NHS Research and Development Forum

Impact of CCG mergers on RCF income and research in CCGs / primary care

NHS R&D Forum Primary Care and Commissioning Working Group
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Dear Colleagues,

CCGs around the country are beginning to merge. This poses a threat to the RCF (Research Capability Funding) income potentially available to these CCGs with knock on implications for the research these CCGs may be able to support.

The purpose of this letter is to highlight our concerns about the impact on CCGs and the wider research systems in those areas where CCGs are merging. Our key concern being that the CCG / Primary Care share of RCF does not decrease from its current baseline and ideally increases and we would welcome the opportunity to discuss these concerns with you further.

RCF is an important source of research income for CCGs and has been used in a variety of ways by different CCGs to help support the CCG "Duty to Promote" research and drive the development of research of importance to commissioners, primary care and our local populations. This includes:

- Strategic use of RCF to drive development of research aligned with CCG priorities, local population need and the priorities articulated in the NHS Long Term Plan.
- Use of RCF to develop capacity and capability to support and deliver research in Primary Care particularly in areas of most need.

Examples of this can be seen in the case studies in Appendix 1.

The merger of CCGs now happening across the country poses a potential risk to this income impacting on the support that can be given for research infrastructure and support across CCGs and Primary Care. This comes at a time of significant change across our local health and social care systems where RCF could be being used strategically to embed research fully within the new architecture of the NHS and to target research to those populations in greatest need.

There are two scenarios where CCGs RCF income or potential income will reduce:

- CCGs merging where more than one CCG currently holds recruitment related RCF, this additional recruitment related RCF being lost following the merger (see example 1).
- CCGs merging where one holds grant related RCF and one or more hold recruitment related RCF. As grant related RCF takes precedence, the recruitment related RCF would be lost (see example 2).

Whilst we accept that for the current smaller CCGs it has been challenging to meet the 500 patient recruitment target in order to receive recruitment

Example 1

In Herefordshire and Worcestershire – 3 of the 4 current CCGs due to merge received recruitment related RCF in 2019 resulting in £60k RCF being awarded to the region. Following the expected merger on 1st April 2020 a maximum of £20k recruitment related RCF will be available to the new NHS Herefordshire and Worcestershire CCG, resulting in a net loss of £40k to the area.

Example 2

All 5 Norfolk and Waveney CCGs received RCF in 2019, each having recruited over 500 patients in the previous reporting year (recruiting over 4500 participants between them), resulting in £80,000 RCF (South Norfolk CCG being ineligible due to receipt of grant related RCF). This is pooled and used strategically to support development of research aligned with CCG priorities (see case studies in Appendix 1). Once the 5 CCGs merge, Norfolk and Waveney CCG will be ineligible for any recruitment related RCF as they will be in receipt of grant related RCF, resulting a potential loss of up to £80k to the local system.

Example 3

In Nottingham and Nottinghamshire, currently only Nottingham City CCG out of the 6 CCGs merging receives RCF. It is likely that from next year, the grant related RCF received will change to recruitment related RCF as the grant hosted by the CCG is coming to an end. The impact of this is that where the £20k recruitment related RCF would have only had to be utilised across 50 GP practices in Nottingham City it will now be required to be utilised across 131 GP practices in the merged Nottingham and Nottinghamshire CCG.

related RCF, merging with other CCGs will make it easier to achieve this target and open up new opportunities. The reality will be that the £20k will have to be utilised across a far wider geographical area and an increased number of GP practices, meaning the impact from the funding will be reduced or take much longer to be realised (See example 3). This is particularly important when considering the areas of now wider geographic and wider variation in population need - for example rural and deprivation, that some of these CCGs will cover, where RCF can be used strategically to address some of the barriers in making research available to these harder to reach populations and where the patient need is greater.

A net reduction in RCF to CCGs is also likely to impact the development of research in Primary Care, with knock on implications on the number of studies available to Primary Care and a consequential reduction in recruitment.

To gain a better picture of the impact of these mergers we have undertaken a modelling exercise looking at those CCGs, which are due to merge on 1st April 2020 (see table below). We are aware of mergers having taken place in 2019 and further mergers planned from 2021, so the model only provides a snapshot at this time - it is difficult to predict the impact the CCG mergers will have longer term on RCF.

