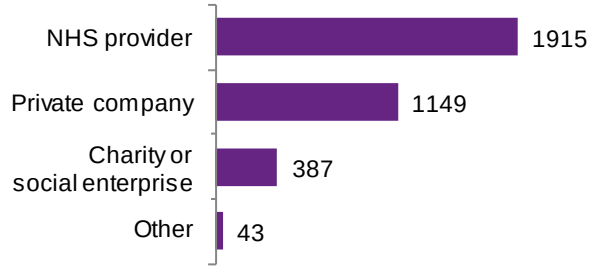
ANALYSIS OF CCG CONTRACTS DATA

NPC was given access to data on contracts awarded by 182 Clinical Commissioning Groups (CCGs)—an unprecedented opportunity to assess the impact of new commissioning practices. Obtained through Freedom of Information requests made by the British Medical Journal to all 211 CCGs, here we present our initial findings relating to 3,494 contracts awarded between April 2013 and August 2014.

The distribution of CCG contracts

Charities and social enterprises were awarded 387 (11%) of the total contracts awarded during this time. Private companies were almost three times more successful, securing 33% (1,149) of the contracts, with the remainder going to NHS providers (1,915) and 'other' providers (43), such as local authorities and universities.

Total contracts by provider type (April 2013 – August 2014)



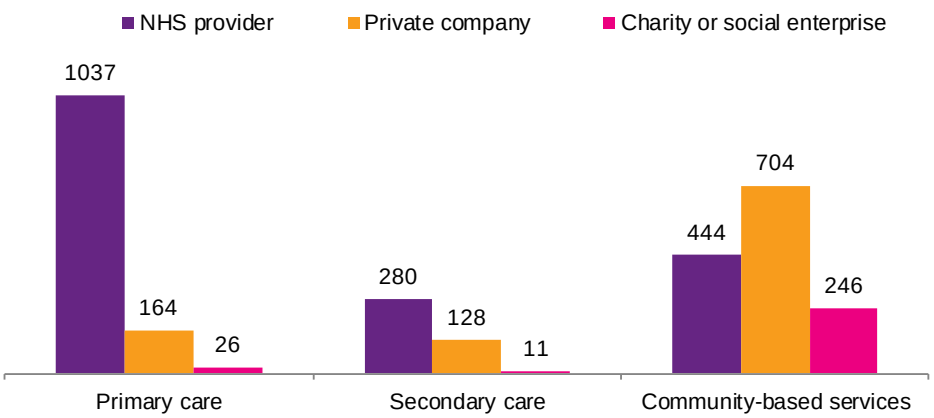
Note: *'Other' category includes local authorities, universities and unclear categorisations. Provider types were selected by CCGs in their FOI responses*

While this demonstrates that the market place contains a variety of provider types—as intended by the 2012 reforms—these figures suggest that contracts are not yet evenly distributed between them.

Variation in the provision of different contract types

The data shows that charities and social enterprises form a small proportion of providers across primary and secondary care. While charities do slightly better in contracts for community-based services, which include helping patients in their own homes and providing rehabilitation outside of hospital, they are conspicuously under-represented in an area where they might be expected to thrive. Voluntary sector providers were awarded just over 1 in 6 of these contracts, outweighed nearly three times by private providers.

Primary, secondary and community care contracts by provider type (April 2013 – August 2014)



Note: *Data shown is a subset of the full data set. Contract types were selected by CCGs in their FOI responses*

Context

Our paper *Supporting good health* argues that a greater diversity of service providers would bring more varied skills and experiences to bear on service design and delivery, and ensure that community and social interests were better reflected in service delivery.

Different service providers bring different strengths to the market. Where NHS providers deliver medical expertise and thematic specialisms, private sector providers offer capacity and efficiency. Charity providers, too, are a crucial part of the equation, bringing local networks, close relationships with beneficiaries, and a holistic understanding of need that looks beyond the doors of our hospitals and GP surgeries.

It is encouraging, then, that Simon Stevens' ambitious *Five Year Forward View* for the NHS calls for *'stronger partnerships with charitable and voluntary sector organisations'*. However, though the vision is a very positive one, so far little has been done to put the recommendations into practice. This data suggests that the full offer of charities in providing health-related services has not yet been taken up.

'There is a real risk that patients are losing out on the expertise and knowledge that charities can bring. Clinical Commissioning Groups are under pressure, but they must reach out to the voluntary sector to help them bid successfully where they have something to offer. If the government is to go beyond rhetoric in welcoming the charity sector, it must make sure that this happens.'

Dan Corry, Chief Executive of NPC

Next steps

The figures presented here offer top-level analysis; more work is required to fully interrogate the data and clarify our insights. The next stage of our proposed research involves:

Further segmentation of provider categories:

- At present, a large proportion of voluntary sector contracts—particularly those of higher value—were awarded to Community Interest Companies (CICs). Further analysis is needed to separate this sub-category of voluntary sector provider to determine how far they are distinct in their treatment and behaviour as providers.
- Adding details of provider size to the dataset (by income and employees) will also allow observations to be made about contracting arrangements and how far they are giving an advantage to larger providers.

Further robustness testing:

- The data requires further cleaning and testing to draw out robust conclusions. This will be achieved, in part, through desk research and interviews to generate qualitative information.

Forming a qualitative narrative:

- In order to build a qualitative insight into the experiences of both commissioners and providers, we propose to conduct interviews with charity service providers and the CCGs that have commissioned them.
- We will use insights from data analysis to inform our selection of interviewees. For example, data identifies those CCGs that have awarded a particularly small or large proportion of their contracts to voluntary sector providers. This element of the research will allow us to identify the drivers of behaviour.