Clinical Commissioning Groups
The first 100 days
As a clinical commissioning group, the decisions you make from day one will build the foundations for the delivery of your vision in the months and years ahead. There is much to do and it would be easy to focus solely on day-to-day delivery in the first 100 days. For your future success, it will be crucial to also spend time on strategic actions and decisions.

The strategic decisions you make will shape the services offered by providers, the private sector and the voluntary sector. They will transform healthcare for your local population. From day one these decisions must be made with an understanding of the needs of the local population you serve and a clear view of what, when and how patient outcomes will be improved into the future.

Having a real sense of what must be achieved in the first 100 days to reach your three to five year vision will help you prioritise and enable you to be an effective statutory body from the outset.

This first 100 days guide sets out some key areas to focus on within the this critical early period.

**Having a successful first 100 days will demonstrate that your CCG is:**
- a decision making body that takes action
- a group of clinical leaders at the heart of the local health economy
- in control of the services you commission
- a group working to improve the health outcomes for its local population
The strategic direction shapes everything the CCG does – without it there is no frame of reference for you to make the right decisions. A clear strategy articulates the outcomes you seek to achieve, describes how you intend to get there and what you will no longer do, starting from activity within the first 100 days.

Many CCGs have defined their ‘vision’ for the future. These statements can be open-ended without specific outcomes that capture the true scale of ambition that the CCG is trying to achieve. These vision statements tend to describe an ‘improving’ picture for patient care but do not go far enough by saying ‘by how much’ and ‘by when’.

Well articulated vision statements are not enough on their own – to realise your long term vision at pace it will be crucial to establish what specific actions and decisions need to be made and when. Some of these key decisions will fall within the first 100 days.

First 100 days’ agenda:

- What is your mid term and long term vision for your CCG?
- What interventions are needed to realise the CCG’s vision?
- What decisions do you need to make now, or soon, to ensure you’ll be best serving local needs in the future?
- What needs to happen now, what can wait, and what can be stopped entirely?
- How will you make sure that the four points above are clearly explained to your staff and partners?
- How will patients and other stakeholders expect to communicate and interact with you in one, three and five years’ time?
- How does your overall strategy inform and unite other areas of your organisational activity?
- How does your strategy impact the strategies of your key partners and providers?

TOP TIPS

- Clearly articulate to staff your CCG’s plan for how the strategic actions being taken in the first 100 days link with your 2013/14 objectives and your three year strategy
- Get your strategic plan up on a wall where people can see it
- Spend time as a Governing Body every week during the first 100 days reviewing your three year strategy and whether the decisions you are making are helping you to achieve it
- Make clear decisions about what you will no longer be doing and articulate them to stakeholders
- Share your strategy with your key partners and providers. Invite feedback to better understand the impact on them and help them to align their strategy
The NHS’ £20 billion Quality, Innovation, Productivity and Prevention (QIPP) challenge is currently in its third year and national experience is that commissioners and providers are finding the savings hard to achieve. During the CCG authorisation process, questions on ‘clear and credible’ QIPP plans attracted a significant number of ‘reds’, demonstrating the difficulties CCGs and Commissioning Support Units face in this area.

**First 100 days’ agenda:**

- What is the size of the gap between allocation and current performance, which results in the QIPP savings requirement?
- Is the CCG clear on how much it needs to save, and does the Governing Body agree with this assessment?
- What assumptions have been included in developing the view of the gap, i.e. contingency level, headroom and allocation true-ups?
- What do you expect the monthly run rate and QIPP savings to be in the first 100 days? How are savings going to be measured, especially where these schemes impact on provider activity levels?
- How robust are the existing QIPP plans? When risk assessed, do they address the full extent of the QIPP gap?
- Do QIPP plans have the ingredients of a robust, deliverable plan?
- Are there any warning signs, for example, volatile or flat monthly performance?
- Is the Governing Body comfortable that the CCG’s QIPP plans are safe?

**TOP TIPS**

- Build up a robust financial picture quickly, track all schemes and share successes widely
- As a Governing Body, create a shared understanding of the early warning signs that indicate issues with QIPP delivery to be able to robustly check and challenge progress from day one
- Confidently take actions quickly when schemes are not delivering, even if that means turning schemes off
- Encourage everyone to contribute to the ‘pipeline’ of ideas and own the plan
As a CCG, it is likely that you are being supported in commissioning by a number of third party arrangements. These relationships – including the use of Commissioning Support Units – are complex and must be carefully managed.

