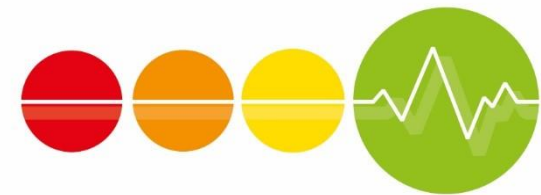


# Hull CCG

Internal Audit Report Ref: 20/04  
Date: 02 January 2020

## Compliance Audit of Primary Care Commissioning



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## Key Dates and Report Distribution

Debrief meeting	17 December 2019	Audit team	Carl Best, Director of Internal Audit Sue Kendall, Group Audit Manager Helen Price, Senior Auditor
Draft report issued	19 December 2019		
Responses received	31 December 2019	Client sponsor	Joy Dodson, Director of Integrated Commissioning
Final report issued	02 January 2020	Report distribution	Emma Sayner, Chief Finance Officer Joy Dodson, Director of Integrated Commissioning Karen Ellis, Deputy Director of Commissioning Philip Davis, Strategic Lead - Primary Care Final only to Emma Latimer, Chief Officer Nikki Cooper, Local Counter Fraud Specialist (AuditOne)

# 1 Executive Summary

## 1.1 Introduction


A compliance audit of primary medical care has been undertaken as part of the 2019-20 Internal Audit Plan and was approved at the CCG's Integrated Audit & Governance Committee under Appendix A of the plan (Core Assurance Finance, Contracting & Capital).

The CCG has responsibility for ensuring that general practice in Hull is sustainable and provides high quality, safe care to the local population within the available budgetary envelope.

NHS England issued an internal audit framework for delegated Clinical Commissioning Groups covering Primary Medical Care Commissioning and Contracting. We have therefore designed the scope of our audit to ensure that it aligns with NHS England's assurance requirements as well as the requirements of the CCG.

This area was last audited in 2018-19 (audit report reference 190506). Substantial assurance was provided with three recommendations agreed - two low grade and one medium.

## 1.2 Conclusion

	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
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### 1.3 Scope of the audit

The objective of this audit is to provide assurance around the effectiveness of the arrangements put in place by the CCG to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement. As stipulated in the Internal Audit Framework: Primary Medical Care Commissioning and Contracting, the following areas will be assessed - in accordance with the Primary Medical Care Policy and Guidance Manual.

**b. Contract Oversight and Management Functions.** Generally, these will be those relating to the accessibility and quality of GP services, including but not limited to ensuring relevant national and locally applied contract terms in relation to:

- I. GP Practice opening times and the appropriateness of sub-contracted arrangements*
- II. Managing patient lists and registration issues (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes)*
- III. Identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes*
- IV. Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)*
- V. Overall management of practice: (1) mergers) (2) closures*

#### Limitations to the scope of the audit

The following limitations were agreed in advance of the audit:

- The audit will not provide assurance in relation to outsourced services that do not sit within the CCG, for example those sitting within Capita or within NHS England. Assurance in respect of any controls outsourced to Capita will be via a Service Auditor Report (SAR) issued by the auditors of that organisation.
- The audit will not provide any assurance in relation to those elements of the internal audit framework that are not explicitly covered in this audit. Assurance against those areas will be provided on a cyclical basis.

## 1.4 Corporate significance & risk profile

The CCG is required to provide annual assurance to NHS England on the functions delegated to it in relation to primary medical care commissioning. Consequently, the area is material in the context of the organisation's activities.

The audit provides an independent source of assurance against the management of the identified risks around the following CCG's strategic objectives:

- Strategic Objective 2 - Integrated Delivery.

The audit, therefore, provides an independent source of assurance against the following risks identified in the Assurance Framework:

- Risk 901: Lack of capacity / capability within the CCG to deliver Strategic Commissioning Plan for Primary Care.

