

**NHS South Sefton CCG NHS Southport & Formby CCG Primary Care Commissioning Committee in Common- Part 1 Agenda**

Date: **Thursday 21<sup>st</sup> May 2020 10:00-11:00am**

Venue: **Skype/Zoom due to Covid 19**

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	BP
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Dil Daly	S&F CCG Lay Member	DD
<b>Non- Voting Attendees:</b>		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Jane Elliott	SSECCG Locality Manager	JE
Richard Hampson	SSECCG Primary Care Contracts Manager	RH
Colette Page	SS SFCCG Practice Nurse Lead	CP
<b>Minutes</b>		
Jacqueline Westcott	SSECCG Senior Administrator	JW

No	Item	Lead	Report	Receive/ Approve	Time
PCCiC20/30.	Apologies for absence	Chair	V		
PCCiC20/31.	Declarations of interest regarding agenda items	All	V		
PCCiC20/32.	Minutes of the previous meeting : Date 19 <sup>th</sup> March 2020	Chair	R	A	
PCCiC20/33.	Action points from the previous meeting	Chair	R	R	
PCCiC20/34.	Report from Operational Group and Decisions made: April 2020 May 2020	AP	V	R	
PCCiC20/35.	Healthwatch Issues	DB	V	R	
PCCiC20/36.	PCN sign up 20/21	CG/KS	V	R	

No	Item	Lead	Report	Receive/Approve	Time
PCCiC20/37.	Estates	JL	V	R	
PCCiC20/38.	Out of Hours Mobilisation	AP	R	R	
PCCiC20/39.	Collaboration of Providers for Hot Sites	JL	V	R	
PCCiC20/40.	MIAA Primary Care Audit Reports	RH	R	R	
PCCiC20/41.	Key Issues log	Chair	R	R	
PCCiC20/42.	Any Other Business  <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>	Chair		A	
PCCiC20/43.	<b>Date and time of next Meeting: 16<sup>th</sup> July 2020 10.00am-11.00am</b> <b>Venue: Boardroom Merton House, Stanley Road, Bootle L20 3DL</b>				

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common**  
**Agreed (16.7.20) Minutes 21.5.2020 – Part I V2**

Date: Thursday 21<sup>st</sup> May 2020 Time 10.00-11.00am  
Venue: Skype meeting due to Covid-19 Pandemic

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Dil Daly	SF CCG Lay Member (Co Chair)	DD
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SF CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
<b>Non- Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
<b>Minutes</b>		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

**Attendance Tracker** D = Deputy    ✓ = Present    A = Apologies    N = Non-attendance  
C= Cancelled

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20
<b>Members:</b>						
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓
Martin McDowell	S&F SS CCG Chief Finance Officer	A	C	✓	C	✓
Jan Leonard	S&F CCG Director of Place (North)	✓	C	✓	C	✓
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N	C	N	C	N
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	C	✓	C	✓
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N
<b>Non- Voting Attendees:</b>						
LMC Representative		N	C	✓	C	✓
Health Watch Representative		N	C	✓	C	✓

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	
Dr Craig Gillespie	GP Clinical Representative	✓	C	✓	C	✓	
Dr Kati Scholtz	GP Clinical Representative	✓	C	✓	C	✓	
Tracy Forshaw	SS SF CCG Primary Care Quality Manager	A	C	✓	C	N	
Eshan Haqqani	SS SF CCG Interim Care Quality Manager	N	C	✓	C	✓	
Jane Elliott	SSECCG Localities Manager	N	C	N	C	✓	
Richard Hampson	SSECCG Primary Care Contracts Manager	✓	C	✓	C	✓	
No	Item						Action
PCCiC20/30	<b>Apologies for absence</b>  <b>Welcome and Introductions</b> The members of the committee introduced themselves.						
PCCiC20/31	<b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.						
PCCiC20/32	<b>Minutes of the previous meeting</b> Date 19th March 2020 was agreed as an accurate record.						
PCCiC20/33	<b>Action points from the previous meeting</b> Members reviewed the action tracker and the tracker was updated.						

