

Future Commissioning Arrangements Frequently Asked Questions

What do you mean by ‘running costs’?

The running costs are the costs that cover things that are often called ‘back office’ or ‘corporate’ like accommodation and support services, IT, contracts, finance etc. The running cost budget is completely separate to the budget for providing services to patients and patient care.

How is the budget for ‘running costs’ set?

The budget for running costs are based on head of population. So, for smaller CCGs like Halton they have less budget for running costs, Warrington will get more as they have a bigger population but places like Liverpool will get much more.

Even though each area gets a different amount every CCG has the same job to do and same legal duties to meet so they have to employ the same staff ... for example, every CCG has to have an IT function, a finance team, a governing body, and staff to do the contracts etc.

We cannot simply stop doing any of the work we do just because we have to reduce the costs by 20%. We have a legal duty to still do everything and cannot legally overspend.

Whilst the reduction is challenging for NHS Warrington CCG, the challenge is impossible for NHS Halton CCG to meet in isolation given the running cost allocation. If the CCG spends more than it’s running cost budget it will be deemed that it has broken the law and would be referred to the Secretary of State for Health and Social Care.

What do you mean by a merger?

When we say ‘merger’ we do not mean a ‘takeover’ of one CCG by the other. What this means in reality is that both CCGs will cease to exist, and a new single CCG will be created.

The option around ‘merger’ relates ONLY to the corporate and admin functions of the CCG for example contract management, corporate staff etc. It does not include GP services, hospital or community services or any services we contract from the third sector. All of this will stay the same.

Will a merger or any of the proposed changes affect the care I receive?

No – all the options being considered related to changes to the administration and corporate functions of the CCG.

Will a merger or any of the options affect Halton or Warrington hospitals?

No. None of the options being proposed affect any patient services and patients will receive the same services at the same place as they are now. Patients will NOT be expected to access services differently and no services will be stopped, moved or changed.

Will a merger or any of the options affect my GP Practice?

No, none of the proposed options affect any patient services, including primary care (GP) services. Patients will receive the same services at the same place as they are now. Patients will NOT be expected to access services differently.

Will this dilute or displace local services.

No. Services currently offered will NOT be lost due or changed as a result of any of the proposed options. A lot of work has been done to transform services at 'place' and this will continue.

Will this result in a decline in service availability or increased waiting times?

No. None of the options being considered will not affect patient care in any way.

Do the CCGs commission (buy) and support the same services?

Both CCGs commission very similar services, we both commission the same main health providers; Warrington and Halton Hospitals, Bridgewater Community Trust (community services) and North West Boroughs (mental health services) and St Helens and Knowsley Teaching Hospitals.

Both areas separately commission their local GP Practices and have routine GP appointments outside of normal hours (GP Extra in Halton and GP Extended Access in Warrington). All GP Practices have PPGs in both areas and both CCGs support these and have wider PPG network meetings. Both also have separate arrangements for commissioning and supporting Third Sector organisations (charities) e.g. local hospices.

None of this will change. These services will remain the same.

What other cost saving measures are being considered?

Both CCGs are looking at other ways to reduce our costs. We have already reviewed where there are areas of duplication for example each CCG have separate support for IT, so we are looking at having only one contract, and we are moving to a shared main building to save on rent and other overheads. This will make some savings but after a lot of work we know that these savings alone won't be enough.

Why are both CCGs moving into one building in Warrington? What impact will this have on Halton health services?

The decision to move into one building was made to save money and reduce on our overheads. The lease on the Warrington building was up so Warrington CCG had to move.

We did look at lots of buildings right across both areas, including Daresbury, Widnes, Runcorn and Warrington and considered them against them being affordable, not too far from where staff are based now and where there were good transport links. The building that was chosen is about 8 miles from where the Halton staff are based now and about 6 miles from where the Warrington staff are based now.

Even though there will be a new joint main base, there will still be other desk spaces available in Halton for staff to work from and have meetings from.

Who will make the final decision?

Ultimately the CCG membership, which is the local GP practices who are all members of the CCG.

We have also asked our GP members for their views and preferences. This along with the feedback from all other stakeholders will be considered as part of the case for change.

The case for change will then be discussed by the members at both CCG Governing Bodies and the Governing Bodies will then make a recommendation, but the decision will be GP members.

Who is on the CCG Governing Body?

Each Governing Body has a Chair that is not a member of the CCG Management Team, a mix of local GPs, lay members, Healthwatch and the members of the Management Team who have a key role – for example, the Clinical Chief Officer, Chief Finance Officer and Chief Nurse.