## 1.5 The key findings

The key findings from the audit are as follows:

### Compliance with the control framework

- i.
  - In respect of *i. GP Practice opening times and the appropriateness of subcontracted arrangements.*, all GP Practices submit an annual GP Practice self-declaration (e-DEC) to NHSE, which includes compliance in respect of providing services in core hours. The 2018/19 eDEC was opened for submissions over a six- week period from Wednesday 24 October to Wednesday 5 December 2018. Where a declaration is not received, NHSE follow this up, and a summary of e-Dec returns should be reported to the CCG annually to provide assurance. **However, there is no evidence that the summary was presented to the Primary Care Commissioning Committee (PCCC) and we have made a recommendation to this effect.**
  - NHS England hold the local APMS, PMS and GMS Contracts for all current GP providers, which specify what services must be provided in core hours and of the five contracts tested, all included a requirement to provide services in core hours.

ii.

- In respect of *ii. Managing patient lists and registration issues (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes)*, at the beginning of August 2018, NHS Digital, NHS England and Public Health England made CCGs aware of discrepancies between the data held by the National Health Application and Infrastructure Services (NHAIS) and the Personal Demographics Service (PDS). PCSE were investigating these differences and NHS England worked alongside Primary Care Support England (PCSE) and the CCG to contact GP practices to analyse and reconcile these discrepancies, however, **there are no assurances provided by PCSE or requested by the CCG in respect of PCSE service provisions relating to targeted list maintenance, out of area registration and special allocation schemes (SAS), which should be reported to the CCG and PCCC. We have made a recommendation to this effect.**
- At the February 2019 PCCC, an update report was provided in respect of a medical centre list closure application and the report gave assurances regarding the continuing up skill of the nursing staff to deal with some blood results and the admin team to perform non-clinical tasks on behalf of the GPs. The extension of the closure and decision rationale was minuted at the 26 April 2019 PCCC.
- List size monitoring arrangements are in place and we confirmed that 4% fluctuations were queried and investigated, unless expected, for example if a practice closed it would be expected that another practice list nearby would increase.

iii.

- In respect of examples of how the CCG manages the *iii. Identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes*, the process is described in detail in the Primary Care Commissioning Policy on Monitoring and Evaluation Policy. This includes routine quality assurance monitoring visits, quality surveillance and formal contract action. The report states that a *'three year cycle of routine practice visits will take place alongside any other identified support required. The visit schedule will be produced starting with the practice that has not had a CQC visit for the longest time and work through all other practices in this order. Prior to any practice visit, a pre-practice visit questionnaire will be sent to the GP practice and requested that it is completed and returned before the visit takes place.'*
- The PCCC was kept informed of any actions taken to resolve issues identified by NHSE or the CCG's contract reviews and reporting is to the Primary Care Quality and Performance Sub-Committee (PCQ&P Sub-Committee), whose Terms of Reference (updated June 2019 and again in November 2019) state that one of the purposes of the sub-committee is to ensure that: *'Identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes.'*
- The NHS England Primary Care Contracts Manager provided details and minuted notes of the six monthly review meetings that are held with APMS providers.
- At the March 2019 PCQ&P Sub-Committee meeting (Part 2), reporting of a review was confirmed in respect of a medical practice and a GP and again at the meeting held on 15 May 2019. Examples of actions taken to resolve issues in respect of one of the GPs were confirmed in the minutes of the March and May 2019 PCQ&P Sub-Committee meeting (with the exception of one action plan that was not brought to the May 2019 meeting, as detailed under 'iv' below), the minutes of which were confirmed as being presented to the Primary Care Commissioning Committee.

iv.