In the first 100 days, it is essential for you to ensure that the underlying risks associated with third party arrangements are identified, assessed, mitigated and monitored. Quality of service and management data, compliance and control, cost and IT security are just some of the challenges you must think about as part of the risk assessment process.

**First 100 days’ agenda:**

- Are you clear about the risks arising from your third party arrangements?
- Are you able to prioritise these risks and do you have sufficient plans to mitigate them?
- Has clear responsibility been given to particular individuals to manage these relationships?
- What monitoring procedures are being put in place to review the performance of your third parties?
- How and when will you begin market testing and market making activities?

**TOP TIPS**

- After the first month re-read provider contracts, service level agreements and specifications with the knowledge of what has been delivered and what you require to fulfil your role to determine whether it reflects what you need.
- As a Governing Body, agree where your major risks are in relationship to third party arrangements and how you will mitigate and monitor these risks.
- Nominate CCG lead relationship owners and establish regular dialogue with third party suppliers about strategy, performance and your relationship.
- Make sure that all members of staff that use third party support understand the scope of support and how extra costs are incurred.
- Be prepared to test and challenge the work of your third party suppliers, even if the content expertise sits with the supplier.
- Know what your third party supplier alternatives are and your timeline for market testing and market making for key services.
- Discuss with your third party suppliers the value add that you would like from them, particularly in areas such as innovation and continuous efficiency gains.
As a CCG, you have significant potential to bring about transformational change in the quality of health outcomes for your population and patient experience. In the first 100 days you will begin to revise and strengthen the quality elements of your plans.

The recently published Francis report laid out the challenge for commissioners to lead the health system and ensure that patients everywhere have confidence they will be safe when they receive care from their local providers. Whilst Francis did not focus on services outside of hospitals, the ambitions for safe, high quality care reach across the whole system.

**First 100 days’ agenda:**

- Do you as commissioners have the capacity to monitor the performance of every commissioning contract on a continual basis?
- Do you clearly understand your providers current performance and any Primary Care Trust concerns? Are you in possession of accurate, relevant, and useable information to assess the safety and quality of a service?
- Do you as commissioners have the capacity to undertake your own (or independent) audits, inspections and investigations?
- Do you have the infrastructure and support to enable a proper scrutiny of your providers’ services?
- Are you clear when and how you will exercise your powers of intervention where substandard or unsafe services are being provided?
- Are you using local intelligence to inform commissioning intentions and quality schedules?

**TOP TIPS**

- Engender a personal responsibility that is felt by each member of the team to think quality
- Make quality alive and real: regularly talk about real issues, real stories and real plans to improve quality with your staff, partners and providers
- In the first month revisit your information about the safety and quality of services you are commissioning to robustly test whether it is accurate, relevant, and useable
As a CCG, you will require a range of people with different skills, employers, employment terms and contracts to work together across organisational boundaries, often in very new ways. Workforce planning and performance management is essential to making this happen.

The first step is to understand the shape and size of the current ‘virtual’ workforce and map this onto the medium and long term requirements for achieving your CCG’s vision.

The second step is to embed the necessary cultural change, starting with setting the objectives of senior leaders to underpin the values and strategic objectives of your CCG as well as their employing organisation.

First 100 days’ agenda:

- What provisions have you made to get people to work more closely together across organisational boundaries?
- How are your biggest health challenges reflected in your workforce plans?
- What provision have you made for the transition of roles into the CCG and Commissioning Support Units whether contractually, virtually or physically?
- How are you going to enable the management teams to understand and better manage your workforce now and in the future to deliver the outcomes for the CCG?

TOP TIPS

- Know your whole team; use a photo board where everyone can see who does what across organisational boundaries
- Prioritise time with the team in the first 100 days focused on articulating your CCG’s strategic objectives and people’s (and teams’) roles in achieving them
- Regularly check alignment between the outcomes you are trying to deliver and the skills, capability and capacity of your virtual team
- Focus on succession planning
Communicate – open up the channels and let patients and the public know about your plans and strategy. Taking the time to explain this to them will provide you with some of their insights.

Identify mechanisms to flag early warning signs of issues about the quality of care and patient experience, for example through better use of your members regular contact with patients.

Involvement – get patients and the public to play a part early in your transformation plans and in commissioning decisions.

