.

Here CCGs who made Ipsos MORI aware of this were told that it was at their discretion if they chose to include these stakeholders. CCGs were told that the survey outlined that stakeholders should complete the survey from the perspective of their organisation not in terms of any other role. Where CCGs opted to not include these stakeholders they were requested to provide alternative names.

CCGs were requested to provide the following details for each stakeholder:

- allocation to a stakeholder group;
- organisation;

- job title;
- full name;
- department (if applicable);
- email address and telephone number of main contact; and
- alternative email address for main contact or email address for someone else (e.g. PA).

To ensure that all stakeholder lists were provided in a consistent format, CCGs were provided with a sample template in MS Excel. Once completed, the excel template was submitted by the CCG via Ipsos MORI's secure portal.

On receipt of the stakeholder list, Ipsos MORI checked that every completed Excel sample template was in the required standard format and amended it where necessary. It was the CCG's sole responsibility to submit the list of stakeholders, act on any advice and, if necessary, re-submit an accurate list by the final deadline.

A number of CGGs provided lists which were incomplete or inaccurate. Where there were a larger number of errors[36], Ipsos MORI worked with the CCG to make corrections. However, due to survey timings[37] it was not possible to fully check every stakeholder list and liaise with every CCG to develop a more fully accurate list.

Questionnaire design

The questionnaire was largely based on the 2015 and 2014 questionnaires. The questionnaire was initially developed using input from CCGs and NHS England through their attendance at a co-design event for the survey in London. This was to ensure that the CCG 360° Stakeholder Survey was able to both support CCG's annual assurance conversations with NHS England and to also provide CCGs with a valuable tool to evaluate their progress and inform their organisational development.

Prior to the 2016 survey, NHS England sought written feedback from CCGs about ways the survey processes, including the questionnaire, could be improved. This feedback was taken into account when revisions to the questionnaire for the 2016 survey were made. The main consideration, however, which was supported by feedback from CCGs, was that the survey had to remain comparable to the previous waves of the survey to allow tracking of improvement and areas which have regressed. For this reason, the questionnaire for the 2016 survey followed a similar structure to the previous wave's questionnaire and minimal changes were made to question wording.

The questionnaire was divided into a number of sections. The first section was asked to all stakeholders, and asked a series of general questions about the engagement they have received from the CCG and opinions on their working relationship with it. The additional sections were aimed at specific stakeholder types to allow the survey to reflect on the diverse areas of experience and knowledge that different stakeholder groups have with CCGs. All stakeholder groups were asked to answer one of these additional sections of specialised questions, apart from those stakeholders who were classed as either

[36] A list of common errors is included in Chapter 14.

[37] Checking time was reduced as a result of the additional week provided to CCGs to get their stakeholder lists to Ipsos MORI.

'wider stakeholder group' or 'other CCGs'. The wording for GP member practices differed slightly to that for other stakeholders to reflect their status as a constituent member of CCGs rather than external stakeholders.

Finally, where provided by CCGs, stakeholders were asked up to five local questions, specific to the CCG. These were done in the form of a statement asking the stakeholder to rate CCGs. The statement or 'stem' of the question was standardised across all CCGs: 'How would you rate [CCG] on each of the following…'. CCGs were then able to identify up to five statements that fitted with this stem.

A standardised questionnaire was used across all CCGs. The name of the CCG was included within the question wording to make it clear to stakeholders which CCG they were answering about; this was especially important for those stakeholders who had been asked to complete surveys for multiple CCGs.

Questions were closely linked to each of the five components set out in '*Clinical Commissioning Group Assurance Framework 2015/16*'. This document outlines the criteria and evidence sources against which CCGs will be assessed during their assurance conversations. Questions were included in the survey for all components for which the CCG 360° Stakeholder Survey was intended to provide evidence.

The questionnaire predominantly comprised 'closed' questions which required stakeholders to select a response from a pre-specified scale or series of options. By using 'closed' questions the survey remained relatively short (taking an average of 20 minutes to complete by telephone), therefore reducing the burden on stakeholders. However, to ensure that CCGs gain more detailed insight into some of the reasons behind answers to closed questions and to allow stakeholders to feel they can respond more fully, stakeholders were also asked at least five free text questions during the survey.

Fieldwork

Fieldwork for the CCG 360° Stakeholder Survey was conducted using both an online and telephone methodology and was completed over a four-week period between 1st March and 4th April 2016. The end of fieldwork was timed to allow reporting back in advance of the scheduled annual assurance conversations between NHS England and CCGs. As such, the timeframe allowed for surveys to be completed, the data to be analysed and disseminated to CCGs as closely as possible to these conversations.

In total, 13,924 stakeholders were invited to take part in the survey and 8,422 of these went on to complete it. Consequently, the final overall national response rate was 59%. A more detailed breakdown of response rate can be found later in this section.

Online fieldwork

At the launch of fieldwork, invitations to the online survey were emailed to every stakeholder for whom an email address was provided. Once the initial email invitation had been sent out to all stakeholders, CCG leads were informed that the survey was live and encouraged to send follow-up emails to further encourage participation.

To maximise response rates to the online survey, following the initial invite, up to four reminder emails were sent out at weekly intervals to those who had not yet completed the survey.

The invite and reminder emails all included details of the research and a link to the survey. To ensure that the survey was only completed once, the link was personalised and unique for each stakeholder. Using a unique link had a number of advantages.

- stakeholders were unable to complete the survey more than once;
- this removed the need for stakeholders to input a password to gain access to the survey;
- stakeholders were able to leave the survey at any time if necessary and return to the same point later; and
- reminders could be targeted specifically at non-responders and stakeholders who had started but not completed the survey, rather than all stakeholders.

Where email addresses for secondary contacts were provided, email invitations and reminders were sent to both the main email address and the secondary email address for each stakeholder. The email to the secondary contact made it clear that the survey had been sent to the main contact for completion, and asked for their assistance in bringing it to the main contact's attention.

A telephone and email helpline service was provided for the duration of fieldwork; contact details for the Ipsos MORI research team were included in the invitation and the survey itself in case respondents had any queries or encountered any difficulties completing the survey.

In the authorisation survey, a number of stakeholders experienced issues with accessing the survey via the link that was included in the email invitation. To avoid these issues, as in 2015, the link was provided to stakeholders in plain text, which had to be copied and pasted into their browser. However, due to local security settings a minority of stakeholders had difficulty accessing the survey via the link that was included in the email invitation. Where the team at Ipsos MORI was alerted to this problem, the first response was for a member of the Ipsos MORI team to send the email again from their personal email account. In the vast majority of cases this ensured the stakeholder received their survey link, but where it did not, the stakeholder's details were taken and they were prioritised for a telephone interview. Appointments for the telephone interview were arranged at a time convenient for the stakeholder.

Telephone fieldwork

To assist in securing a high response rate, stakeholders were offered the option of completing the survey by telephone. Telephone interviews were available to all stakeholders from the start of fieldwork. For the first two weeks of fieldwork however, the telephone team only interviewed stakeholders who asked specifically for a telephone interview or those who were experiencing difficulty accessing the online survey.

After two weeks of fieldwork, details of those who had not yet responded to the online survey were sent to the Ipsos MORI telephone interviewing team for follow up. The purpose of these telephone calls was threefold:

- to obtain interviews over the telephone; or
- to remind stakeholders to take part online; or
- if the stakeholder refused to take part, to try and complete a short non-response survey.

Ideally, the telephone call would result in a telephone interview with the respondent or an appointment for a telephone interview at a later time. However, if the respondent did not want to complete the survey by telephone, the interviewer would encourage them to fill it out online. The telephone interviewer also had the option to email the online link to the respondent again if they wanted to complete it online but had missed or lost the original invitation. As a worst case scenario, if the respondent did not want to take part in the survey, they were asked to participate in a short non-response survey.

The content of the telephone questionnaire was exactly the same as the content of the online questionnaire. A total of 761 stakeholders completed the survey by telephone accounting for 10 per cent of the total responses. Many phone calls also resulted in stakeholders completing the survey online having been emailed their survey link again by the telephone interviewers.

Response rates

In total 8,244 completed surveys were achieved from a total sample of 13,924 stakeholders. This gave an overall response rate of 59%. When looking at the level of stakeholder groups, variation in response rates is apparent. In particular, NHS Providers (55%), GP member practices (56%), health and wellbeing boards (58%) and upper tier/unitary local authority stakeholders (58%) have the lowest response rates. Other CCGs have the highest repose rate at 76%.

