1. Introduction

Since 2014 an annual survey has been run by Ipsos MORI, on behalf of NHS England, to enable stakeholders to feedback on their local CCG. Each CCG selects and invites their key stakeholders to rate the organisation across domains, including overall engagement, leadership, plans and priorities.

The survey is designed to help CCGs build relationships with their partners by showing where relationships are good and where they need improvement. The results also help to track CCG progress year on year and help with local NHS England monitoring and review.

This document provides headline results, key themes and recommended next steps.

2. Response rates

This year’s fieldwork was conducted between 16 January and 28 February 2018. A total of 43 stakeholders completed the survey with an overall response rate of 73 per cent. This is in line with neighbouring CCGs. Swindon’s, Wiltshire and South Gloucestershire’s response rates were 74 per cent, 62 per cent and 82 per cent respectively. The breakdown of responses is below:

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Invited to participate</th>
<th>Completed survey</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP member practices (1 per practice)</td>
<td>26</td>
<td>22</td>
<td>85%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing Boards</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Local Healthwatch/voluntary patient groups (includes Bath Mind/Alzheimer’s</td>
<td>11</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>Society/Age Concern/Action on Hearing Loss/Carers centre/St John’s/Dorothy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House/Curo)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Providers (2 each from RUH/AWP/Virgin Care)</td>
<td>6</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Other CCGs</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Wider stakeholders (Diabetes Bath, Oxford Health, SWASFT, Circle, BMI)</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Overall response rate:</strong></td>
<td><strong>73%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Overview of results

The Ipsos MORI report 2018 provides comparative responses over the past three years. For many of the domains, the level of satisfaction has not changed significantly from last year. Overall there is a trend for satisfaction to drop between 2016 and 2017 and then start to rise again in 2018. The results indicate progress in some areas:

3.1 Positive themes

Leadership: There is increased confidence in our system leadership role with 77 per cent agreeing the CCG is very/fairly effective as a local system leader (up from 68 per cent in 2017) and 67 per cent of respondents confident the leadership will deliver improved outcomes (64 per cent in 2017 and 60 per cent in 2016 respectively).

Monitoring for quality: 63 per cent of all respondents have confidence in the CCG to monitor the quality of commissioned services (up from 50 per cent in 2017) and although there has been a slight drop in the percentage of respondents who feel able to raise a concern about quality, the satisfaction rate is still high amongst all stakeholders apart from GPs (86 per cent compared to 89 per cent in 2017).

Our priorities: Again a drop from 2017, but 82 per cent overall know about our plans and priorities (down from 98% in 2017). It is not evident how this reconciles with lower satisfaction (72 per cent) with how effectively we communicate our plans and priorities (down from 84 per cent in 2017).

However there is increased agreement amongst respondents that they can influence our plans (67 per cent in 2018 compared to 52 per cent in 2017) and feel their comments have been considered (63 per cent in 2018 compared to 48 per cent in 2017).

Clinical leadership (GP respondents): Amongst GPs there is increased confidence in our clinical leadership up from 57 per cent in 2017 to 68 per cent in 2018.

The survey included a new question for this year that highlights 86 per cent believe there is clear and visible clinical leadership at the CCG.

Relationships: Overall there is strong agreement that the CCG has effective working relationships with stakeholders. In particular 73 per cent of GPs and 80 per cent of voluntary sector respondents were satisfied.

The Council respondents rated us positively across all domains. Responses from our neighbouring CCGs were also broadly positive. The Health and Wellbeing Board respondents were generally positive about the CCG except in five areas where 50 per cent (one respondent) was unsatisfied in a number of areas including inadequacy of information about our commissioning decisions and approach to tackle A&E targets.
3.2 Negative themes

**GP satisfaction:** Overall GP satisfaction with the CCG is lower compared to other stakeholder groups. In some cases the responses are polarised with members either very satisfied or very unsatisfied. For example only 50 per cent of our GP respondents felt there is effective clinical leadership of our partnership working as a STP or local system alliance. Only 41 per cent of GPs say they understand the referral and activity implications of our plans (compared to 70 per cent in 2017) and only 45 per cent understand our plans to reduce health inequalities. 14 per cent feel they can influence our decision-making. 41 per cent agree we are providing adequate support to their practice to ensure they are fit for the future.

**Provider satisfaction:** Only three providers responded to the survey. Their feedback was negative overall. Two out of the three respondents felt there is no effective joint working with the CCG and that clinicians from the CCG have not discussed quality issues and service redesign with them.