Based on this model, predictions for 2020 across the merging CCG areas suggest:

- No net change in RCF received across the configurations based on 2019 recruitment, but allocations being spread over a much greater geographic area, reducing the impact on individual areas
- A net loss of £180k *of actual RCF* in 2020 compared to RCF received by CCGs in 2019, losses range from £20k to £80k per CCG area
- A net loss of *potential RCF* in the system of £1.12m (80%) in 2020 compared to 2019 if every CCG received recruitment related RCF

RCF Modelling – 2020 predictions

This model includes only those CCGs due to merge on 1st April 2020; and uses the following assumptions:

- that the current rules around RCF allocation are unchanged,
- that those CCGs in receipt of grant related RCF continue to receive grant related RCF in 2020

Using this model we have predicted potential RCF expected in 2020 based on recruitment between Oct18-Sep19 for the merged CCG configurations and compared these to RCF received if the CCGs did not merge, as well as RCF received in 2019. The full table is included in Appendix 2, but the details are summarised below:

	Unmerged CCGs	**Merged CCGs**	**Comments**
No. of CCGs	74	18	74 CCGs are due to merge into 18 on 1st April 2020
No. of CCGs receiving grant related RCF	5	5	2019 figures - assuming no change in 2020
Potential recruitment related RCF available	£1.38m (69 x £20k)	£0.26m (13x£20k)	If every eligible CCG recruited over 500 participants and received recruitment related RCF
Predicted no. of CCGs receiving recruitment related RCF 2020 (based on recruitment in CPMS Oct18-Sep19)	11 (£220k) CCGs if they weren't merging	11 (£220k) merged CCGs	**No change in net RCF but this is spread over a much larger geographic area** 4 merged CCGs lose RCF (2 receive grant related RCF so are no longer eligible for recruitment related RCF; 2 have more than one CCG pre-merger that would have recruited >500 patients) 4 merged CCGs gain RCF by reaching 500 participants across the merged CCG
No. of CCGs receiving recruitment related RCF 2019	15 (£300k) CCGs	-	**Loss of £180k compared to previous year** 5 merged CCGs lose RCF in comparison to 2019 (3 lose £20k; 1 loss of £40k; 1 loss of £80k) 4 areas gain RCF in comparison to 2019

Whilst CCGs already have, and will continue to merge the potential RCF available in the system for CCGs will continue to reduce. CCGs, and by extension primary care organisations, already have a disproportionately low share of RCF when compared to that available to provider organisations (as can be

Share of RCF

Compared to Provider organisations, few CCGs have the capacity or expertise to hold research grants so the majority of CCGs (48/59) receive only recruitment related RCF, reflecting 22% of the total RCF awarded to CCGs. This is in stark contrast to provider organisations where only 0.3% (£2m) of RCF awarded is recruitment related.

Organisation receiving RCF	Grant Related		Recruitment Related		TOTAL	
	No.	Value	No.	Value	No.	Value
CCG	11	£ 3.5m	48	£ 1.0m	**59**	**£ 4.5m**
Provider	98	£57.1m	102	£ 2.0m	**200**	**£59.1m**
CSU	1	£ 0.2m	0	£ 0	**1**	**£ 0.2m**
TOTAL RCF 2019	**110**	**£60.8m**	**150**	**£3.0m**	**260**	**£63.8m**

seen in the table below), and we are keen to ensure that this does not reduce further as a result of the move for more CCGs to merge.

We would value further discussions on this issue and would welcome the opportunity to work with you to look at how we might mitigate against these risks and ensure research across CCGs, Primary Care and within the new and emerging care systems in the NHS is best supported to deliver opportunities for the populations and patients that need it.