This year's repose rate of 59 per cent compared with a response rate of 62 per cent to the 2015 survey. This drop in response rate is reflected across all stakeholder groups with the exception of other CCGs (which maintain their 76% response rate this year), the largest of which were six percentage point drops in response rates among health and wellbeing boards (from 64% in 2015 to 58% in 2016) and wide r stakeholders (from 66% in 2015 to 60% in 2016).

This year's response rate is discussed in detail in the 'project learnings' chapter of this report. However, despite the lower response rate, taking into account the nature of the research and the time pressured roles of many of the stakeholders, the response rate remains high and robust.

In terms of the medium through which stakeholders responded to the survey, 91 per cent of those who took part in the survey completed it online, while 9 per cent did so via the telephone interviews. These are similar proportions to last year (90% and 10% respectively). The proportion of surveys that were completed by telephone varies by stakeholder group and is highest among GP member practices (13% of GP member practices, accounting for 4% of all interviews). As GP member practices account for such a large proportion of the sample, and yet have once of the lowest response rates, the impact that this level of telephone interviewing has on the overall response rates – four percentage points - is significant. This highlights the importance of the mixed-mode methodology, employing both an online survey and telephone interviewing, to ensure that response rates are maximised, even among those stakeholder groups least likely to respond.

	2016					2015
	Invited	Online	Telephone	Total completed	Response rate	Response rate
GP member practices	7730	3773	568	4341	56%	58%
Health and wellbeing boards	428	228	22	250	58%	64%
Healthwatch/patient groups	1075	736	63	799	74%	78%
NHS providers	1365	727	19	746	55%	59%
Other CCGs	871	656	3	659	76%	76%
Upper tier or unitary local authorities	1090	595	34	629	58%	61%
Wider stakeholders	1365	768	52	820	60%	66%

Data processing and reporting

On completion of the survey, Ipsos MORI produced individual sets of data tables for each CCG. These tables were then used to run individual automated PowerPoint reports for each CCG including all of the feedback obtained from their stakeholders. This report was structured by the six assurance domains, presenting the results for every question in each domain. It also provided an additional initial section on overall engagement and relationships which contains the general questions that were not linked to specific domains. The end of each section of the report contained a table summarising the results, along with some comparative data for those questions asked of all stakeholders.

For the individual reports, the reporting process was automated. Automation saved significant amounts of time while still allowing data to be well-presented and generated within the timescales, in a format that allows CCGs and NHS England area teams to take the data forward. All verbatim from the free text questions were provided, unedited, to the CCGs in a PDF document.

Statistical reliability

Because a sample of stakeholders, rather than the entire population of stakeholders, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50 per cent of the stakeholders in a sample of 8,422 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than one percentage point, plus or minus, from the result that would have been obtained from a census of the entire population of stakeholders (using the same procedures). An indication of appropriate sampling tolerances that may apply to the overall sample size and various stakeholder sup-groups in this survey are given in the table below.

Strictly speaking the tolerances shown here apply only to random samples, so these tolerances should be treated as indicative only. In addition, for this particular survey, the size of the population of stakeholders is unknown for the most part, so again the figures below should be treated as indicative only.

Statistical reliability of the survey

Size of sample on which the survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)		
	10% or 90%	30% or 70%	50%
	±	±	±
100	5	8	9
400	3	5	5
900	2	3	3
5,000	1	1	1
8,442	1	1	1
Source: Ipsos MORI			

When comparing an individual CCG's results from a question asked of all stakeholders to the overall average result across all CCGs, a difference must be of at least a certain size to be statistically significant. The following table is a guide to the required differences for CCGs with different numbers of stakeholders, bearing in mind the caveats mentioned above.

Statistical reliability of the survey – comparing responses

Size of total sample on which the individual CCG's survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)		
	10% or 90%	30% or 70%	50%
	±	±	±
119	5	7	9
70	7	11	12
50	8	13	14
30	11	17	18
Source: Ipsos MORI			

The following table is a guide to the required differences for comparing a CCG's member practices with all member practices across all CCGs.

Statistical reliability of the survey – comparing an individual CCG's GP member practices

Size of total sample on which the individual CCG's survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)		
	10% or 90%	30% or 70%	50%
	±	±	±
88	6	10	11
68	7	11	12
56	8	12	13
20	14	21	23
10	20	30	33
Source: Ipsos MORI			

The results for other stakeholder groups for individual CCGs should not be compared with the average for the same stakeholder group across all CCGs, because the number within each individual CCG will be very small.

13 Project learnings

This chapter of the report reviews the survey processes, discusses what worked and explores the lessons that can be learned for stakeholder surveys that are conducted in future years.

Incorporating feedback from CCGs leads

In order to enable tracking of stakeholder engagement across waves, the 2016 questionnaire and survey processes remained relatively similar to that of 2015. In order to identify any improvements that could be made without affecting comparability between waves however, prior to the 2016 survey being commissioned, NHS England asked CCG leads to provide written feedback on potential improvements under the following headings:

- Initial communications
- Stakeholder lists
- Information materials
- Questionnaire
- Reporting

The CCG leads' feedback provided valuable insight into small ways in which the questionnaire could be updated to make it more relevant and the survey processes improved to make them more straight-forward for CCG leads and stakeholders. The key themes that were apparent in the feedback were:

- The guidance on collating the stakeholder list is clear and has improved over the years. However, putting together the lists, and conducting the opt-out, in the required time was sometimes challenging. It was suggested that at least one month is required.
- The stakeholder groups included in the list were felt to be the correct ones. However, more flexibility was desired in terms of the job roles within each organisation that were required to be invited. The option to include ten additional stakeholders of the CCG's choice was welcomed.
- The survey processes were seen to have been refined over the years and now run fairly smoothly. There was still some concern that invitation emails to stakeholders were occasionally blocked by firewalls. However, this was seen to be a smaller issue than in previous years.
- The questionnaire content was generally all felt to be useful however some CCG leads offered specific ways in which the questions could be improved or new questions that could be included. The tailored local questions at the end of the questionnaire were seen to be a valuable addition.
- The CCG level reports were found to be easy to use and navigate. However, some CCG leads commented that the reports were too long and that the 2015 summary slides were difficult to interpret.

In order to take this feedback forward and incorporate it into the 2016 survey, two engagement meetings were held with CCG leads. These meetings were particularly useful as they allowed Ipsos MORI and NHS England teams to hear directly from end users of the survey on how it could be improved. The feedback from the meetings informed all aspects of the survey design including the content of stakeholder lists, the questionnaire, reporting outputs and lines of communication for the survey.

For any future surveys it will be important to build on this co-design approach and ensure that the meetings are held in sufficient time to fully consider, and action where appropriate, all suggestions put forward by the CCG leads. This year, there were a number of suggestions which, due to time and budget constraints, were unable to be incorporated. For example, there was a suggestion that staff from the CCGs themselves could be asked to respond to the survey to add an additional dimension to the survey data that would be of use to CCGs. However, as this would lead to a large increase in the number of respondents, as well as having implications on the reporting, this was seen to be out of the scope of this year's survey. In the future, suggestions such as this should be sought and considered before the invitation to tender for the survey is issued so that they can be built in to the survey specification if desired.

It also became apparent throughout the meetings that a balance must be achieved between the needs of NHS England, who use the survey for assessment purposes, and the needs of individual CCGs. Whilst the primary purpose of the survey is to be used in assessment conversations with NHS England, it is also crucial that the survey results are as useful as possible for CCGs when improving working relationships in the future. In the future, a clear joint understanding of what is required of the survey by NHS England, and what can be changed to suit CCGs, would be useful.

Stakeholder lists

As has been noted in the previous section, feedback from CCG leads was generally positive about the stakeholder groups that they were required to include in their list. As previously mentioned however, there is still demand among CCGs for the stakeholder lists to be less prescriptive. In previous years, this has been accommodated by removing many of the mandated job roles and allowing CCGs to include up to ten (increased from five in 2015) stakeholders of their choice, from any organisation. Allowing CCGs this freedom ensures that they can select the most appropriate stakeholders locally from each organisation to take part. It also allows for the variation between CCGs in terms of the organisations (and individuals within those organisations) they work closely with. Nonetheless, a disadvantage of this approach is that there is potential for more variability in the stakeholders included in list from year to year, which impacts the comparability of the survey results over time. This should be considered before allowing further flexibility in the make-up of stakeholder lists.

