Briefing **May 2016**

The role of the nurse on the CCG governing body

The role of the nurse on the clinical commissioning group (CCG) governing body is a critical one. They bring a unique patient-focused whole-team perspective to decision-making, working closely with both secondary care clinicians and GP colleagues to deliver improved outcomes for patients and local populations. This role has evolved significantly, with many CCGs now employing a commissioning nurse executive on a full-time basis, embedding that clinical knowledge and patient experience within their day-to-day operations.

This briefing shows how this key role has developed and through a series of case studies demonstrates the impact that empowered executive nurses are making locally. It also sets out a number of recommendations for CCGs and national organisations on how commissioning nurses can be further supported to deliver even more for patients.

NHS Clinical Commissioners

The independent collective voice of clinical commissioning groups

Introduction

The decision to include a registered nurse on the CCG governing body was made in order to increase the clinical voice in commissioning decision-making. The role was designed to bring the expertise of a registered nurse in the provision of direct care for patients to a population level, while providing an independent informed challenge to board-level discussion.

There is considerable variability in how CCGs have chosen to develop this role. Initially it was essential to ensure that the functional obligation was met, since this was a statutory requirement of a CCG's establishment. However, there was considerable flexibility in how this should be enacted, with local areas able to define this themselves to best utilise the skills and expertise of the nurse and meet the needs of the local population.

Many governing body nurses are now undertaking a role far removed from that originally envisioned – with broader responsibilities and a full-time commitment to the CCG. The inherent characteristics and methods for making the role work effectively for CCGs have changed from what was initially foreseen.

This briefing provides a brief recap of the evolution of this role, it defines how the new, executive nurse role should work in practice, and contains tips for making this work effectively. There is a clear case for an extension of the previously described role to a position with a far broader remit. The case studies included show a number of ways in which the executive nurse can drive, lead and deliver change within a local area. The briefing highlights several ways in which national bodies can support this development.

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The evolution of the role

The Health and Social Care Act 2012 established clinical commissioning groups (CCGs) as statutory bodies from April 1 2013. Debate prior to their establishment focused on how to ensure that clinicians other than GPs might be represented at senior levels. As a result, CCGs are required to have a registered nurse on the governing body to offer an alternative perspective on the delivery of health and care services locally and especially the contribution of nursing to patient care.[1] To provide a truly independent viewpoint, these CCG nurses were required to have no conflict of interest in relation to the CCG's responsibilities, for example through employment by a CCG member practice or local provider. The Royal College of Nursing (RCN) undertook further work to define the role later in the year.[2] Following this, some CCGs employed an independent nurse on a part-time basis, in much the same way as a lay member.

From the original base, described over four years ago, the role has evolved, developed and expanded. The legislation and guidance offered considerable flexibility for CCGs to shape the role to meet local need and has resulted in significant diversity of delivery across England including committee membership, level of responsibility and engagement with external stakeholders. The NHSCC Nurses Forum, which represents nurses on the governing body, undertook a membership survey[3] to better understand current responsibilities. This found that of respondents:

- 84 per cent were a member of the quality committee, while 42 per cent were also the chair
- 71 per cent were a member of the primary care committee
- 58 per cent were a member of the performance committee
- 38 per cent were a member of the audit committee
- 26 per cent were a member of the remuneration committee
- others were members of committees on prioritisation, end-of-life care, workforce and education, and also chaired ad hoc committees with a specific nursing perspective, such as serious incidents and provider quality.

Some attend the local health and wellbeing board as their CCG's representative, while others are directly responsible for engaging with providers, public health professionals and the social care sector. In many cases the role now encompasses formal directorial or executive responsibilities, such as a director of quality or chief nurse. Some CCGs have introduced one or more further registered nurses on the governing body in the independent 'lay member' role to support the more embedded executive nurse.

The variation in structure reflects the individual CCG's views as to how they can most effectively harness the unique clinical perspective and strategic oversight that nurses bring to the governing body.

Background and experience

The diversity of the role is evidenced in the variety of experience, background, and employment history of the nurses that undertake it. They may have worked in an acute, community or practice setting, or alternatively only in commissioning or managerial structures. Several have previously been deputy directors, while others have experience in higher education or local government. Practice areas are equally diverse with a proportion still undertaking direct care shifts allowing them to maintain contact with patients, either on a voluntary or honorary basis with out-of-area trusts and practices. Most of the individuals currently in post commenced the role when CCGs were first established, attracted by the opportunity to provide clinical input to commissioning decision-making.