**First 100 days’ agenda:**

- How will you inherit the best practice patient engagement activities from the parent Primary Care Trust, while discarding the poor and indifferent?
- Are you confident that your patient engagement activities cover all communities including the vulnerable and minorities?
- Are you satisfied that you have the right patient engagement systems to support your ambitions for your CCG?
- How do you know what your patients think about the care they receive?
- How do you effectively listen to patients and the public? Do you have mechanisms in place to reassure them their voice has been heard?
- Is your entire Governing Body comfortable and able to conduct meetings in public?
- How do you embed with your staff that all their interactions with patients can impact on meaningful patient engagement?

**TOP TIPS**

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- Involvement – get patients and the public to play a part early in your transformation plans and in commissioning decisions

Although local challenges will vary, all CCGs have a statutory requirement to engage with patients in advance, specifically relating to changes in their healthcare services, but also to create an on-going dialogue that will improve the patient experience.

Patients who are engaged and supported to make good decisions about their care are more likely to have better outcomes and to be positive about the care they received. As new organisations, CCGs and the Commissioning Board have a real opportunity to play a leading role in transforming how patients are engaged and supported to make the best possible decisions.
governance

As a CCG, good governance is essential so that you can deliver improvements in patient outcomes while fulfilling your statutory obligations, including responsibilities for managing public money.

The CCG, as a member organisation, has a series of duties to discharge and its governance arrangements will determine how this is done. In delegating responsibility to the Governing Body and Committees, the CCG still retains collective responsibility for decision making. Structures must also allow the Governing Body to assure itself that these duties are being exercised and that it is managing the affairs of the CCG.

The authorisation process is step one for CCGs – it has focussed on ensuring you have the right foundations for developing in your role as commissioners – but how will you know if these foundations are solid?

First 100 days’ agenda:

- Have you implemented the governance arrangements designed during the authorisation process effectively?
- Do your governance arrangements escalate the right issues to the Governing Body?
- As a Governing Body have you explicitly discussed your appetite for risk and agreed a shared view?
- Is there clarity about the roles and responsibilities around risk and assurance in the organisation?
- Are you clear about the information the Governing Body needs to do its job? Is the information you are receiving complete and accurate? What isn’t it telling you?
- Can you easily articulate your short, medium and long term risks and are they linked to your strategy?
- Are you managing conflicts of interest in practice? Are you protected from any suspicions of wrong-doing?
- How robust is your contract with your Commissioning Support Unit and how will you monitor its performance? How will you know if the CSU is not delivering?
- How does the Governing Body assure itself of the CCG’s financial performance – both short and long term?

TOP TIPS

- Ensure that the members of your team understand the importance of good governance in all that you do as a CCG, and what it looks and feels like when it is truly embedded
- From day one as a Governing Body set the right tone from the top with the governance framework and risk culture you put in place
- Think assurance – know how you’ll know that things are happening
- Continue to test your governance arrangements; talk through potential issues and how you will deal with them at all levels in the organisation
During your first 100 days you will need to use your **strategic vision** to form the foundation for your decision making. Your long term planning process is underway, guided by a multi-year **operating plan** which articulates your financial baseline and areas of risk, and against which you are able to monitor your performance. Your **reporting processes** will be working to inform you about what is happening across your health economy. Your arrangements with healthcare and commissioning support **providers** are delivering what you expect against agreed criteria. Your **people** are working well as a team, your performance management is in place and your **workforce objectives** reflect your long term strategy. And your **leadership** is visible both inside and outside your organisation, inspiring your people, member practices, partners and local community in making a tangible difference to health outcomes.

There is clearly much to do in the first 100 days and what you do, how well you do it and the decisions you take will set the tone for what follows. These early days operating as a statutory body need to bring your strategy alive and enable you to take the first positive steps to realise your medium to long term vision.

From our experience with working with many CCGs across the country, we believe there are some key things to focus on within the first 100 days:
Have you developed your first 100 days plan?

- What do you need to do now, what can wait, and what should be stopped?
- Does your Board have the decision-making capability you need?
- How do you ensure quality and safety?
- What risks are there with your suppliers?
- Do you have robust governance arrangements in place?
- Are you engaging your patients across all your communities?
- How are transitioning roles into your CCG?
- Do you have robust QIPP plans?

PwC has been working with clinical commissioning groups across the UK since May 2012 providing practical support to shadow organisations through the transition period. Our dedicated cross discipline regional teams have in-depth experience and insights into the organisational challenges, commissioning opportunities and health economy dynamics that lie ahead for CCGs.

There is clearly much to do as you establish your CCG as a decisive, influential and clinically led statutory body. Our First 100 days guide sets out some key areas to focus on within this critical early period to set you off in the right direction.
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