While all 209 CCGs supplied their stakeholder lists for the survey, seven CCGs missed the original deadline for submission. As a result, the start of fieldwork for these CCGs was later than for other CCGs that had submitted their lists by the deadline. As discussed in the previous section, feedback from previous surveys flagged that the time given for CCGs to collate their stakeholder lists increased from just less than three weeks in 2015 to four full weeks in 2016. Although this had no impact in the number of lists that were received after the deadline, it will be useful to gather general feedback from CCGs on whether this was seen as sufficient time to collate the list.

Another point that became apparent during survey fieldwork is that many CCGs based their list on the pre-existing list from the 2015 survey. Whilst this is a useful shortcut to take given the relatively short timings for collating the list, in some cases it was clear that it resulted in stakeholder contact details being out of date. If CCGs are using lists from previous surveys as a basis for their list in the future, it must be emphasised that contact details must still be checked very carefully.

Once stakeholder lists had been collated, they were sent to Ipsos MORI to collate into one sample for the survey. Due to the required timescales for the survey, it was not possible for Ipsos MORI to check all 209 stakeholder lists individually and go back to CCGs with queries. However, Ipsos MORI did query samples with a large number of inaccuracies. Common issues were similar to previous years and included:

- incorrect or out of date email addresses or missing telephone numbers;
- no stakeholder contacts being provided for some of the core organisations;
- more than the maximum number of stakeholders being provided for some stakeholder groups, including too many additional stakeholders;
- not assigning a stakeholder group to the contacts. This was a vital piece of information as it affected the route that the stakeholder would be taken through in the questionnaire.

In general, the quality of stakeholder samples was relatively high compared with previous surveys which is likely to reflect the increased length of time allowed to collate the lists, the simplification of the information materials, and increased familiarisation among CCG leads with the stakeholder list requirements.

Questionnaire

The vast majority of the questionnaire remained unchanged since the previous survey. The format of the questionnaire also remained as it has done since the original authorisation survey; an overall section upfront containing a series of general questions asked to all stakeholders followed by a short section of questions specific to each key stakeholder group. It again ensured that all key elements, however specific, could be assessed using a single questionnaire without overburdening stakeholders or asking them to comment on topics that were outside their sphere of expertise.

There were a number of changes to the questionnaire however. One new question was added in order to assess the extent to which each CCG was viewed as an effective 'local system leader'. In other cases, the wording of existing questions was tweaked to ensure questions were unambiguous and reflected the way in which CCGs worked. A number of questions were also identified which CCGs felt were no longer relevant given their ongoing maturation. These questions were removed from the questionnaire. The work of identifying changes in the questionnaire was conducted in collaboration with the CCG engagement group and NHS England.

As in previous years, most questions in the questionnaire seemed to work well, with only small proportions saying they didn't know the answer. Concerns were raised by CCGs however about the question which asks stakeholders whether their working relationship has improved over the previous 12 months. CCGs felt that the results to this question were difficult to analyse without understanding the context of working relationships within each CCG. For example, if a CCG had strong existing working relationships, the fact that this hadn't changed over the past 12 months should not necessarily be criticised. The data itself also contains some ambiguity; in some cases, ratings of working relationships had improved since 2015, but increasing numbers of stakeholders reported that they had declined over the previous year. Effectively, the questions are asking the same thing which can produce contradictory results. Removal of the question on change in working relationships should therefore be considered for future surveys.

As well as the core standard questionnaire, CCGs also had the opportunity to add up to five local statements that would only be asked of their stakeholders. This option was introduced for the 2014 survey and stakeholders reported that it was

a useful addition. In order to implement this across 209 CCGs it was necessary for some element of standardisation to be present. As such, the 'stem' of the question was standardised across all CCGs: 'How would you rate [CCG] on each of the following…'. CCGs were then able to identify up to five statements that fitted with this stem. In total, 80 of the 209 CCGs took up the opportunity and included at least one local statement (an increase from 70 CCGs in 2015). Many CCGs chose to include the same statements that they had asked at the previous surveys to allow them to track changes in the responses over time.

Methods

The methodology for the survey, which has been honed over the previous years, was kept relatively consistent for this year's survey. Overall, it continued to work well. The mixed methodology of an online survey in conjunction with a telephone follow-up meant that stakeholders had multiple opportunities to take part in the survey in a way and at a time convenient to them.

One large change that was made to this year's methods was to increase the length of fieldwork from four weeks (as used in all previous survey waves) to five weeks. This was based on feedback from CCGs and stakeholders that the time pressures on stakeholders during the fieldwork period were a large reason for non-response. This problem is particularly exacerbated by the fact that survey fieldwork is conducted at the end of the financial year which is an especially busy time for many CCGs and stakeholders. With these considerations in mind, efficiencies were made to the already very tight timelines for the survey to allow an additional week of fieldwork. Ideally, fieldwork should be extended to six weeks however and preferably the survey timings should be shifted to allow fieldwork to take place at another time of year. Further discussion of the fieldwork timings is provided in the section on response rates.

One further area where an improvement was seen this year was in the proportion of respondents who experienced technical difficulties accessing the online survey. In previous waves for example, some IT systems block the site or do not allow emails from unknown sources to be read. The proportion who reported technical difficulties as a reason for not completing the survey in the non-response questionnaire has halved since 2015, from 10 per cent to 5%. This is also reflected by the relatively low number of technical queries received via either the email or telephone helpdesks. Where there were technical issues however, as in the previous survey, telephone fieldwork started at the same time as the online element was launched meaning that stakeholders who reported technical issues in accessing the online link could be interviewed by the telephone team.

Response rates

Whilst the response rate remains high overall the general trend has been that of a decline over the three waves of the survey and this year the response rate dropped to 59%; a three percentage point decrease since the response rate of 62 per cent in 2015. Response rates vary by stakeholder group and were lowest among GP member practices (56%), NHS providers (55%), local authorities (57%) and health and wellbeing boards (58%) (see full breakdown in table in Chapter 14).

Of the 208 CCGs for which comparison data is available, 125 CCGs achieved a response rate lower than at the 2015 survey, 74 achieved a response rate higher and nine CCGs achieved a response rate consistent with 2015. This indicates that the overall decline in response is driven by a moderate drop in response rates across a large number of CCGs, rather than a large drop in response rates across a small number of CCGs.

All respondents who are contacted by our telephone team were asked why they have chosen not to complete the survey online. The responses throw some light on the reasons that stakeholders do not complete the survey. As in previous years, the majority of stakeholders (55%) say that they were too busy. Smaller proportions did not think the survey was relevant to them (8%) or cited technical problem (5% - decreased from 10% in 2015) or forgot about the survey (4%). GPs were particularly likely to say that they were too busy (58% compared with 47% of other stakeholder groups). As GPs are the largest stakeholder group in the sample (accounting for 56% of it) and had the lowest response rate overall, tackling the issue of GPs finding time to complete the survey seems the key to increasing response rates.

As mentioned earlier in this chapter, anecdotal feedback has highlighted that conducting the survey at the end of the financial year is likely to have a negative impact on response rates due to the time pressures on stakeholders. Supporting this, approximately 4 per cent of stakeholders who completed the non-response survey volunteered the opinion, without prompting, that the survey was being conducted at a bad time due to it being the end of the financial year. It is likely that this proportion would be much higher had this been a specific prompt. As such, changing the time of year at which the survey is conducted is one of our strongest recommendations for increasing response rates.

Other unprompted responses to the non-response survey were that the survey takes too long to complete, and that stakeholders are bombarded by too many surveys and are suffering from survey fatigue. Higher levels of survey fatigue were also notable in the emails we received from stakeholders – we received numerous emails from stakeholders telling us that they had completed the survey previously and had not observed any results or who had filled out similar CCG surveys recently. Cutting the length of the survey and emphasising the importance of the survey to stakeholders would therefore be key to increasing response rates for future surveys. It is crucial that feedback is given to stakeholders about how the survey data is used at a national, and preferably local level (GPs would prefer tangible examples of how it has positively impacted patient care/outcomes). This could be incorporated into future year's survey materials or, preferably, communicated to stakeholders before the start of the survey process.

Finally, increasing the length of the fieldwork period may help to increase the response rate. However, given that the fieldwork period was increased by an additional week this year, and the response rate continued to fall, increasing the length of the fieldwork period further is unlikely to have a substantial impact on response rates. Rather, a combination of moving the fieldwork period and increasing its length is likely to have the biggest impact.

