1. Introduction

The CCG is committed to understanding the needs, interests and expectations of our stakeholders in order to build trust and establish strong relationships. The Ipsos MORI survey is commissioned annually on our behalf by NHS England (NHSE) and helps us to monitor that these strong relationships are in place. Conducted in March and April 2015, the research surveys a range of stakeholders including GP member practices, the Health and Wellbeing Board, Healthwatch as well as some of our providers and voluntary organisations.

Of the 57 stakeholders invited by the CCG to take part 42 (74%) completed the survey. A breakdown of responses received is set out below. The numbers invited were in line with the requirements set nationally by NHSE.

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Number of invites</th>
<th>Number of responses</th>
<th>% response</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP member practices</td>
<td>27</td>
<td>17</td>
<td>63%</td>
</tr>
<tr>
<td>Health &amp; Wellbeing Board</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Healthwatch/patient groups</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>NHS Providers</td>
<td>6</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>Other CCGs</td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Council</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Wider stakeholders</td>
<td>9</td>
<td>7</td>
<td>78%</td>
</tr>
</tbody>
</table>

The ‘NHS providers’ category included acute, community and mental health trusts. ‘Wider stakeholders’ included commissioning support units, voluntary and charity organisations, private providers and academic organisations.

The survey was conducted primarily online via email invitations. Stakeholders who did not respond were telephoned by an Ipsos MORI interviewer and encouraged to complete the survey by telephone. Within the survey, stakeholders were asked a series of questions about their working relationship with the CCG.

It should be noted that some survey questions were only asked of a very small subset of the total sample base and so it is difficult to be sure how representative these responses are of that particular stakeholder segment. Also in some cases there were contradictions in the results that made it difficult to draw meaningful conclusions.
2. Summary of findings

Results, shared with us in May 2015, demonstrate that overall there is a good level of engagement and confidence in the CCG. A very pleasing 93% of respondents rate their working relationship with the CCG as very or fairly good and the majority (81%) say they understand our plans and priorities. The CCG has improved in both these areas in the past 12 months suggesting that we are building traction with stakeholders.

There is extremely high confidence that improving patient outcomes is a core focus for the CCG with 98% of stakeholders strongly or tending to agree with this statement. This positive response suggests we are communicating our vision effectively.

However, less than half of respondents (45%) agree or strongly agree that our plans will deliver continuous improvement in quality and confidence in the leadership to deliver its plans and priorities has fallen in the past year (from 80% in 2014 to 67% in 2015). A number of stakeholders raised concerns about the CCG’s capacity constraints and workload which may help explain the low score in this area.

The survey results indicate very good working relationships with the local council but there is scope to increase the proportion of stakeholders, particularly amongst GP members, who feel consulted regarding decision making. There has been a significant increase in the overall percentage of respondents who understand the reasons that inform the CCG’s commissioning decisions (43% in 2014 rising to 67% in 2015) but only 47% of GP members feel involved in the CCG’s decision making process. There is also a need to better demonstrate the GPs’ clinical involvement in CCG business to NHS providers; half of the sample felt clinicians from the CCG are not very involved in discussions about quality or service redesign.

Areas where we are performing well

- Overall working relationship with the CCG and understanding of our plans is good.
- Confidence that concerns about quality of local services will be listened to and acted upon.
- Excellent understanding that improving patient outcomes is a core focus for us.
- Confidence that the CCG provides clear and visible leadership (GPs and senior management team).
- Improved understanding of the CCG’s commissioning decisions over the last 12 months.
- Confidence that the CCG involves the right individuals and organisations when making commissioning decisions has increased in the past 12 months.

Areas requiring further development

- Confidence in CCG to deliver continuous improvement in quality.
• Confidence in the CCG leadership to deliver its plans and priorities.
• Engagement with GPs, practice managers and practice nurses ensuring they feel consulted regarding decision making and financial matters.
• Acting upon suggestions and comments made by stakeholders with relation to the CCG’s plans and priorities.
• Engagement with NHS providers to develop long-term strategies and plans together.
• Confidence amongst NHS providers that there is clinician involvement in CCG discussions about quality and service redesign.

3. Next steps

The survey results demonstrate that we are in line with other CCGs on many indicators and above average in a number of key areas. 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:

• Share the survey results and this report with all stakeholders invited to participate in this survey and encourage their feedback on what further information and action would be helpful to tackle identified areas of weakness.
• 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.
• Continue the review of the CCG’s membership model and engagement processes with the aim of raising awareness of and increasing involvement in our decision making amongst our member community. This includes development of the cluster meetings, update to digital communications, more communications around how the CCG has reached its commissioning decision, review of GP Forum and open day at the CCG for GPs.
• Continue and build on reporting back to GP members and other stakeholder groups on how the CCG has acted upon their feedback and to update on how the CCG and clinical leadership are progressing with delivery of our Five Year Strategy and ensuring continuous improvement in quality.
• Use the survey results to inform the CCG communications and engagement strategy adapting and tailoring our communications to increase transparency about what we do and address the information gaps identified by different stakeholder groups. As part of this we will shortly publish online our detailed commissioning intentions for 2015/16.
• CCG Medical Director to arrange to meet with Medical Directors at our provider organisations to discuss long-term strategies and plans and to update on how clinical insight and involvement is helping us to progress with our Five Year Strategy.