Why are CCGs important for medical market research?

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Wednesday, 11 November 2015

Clinical Commissioning Groups (CCGs) were established following the introduction of the 2012 Health and Social Care Act, replacing Primary Care Trusts (PCTs) as the organisations responsible for the delivery of a large percentage of healthcare services for the population in their local area. Led by General Practitioners, and supported by a range of other healthcare professionals, CCGs work closely with a range of other public and private bodies, including local authorities and the voluntary sector, to plan, commission and deliver services.
How have CCGs evolved since their inception?

The most significant change since their inception is the involvement of CCGs in the co-commissioning primary care services. Previously undertaken solely by NHS England, 64 CCGs have now committed to a new joint commissioning arrangement that will see frontline medical practitioners having more of a say in the nature of the primary care services they can purchase and deliver. Around 70% of all CCGs throughout England are now involved in primary care planning in some capacity, and also deal with a range of other issues such as individual funding requests (for particular treatments or pharmaceutical products).

By and large, many CCGs still look the same as they did when they were initially conceived. Only three CCGs have merged since 2013, although given the financial challenges facing the NHS it is widely anticipated that the number of CCGs either merging, or choosing to share functions, will grow significantly. Many CCGs share back office support via Commissioning Support Units (CSUs), and 29 sites around the country have been selected as â€˜Vanguardâ€™ pilots looking to implement new models of care that improves the coordination of local health and social care services

What can CCG members contribute to medical market research?

For functions relating to pharmaceutical purchasing and/or prescribing habits, there are a number of key positions who would be in a good position to provide a definitive viewpoint from a CCG perspective on such matters. Depending on how CCGs have chosen to organise themselves, the most appropriate contacts would be a selection of clinical leaders, medical directors, commissioning directors, medicine optimisation and medicines management personnel who are involved in prescribing or medicine review groups. This group of professionals are typically the greatest influence on local drug / pharmaceutical policy that meets the needs of the local population. Commissioning Support Units are also important contacts for healthcare market research: they are responsible for providing the healthcare intelligence and advice that underpins a large amount of the procurement, policy and commissioning activity of different CCGs within their area.

CCG members are generally better informed than healthcare professionals who work in frontline practice on particular pharmaceutical developments and policy initiatives because they have a â€˜population healthâ€™ overview of what is required to serve the wider population of their area rather than the particular needs of a single practice or practicing GP. CCG members are also generally more aware of local and national initiatives that affect local pharmaceutical policy, such as the drive to prescribe cheaper, generic drugs to help the NHS make more efficiency savings as part of the Five Year Forward View. CCG members generally also have a more detailed knowledge around internal policies (such as individual funding requests) and evidence-based decision making when it comes to procuring particular pharmaceutical products.

How easily accessible are CCG contacts for medical market research?

Many medical market researchers looking to establish contacts within CCGs can often find organisations a â€˜closed shopâ€™ and difficult to reach. Whilst this may be a historical challenge in engaging NHS staff, it has been made much more acute in recent years by the financial pressures that many CCGs are under and they have less and less time to dedicate to such activities.

Financial pressures have resulted in a number of change initiatives (such as cost improvement plans), an increased workload, and an ever increasing stream of information that healthcare professionals have little time to adequately digest. As such, making the right contact and building a relationship of trust can take some time but is crucial. As all CCG business and decision making must be made available to the public for scrutiny, the appropriate contacts, policies and research interest areas should all be accessible via the webpage of each CCG, or their press officer / communications and engagement office, for medical market researchers looking to form relationships with such respondents.Â