Reporting

The requirements for reporting were key considerations for the project as the lasting outputs that CCGs and NHS England local teams will use going forward. Feedback indicated that the reports from the previous survey were generally well received; however, CCG leads had some useful suggestions on how their content could be improved.

The report followed a similar structure to the previous report. It contained comparisons of the CCG against the previous year, the average for all CCGs and the cluster. This year additional comparisons were also included against DCO teams. It should be noted that there are significant caveats around comparisons of the results due to small stakeholder numbers and differences in stakeholder lists.

Each CCG was also provided with a PowerPoint report containing a slide for every question. While the detailed report packs were seen as useful, CCGs also require a short, accessible summary of their results as well. Feedback indicated that the 2015 summary slides which contained a RAG rating of where the CCG's result fell in comparison to their CCG cluster and the national average, were not particularly easy to interpret. Instead, CCGs preferred the simple comparison of

results that was included at the start of the 2015 overall report (and can be seen at the start of this report). As such, a similar summary chart was included in each CCG-level report. It will be useful to receive feedback on whether the changes made to the summary this year were seen as an improvement by CCGs.

In addition to the PowerPoint report, CCGs were also provided with a PDF of the verbatim comments stakeholders gave to the open questions included in the survey. Feedback suggests this has been useful for CCGs as it provides them with additional information to help understand and interpret their results in a more meaningful way. Following feedback, in previous years, efforts were made to clean the verbatim of typos and grammatical errors before they were sent to CCGs. However, it was found that in many cases, where typos and errors were present, it was not easy to identify the correction that needed to be made. Therefore, to reduce the possibility of changing the meaning of a stakeholder's response, not all verbatim were cleaned.

Finally, if the survey is repeated it would be very valuable to start gathering feedback now on the survey process and outputs. In particular, while CCGs and NHS England DCO Teams are using and discussing the results of the survey, they may be able to provide feedback about the reports that they will not be able to remember at a later date.

Annex

13.1 Breakdown of overall findings by stakeholder group

The following tables show, for each question discussed in the 'overall findings' chapter, a breakdown of the results across each stakeholder group. The figure number to which each table refers to is shown in brackets at the end of the question wording.

Table 13.1: Overall to what extent, if at all, do you feel you have been engaged by the CCG over the past 12 months? (Figure 3.1)

Stakeholder group	Base	Great deal / Fair amount	Not very much / Not at all
GP member practices	4341	78% (3370)	22% (957)
Health and wellbeing boards	250	83% (208)	17% (42)
Local Healthwatch/patient groups	799	88% (702)	12% (97)
NHS providers	746	77% (575)	23% (171)
Other CCGs	659	77% (508)	23% (150)
Upper tier/unitary local authorities	629	89% (560)	11% (68)
Wider stakeholders	820	84% (686)	16% (134)

Table 13.2: How satisfied of dissatisfied are you with the way in which the CCG has engaged with you over the past 12 months? (Figure 3.2)

Stakeholder group	Base	Very / Fairly satisfied	Very / Fairly dissatisfied
GP member practices	4200	66% (2751)	14% (578)
Health and wellbeing boards	250	79% (198)	8% (21)
Local Healthwatch/patient groups	795	80% (635)	8% (61)
NHS providers	725	64% (467)	17% (124)
Other CCGs	644	80% (517)	5% (30)
Upper tier/unitary local authorities	625	80% (502)	8% (51)
Wider stakeholders	807	77% (619)	10% (77)

Table 13.3: Still thinking about the past 12 months, to what extent do you agree or disagree that the CCG has listened to your views where you have provided them? (Figure 3.3)

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	51% (2210)	22% (939)
Health and wellbeing boards	250	70% (176)	9% (23)
Local Healthwatch/patient groups	799	76% (607)	8% (61)
NHS providers	746	59% (443)	19% (145)
Other CCGs	659	71% (468)	5% (36)
Upper tier/unitary local authorities	629	75% (472)	9% (54)
Wider stakeholders	820	74% (604)	9% (75)

Table 13.4: To what extent do you agree or disagree that the CCG has taken on board your suggestions? (Figure 3.4)

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	40% (1732)	23% (1001)
Health and wellbeing boards	250	63% (157)	9% (23)
Local Healthwatch/patient groups	799	63% (500)	11% (85)
NHS providers	746	52% (389)	21% (157)
Other CCGs	659	61% (400)	5% (34)
Upper tier/unitary local authorities	629	64% (402)	11% (67)
Wider stakeholders	820	62% (508)	11% (92)

Table 13.5: Overall, how would you rate your working relationship with the CCG? (Figure 3.5)

Stakeholder group	Base	Very good / Fairly good	Very poor / Fairly poor
GP member practices	4341	70% (3048)	9% (407)
Health and wellbeing boards	250	84% (210)	4% (11)
Local Healthwatch/patient groups	799	86% (687)	4% (34)
NHS providers	746	72% (536)	10% (74)
Other CCGs	659	87% (573)	3% (17)
Upper tier/unitary local authorities	629	85% (535)	3% (22)
Wider stakeholders	820	84% (686)	5% (45)

Table 13.6: Thinking back over the past 12 months, would you say your working relationship with the CCG has got better, got worse or has it stayed about the same? (Figure 3.6)

Stakeholder group	Base	Got much / A little better	Got much / A little worse
GP member practices	4274	30% (1295)	13% (553)
Health and wellbeing boards	247	57% (142)	8% (20)
Local Healthwatch/patient groups	790	53% (421)	8% (62)
NHS providers	740	47% (350)	16% (120)
Other CCGs	653	55% (358)	5% (33)
Upper tier/unitary local authorities	625	50% (312)	8% (53)
Wider stakeholders	807	51% (414)	9% (69)

Table 13.7: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services? (Figure 3.7)

The CCG involves and engages with the right individuals and organisations when making commissioning decisions

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	53% (2314)	17% (754)
Health and wellbeing boards	250	69% (172)	8% (20)
Local Healthwatch/patient groups	799	62% (497)	12% (96)
NHS providers	746	59% (442)	17% (128)
Other CCGs	659	73% (478)	3% (23)
Upper tier/unitary local authorities	629	69% (431)	8% (53)
Wider stakeholders	820	61% (501)	13% (109)

Table 13.8: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services? (Figure 3.7)

I have confidence in the CCG to commission high quality services for the local population

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	60% (2583)	18% (781)
Health and wellbeing boards	250	78% (195)	4% (9)
Local Healthwatch/patient groups	799	72% (579)	9% (68)
NHS providers	746	55% (414)	20% (150)
Other CCGs	659	80% (525)	4% (26)
Upper tier/unitary local authorities	629	73% (459)	8% (48)
Wider stakeholders	820	66% (545)	10% (78)

Table 13.9: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services? (Figure 3.7)

The CCG effectively communicates its commissioning decisions with me

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	54% (2361)	23% (988)
Health and wellbeing boards	250	60% (149)	10% (26)
Local Healthwatch/patient groups	799	53% (424)	22% (172)
NHS providers	746	52% (385)	26% (192)
Other CCGs	659	62% (409)	10% (67)
Upper tier/unitary local authorities	629	59% (369)	18% (114)
Wider stakeholders	820	51% (418)	23% (188)

Table 13.10: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services? (Figure 3.7)

I understand the reasons for the decisions that my CCG makes when commissioning services

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	57% (2476)	18% (801)
Health and wellbeing boards	250	72% (181)	6% (15)
Local Healthwatch/patient groups	799	64% (509)	12% (97)
NHS providers	746	53% (396)	22% (164)
Other CCGs	659	72% (477)	5% (31)
Upper tier/unitary local authorities	629	70% (439)	8% (50)
Wider stakeholders	820	60% (490)	12% (102)

Table 13.11: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services? (Figure 3.7)

The CCG's plans will deliver continuous improvement in quality within the available resources

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	51% (2225)	18% (787)
Health and wellbeing boards	250	67% (168)	4% (11)
Local Healthwatch/patient groups	799	59% (470)	8% (63%)
NHS providers	746	44% (329)	23% (175)
Other CCGs	659	67% (440)	4% (25)
Upper tier/unitary local authorities	629	60% (375)	8% (48)
Wider stakeholders	820	55% (447)	11% (89)

Table 13.12: To what extent do you agree or disagree with the following statements about the overall leadership of the CCG? (Figure 3.8)