	<p><b>Report from Operational Group and Decisions made</b></p> <p><u>April 2020 Key Issues:</u></p> <ul style="list-style-type: none"> <li>• A Crosby practice submitted an application to close their list for 12 months. The committee agreed that they would support the practice to close for 6 months. An action plan will be put into place to help support the practice to open fully. It was noted that the practice have applied for resilience funding from NHSE.</li> <li>• Another practice in Crosby has requested that their list closure is extended for a further 6 months. This was supported by the group.</li> <li>• It was proposed that the Primary Care Committee in Common should continue to meet via skype bi-monthly during the Covid 19 pandemic.</li> </ul> <p><u>May 2020 Key Issues:</u></p> <ul style="list-style-type: none"> <li>• Out of Hours Medical Services procurement, the delay to mobilisation (due to COVID) was discussed.</li> <li>• COVID sites reducing service provision due to reducing demand in both South Sefton, Southport and Formby CCGs.</li> <li>• PCN sign up deadline 31.5.2020</li> <li>• Enhanced care home DES and the implications for practices was discussed.</li> <li>• Asylum seekers being housed in the Scarisbrick Hotel in Southport. Approximately 109 patient's (small number of families with children). Registration at a local practice being arranged for the patients.</li> </ul>		
PCCiC20/34	<p><b>Healthwatch Feedback</b></p> <p>The Enter and View report carried out by Healthwatch has been presented to St Marks Medical Centre for review, it is a positive report. The report will be shared with the CCG when available.</p> <p>Healthwatch are currently carrying out a survey on patients experiences of Covid 19, they are working in conjunction with Cheshire Healthwatch to produce a report which will be shared with the CCG to support services going forward post Covid 19.</p> <p>Healthwatch has received a complaint regarding B12 injections and are looking into the detail of the complaint.</p> <p>Healthwatch reported a positive use of technology; however, patients with no access to technology have required increased support from the Healthwatch team.</p>		

<p>PCCiC20/35</p>	<p><b>PCN Update</b></p> <p>Feedback from practices in South Sefton is that the vast majority of practices will be signing up to the PCN DES, however with some are undecided and some will not be signing up.</p> <p>Feedback from practices in Southport &amp; Formby is that Central practices will not be signing up to the DES, North will not be signing up with the exception of Roe Lane Surgery, Ainsdale &amp; Birkdale are undecided currently, Formby very likely to sign up to the DES.</p> <p>The CCG has overall responsibility to ensure that patients receive the service specifications outlined within the PCN DES contract. For practices not participating within a PCN footprint the CCG will ask the PCN to provide coverage. For the practices in SF CCG, in North and Central Southport the CCG will look to another provider to deliver the service specifications, this could be the GP Federation and clarity is being sought from NHSE regarding this. The committee was asked to delegate sign off of PCN applications to the CCG Leadership team setting out the provision to cover practices not in a PCN. The PCN specification will become fully active from October 2020.</p> <p>The Committee asked what was happening nationally, it was reported that national collaborations are taking place with certain caveats being put in place in order to achieve the DES. Overall there remains a mixed picture on the DES nationally.</p> <p>Concerns have been raised regarding the core GMS contract as the documentation suggests changes could be made, CCG are seeking further clarity from NHSE on the wording and interpretation of the document.</p>		
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PCCiC20/36	<p><b>Estates</b></p> <p>Plans are in place to take forward different ways of working with PCNs and to identify what is required. It was acknowledged that practices will have differing ideas on what is required. CCG leads are keen to develop Out of Hospital Sefton model working on a PCN level in order to engage in estates work and transformational change, a meeting will be arranged to engage with the estates team at Liverpool CCG in order to identify Community First Model and gaps in estates within Sefton.</p>	
PCCiC20/37	<p><b>Out of Hours (OOH) Mobilisation</b></p> <p>A successful OOH procurement was completed in March 2020. The procurement was for one single contract across 7 CCG's to start in October 2020.</p> <p>There has been agreement across all 7 CCG's that mobilisation of the contract should be delayed as a consequence of the impact of the COVID 19 pandemic.</p> <p>There have been discussions with the current OOH provider for South Sefton and Southport and Formby to extend the current contract for an initial 6 month period, which will be kept under review.</p> <p>The CCG gave assurances that the commissioners recognise the impact of COVID 19 locally and nationally, and during mobilisation will work closely with the new provider to monitor the implementation of the new service model.</p>	
PCCiC20/38	<p><b>Collaboration of Providers for Hot Sites</b></p> <p>Tremendous work was acknowledged by the CCG on the mobilisation work setting up the hot sites in the current Covid 19 pandemic, the CCG worked alongside North West Boroughs, and MerseyCare in order to set the sites up in a very short space of time. The CCG Chair (SS CCG) has written to MerseyCare and North West Boroughs to express congratulations and thanks on the collaborative work, CCG chief officer wished to reinforce the exceptional work that has taken place during control and command. Thanks were also extended to LMC who have all played an important role.</p>	
PCCiC20/39	<p><b>MIAA Primary Care Audit reports</b></p> <p>MIAA audits took place for the primary care team during March 2020. The reports gave Southport and Formby full assurance and South Sefton substantial assure in the first year of delegation. Two areas highlighted below are being addressed:</p> <p>The process for informal list closures is going through LMC.</p> <p>E-declaration identified one practice opening times is 8.30am rather than 8.00am, this was due to the practice being in a health centre.</p> <p>The Committee feedback that it was pleasing to have such positive feedback.</p>	