- In respect of *iv. Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)*, the performance of GP practices is monitored by the PCQ&P Sub-Committee meeting, who meet bi-monthly and where poor performance is identified, the committee escalates any concerns or issues to the PCCC. However, after the meeting on 15 May 2019, the next two meetings were cancelled and the sub-committee didn't meet again until 6 November 2019. **Furthermore, it was minuted in Part 2 of the March 2019 meeting that a doctor's action plan would be brought to the meeting on 15 May 2019, however, it was not and the rationale for this was not formally minuted. We have made a recommendation to this effect.**
- GP practices are also subject to external monitoring by the CQC. Practices rated as being inadequate are subject to a documented process for improvement, which can also involve the practice being served with a notice of contract breach. These actions are reported through the PCCC, and examination of a Primary Care Quality and Performance Committee Report taken to the June 2019 and February 2019 PCCC part 2 meetings referenced the one practice group being rated by the CQC as outstanding and another being rated as good.
- At neither Part 1 nor Part 2 of the PCCC was any other reference to the CQC made, other than a CQC Self-Assessment Tool being developed, approval of which was minuted at the PCQ&P Sub-Committee meeting, however, it was confirmed that at Part 2 of this meeting it was noted that two practices have been rated 'outstanding' following the CQC visit that occurred in November 2018.
- There were no breach notices issued.

v.

- In respect of *v. Overall management of practice: (1) mergers) (2) closures*, the NHSE update report includes details of any proposed mergers or closures, including branch closures and is presented to the PCCC, with sufficient information to enable the PCCC to make a decision.
- As part of the update provided to the PCCC in October 2018, it was reported that a redefinition of practice boundary application was being made, with supported rationale included and minute 7(b) approved the redefined practice boundary application. Similarly, at the meeting in February 2019 in respect of a boundary change for two surgeries and a list closure, at the April 2019 meeting regarding a practice merger and the June 2019 meeting regarding a request to relocate and consolidate GP services, all decisions of which were minuted and supported by detailed rationale.



## 1.6 Recommendation summary

	Priority		
	High	Medium	Low
Compliance with control framework	0	1	2
<b>Total</b>	<b>0</b>	<b>1</b>	<b>2</b>

## 1.7 Acknowledgement

We would like to thank management and staff for their help and cooperation during the course of this audit.

## 2 Action Plan

Ref	Recommendation	Priority	Accepted (Y/N)	Management Response	Target Implementation Date	Manager Responsible
1.1	The Primary Care Commissioning Committee should receive a report relating to e-Dec submissions to NHS England on an annual basis.	Low	Y	The initial update report prepared by NHS England in June 2019 included e-Decs, however, a decision was made with the Commissioning Lead not to report this to the PCCC as there were no exceptions. This will now be reported to the PCCC at the February 2020 meeting, and annually going forward.	29 February 2020	Phil Davis, Strategic Lead – Primary Care
1.2	The CCG should formally review on an annual basis any outsourced assurances that it receives from Capita, NHS Digital and NHS England around list management and Special Allocation Scheme (SAS) to ensure that such assurance is sufficient. Where gaps in assurance are identified, the CCG should liaise with outsourced providers to address these. In addition, the CCG should ensure that any reports that have been received are presented to the relevant CCG Committees.	Medium	Y	The CCG will liaise with NHS England to source an assurance report on the management of list size processes by Capita. The CCG will also request that any reports on the outcomes of list size cleansing be made available to the CCG. In both these instances the reports would be provided to the PCCC for review and action if necessary.  The CCG will also share the Capita SAR reports with the PCCC for information on an annual basis.	31 March 2020	Phil Davis, Strategic Lead – Primary Care

Ref	Recommendation	Priority	Accepted (Y/N)	Management Response	Target Implementation Date	Manager Responsible
1.3	Any decisions in respect of whether action plans should not be brought to the Primary Care Quality & Performance Sub-committee meeting for monitoring should be formally minuted and include detailed rationale for the decision.	Low	Y	We will ensure that for completeness, the item will be formally minuted at the January 2020 meeting of the Primary Care Quality & Performance Sub-committee.	31 January 2020	Kate Memluks, Commissioning Lead - Quality

## Appendix A - Findings

This report has been produced by exception. Therefore, we have included in this section only those areas of weakness in control or failure to apply controls identified from our testing and not the outcome of all testing undertaken. The prioritisation of our recommendations is explained at Appendix B.