The leadership of the CCG has the necessary blend of skills and experience

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	61% (2640)	14% (596)
Health and wellbeing boards	250	75% (188)	6% (16)
Local Healthwatch/patient groups	799	67% (535)	6% (47)
NHS providers	746	57% (422)	22% (162)
Other CCGs	659	79% (521)	5% (36)
Upper tier/unitary local authorities	629	68% (428)	9% (57)
Wider stakeholders	820	66% (543)	7% (60)

Table 13.13: To what extent do you agree or disagree with the following statements about the overall leadership of the CCG? (Figure 3.8)

There is clear and visible leadership of the CCG

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	69% (2986)	14% (611)
Health and wellbeing boards	250	80% (200)	6% (15)
Local Healthwatch/patient groups	799	74% (593)	9% (73)
NHS providers	746	69% (512)	15% (112)
Other CCGs	659	88% (579)	4% (24)
Upper tier/unitary local authorities	629	79% (495)	7% (46)
Wider stakeholders	820	70% (576)	11% (93)

Table 13.14: To what extent do you agree or disagree with the following statements about the overall leadership of the CCG? Figure (3.8)

I have confidence in the leadership of the CCG to deliver its plans and priorities

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	58% (2516)	17% (739)
Health and wellbeing boards	250	77% (192)	6% (16)
Local Healthwatch/patient groups	799	69% (552)	8% (62)
NHS providers	746	52% (391)	21% (160)
Other CCGs	659	78% (514)	4% (29)
Upper tier/unitary local authorities	629	70% (442)	7% (47)
Wider stakeholders	820	66% (542)	10% (78)

Table 13.15: To what extent do you agree or disagree with the following statements about the overall leadership of the CCG? (Figure 3.8)

The leadership of the CCG is delivering continued quality improvements

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	54% (2337)	17% (745)
Health and wellbeing boards	250	73% (182)	6% (15)
Local Healthwatch/patient groups	799	59% (473)	8% (63)
NHS providers	746	47% (348)	19% (143)
Other CCGs	659	71% (471)	3% (19)
Upper tier/unitary local authorities	629	63% (395)	7% (43)
Wider stakeholders	820	56% (457)	9% (73)

Table 13.16: To what extent do you agree with the following statements about the overall leadership of the CCG? (Figure 3.8)

I have confidence in my CCG to deliver improved outcomes for patients

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	54% (2362)	19% (813)
Health and wellbeing boards	250	74% (184)	6% (15)
Local Healthwatch/patient groups	799	64% (508)	9% (71)
NHS providers	746	49% (364)	22% (165)
Other CCGs	659	80% (526)	4% (26)
Upper tier/unitary local authorities	629	68% (425)	7% (47)
Wider stakeholders	820	63% (515)	10% (84)

Table 13.17: To what extent do you agree or disagree with the following statements about the clinical leadership of the CCG? (Figure 3.9)

There is clear and visible clinical leadership of the CCG

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	70% (3035)	12% (519)
Health and wellbeing boards	250	77% (193)	5% (12)
Local Healthwatch/patient groups	799	71% (569)	7% (57)
NHS providers	746	66% (493)	17% (127)
Other CCGs	659	83% (548)	6% (37)
Upper tier/unitary local authorities	629	74% (468)	7% (42)
Wider stakeholders	820	65% (529)	8% (68)

Table 13.18: To what extent do you agree or disagree with the following statements about the clinical leadership of the CCG? (Figure 3.9)

I have confidence in the clinical leadership of the CCG to deliver its plans and priorities

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	61% (2637)	14% (605)
Health and wellbeing boards	250	77% (193)	5% (13)
Local Healthwatch/patient groups	799	65% (518)	6% (50)
NHS providers	746	52% (386)	20% (147)
Other CCGs	659	74% (487)	6% (38)
Upper tier/unitary local authorities	629	65% (410)	6% (38)
Wider stakeholders	820	58% (474)	9% (73)

Table 13.19: To what extent do you agree or disagree with the following statements about the clinical leadership of the CCG? (Figure 3.9)

The clinical leadership of the CCG is delivering continued quality improvements

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	56% (2419)	15% (666)
Health and wellbeing boards	250	68% (169)	4% (11)
Local Healthwatch/patient groups	799	55% (442)	8% (60)
NHS providers	746	46% (346)	19% (141)
Other CCGs	659	66% (437)	4% (27)
Upper tier/unitary local authorities	629	57% (361)	6% (35)
Wider stakeholders	820	50% (413)	9% (70)

Table 13.20: To what extent do you agree or disagree with the following statements about the clinical leadership of the CCG? (Figure 3.9)

The clinical leadership of the CCG is delivering continued quality improvements to reduce local health inequalities

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	54% (2328)	16% (706)
Health and wellbeing boards	250	64% (160)	6% (16)
Local Healthwatch/patient groups	799	55% (437)	12% (92)
NHS providers	746	42% (310)	21% (157)
Other CCGs	659	65% (428)	3% (21)
Upper tier/unitary local authorities	629	52% (330)	11% (71)
Wider stakeholders	820	50% (409)	9% (77)

Table 13.21: To what extent do you agree or disagree with the following statements about the way in which the CCG monitors and reviews the quality of commissioned services? (Figure 3.10)

I have confidence that the CCG effectively monitors the quality of the services it commissions

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	57% (2468)	16% (710)
Health and wellbeing boards	250	65% (162)	3% (7)
Local Healthwatch/patient groups	799	63% (503)	11% (88)
NHS providers	746	65% (483)	12% (88)
Other CCGs	659	76% (500)	2% (12)
Upper tier/unitary local authorities	629	63% (395)	10% (60)
Wider stakeholders	820	60% (496)	9% (74)

Table 13.22: To what extent do you agree or disagree with the following statements about the way in which the CCG monitors and reviews the quality of commissioned services? (Figure 3.10)

If I had concerns about the quality of local services, I would feel able to raise my concerns with the CCG

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	59% (2546)	18% (803)
Health and wellbeing boards	250	78% (195)	4% (10)
Local Healthwatch/patient groups	799	72% (574)	10% (78)
NHS providers	746	70% (519)	10% (76)
Other CCGs	659	82% (540)	2% (14)
Upper tier/unitary local authorities	629	79% (495)	6% (38)
Wider stakeholders	820	71% (585)	7% (61)

Table 13.23: To what extent do you agree or disagree with the following statements about the way in which the CCG monitors and reviews the quality of commissioned services? (Figure 3.10)

I have confidence in my CCG to act on feedback it received about the quality of services

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	59% (2546)	18% (803)
Health and wellbeing boards	250	78% (195)	4% (10)
Local Healthwatch/patient groups	799	72% (574)	10% (78)
NHS providers	746	70% (519)	10% (76)
Other CCGs	659	82% (540)	2% (14)
Upper tier/unitary local authorities	629	79% (495)	6% (38)
Wider stakeholders	820	71% (585)	7% (61)

Table 13.24: How much would you say you know about your CCG's plans and priorities? (Figure 3.11)

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	71% (3085)	29% (1256)
Health and wellbeing boards	250	90% (224)	10% (26)
Local Healthwatch/patient groups	799	85% (677)	15% (122)
NHS providers	746	80% (594)	20% (152)
Other CCGs	659	75% (497)	25% (162)
Upper tier/unitary local authorities	629	88% (555)	12% (74)
Wider stakeholders	820	78% (640)	22% (180)

Table 13.25: To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities? (Figure 3.12)

I have been given the opportunity to influence the CCG's plans and priorities

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	53% (2300)	22% (965)
Health and wellbeing boards	250	74% (184)	9% (23)
Local Healthwatch/patient groups	799	70% (558)	13% (102)
NHS providers	746	55% (409)	24% (180)
Other CCGs	659	50% (328)	15% (102)
Upper tier/unitary local authorities	629	73% (457)	11% (68)
Wider stakeholders	820	61% (503)	18% (149)

Table 13.26: To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities? (Figure 3.12)

When I have commented on the CCG's plans and priorities I feel that my comments have been taken on board

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	42% (1824)	21% (902)
Health and wellbeing boards	250	69% (173)	7% (17)
Local Healthwatch/patient groups	799	63% (507)	12% (92)
NHS providers	746	46% (341)	19% (144)
Other CCGs	659	51% (339)	7% (44)
Upper tier/unitary local authorities	629	65% (411)	9% (54)
Wider stakeholders	820	57% (464)	11% (90)

Table 13.27: To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities? (Figure 3.12)