PCCiC20/40	<p><b>Key Issues Log</b></p> <ul style="list-style-type: none"> <li>• PCN sign up</li> <li>• Estates</li> <li>• Healthwatch feedback</li> <li>• Out of Hours mobilisation</li> <li>• MIAA Report</li> </ul>	
PCCiC20/41	<p><b>Any Other Business</b></p> <p>The Committee thanked the CCG for the partnership working which has been very positive during the Covid 19 pandemic.</p> <p>FLT gave an update on the COVID situation locally and reported that additional beds in the community have been purchased in preparation of a second surge of Covid19. The CCG medicines management team have provided outstanding support to the care homes in Sefton.</p> <p>The CCG is now looking at a recovery process.</p>	
PCCiC20/42	<p><b>Date of Next Meeting:</b></p> <p>Date of Next Meeting: 16<sup>th</sup> July 2020 10.00-11.00am</p> <p><b>Venue: TBC</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b></p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

## SS SF NHSE Primary Care Commissioning Committee in Common – Part 1 Action Tracker March 2020

Item		CCG	Lead	Time
PCCiC 19/55	Healthwatch are to submit a template to the committee breaking down into localities. This is to allow comparisons to be made between practices <b>15.8.19 Update:</b> there were no representatives present today. Chase for next meeting <b>19.9.19 Update:</b> the template will be available in October 19 <b>17.10.19 Update:</b> No further update as yet <b>16.1.20 update:</b> update due in February 2020. <b>19.3.20 update:</b> item remains active	Both	DB	Aug 19
PCCiC 19/112	The Committee asked that the IT investments budget be presented to the F&R Committee. <b>16.1.20 Update:</b> F&R Committee have been asked to present IT investment budget at the next meeting. <b>19.3.20 Update:</b> item ongoing	Both	PS	Dec 19
PCCiC 19/117	Healthwatch to present the access reports for Bootle and Central Southport GP Patient survey results for Bootle and Central Southport <b>16.1.20 Update:</b> Feedback will be provided from Health Watch at the meeting scheduled for 20.2.20. <b>19.3.20 Update:</b> Item is on the agenda for today's meeting 19.3.20	Both	DB AP	Jan 20
PCCiC 20/08	The Draft PCN Service Specification December 2019 requires feedback and review from NHSE. <b>19.3.20 Update:</b> The PCN specification has been re-issued and is on the agenda for today's meeting 19.3.20	Both	SH	Feb 20

## Primary Care Commissioning Committee in Common May 2020

<b>Agenda Item:</b> 20/38	<b>Author of the Paper:</b> Angela Price Primary Care Programme Lead Angela.price@southseftonccg.nhs.uk
<b>Report date:</b> May 2020	
<b>Title:</b> Out of Hours Procurement – COVID -19 Impact on Contract Award and Mobilisation	
<p><b>Summary/Key Issues:</b> In March 2020, a procurement process across 7 Clinical Commissioning Groups (CCGs), including NHS south Sefton CCG and NHS Southport and Formby CCG, was completed to award a new single out of hours (OOH's) contract from the 1<sup>st</sup> October 2020. The new provider has been advised that they have been successful, and negotiations on contract award and mobilisation commenced. During the latter stages of the procurement process the COVID-19 outbreak began to emerge, and the effects of what is now a pandemic are significant upon the contract award and contract mobilisation.</p>	
<p><b>Recommendation</b> The Primary Care Commissioning Committee is asked to note the content of the report, decision delegated to Leadership Team and recommendation.</p>	<p>Note <input checked="" type="checkbox"/></p> <p>Approve <input type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p>