Expansion of the role

The broadening of the role occurred due to the recognition of the need to increase the impact that the nurse can have as part of the CCG's structure and management on a daily basis. While many started out as the independent nurse on the governing body, they have subsequently developed an increased presence in daily CCG functioning. Registered nurses on the governing body who work for the CCG for a fixed number of hours a month can find it challenging, as lay members do[4], to maintain their contracted hours in order to effectively deliver their responsibilities and will often find themselves working for longer periods.

There are now two distinct groups of nurses, those who act as the registered independent nurse on the CCG governing body, and executive nurses who are fully imbedded in the daily CCG activity with specific responsibilities. Together both groups can be described as commissioning nurses.

Developing relationships

NHS Luton CCG: Reprocurement for mental health

At Luton CCG, David Foord is director of quality and safety as well as an executive nurse on the CCG's governing body. He feels that the nurse has a unique role to play in bringing together individuals in a local area to affect change for the local population.

"As a nurse you have a really good understanding of the effective operation of teams and the importance of relationships. The commissioning nurse should bring this knowledge and experience to board-level discussions to improve the outcomes of the population we serve."

The CCG recently undertook a reprocurement exercise for mental health and community services with David leading the latter. "Due to my previous experience working in community settings I had prior knowledge of the operation of these services, and was able to ensure that we engaged with the right people within the CCG, in local providers and members of the public. We developed a new approach that was informed by a number of dialogues, to create a more integrated and joined-up system of delivery that will more effectively meet the needs of members of the public and community groups."

In order to allow David to deliver this specific remit, Luton has employed two further nurses on the governing body, something that Dr Nina Pearson, chair of NHS Luton CCG, particularly values.

"From its inception we were clear that we could not maximise the full potential of the skill mix in the member practice workforce without enabling key professional groups to have a voice in the decision-making forums in the organisation. Hence, as well as a governing body position for a practice nurse, decision-making subcommittees of the governing body have representation from practice management, community pharmacy, public health and the local authority."

Jeannie Szumski is employed as a practice nurse board member and has extensive experience in clinical practice leading a large practice nursing team. "Jeannie is driving forward the development and training of the non-medical primary care workforce through the CCG organisational development committee, working closely with community and mental health providers, translating the health inequalities and preventive healthcare into deliverables at practice level. This also adds diversity of thought and approach to the governing body scrutiny of strategy and delivery," says Nina.

"Our third governing body nurse, Kathleen French, has brought extensive knowledge of acute sector nursing as well as experience of assuring quality, patient experience and safety. Again with her nursing perspective of the patient experience, she adds a different viewpoint when analysing, scrutinising and formulating strategy that we would risk missing without her presence."

A nursing perspective through the clinical lens

NHS Telford and Wrekin CCG: Smoking in pregnancy, acute trusts and public health

At NHS Telford and Wrekin CCG, Christine Morris, executive nurse and lead for quality and safety, suggests that a central role of the commissioning nurse is to provide a unique clinical perspective to commissioning decisions.

"My background and experience as a nurse and subsequently as a manager has mainly been in an acute setting, initially in orthopaedics. This allows me to bring a different and informed perspective to the governing body discussions."

When the CCG was looking to reduce the high rate of smoking during pregnancy in some of the local deprived areas through partnership working with local acute and community trusts, the chief officer recognised the value of this experience, inviting Christine to lead the engagement. As well as developing these relationships, Christine used her knowledge and first-hand experience of the acute setting to assist in the development of appropriate interventions for use in a maternity setting.

The measure of success for commissioning decisions is the ability to improve outcomes for local populations – the smoking in pregnancy rate in Telford and Wrekin has now fallen below 20 per cent, the lowest for ten years.

Dr Jo Leahy, clinical chair at NHS Telford and Wrekin CCG, outlined the importance of the role to the CCG's functioning. "An experienced nurse brings an accumulated experience of management and a clear clinical focus to our discussions, always focusing on the implications of our decision-making for quality of clinical care and the patient experience. As the work described on smoking in pregnancy shows, this is combined with a common sense understanding of – and commitment to – public health issues in our area."

"The nurse also acts as professional lead for our external secondary care nurse board member as well as our new clinical governing body member, who is a practice nurse, and is a great leadership figure for all the primary care nurses in Telford and Wrekin. The role of executive nurse on a CCG governing body is an important one for leadership and influence in the local area."

Leading the profession

NHS Warrington CCG: Supporting the profession to meet revalidation challenges

"Nurses other than those working in an acute setting often lack a clearly defined leader in a local area due to the disparate locations in which they work, and the fact that general practices are usually represented by a GP in CCGs," says John Wharton, chief nurse and quality lead at NHS Warrington CCG. "The registered nurse on the governing body therefore has a duty to ensure that they are representing the wider nursing community in commissioning discussions."