The CCG has effectively communicated its plans and priorities to me

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	60% (2626)	16% (716)
Health and wellbeing boards	250	78% (196)	6% (15)
Local Healthwatch/patient groups	799	69% (552)	13% (103)
NHS providers	746	55% (414)	20% (146)
Other CCGs	659	59% (392)	11% (74)
Upper tier/unitary local authorities	629	71% (449)	11% (72)
Wider stakeholders	820	61% (499)	18% (144)

Table 13.28: To what extent do you agree or disagree with each of the following statements about the CCG's plans and priorities? (Figure 3.12)

The CCG's plans and priorities are the right ones

Stakeholder group	Base	Strongly / Tend to agree	Strongly / Tend to disagree
GP member practices	4341	46% (1988)	15% (656)
Health and wellbeing boards	250	74% (184)	5% (12)
Local Healthwatch/patient groups	799	58% (466)	7% (52)
NHS providers	746	51% (379)	15% (111)
Other CCGs	659	62% (409)	3% (19)
Upper tier/unitary local authorities	629	66% (417)	4% (26)
Wider stakeholders	820	55% (447)	7% (57)

Table 13.29: Please now think about discussions that take place about the wider health economy in your area, through local groups. To what extent, if at all, would you say the CCG has contributed to wider discussions through these groups? (Figure 3.13)

Stakeholder group	Base	Great deal / Fair amount	Not very much / Not at all
GP member practices	4341	59% (2541)	11% (474)
Health and wellbeing boards	250	72% (180)	8% (20)
Local Healthwatch/patient groups	799	71% (570)	10% (83)
NHS providers	746	72% (536)	14% (102)
Other CCGs	659	85% (560)	7% (49)
Upper tier/unitary local authorities	629	74% (465)	6% (40)
Wider stakeholders	820	66% (538)	11% (93)

Table 13.30: How effective, if at all, do you feel the CCG is as a local system leader? (Figure 3.14)

Stakeholder group	Base	Very / Fairly effective	Not very / Not at all effective
GP member practices	4341	71% (3063)	20% (864)
Health and wellbeing boards	250	84% (211)	14% (36)
Local Healthwatch/patient groups	799	80% (636)	13% (105)
NHS providers	746	65% (482)	33% (244)
Other CCGs	659	85% (561)	10% (64)
Upper tier/unitary local authorities	629	79% (495)	18% (115)
Wider stakeholders	820	77% (632)	15% (126)

13.2 Individual CCG changes at statement questions in overall findings

The following tables show, for each question discussed in the 'overall findings' chapter that was part of a statement set, a breakdown of changes seen at the individual CCG level.

Table 13.31: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services?

The CCG involves and engages with the right individuals and organisations when making commissioning decisions

CCGs whose scores increased	80
CCGs whose scores decreased	124
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	17
Greatest positive change	29%
Greatest negative change	-39%

Table 13.32: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services?

I have confidence in my CCG/ CCG to commission high quality services for the local population

CCGs whose scores increased	79
CCGs whose scores decreased	125
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	18
Greatest positive change	29%
Greatest negative change	-38%

Table 13.33: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services?

I understand the reasons for the decisions that my CCG makes when commissioning services

CCGs whose scores increased	89
CCGs whose scores decreased	116
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	16
Greatest positive change	30%
Greatest negative change	-40%

Table 13.34: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services?

My CCG effectively communicates its commissioning decisions with me

CCGs whose scores increased	84
CCGs whose scores decreased	116
CCGs whose scores increased significantly	2
CCGs whose scores decreased significantly	10
Greatest positive change	32%
Greatest negative change	-45%

Table 13.35: To what extent do you agree or disagree with the following statements about the way in which the CCG commissions services?

My CCG's plans will deliver continuous improvement in quality within the available resources

CCGs whose scores increased	85
CCGs whose scores decreased	116
CCGs whose scores increased significantly	2
CCGs whose scores decreased significantly	14
Greatest positive change	25%
Greatest negative change	-43%

Table 13.36: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

The leadership of my CCG has the necessary blend of skills and experience

CCGs whose scores increased	66
CCGs whose scores decreased	131
CCGs whose scores increased significantly	7
CCGs whose scores decreased significantly	18
Greatest positive change	33%
Greatest negative change	-62%

Table 13.37: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

There is clear and visible leadership of my CCG

CCGs whose scores increased	83
CCGs whose scores decreased	120
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	21
Greatest positive change	31%
Greatest negative change	-70%

Table 13.38: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

I have confidence in the leadership of my CCG to deliver its plans and priorities

CCGs whose scores increased	82
CCGs whose scores decreased	118
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	19
Greatest positive change	26%
Greatest negative change	-66%

Table 13.39: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

The leadership of my CCG is delivering continued quality improvements

CCGs whose scores increased	86
CCGs whose scores decreased	120
CCGs whose scores increased significantly	5
CCGs whose scores decreased significantly	22
Greatest positive change	28%
Greatest negative change	-52%

Table 13.40: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

I have confidence in the leadership of my CCG to deliver improved outcomes for patients

CCGs whose scores increased	76
CCGs whose scores decreased	131
CCGs whose scores increased significantly	5
CCGs whose scores decreased significantly	18
Greatest positive change	29%
Greatest negative change	-64%

Table 13.41: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

There is clear and visible clinical leadership of my CCG

CCGs whose scores increased	90
CCGs whose scores decreased	111
CCGs whose scores increased significantly	2
CCGs whose scores decreased significantly	15
Greatest positive change	30%
Greatest negative change	-56%

Table 13.42: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

I have confidence in the clinical leadership of my CCG to deliver its plans and priorities

CCGs whose scores increased	78
CCGs whose scores decreased	122
CCGs whose scores increased significantly	4
CCGs whose scores decreased significantly	17
Greatest positive change	29%
Greatest negative change	-55%

Table 13.43: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

The clinical leadership of my CCG is delivering continued improvements

CCGs whose scores increased	77
CCGs whose scores decreased	127
CCGs whose scores increased significantly	1
CCGs whose scores decreased significantly	16
Greatest positive change	26%
Greatest negative change	-55%

Table 13.44: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

The clinical leadership of my CCG is delivering continued improvements to reduce local health inequalities

CCGs whose scores increased	88
CCGs whose scores decreased	119
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	11
Greatest positive change	30%
Greatest negative change	-49%

Table 13.45: To what extent do you agree or disagree with the following statements about the way in which your CCG monitors and reviews the quality of commissioned services?

I have confidence that my CCG effectively monitors the quality of the services it commissions

CCGs whose scores increased	90
CCGs whose scores decreased	111
CCGs whose scores increased significantly	1
CCGs whose scores decreased significantly	11
Greatest positive change	22%
Greatest negative change	-33%

Table 13.46: To what extent do you agree or disagree with the following statements about the way in which your CCG monitors and reviews the quality of commissioned services?

If I had concerns about the quality of local services, I would feel able to raise my concerns within my CCG

CCGs whose scores increased	78
CCGs whose scores decreased	116
CCGs whose scores increased significantly	2
CCGs whose scores decreased significantly	4
Greatest positive change	19%
Greatest negative change	-25%

Table 13.47: To what extent do you agree or disagree with the following statements about the way in which your CCG monitors and reviews the quality of commissioned services?

I have confidence in my CCG to act on feedback it received about the quality of services?

CCGs whose scores increased	83
CCGs whose scores decreased	116
CCGs whose scores increased significantly	5
CCGs whose scores decreased significantly	15
Greatest positive change	32%
Greatest negative change	-31%

Table 13.48: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

I have been given the opportunity to influence my CCG's plans and priorities

CCGs whose scores increased	85
CCGs whose scores decreased	118
CCGs whose scores increased significantly	4
CCGs whose scores decreased significantly	16
Greatest positive change	31%
Greatest negative change	-43%3.16

Table 13.49: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

When I have commented on my CCG's plans and priorities I feel that my comments have been taken on board

CCGs whose scores increased	88
CCGs whose scores decreased	116
CCGs whose scores increased significantly	2
CCGs whose scores decreased significantly	15
Greatest positive change	23%
Greatest negative change	-53%

Table 13.50: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

My CCG has effectively communicated its plans and priorities to me

CCGs whose scores increased	82
CCGs whose scores decreased	121
CCGs whose scores increased significantly	3
CCGs whose scores decreased significantly	15
Greatest positive change	26%
Greatest negative change	-44%

Table 13.51: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

My CCG's plans and priorities are the right ones

CCGs whose scores increased	84
CCGs whose scores decreased	119
CCGs whose scores increased significantly	0
CCGs whose scores decreased significantly	18
Greatest positive change	21%
Greatest negative change	-49%

13.3 Breakdown of overall findings by region

The following tables show, for each question discussed in the 'overall findings' chapter, a breakdown by region with those scores significantly greater than the average highlighted green and those significantly lower highlighted red.