**Voluntary sector satisfaction:** Although we rated highly for effectiveness of our working relationship, in other domains there was low/medium satisfaction with the CCG amongst this group of stakeholders. However the response rate for this group was very low at 45%.

Please note that Ipsos MORI advises us that non-response bias should be taken into consideration when reviewing the results, i.e. stakeholders who are generally satisfied with their relationship with the CCG are less likely to respond than those who are unhappy. Any response rate less than 80 per cent will be affected by non-response bias.

4. Overview of responses for GPs, providers, voluntary and ‘wider’ stakeholder groups

The table on the next page provides a comparison of results in 2018 across GP, provider, voluntary sector and ‘wider’ stakeholder groups. Organisations included within this last category were BMI, Circle, Diabetes Bath, Oxford Health and SWASFT. Not included are results for Health and Wellbeing Board, local authority and neighbouring CCGs as these were in general positive. For example, 100 per cent of Health and Wellbeing Board and local authority respondents and 75 per cent of other CCGs rated the effectiveness of their working relationship with us as very/fairly good. Also 100 per cent of Health and Wellbeing Board, local authority and other CCGs agreed that our plans will deliver high quality services that demonstrate value for money.

The table incorporates the percentage of respondents who were strongly or fairly in agreement with each statement about the CCG. A traffic light rating helps indicate low satisfaction (red), neutral (amber) and good (green).
When analysing the results, it is important to take into consideration the low response rate for some stakeholder groups, in particular providers (three respondents), voluntary sector (five respondents) and ‘wider’ stakeholders (three respondents).

**Percentage of stakeholders strongly/fairly in agreement across 21 areas:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>GPs</th>
<th>Voluntary Sector</th>
<th>Providers</th>
<th>Wider s/holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CCG has effective working relationships with stakeholders</td>
<td>73%</td>
<td>80%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>We involve the right organisations/individuals in commissioning decisions</td>
<td>59%</td>
<td>40%</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>We provide adequate information about the reasons for our commissioning plans</td>
<td>59%</td>
<td>50%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>We will commission appropriately NEW</td>
<td>59%</td>
<td>40%</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>Our leadership has the right blend of skills</td>
<td>68%</td>
<td>40%</td>
<td>0%</td>
<td>67%</td>
</tr>
<tr>
<td>We have clear visible, leadership</td>
<td>86%</td>
<td>40%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td>Our leadership will deliver plans/priorities</td>
<td>68%</td>
<td>60%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>The leadership will deliver high quality services within available resources</td>
<td>59%</td>
<td>60%</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Our leadership is contributing to local partnerships</td>
<td>59%</td>
<td>20%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>We monitor quality effectively</td>
<td>45%</td>
<td>60%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Stakeholders are able to raise concerns about quality</td>
<td>91%</td>
<td>60%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>We act on their feedback</td>
<td>55%</td>
<td>40%</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Stakeholders know about our plans and priorities</td>
<td>82%</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Stakeholders can influence our plans and priorities</td>
<td>59%</td>
<td>40%</td>
<td>100%</td>
<td>67%</td>
</tr>
</tbody>
</table>
5. Key themes from the narrative/verbatim feedback

There were many positive comments about the CCG and examples shared by stakeholders about how the CCG is making a positive difference. Several respondents for example referenced health optimisation as an example of how we are making a positive difference. 77 per cent of GPs also agreed that our drive to promote health optimisation is very/fairly good:

“Health Optimisation programme has - to some - appeared to be a controversial delay to getting people to treatment, but I think has been thoughtful considered & communicated to clinicians & patients in such a way that it appears to be a sensible - even positive - step to take prior to Hip/Knee surgery. This has resulted in a welcome acceptance of the principle by the health community.”

Other positive comments include:

“I think the connect advice line is excellent, GPs have access to senior clinicians which improves patient outcomes and referrals if need be.”

“Relationships are good, we still somehow want to take different approaches at times. We just need to keep working at this.”
“Speaking personally, I feel that I'm in a position where I do feel invited to make comment to inform CCG decision making; I feel that my insights and comments are always listened to, and do occasionally seem to influence decision making.”

“Commissioning home from hospital services and other preventative services have been effective.”