This support extends beyond representation in Warrington, with specific programmes designed to assist nurses with understanding the implications of the introduction of revalidation for themselves and their career pathway. John worked with a number of care homes in the area, ensuring that these nurses receive the support and guidance they require to navigate the new process.

"The introduction of a revalidation process for the nursing profession will have a significant impact for those groups that have been traditionally under-represented at a national level. As nurse leaders in our local area, we have a responsibility to ensure that the whole workforce is aware of these changes and receives the appropriate guidance and training on what is required."

Dr Dan Bunstone, chair of Warrington CCG, outlined the reasoning behind extending the role from what was initially described. "The nurse's experience of working at the interface of care delivery promotes a strong link of advocacy for the patient and an awareness of ensuring that all local services are being utilised to address patient need. This approach strongly influences the direction of commissioning decisions particularly around service design and the workforce necessary to improve patient outcomes and care delivery."

"Their clinical credibility is essential in ensuring working relationships between provider and commissioner are uppermost in the delivery of safe, effective and patient focused care. The role is also a conduit for multidisciplinary working with colleagues in local authority and nursing homes. It is essential that the CCG nurse is seen as approachable by all local organisations and their relationships across the social and economic footprint is key to the CCG's future timetable of providing 'excellence for Warrington'." He believes that the role is "pivotal to addressing today's health concerns, and influencing tomorrow's agenda".

Representing the patient

NHS West Leicestershire CCG: Local service redevelopment

"A key element of the role is providing a voice for the patient, alongside lay member colleagues," says Caroline Trevithick, chief nurse and quality lead at NHS West Leicestershire CCG, "although we are also able to bring a clinical perspective to these discussions."

In West Leicestershire, Caroline led a service redevelopment plan that was co-designed with patients, and focused on experience-led commissioning. There was a need to review the services provided due to financial constraints and it was essential to have the buy-in from the local community.

"It is vital to understand what the patients want. They are the populations that we serve and as commissioners we should ensure that we keep them at the heart of decisions that we make."

In order to drive these changes, an engagement programme was developed for local patient groups and clear conversations were had about what was achievable. From these discussions a series of ten principles to guide the redesign were developed which focused on person-centred outcomes, prevention, and equality between mental and physical wellbeing. From these the CCG was able to produce a series of scenarios for future care which were presented in a business case to NHS England, transforming the service delivered in the local area.

Professor Mayur Lakhani, chair of West Leicestershire CCG and a GP in Leicestershire, says that "having representation from nursing on the governing body of our CCG enhances all our decisions as commissioners. Nurses are on the front line of delivering patient care throughout the health system, whether in the community or in hospital, and they have an unparalleled depth of understanding of what quality, safe care looks like, and how we can provide care with compassion and dignity for patients."

"The role is vital in bringing this perspective to bear on all of our commissioning decisions and can provide a voice for patients from their own experiences in the delivery of care and understanding what matters most to them, as well as representing the voice of nurses. The use of experience-led commissioning by our CCG offers evidence-based insight to strengthen the patient voice further and the nurse has led on ensuring that the decisions we make as a governing body truly represent what patients tell us is important to them. Through these insights, and their own personal nursing experience, the nurse offers a wise and safe pair of hands to ensure quality and patient safety in all of our services, and is a great asset in our leadership and governance."

Providing a lead for practice nurses

NHS South Cheshire CCG: Practice Nurse Council

"Practice nurses are historically an under-represented group who are unintentionally professionally isolated and lacking clear lines of leadership," says Judi Thorley, chief nurse and director of quality at NHS South Cheshire CCG and NHS Vale Royal CCG. "CCG governing body nurses have a key role to play in providing support to this group. As the previous chair of the NHSCC Nurses Forum, I was delighted that we were able to support the Best Practice in Nursing Conference – the inaugural conference dedicated to practice nurses."

Initially in South Cheshire and then Vale Royal, a practice nurse membership council was established, chaired by the practice nurse quality lead, with representatives from each of the local GP surgeries. This provided a forum for discussion of challenges unique to the nurse role which could then be fed back to the CCG governing body, and also the opportunity for discussions of proposals from the CCG governing body which impact on patient care. The development of a work plan using the principles of the six Cs in NHS England's *Collaboration in practice* has supported the nurses to develop their practice and have a strong voice in primary care quality and development. A specific example was around vulnerable isolated patients. The forum suggested that a register of these patients should be established and linked into voluntary sector providers with a specific focus on over-75s. This demonstrates the value of practice nurse input with clearly defined leadership pathways, leading to improved outcomes and patient care for local populations.

