Engaging student nurses in commissioning

Understanding commissioning is important for the future workforce so a university collaborated with two clinical commissioning groups to develop a placement scheme.

In this article...
- Why a placement in a clinical commissioning group is useful
- How the placement was developed
- Student feedback on the CCG placement

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Commissioning is an important element of healthcare provision, but is often not understood or considered in depth by students. It is vital that the workforce of the future understands the machinations of service development and commissioning, so one higher education establishment decided to offer its students a placement in a clinical commissioning group. This article outlines how a university partnered with local CCGs and a regional placement network to develop the CCG clinical placement and its benefits.

In January 2014, South Sefton Clinical Commissioning Group and Southport and Formby CCG began working with Edge Hill University and the North West Placement Development Network (NWPDN). They became the first two CCGs in the country to be formally accredited as clinical placement providers to introduce pre-registration students, student quality ambassadors (SQAs) and caremakers into a commissioning setting to improve future nursing care.

The SQA project, rolled out in December 2011 and open to all healthcare students, was developed in higher education institutions (HEIs) across the north-west region and is led by Health Education North West. Applications for the role are regularly sought by Health Education North West, and students can self-nominate with support from their practice mentor and personal tutor. SQAs act as ambassadors and champions of care, and are empowered to promote good practice by challenging standards of care in their placements and suggesting areas for improvement. The project showcases student innovation projects in provider trusts and allows the sharing of best practice along with the opportunity to contribute to innovation.

The role of care maker was established in 2012 (NHS England, 2012a) and involves a volunteer group of students, and newly qualified nurses and midwives, who act as ambassadors for NHS England’s nursing and midwifery vision and strategy (NHS England, 2012b), which advocated the embedding of the 6Cs in nursing practice. A nationwide evaluation of the Care Maker programme undertaken by Edge Hill University concluded that it has had a positive impact on healthcare (NHS England, 2015).

Developing the placement
Introducing students into CCGs offers an innovative practice learning experience. The placement gave students the chance to get involved in clinical commissioning group meetings.

5 key points
1 Clinical commissioning groups are innovative and useful learning environments for students
2 Placements within CCGs allow students to see how services and practices are developed
3 CCGs can contribute to the learning and shaping of the commissioning workforce of the future
4 Students can learn how CCGs function as system leaders and partner with other agencies
5 Placements in CCGs give students an insight into the “hidden” elements of healthcare
explore the idea of a CCG placement, initial discussions were held between the CCGs, the university and NWPDN, and a scoping exercise was undertaken to explore how the CCGs could develop their role as teaching organisations in collaboration with the university. The learning outcomes were identified – they included students developing an understanding of how a CCG operates in a local economy and the governance processes involved. The aim was to gain a holistic view of how decisions made at a strategic and commissioning level impact on patient care and the observation and practice of high-level communication, leadership and negotiation skills.

It was evident the CCGs could offer education and training placements to third-year pre-registration and post-registration students undertaking management and leadership modules. It was anticipated that students at this stage in their training would be sufficiently experienced to appreciate the insight gained from such a placement and be able to work in a self-directed manner. This would also enable the CCGs to take a leading role in developing the future clinical commissioning workforce.

The CCG senior management team completed the project plan in March 2014. The chief nurse, deputy chief nurse and practice nurse facilitators undertook a mentor update. After successful audit, the CCGs were designated as clinical placements.

**How the placement works**

During their third-year leadership module, students are introduced to the role of CCGs and can be allocated to the 6-12-week placement. Two students can do it at any one time. Once confirmed, students meet the CCG chief nurse to discuss learning outcomes, opportunities and ask questions.

**Achievements**

The first student began a six-week placement in January 2015, two more completed placements in August 2015 and another between November 2015 and February 2016. All provided a positive evaluation of the learning environment at their mid-term and final review meetings, which is recorded in their practice documentation.

Students have gained first-hand experience of commissioning for quality and safety, which included several visits to a range of teams and practice areas. They have also gained an understanding of how a CCG operates as a system leader and how it works in partnership with other agencies. During their placement with commissioners, students have been involved in:

- “Quality walkrounds” of clinical areas;
- Attendance at provider quality contract meetings;
- Attendance at meetings regarding specific items such as an MRSA post-infection review meeting and a *C difficile* appeal panel;
- Local adult and children safeguarding board meetings, as well as specific safeguarding meetings, such as a multi-agency strategy meeting;
- Exposure to the CCG governance processes, which has included attendance at finance committee and governing body meetings.

All these events and opportunities have been instrumental in ensuring students are equipped with a breadth of knowledge that has enhanced their learning outcomes. One student’s experience is outlined in Box 1.

Students said the placement offered a fascinating insight into the roles and responsibilities of CCGs and the dynamics of dealing with competing demands throughout localities and across the health economy. An appreciation of how new services and practices are developed and the opportunities to become involved in commissioning at a stakeholder level, through consultation exercises for example, have been highlighted. Furthermore, the role of the nurse in commissioning was demystified and has become a viable career option for the future.

To further benefit from involving student nurses in the commissioning process, the project also gave a cohort of students – some of whom were caremakers and others SQAs – the opportunity to attend a workshop as part of the engagement process for the development of the CCGs’ strategic plan. The group met again recently to receive feedback on progress to date; their involvement remains an integral part of the CCGs’ consultation processes.

**Conclusion**

Accrediting the CCGs as a placement option for students has supported delivery against key action areas outlined in *Compassion in Practice* (NHS England, 2012b), such as delivering high-quality care and building and strengthening relationships. In this way we can ensure we have the right staff with the right skills in the right place (Department of Health, 2013). This placement is an excellent example of how to make a reality of these aspirations and action points while working with CCGs.

The CCGs are keen to progress with this initiative and next steps include designing a learning schedule to increase the number of placements. Further opportunities for SQAs and caremakers to be involved in future consultation and engagement events related to service planning and redesign are being considered, and plans are under way for them to support the contracting process for 2016/17. This will be done through their helping to develop local Commissioning for Quality and Innovation schemes that seek to incentivise quality and efficiency, along with key performance indicators.

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