Positive comments about primary care include:

“A good example [of making a positive difference] is they have come up with a 'hub-and-spoke' model for General Practice, with good patient feedback they took on board... also, so is their work on improving knowledge and education of Primary Care professionals and how they can improve patient care planning within diabetes.”

“They have supplied a pharmacist to each CCG surgery which has helped monitor drug control to patients and given better outcomes to patients. They used survey monkey for feedback from patients.”

“The CCG appears to have robust governance systems. Member practice representatives have an opportunity to engage if they wish to.”

“The CCG already have a practice manager on the board, we voted him in, the practice managers meet him every month and he gives us feedback every month, already good feedback and communication.”

“GPs who have leadership qualities from member practices have been encouraged to join CCG already. Primary Care Forum and Cluster meetings are good opportunities to enhance discussion. In the past in Cluster meetings we have reviewed more comparable practice data, and reviewing referrals and sharing good practice I believe, is very useful.”
“An area where the CCG is making a positive difference is by allowing us to review our prescribing and referral practices at Cluster meetings, and responding to needs e.g. diabetes focus.”

Other areas highlighted where the CCG is making a positive difference (several of the below are mentioned several times) are:

- Early Home Visiting
- The new nursing home Local Enhancement Scheme (LES)
- Collaboration with BEMS+
- Palliative care services
- Our support to domestic abuse services
- Re-commissioning of the out of hours GP urgent care contact
- Our public engagement and your care, your way review
- Our work with practices in areas with higher health inequalities
- Our contribution to Council committees e.g. Safeguarding, Select committee and Health and Wellbeing Board
- Integration programme with the Council.

There are some suggestions for improvement, including the need:

- To involve and engage with stakeholders earlier in commissioning decisions and planning services and for more communication/stakeholder engagement overall. One charity said it is still important to do this even though its services are subcontracted via Virgin Care.
- For more engagement about transformation following YCYW community services review and the benefits of this change.
- 60 per cent of respondents said they were satisfied with how the CCG engages with patients and the public about its plans. However there was feedback we need to do more public engagement e.g. the financial pressures and which services are no longer available on the NHS (so it does not fall to GPs to make their patients aware of these). Also a request for more positive promotion of primary care services.

“Now Virgin Care have the prime contract it would be good to have regular or at least annual reviews with stakeholders to gain feedback about how to develop the Your Care Your Way agenda. This year it feels as though there has been a lot less engagement and it can be difficult to know how to be part of the conversation and activities in bringing about transformation.”
Also:

“I think they need to spend more time communicating the benefits of recently changing the community provider. So more visibility on those benefits.”

“I think maybe some increased communication on future developments within the CCG so that we could discuss developments before they’re implemented. So to have a closer communication outside of formal meetings.”

“We have difficult conversations about why procedures need to have funding applications, and why they [patients] can’t have medications they would like and feel should have. The first time patients hear they can’t have their hernia repaired, or can’t have medications the hospital or private consultants have suggested, is from us and they are not happy.”

Some practical areas for improvement suggested by GPs:

- Introduce monthly updates about ongoing issues
- More practice visits by the CCG and more regular meetings with commissioners
- Demonstrate pride in primary care amongst the public
- Distinguish between Primary Care Forum and Cluster so the latter enables more discussion amongst small groups of peers
- Provide a list of key CCG people
- Streamline posters and displays across practices so there is a more consistent approach

6. Next steps

The survey results demonstrate a number of areas where we are performing well. However there is still room for improvement and based on the scoring and comments provided by some stakeholders, the CCG will focus on the following actions:

1) Share this report with providers to encourage their feedback on what further information and action they would like to see. We will also enquire how we can improve engagement with the survey and improve response rates next year.

2) Disseminate the survey results and report within the CCG and work with teams to identify what further information and action could be helpful to address areas of weakness.
3) Use the survey results to inform the CCG communications and engagement strategy for 2018/19 adapting and tailoring our approach to increase transparency about what we do and address the information gaps identified by different stakeholder groups.

4) Organise a programme of face-to-face meetings with the voluntary sector to better involve them in our plans. It is proposed these meetings are chaired by our lay member for public and patient involvement and that they are coordinated with Council colleagues, where appropriate.

5) Continue the regular review of engagement processes with member practices with the aim of increasing involvement. As part of this include regular feedback loops to let practices know how we have acted on their feedback or complaints.

6) Launch a new e-newsletter for the voluntary sector, patient groups and individuals with an interest in health matters to help inform and involve everyone in what we do.