Table 13.52: **Overall, to what extent, if at all, do you feel you have been engaged by your CCG over the past 12 months?**

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
A great deal	30	33	28	29	32
A fair amount	50	49	51	50	50
Not very much	17	16	19	18	16
Not at all	2	2	2	3	2
Don't know	*	1	*	*	*
A great deal/fair amount	**80**	**82**	**79**	**79**	**81**
Not very much/not at all	**20**	**17**	**21**	**21**	**19**

Table 13.53: And how satisfied or dissatisfied are you with the way in which your CCG has engaged with you over the past 12 months?

Base: All those who feel they have had some level of engagement with CCG	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8046	1267	1881	2445	2453
Very satisfied	27	28	24	26	28
Fairly satisfied	44	45	44	44	44
Neither satisfied nor dissatisfied	17	16	19	18	16
Fairly dissatisfied	9	8	11	9	10
Very dissatisfied	2	2	2	3	2
Don't know	*	*	*	*	*
Satisfied	**71**	**74**	**68**	**70**	**72**
Dissatisfied	**12**	**10**	**13**	**12**	**12**

Table 13.54: And still thinking about the past 12 months, to what extent do you agree or disagree that the CCG has listened to your views where you have provided them?

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	19	21	17	18	20
Tend to agree	42	40	43	41	42
Neither agree nor disagree	20	20	20	19	19
Tend to disagree	11	9	12	12	9
Strongly disagree	6	5	5	6	6
I have not given my views to the CCG	3	4	3	4	3
Don't know	1	1	*	*	1
Agree	**60**	**61**	**60**	**59**	**62**
Disagree	**16**	**14**	**17**	**18**	**15**

Table 13.55: To what extent do you agree or disagree that the CCG has taken on board your suggestions?

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	13	14	11	13	14
Tend to agree	37	36	38	37	36
Neither agree nor disagree	27	27	27	26	27
Tend to disagree	12	12	13	12	11
Strongly disagree	6	5	5	7	6
I have not given any suggestions to the CCG	5	5	5	6	5
Don't know	1	1	1	1	1
Agree	**50**	**50**	**49**	**49**	**50**
Disagree	**18**	**17**	**18**	**18**	**17**

Table 13.56: Overall, how would you rate your working relationship with your CCG?

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Very good	37	38	35	35	39
Fairly good	39	40	41	40	37
Neither good nor poor	15	14	17	15	15
Fairly poor	5	5	5	6	6
Very poor	2	2	1	2	2
I do not have a working relationship with the CCG	1	1	1	1	1
Don't know	*	*	*	*	*
Good	**76**	**78**	**75**	**76**	**76**
Poor	**7**	**6**	**7**	**8**	**8**

Table 13.57: And thinking back over the past 12 months, would you say your working relationship with your CCG has got better, got worse or has it stayed about the same?

Base: All those who have a working relationship with the CCG	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8136	1281	1891	2483	2481
Got much better	16	19	14	15	16
Got a little better	25	26	26	24	24
Stayed about the same	48	46	46	49	48
Got a little worse	9	7	10	9	8
Got much worse	2	2	2	3	3
Don't know	1	1	1	1	1
Got better	**40**	**45**	**41**	**38**	**40**
Got worse	**11**	**8**	**12**	**12**	**11**

Table 13.58: To what extent do you agree or disagree with the following statements about the way in which your CCG commissions services?

My CCG involves and engages with the right individuals and organisations when making commissioning decisions

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	16	18	13	15	18
Tend to agree	43	45	42	43	43
Neither agree nor disagree	20	18	23	21	19
Tend to disagree	10	10	11	11	10
Strongly disagree	4	3	4	4	4
Don't know	7	6	8	6	7
Agree	**59**	**62**	**55**	**58**	**61**
Disagree	**14**	**13**	**14**	**16**	**14**

Table 13.59: To what extent do you agree or disagree with the following statements about the way in which your CCG commissions services?

I have confidence in my CCG to commission high quality services for the local population

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	20	24	17	19	22
Tend to agree	44	43	44	43	45
Neither agree nor disagree	19	19	21	19	18
Tend to disagree	10	8	11	11	9
Strongly disagree	4	3	4	5	4
Don't know	2	2	3	3	2
Agree	**64**	**67**	**62**	**62**	**67**
Disagree	**14**	**11**	**15**	**16**	**13**

Table 13.60: To what extent do you agree or disagree with the following statements about the way in which your CCG commissions services?

I understand the reasons for the decisions that my CCG makes when commissioning services

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	18	21	15	17	20
Tend to agree	42	43	41	43	42
Neither agree nor disagree	21	20	22	21	20
Tend to disagree	11	9	13	11	11
Strongly disagree	4	3	4	4	4
Don't know	4	4	4	3	3
Agree	**60**	**64**	**56**	**60**	**62**
Disagree	**15**	**12**	**17**	**16**	**15**

Table 13.61: To what extent do you agree or disagree with the following statements about the way in which your CCG commissions services?

My CCG effectively communicates its commissioning decisions with me

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	16	19	13	16	18
Tend to agree	38	42	39	37	38
Neither agree nor disagree	22	21	22	23	22
Tend to disagree	15	11	17	16	13
Strongly disagree	6	5	6	7	7
Don't know	2	2	3	2	2
Agree	**55**	**61**	**52**	**52**	**56**
Disagree	**21**	**16**	**23**	**23**	**20**

Table 13.62: To what extent do you agree or disagree with the following statements about the way in which your CCG commissions services?

My CCG's plans will deliver continuous improvements in quality within the available resources

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	16	19	12	15	17
Tend to agree	38	40	37	38	39
Neither agree nor disagree	25	24	27	25	25
Tend to disagree	10	8	11	11	8
Strongly disagree	5	4	5	5	5
Don't know	6	5	8	6	6
Agree	**54**	**58**	**49**	**53**	**56**
Disagree	**15**	**12**	**16**	**16**	**13**

Table 13.63: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

The leadership of my CCG has the necessary blend of skills and experience

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	23	27	21	22	25
Tend to agree	41	41	42	40	41
Neither agree nor disagree	18	17	18	19	17
Tend to disagree	8	7	9	8	8
Strongly disagree	4	4	3	4	4
Don't know	7	5	7	8	6
Agree	**64**	**67**	**63**	**62**	**66**
Disagree	**12**	**11**	**12**	**12**	**12**

Table 13.64: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

There is clear and visible leadership of my CCG

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	32	34	30	30	34
Tend to agree	40	41	42	39	40
Neither agree nor disagree	14	14	14	15	13
Tend to disagree	8	7	8	9	7
Strongly disagree	4	3	4	4	4
Don't know	2	2	2	2	2
Agree	**72**	**74**	**72**	**69**	**74**
Disagree	**12**	**10**	**12**	**13**	**11**

Table 13.65: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

I have confidence in the leadership of my CCG to deliver its plans and priorities

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	24	27	21	22	26
Tend to agree	39	39	39	39	38
Neither agree nor disagree	21	19	23	21	20
Tend to disagree	9	7	10	10	8
Strongly disagree	5	4	4	4	5
Don't know	3	3	3	3	2
Agree	**62**	**67**	**60**	**61**	**64**
Disagree	**14**	**11**	**14**	**15**	**14**

Table 13.66: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

The leadership of my CCG is delivering continued quality improvements

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	20	22	17	18	22
Tend to agree	37	40	36	37	36
Neither agree nor disagree	25	22	28	25	23
Tend to disagree	9	7	9	10	8
Strongly disagree	4	4	4	5	5
Don't know	5	5	6	6	5
Agree	**57**	**62**	**53**	**55**	**58**
Disagree	**13**	**11**	**13**	**15**	**13**

Table 13.67: To what extent do you agree or disagree with the following statements about the overall leadership of your CCG?