Andrew Wilson, chair of NHS South Cheshire CCG, is clear on the value that the nurse can provide. "To be successful, CCGs need to make both the patient/public voice and the wider clinical voice strong within commissioning, Judi has been central to our efforts to do this. She has been a constant champion of the six Cs and in particular a constant reminder of the importance of compassion in our work."

"The nurse council brings together practice nurses from across the patch and has done tremendous work in terms of the development of practice nurses, nurse leadership, workforce planning, training and quality. The expert reference group brings both the patient voice and wider clinical voice into our commissioning work. This group has a strong membership based in allied health professional, nursing and social care work from across our area."

He is clear in why this has been successful. "I believe these achievements have been possible because we have the right person, operating within the right environment, from the right position in the organisation. We recognised the value of this role, with the development of a full-time position of chief nurse that encompasses the responsibilities of the nurse on the governing body. This brings the values and ways to the heart of the governing body but also to the heart of the executive operations of the CCG. Vitally this is all helped by having the right atmosphere within the CCG that truly values a wide range of perspectives and contributions."

"Our CCG would be immeasurably poorer without the input of our nurse representative."

Defining the role of the nurse

Our members, through the results of the survey and subsequent interviews, have defined the role of the nurse on the governing body as providing a strategic challenge to commissioning decision-making, allowing a practical insight into the reality of service delivery from a nursing perspective and a strategic clinical insight on opportunities for the system to work together. They play a key role in ensuring that the voice of the patient is clearly heard in decision-making and drive the delivery of high-quality services for the local area while also acting as a local leader of the nursing profession.

1. Advocating for quality

Commissioning nurses advocate for quality at CCG governing body level and bring their own specific clinical expertise to these discussions. They should be assured that any commissioning decisions made have the quality of clinical practice as a central focus. They must hold the governing body to account for the delivery of patient-centred high-quality care, with a focus on patient safety, particularly around prescribed areas of service redesign, clinical pathways and system reform.

2. Providing the patient perspective

Commissioning nurses should work in partnership with lay members to represent the interests of patients and complement this role by bringing a clinical perspective. Lay members, due to their background and experience, will usually lack the detailed clinical knowledge for a particular area that a nurse may be able to provide. A CCG governing body is motivated by a shared purpose – to make a difference to patients at a population level. The nurse is able to provide a highly valued personal and professional perspective on the impact of CCG decision-making for patients.

3. Provide a wider clinical view

CCG clinical discussions, due to the personnel on the governing body, are generally focused on considerations of medical practice, with the commissioning nurse able to bring another dimension by providing the views of the wider clinical team. They should feed in their own knowledge of clinical practice and also think beyond their own professional clinical expertise when advising on decision-making. This should be seen as complementary to that of the secondary care doctor who provides a secondary care clinical perspective, while the nurse can focus on the wider clinical team and patient view.

4. Highlighting the reality of service delivery

Nurses are experienced in working as part of a mixed team and can provide an insight into the reality of the delivery of the services that CCGs commission. They should act as the aggregator of experiences and opinions from a range of sources, including allied health professionals (AHPs), practice nurses, social care workers and physiotherapists. Commissioning nurses ensure that all elements of the team that will be responsible for delivery are represented in that decision-making process.

5. Lead the profession across a place

The executive nurse is best placed to act as the voice of the nursing profession in a local area, representing the views and perspective of the entire nursing workforce. They are natural leaders for practice nurses since they are involved in direct decision-making on relevant issues when commissioning primary care. As well as leadership and development, the nurse also has a role to play in celebrating the successes of the profession.

6. Working with local partners and bringing the system together

The position of the executive nurse as a leader of the profession, and as a representative for the wider system, means that they have a clear responsibility for bringing together stakeholders in a local area to develop effective solutions. This can take many forms, such as a practice nurse council or expert reference group. The nurse should drive these engagement programmes delivering for patients and local populations, ensuring the wider input into commissioning.

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Making the role work

There is a clear differentiation in impact and responsibilities between the independent nurse on the governing body, the 'lay member nurse', and the executive nurse. However, there are a number of elements for both roles that need to be in place for CCGs and the wider system to gain the greatest benefit.

