Introduction

For the new Clinical Commissioning Group (CCG) arrangements to be successful they will need to be underpinned by clinical leaders who have significant experience and understanding of the whole health and social care system.

CCG governing body membership, specified in legislation, includes:

- an accountable officer
- a chair
- a chief finance officer
- a health care professional acting on behalf of member practices
- a lay member with responsibility for governance
- a lay member with responsibility for championing patient public involvement
- a clinical member – secondary care doctor
- a clinical member – registered nurse.

Guidance from the NHS Commissioning Board[1] on the authorisation process makes it clear that every governing body should have ‘at least one registered nurse’. This paper outlines the role options available to nurses on CCGs and provides guidance to emerging CCGs on developing their structures and governance processes in respect to nurse membership on CCGs. Some roles are not available to individuals employed in general practice or those employed by any organisation from which the CCG secure significant volume of provision. However, it is essential that emerging CCGs ensure all roles are open to eligible nurses and the appointment process is open, fair and transparent.

Elected roles on the CCG

All nurses within the practices covered by the CCG should be entitled to vote in all CCG elections and apply to take on lead roles in the CCG.

The RCN would encourage nurses at all levels to engage with and ask question of their CCGs, specifically around arrangements to elect representatives.

Appointed roles on the CCG governing body

General

Any nurse or other health care professional is entitled to hold any of the CCG governing body roles listed below provided they meet the necessary core attributes, competencies, skills and personal experiences.

Each role has additional specific competencies to be met. Details of the roles can be found in the NHS Commissioning Board’s document *Clinical Commission Group Governing Body Members: Role outlines, attribute and skills* (April 2012). Full details of those who are excluded from membership roles can be found in the Regulations.[2]

- Accountable officer.
- Chair.
- Chief finance officer.
- Health care professional acting on behalf of member practices.
- Lay member with responsibility for governance.
- Lay member with responsibility for championing patient public involvement.

Clinical member – registered nurse

In addition to the roles above, there is a distinct clinical member registered nurse role; only a registered nurse can hold this position. The individual may not be employed by any organisation from which the CCG secures any significant volume of provision nor should they be a general practice employee. These restrictions DO NOT apply to other nurses applying for other membership roles.

This registered nurse role shares the same responsibilities as other members for all aspects of the CCG governing body business. They will bring a broader view of the specific registered nurse perspective on health and care issues to underpin the work of the CCG. The registered nurse is also able to bring detailed insight and a nursing perspective into discussions regarding service re-design, clinical pathways, system reform and 24/7 care.

The RCN is of the view that this must be a substantive, senior, strategic role which clearly provides leadership in the development of many of the features of a highly successful CCG. An effective nurse provides an essential focus for quality, safety, effectiveness and efficiency for emerging CCGs and contributes not only towards successful authorisation but also towards ongoing improvement.

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1 NHS Commissioning Board. A special health authority ‘Towards establishment: Creating responsive and accountable clinical commissioning group’s’ (Feb 2012)

2 The National Health Service (Clinical Commissioning Groups) regulations 2012. No. 1631. National Health Service, England
Conclusions

A diversity of backgrounds and leadership styles enhances a board’s ability to make good decisions. Developing the NHS Commissioning Board sets out the intention that the board will work in partnership with CCGs and across boundaries to develop mutually supportive relationships. Engagement and involvement are identified as core skills for staff in new organisations. It follows that successful system leadership will require a wider range of leadership styles than has often been deployed in the NHS in the past.

To facilitate this diversity, the RCN believes CCGs should actively encourage nurses along with other clinicians with the necessary competencies, skills and experience to apply for any of the eligible CCG lead roles.

Research into the role of nurse leadership in improving care (Murphy et al 2009) has found nurse leaders encourage clinical excellence, safety and productivity. Nurses provide a strategic focus on high-quality care and patient safety, promoting excellence in professional practice and leading quality improvements across care pathways and organisational boundaries. No single profession can ‘hold the ring’ in commissioning services and without substantial nurse representation many CCGs will struggle to fulfil the criteria set by the NHS Commissioning Board to be considered a good CCG and achieve authorisation.