I have confidence in the leadership of my CCG to deliver improved outcomes for patients

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	22	25	18	20	24
Tend to agree	37	40	37	37	37
Neither agree nor disagree	23	21	26	23	21
Tend to disagree	10	8	11	11	9
Strongly disagree	5	4	5	5	6
Don't know	3	2	3	4	3
Agree	**59**	**64**	**56**	**57**	**61**
Disagree	**15**	**12**	**16**	**16**	**14**

Table 13.68: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

There is clear and visible clinical leadership of my CCG

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	30	32	31	25	32
Tend to agree	41	41	41	40	42
Neither agree nor disagree	14	14	14	17	13
Tend to disagree	7	6	8	9	6
Strongly disagree	3	3	2	3	3
Don't know	4	4	5	5	3
Agree	**71**	**73**	**72**	**65**	**74**
Disagree	**10**	**8**	**10**	**13**	**10**

Table 13.69: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

I have confidence in the clinical leadership of my CCG to deliver its plans and priorities

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	23	27	22	20	25
Tend to agree	39	39	39	38	40
Neither agree nor disagree	21	19	22	23	20
Tend to disagree	8	6	9	10	7
Strongly disagree	4	3	3	4	5
Don't know	5	5	6	6	4
Agree	**62**	**66**	**61**	**58**	**65**
Disagree	**12**	**10**	**11**	**13**	**11**

Table 13.70: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

The clinical leadership of my CCG is delivering continued quality improvements

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	20	23	18	18	22
Tend to agree	36	36	35	35	37
Neither agree nor disagree	25	24	27	26	23
Tend to disagree	8	7	9	10	7
Strongly disagree	4	4	3	4	5
Don't know	7	6	8	8	7
Agree	**56**	**59**	**53**	**53**	**59**
Disagree	**12**	**11**	**12**	**14**	**12**

Table 13.71: And to what extent do you agree or disagree with the following statements about the clinical leadership of your CCG?

The clinical leadership of my CCG is delivering continued improvements to reduce local health inequalities

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	18	22	17	17	20
Tend to agree	35	37	33	34	37
Neither agree nor disagree	26	24	27	27	24
Tend to disagree	9	8	10	11	8
Strongly disagree	5	4	4	5	6
Don't know	7	6	9	8	6
Agree	**53**	**59**	**50**	**50**	**56**
Disagree	**14**	**12**	**14**	**15**	**14**

Table 13.72: To what extent do you agree or disagree with the following statements about the way in which your CCG monitors and reviews the quality of commissioned services?

I have confidence that my CCG effectively monitors the quality of the services it commissions

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	19	19	15	20	19
Tend to agree	42	44	42	41	43
Neither agree nor disagree	19	20	21	19	18
Tend to disagree	9	8	11	9	8
Strongly disagree	3	3	3	4	4
Don't know	7	6	8	7	8
Agree	**61**	**63**	**57**	**61**	**62**
Disagree	**13**	**11**	**14**	**13**	**12**

Table 13.73: To what extent do you agree or disagree with the following statements about the way in which your CCG monitors and reviews the quality of commissioned services?

If I had concerns about the quality of local services, I would feel able to raise my concerns with my CCG

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	42	42	41	42	43
Tend to agree	41	39	44	40	41
Neither agree nor disagree	8	9	7	9	8
Tend to disagree	5	5	4	5	4
Strongly disagree	2	3	2	2	3
Don't know	2	2	2	2	1
Agree	**83**	**81**	**85**	**82**	**84**
Disagree	**7**	**8**	**6**	**7**	**7**

Table 13.74: To what extent do you agree or disagree with the following statements about the way in which your CCG monitors and reviews the quality of commissioned services?

I have confidence in my CCG to act on feedback it receives about the quality of services

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	26	27	23	26	27
Tend to agree	40	40	40	40	41
Neither agree nor disagree	18	18	19	17	16
Tend to disagree	9	9	10	9	8
Strongly disagree	4	4	3	4	5
Don't know	3	2	4	3	3
Agree	**66**	**67**	**63**	**66**	**68**
Disagree	**13**	**13**	**14**	**13**	**12**

Table 13.75: How much would you say you know about your CCG's plans and priorities?

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
A great deal	19	20	16	18	21
A fair amount	57	57	60	55	57
Not very much	23	22	23	25	21
Nothing at all	1	1	1	2	1
A great deal/fair amount	**76**	**77**	**77**	**73**	**78**
Not very much /nothing at all	**24**	**23**	**23**	**27**	**22**

Table 13.76: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

I have been given the opportunity to influence my CCG's plans and priorities

Base: All	Overall	London	South	Midlands and East	North
	%				
Unweighted total	8244	1295	1913	2519	2517
Strongly agree	17	17	16	17	19
Tend to agree	40	40	41	39	41
Neither agree nor disagree	22	22	23	22	20
Tend to disagree	13	12	15	14	13
Strongly disagree	6	6	4	7	6
Don't know	2	3	2	2	1
Agree	**57**	**57**	**57**	**56**	**60**
Disagree	**19**	**18**	**19**	**21**	**19**

Table 13.77: **To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?**

When I have commented on my CCG's plans and priorities I feel that my comments have been taken on board

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	16	17	14	15	17
Tend to agree	33	34	32	34	34
Neither agree nor disagree	28	27	31	28	28
Tend to disagree	11	11	12	11	10
Strongly disagree	6	6	4	6	6
Don't know	6	6	6	6	5
Agree	**49**	**50**	**46**	**49**	**51**
Disagree	**16**	**16**	**17**	**17**	**15**

Table 13.78: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

My CCG has effectively communicated its plans and priorities to me

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	19	19	17	18	21
Tend to agree	43	45	44	42	43
Neither agree nor disagree	21	21	21	21	20
Tend to disagree	11	9	13	12	10
Strongly disagree	4	4	3	5	5
Don't know	1	2	2	1	1
Not applicable	*	1	*	*	*
Agree	**62**	**64**	**61**	**60**	**64**
Disagree	**15**	**13**	**16**	**17**	**14**

Table 13.79: To what extent do you agree or disagree with each of the following statements about your CCG's plans and priorities?

My CCG's plans and priorities are the right ones

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	14	14	12	14	15
Tend to agree	38	39	38	35	40
Neither agree nor disagree	29	29	31	30	26
Tend to disagree	8	7	8	8	7
Strongly disagree	4	4	3	4	4
Don't know	8	7	8	8	7
Agree	**52**	**53**	**50**	**50**	**56**
Disagree	**11**	**10**	**11**	**12**	**11**

Table 13.80: Please now think about discussions that take place about the wider health economy in your area, through local groups. This may include groups such as the Quality Surveillance Group, Urgent Care Working Group, Council for Voluntary Services, Strategic Clinical Networks, Clinical Senate Assemblies, clinical or non-clinical networks, forums or any other relevant local groups. To what extent, if at all, would you say your CCG has contributed to wider discussions through these groups?

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
A great deal	22	24	20	22	24
A fair amount	43	41	45	43	43
Not very much	10	10	8	11	8
Not at all	1	1	1	1	1
Don't know	24	24	26	23	24
A great deal/fair amount	**65**	**64**	**65**	**65**	**67**
Not very much/not at all	**10**	**11**	**9**	**13**	**9**

Table 13.81: To what extent do you agree or disagree with the following statement?

Improving patient outcomes is a core focus for my CCG

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Strongly agree	39	43	37	37	42
Tend to agree	42	40	44	41	42
Neither agree nor disagree	10	9	11	11	9
Tend to disagree	4	4	4	5	3
Strongly disagree	2	1	1	2	2
Don't know	3	2	3	4	3
Agree	**81**	**83**	**81**	**78**	**83**
Disagree	**5**	**6**	**5**	**7**	**5**

Table 13.82: How effective, if at all, do you feel your CCG is as a local system leader? By 'local system leader' we mean that the CCG works pro-actively and constructively with the other partners in its local economy, prioritising tasks-in-common over formal organisational boundaries, to seek the best health and wellbeing outcomes for its population

Base: All	Overall	London	South	Midlands and East	North
Unweighted total	% 8244	1295	1913	2519	2517
Very effective	22	24	19	20	24
Fairly effective	52	52	53	51	53
Not very effective	15	14	16	16	13
Not at all effective	4	3	4	5	4
Don't know	7	7	9	7	6
Effective	**74**	**76**	**72**	**72**	**76**
Not very/not at all effective	**19**	**17**	**20**	**21**	**17**

Laura Thomas
Research Director
laura.thomas@ipsos.com

Debbie Lee Chan
Research Director
debbie.chan@ipsos.com

Sylvie Hobden
Research Manager
sylvie.hobden@ipsos.com

Ewa Ochmann
Senior Research Executive
ewa.ochmann@ipsos.com

Josie Lloyd
Research Executive
josie.lloyd@ipsos.com

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com
http://twitter.com/IpsosMORI

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