1. Set realistic expectations

A nurse in a lay member role has a commitment to their own clinical work and other responsibilities outside the CCG. CCGs must consider this when determining what impact and input they are hoping to gain for their governing body decision-making process and any other wider benefits. These individuals will still advocate for quality, represent the nursing profession, and ensure that the voice of the patient is heard, but due to their other responsibilities are not able to be as impactful as their executive nurse colleagues who are involved in the work of the CCG on a daily basis. It is essential that the job description, expectations and requirements are clearly outlined so that both the commissioning nurse and the CCG governing body are realistic and clear about what they expect to be delivered.

2. Empowering for effective delivery

It is vital that the nurse feels valued and is empowered to speak up and provide input during governing body discussions in order for CCGs to gain the maximum benefit. A nurse undertaking a lay member role can be at a disadvantage as they will not be as involved in the processes and running of their CCG as executive nurse colleagues. A clear induction process is a major enabler for this process, giving the nurse the information that they need to operate effectively. For nurses with an executive role in the CCG, it is essential to have a strong relationship with clinical colleagues and access to a wider team to support commissioning of high-quality, safe and effective services.

3. Developing system-wide knowledge

The full value that the nurse brings can only be realised with a broad knowledge not only of the local area and population, but also of the operation of the CCG itself. An executive nurse should maintain their knowledge of local area systems through regular meetings with provider colleagues, practices, care homes, and other frontline staff to ensure that they can provide a clear focus on quality and represent the views of nurses and the whole workforce in their local area. In order to ensure that the patient perspective is fed through, engagement with local Healthwatch teams is also useful in partnership with lay member colleagues. CCGs may wish to consider whether a nurse undertaking a lay member role is able to effectively manage and develop these relationships, given a potential lack of opportunity, due to time constraints. In order to facilitate national understanding, nurses involved in commissioning should be encouraged to develop networks with their counterparts across the county to enable shared learning, peer support and the identification of best practice.

4. Balance governance responsibilities

Nurses on the governing body who take functional responsibility for an element of a CCG's operation, as an executive nurse, can be conflicted as they may be required to act as a mechanism for oversight of the decisions of the governing body, which they themselves may have initiated or been involved in developing. The role of the nurse as a champion of quality could be undermined when a governing body is required to reduce services due to financial pressures.

The current executive nurse workforce recognise that this conflict exists and therefore take steps to ensure that they can wear both 'hats' effectively. CCGs should consider how independent challenge can be maintained, allowing the executive nurse to focus more on the provision of the nursing leadership, voice and input that CCGs find valuable.

5. Support and development

The commissioning nurses interviewed for this briefing reported that they found the role stimulating and challenging. It is essential that opportunities are provided to develop in the role and increase influence across the health and care system more widely. This can be facilitated at CCG level through regular performance appraisals and reflective discussion of the effectiveness of the role.

Nationally:

- NHSCC should retain the nurse on its governing body, reflecting local practice among CCGs and providing the opportunity to establish the voice of the commissioning nurse nationally
- NHS England should develop a national formal supportive programme to support current commissioning nurses and recognise their value to the system
- HEE should consider how it refers to the role of commissioning nurses in the current curriculum.

6. Understanding at the national level

Finally, there is a need to develop a national understanding of the role and function of commissioning nurses. They face the same challenges as provider colleagues on a larger population-based scale. The chief nursing officer has an essential role to play as the national figurehead, ensuring that the entire nursing profession is brought together and engaged with policy decision-making and the development of responses to cross-organisational challenges. Historically there has been a lack of recognition about the impact that the commissioning nurse can have on the delivery of health and care for local populations.

References

1. NHS England (2012), *Clinical commissioning group governing body members: Role outlines, attributes and skills*.

2. Royal College of Nursing (2012), *Clinical commissioning groups: the statutory nurse role on the governing body*.

3. This was conducted in October 2015 and received 41 responses from members of the NHSCC Nurses Forum.

4. NHS Clinical Commissioners (2016), *Maximising the lay member role in CCGs*.

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- J Oates J (2014), 'Clinical commissioning: the nurse's role', *Nursing Standard*, 29, 6, 52-59.
- McCann S et al (2014), 'Role of the CCG nurse in commissioning services', *Nursing Times*, 110:48, 15-17.

Further information

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Notes

NHS Clinical Commissioners is the only independent membership organisation exclusively of clinical commissioning groups.

Our job is to help CCGs get the best healthcare and health outcomes for their communities and patients. We're giving them a strong influencing voice from the front line to the wider NHS, national bodies, government, parliament and the media. Our networks provide members with the opportunity to share experience and expertise; and provide information, support, tools and resources to help CCGs do their job better.

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