C R I T I C A L
Briefing
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Centre for
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Governing Body nurses working for Clinical Commissioning Groups: a new possibility for influencing health care in England or the 'same old' devaluing of nursing?

Background

The global economic crisis has seen governments adopting increasingly managerialist agendas (Rudge 2015). These agendas have tended to reinforce a largely biomedical model of health care delivery - as well as cuts to funding for health care provision. These cuts are couched in the language of efficiency savings and the effective use of resources. Alongside these financial constraints and changes in funding of services, governments in Western Europe have also been concerned with transforming the control of public services (Davies et al 2005; Allan et al 2014) and restructuring the relationships within traditional systems of governance (Saltman et al 2011). Within this context, the concept of a commissioning board as a governance model for healthcare has emerged in many European systems (Saltman & Figueras, 1997).

Accountable to the NHS Commissioning Board, CCGs are allocated 80% of NHS funding and have the authority to direct services in response to local population need. The expectation is that local populations will be included in decisions about healthcare provision (Baldwin and Wilson, 2009; Department of Health (DH, 2012).

Within this global context, we see the developing role of senior nurses who sit on clinical commissioning groups in England that now plan and procure most health services in the country. Are they similar to other senior management nursing roles embedded firmly within health service delivery or do they offer a potential way for nurses to influence and shape patient-centred health care for the future? These senior nurses are expected to bring a nursing view to all aspects of clinical commissioning group business (National Health Service [NHS] England 2014; Olpert 2014). The role is a senior level appointment and requires experience of strategic commissioning. However we know little about how nurses function in these roles despite both the Royal College of Nursing (2012) and NHS England's claim that nursing can influence and advance a nursing perspective in clinical commissioning groups.

The governing body of each CCG includes a number of statutory roles: a Chair, an accountable officer, a finance officer, two lay members, a clinical member and a clinical member registered nurse, subsequently known as a governing body nurse (GBN).

In order to meet the needs of the local population, the commissioning cycle comprises the processes of assessment and planning, implementation and monitoring services, and evaluation (Leach & Burton Shepherd, 2013). The Royal College of Nursing (RCN) successfully argued that nurses could bring unique perspectives and skills to the work of CCGs, and that to promote

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excellence in healthcare, ‘every CCG must have a nurse on their governing body’ (RCN, 2012, p.2). Such nurses were expected to have significant experience in leadership and management (RCN 2012).

Early evidence suggests that some GBNs lack the experience necessary to realise the complex and diverse responsibilities they face (NHS Alliance 2011; West 2012). In addition, many GBNs express confusion about their job description and describe a lack of managerial support compared to other colleagues (West 2011).

CCRNM work in this field

Professor Helen Allan and other CCRNM researchers with external partners have conducted three studies from 2014-2016 into the roles of Governing body nurses working on clinical commissioning groups. See these publications:

A pilot study of governing body working on CCGs in London. Reported in: Allan H T, O’Driscoll M, Savage J, Lee G, Dixon R (20160 Governing body nurses’ (GBNs) experiences of CCG boards - a pilot study into nursing leadership. Nursing Standard. 6(27) 16-18

A literature review in Allan H T, Tapson C, O’Driscoll M, Savage J, Lee G, Dixon R (2016) A literature review of governing body nurses on Clinical Commissioning Groups in the UK. Nursing Inquiry. DOI:10.1111/nin.12129

An observation study currently being reviewed: Allan H T, Dixon R, Lee G, Savage J, Tapson C (2016) Nurses’ Experiences of Clinical Commissioning Groups: an observational study of two Clinical Commissioning Groups (CCGs) in England.

Professor Allan also collaborated with NHS England in their annual survey of the Clinical Nurse Leaders Network who are mainly nurses working in commissioning across England. The annual Network survey was adapted using the results from pilot work in London to explore the roles governing body nurses hold and the work they do nationally. Results are in the process of being reviewed for publication.

The results from these three pieces of work suggest that governing body nurses struggle to articulate a nursing voice at commissioning board level.

Drawing on work by Berg et al (2008) on ‘new public management’ we suggest that nurses on clinical commissioning groups work at the alignment of the interests of biomedicine and managerialism. We propose that the way this nursing role is being implemented might paradoxically offer further evidence of the devaluing of nursing (Latimer 2014) rather than the emergence of a strong professional nursing voice at the level of strategic commissioning.

We found that governing body nurses find constructing a nursing discourse of leadership within a clinical commissioning group challenging because of the tensions in i) retaining a patient centred focus in CCG work and ii) maintaining professional and lay relationships. We argue that these challenges may have implications for managing a nurse’s professional identity both within and externally to the clinical commissioning group. Our findings capture the complex relationship structures and professional frameworks that effect how governing body nurses operate within clinical commissioning groups and the implications of those relationships for these senior nurses in a multi-professional context. Implications for practice: the professional socialisation of nurses in commissioning roles and in new contexts requires support and analysis.

Importantly, governing body nurses’ ability and potential to influence both internally in the clinical commissioning group and externally with provider organisations is

limited.

- There is a lack of awareness of what the role entails inside the clinical commissioning groups. Governing body nurses report being asked the question: what do nurses do in this role? This lack of awareness extends to partner provide organisations and senior nurses working at senior level here.
- There is confusion over the variety of nursing roles and combination of roles: is it a part time or full time role? Can it be combined with Director of Nursing role? Is it the role for a semi-retired nurse executive?
- There is uncertainty in the commissioning field about how long clinical commissioning groups will last as players in the health service. One governing body nurse said "it's as if they think 'we've seen off PCTs, we'll see off you!'

In summary:

The GBN does not seem to provide a distinctive nursing voice. Instead, the GBN appears to represent a new form of nursing management or leadership, in which specifically nursing perspectives are put aside and nursing values can be reframed or used interchangeably with the values of commissioning. In this way, and by detaching GBNs from direct nursing experience and thus the clinical credibility valued by their CCG peers, historical patterns of marginalising nursing re-emerge. Far form the role being a new beginning then, there are familiar tensions for members of clinical commissioning groups in retaining a patient centred focus; this has implications for nurses in advancing a nursing leadership role in commissioning.

Further challenges to developing a nursing leadership role arise through the difficulties of negotiating professional relationships both within and externally to the clinical commissioning group and in the interplay between clinical and non-clinical (lay) authority.

Clinical commissioning groups problematise a clinical professionalism based on traditional forms of authority. The authority of nurses in commissioning remains open to challenge and is unrecognised by members of the clinical commissioning groups and external stakeholders whether it is aligned with a clinical knowledge and practice or with new forms of management and governance.

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