With kind regards

The Primary Care & Commissioning Working Group of the NHS R&D Forum

Appendix 1 - Case Studies

1. Norfolk and Waveney

The 5 Norfolk and Waveney CCGs have, since 2015/16 pooled their RCF and advertised calls to academic partners to develop research proposals which reflect local priorities and the needs of the local population, this includes a request for an evidence briefing to support commissioning decisions, giving additional value to the system. These evidence briefings are available on our website[1] and have included briefings on:

- Identifying and discriminating between mild cognitive impairment, dementia, delirium and combinations: delivery of the most suitable care for patients
- Support needs of informal carers and implications for improving carer support
- Interventions to prevent, delay or reduce frailty in community-living older adults
- Awarding RCF to academic partners has resulted in a number of successful NIHR grants including one PGfAR; 2 PHRs and 2 RFPBs in the last 5 years.

With the merger of 5 CCGs into one in 2020, this will result in a potential loss of RCF income within Norfolk and Waveney CCGs of £80,000, significantly impacting the ability to support research development across the local system.

2 – West Yorkshire - Promoting early careers researchers to develop.

Dr Matt Mulvey at Leeds University has benefitted significantly that he wrote a blog about his experience of RCF funding, https://www.westyorksrd.nhs.uk/blog. He states that over the past five years the RCF award scheme has provided me with the opportunities to develop and nurture my career within the Academic Unit of Palliative Care, led by Professor Mike Bennett at the Institute of Health Science, University of Leeds. Since 2012 He has been the recipient of approximately £90k in RCF awards: one project proposal award and two bridging awards. This RCF support led to over £700k in research grant income, 14 peer review articles in internationally leading research journals, as well as establishing cancer pain assessment as a strong field of research within Leeds. The RCF awards have provided me with the continuity of a research post at the University of Leeds. This employment stability has been crucial to my career success as it enabled me to develop a strong research portfolio. Ultimately this has led to Dr Mulvey securing a five year Senior Research Fellowship at the University of Leeds funded by Yorkshire Cancer Research.

3 – Nottingham City

Nottingham City CCG has utilised its RCF in two main ways.

- To fund bridging awards or protected time for local clinical academics to develop NIHR or non-commercial partner research grant applications that fit with local strategic priorities. A recent example is an RCF award to a Senior Orthotist/Research Assistant to conduct the development work to lead to a doctoral fellowship application on early diagnosis and orthotic intervention for patients following stroke. She was awarded a Stroke Association PhD Fellowship in early 2019 being the first orthotist to receive the award from the Stroke Association and one of only two awards made in that round.

- To develop primary care research capacity and capability to be able to deliver NIHR portfolio research. A range of initiatives has led to 12 GP practices now being engaged in research that previously weren't and 6 practices re-engaged or involved in more complex studies. Many of the practices are now members of the NIHR CRN East Midlands Research Site Initiative Scheme. This has led to a continuing cultural shift where research is seen as both important and beneficial. This work is now continuing with the new Primary Care Networks.

4 - North East and North Cumbria

North East and North Cumbria CCGs have, over the past couple of years, pooled recruitment related RCF. NHS North of England Commissioning Support Unit has RCF allocated due to acting as a host for NIHR funded grants and two senior investigator awards. This allocated RCF is pooled and NECS share an invitation to apply for the funding. The funding offers the opportunity to develop people and projects in line with priorities and grow the research in the North East and North Cumbria. This meets the aims of the NECS/NIHR Cumbria and North East Primary Care Research Strategy. The pooling also supports a quality-driven fund that allows for local discretion and management of people to support and develop patient and people driven research that is important and a priority for primary care and CCGs in the North East and North Cumbria. A number of high priority regional projects have been funded and this approach has been welcomed. CCG mergers would potentially reduce the amount of RCF available for projects in the North East and North Cumbria. There is one example of two smaller CCGs that are working closely together that would benefit from merged RCF, however there are no plans for these CCGs to merge formally. There is still a significant risk to loss of RCF in the larger CCGs if they merge.

Projects funded include:

- Perceived barriers to Shared Medical Appointments in Primary Care
- Exploring primary care's role in supporting mental health pathways and care for young people in transition to adult services
- Economic evaluation of Newcastle Gateshead Enhanced Health in Care Homes
- An evaluation of the mental health service provision available to refugees & people seeking asylum in the South Tees area: Taking a needs-led approach to inform primary care