### **Risk 1: GP Practice opening times and the appropriateness of sub contracted arrangements.**

Actual Control	Design Adequate (Y/N)	Test result and implication	Recommendation Ref	Priority
All GP Practices submit an annual GP Practice self-declaration (e-DEC) to NHSE, which includes compliance in respect of providing services in core hours, and where a declaration is not received, NHSE follow this up, and a summary of e-Dec returns is reported to the CCG annually to provide assurance. The 2018/19 eDEC was opened for submissions over a six week period: from Wednesday 24 October to Wednesday 5 December 2018. All GP practices were required to submit their eDEC electronically through the primary care website.	Y	<p>The joint tasks and functions schedule in respect of the management and roll out, analysis and follow up of annual E-Decs states that 'NHSE will lead and report on performance to the CCG committee annually'.</p> <p>Evidence has been provided by the Primary Care Business Manager at NHS England that e-DEC submissions are requested, received and omissions investigated, however, NHS England are not involved in the process from end to end although they liaise with the CCG.</p> <p>The Strategic Lead for Primary Care advised that although the initial update report drafted by NHS England included e-Decs, a decision was made with the Commissioning Lead not to report this to the PCCC as there were no exceptions. This will now be reported to the PCCC at the February 2020 meeting.</p>	1.1	Low

**Risk 2: Managing patient lists and registration issues (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes).**

Actual Control	Design Adequate (Y/N)	Test result and implication	Recommendation Ref	Priority
Reporting arrangements and assurances in respect of list closures, targeted list maintenance, out of area registration and special allocation schemes) are provided to the PCCC who meet not less that bi-monthly.	Y	The Strategic Lead - Primary Care has provided the NHS England Special Allocation Scheme Appeals Process Procedure and the NHS England Guidance for Out of Area Registration, however, there is no process for reporting assurance to the CCG or PCCC regarding NHSE and Capita service provisions in respect of targeted list maintenance, out of area registration and special allocation schemes.	1.2	Medium

**Risk 3: Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).**

Actual Control	Design Adequate (Y/N)	Test result and implication	Recommendation Ref	Priority
The performance of GP practices is monitored by the Primary Care Quality & Performance Sub-committee (PCQ&P), who meet bi-monthly. Where poor performance is identified, the committee escalates any concerns or issues to the Primary Care Commissioning Committee (PCCC).	Y	The PCCC receive the approved minutes from PCQ&P and PCQ&P receive the approved minutes from PCCC and any contractual issues (where necessary) were picked up in the PCCC standing item 'Primary Care Updates Reported', jointly prepared by NHS England and the CCG.  At the 29 January, 20 March 2019 and 15 May 2019 PCQ&PC meetings, it was confirmed that issues relating to three doctors and a practice	1.3	Low

Actual Control	Design Adequate (Y/N)	Test result and implication	Recommendation Ref	Priority
		<p>were monitored and action plans developed as applicable for one of the doctors.</p> <p>However, it was minuted at Part 2 of the March 2019 meeting that the doctors' action plan would be brought to the meeting on 15 May 2019, however, it was not and further examination of the minutes found that the doctor was not mentioned again. The Commissioning Lead - Quality advised that <i>'the Committee discussed the action plan where it was agreed that as the action plan related to issues that the doctor had inherited, it was not suitable for bringing to the meeting for monitoring and the action list shows the action is now closed, however, it was not formally minuted.'</i></p>		

## Appendix B - Findings Prioritisation and Assurance Definitions

<b>Findings Prioritisation</b>	
High	A fundamental weakness in the system that puts the achievement of the systems objectives at risk and / or major and consistent non-compliance with the control framework requiring management action as a matter of urgency.
Medium	A significant weakness within the system that leaves some of the systems objectives at risk and / or some non-compliance with the control framework.
Low	Minor improvement to the system could be made to improve internal control in general and engender good practice, but are not vital to the overall system of internal control.

<b>Assurance Definitions</b>	
Substantial	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
Good	Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required
Reasonable	Governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
Limited	Governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.