Links to Corporate Objectives ( <i>x those that apply</i> )	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG

	locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment	x			
Legal Advice Sought		x		
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees		x		

Links to National Outcomes Framework (x those that apply)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

**South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group**

## **Report to the Primary Care Commissioning Committee in Common May 2020**

### **1. COVID- 19 Impact on Out of Hours Contract Award and Mobilisation**

Following a successful procurement process completed in March 2020 which identified a new OOH's provider for NHS south Sefton CCG and NHS Southport and Formby CCG, the COVID- 19 outbreak began to emerge.

The current pandemic has a number of significant immediate and ongoing impacts upon the ability of the new provider, and CCGs to mobilise the new specification and contract:

- The new specification requires a significant increase in direct booking via NHS111, this functionality has been switched off whilst the response to COVID - 19 is managed. The current clinical system providers and technical support are similarly currently directed to the pandemic
- The new contract award required the TUPE transfer of staff, the current pandemic severely restricts, if not completely halts any opportunity for the due legal engagement and transfer processes required under TUPE to be carried out
- The 'new' operational model tendered for requires the provider to redesign certain key elements of its present operating model e.g. switch to greater NHS 111 direct booking, the establishment of satellite bases in Sefton and Warrington, alongside other changes to skill mix and operational processes. In the current pandemic climate, many of these changes are viewed as unachievable and potentially destabilising to current service provision
- The tendered price for the new service is based upon the new specification and the provider's response to that specification. The pressures of the current pandemic and any variation from the proposed new operating model are likely to have significant cost implications, over and above the tendered price.

Following the conclusion of the procurement process the CCG's began a series of discussions with the successful provider as to the impact, described above of COVID-19 and any possible mitigating strategies.

These discussions led to a number of options being considered:

- Do nothing and press ahead with the contract award and mobilisation
- Proceed with the contract award, but with a phased mobilisation
- Proceed with the contract award but suspend mobilisation to a future date

Considering all the options, the commissioning leads recommended to the seven CCGs that the contract award should proceed but that mobilisation of the contract is suspended for at least an initial six month period to the 1<sup>st</sup> April 2021 (to be reviewed after three months and any further necessary extension to be enacted, for a second six months. The current OOH's

providers across the 7 CCGs would need to be extended for an initial six month period whilst the new contract mobilisation is suspended.

This decision was delegated to Leadership Team who supported this recommendation for NHS south Sefton and NHS Southport and Formby CCGs as the only realistic option to pursue in the current COVID-19 circumstances.

This option was also supported by the 5 other CCGs involved in this procurement.

Discussions have taken place with the current OOH's provider in Sefton who have agreed to an extension of the contract until March 31<sup>st</sup> 2021 to enable a safe transition of services. Both CCGs will remain in communication with GtD to review the ongoing COVID-19 situation to establish whether a further extension would need to be enacted.

## **1. Recommendations**

The Primary Care Commissioning Committee is asked to note content of the report, decision delegated to Leadership Team, and recommendation.

**Angela Price**  
**May 2020**

# Primary Medical Care Commissioning and Contracting: Contract Oversight & Management Functions Review Final Report 2019/20

NHS Southport & Formby CCG



QD-5 Rev 1



# Contents

1. Introduction and Background
2. Objective
3. Executive Summary
4. Findings, Recommendations and Action Plan
5. Recommendations

Appendix A: Terms of Reference

Appendix B: Assurance Definitions and Risk Classifications

Appendix C: Report Distribution



## 1. Introduction and Background

NHS England (NHSE) became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen the Clinical Commissioning Groups (CCGs) invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements.

In 2017/18, 84% of CCGs had delegated commissioning arrangements (82% - £6,247.6 million – of the primary medical care budget, with the remainder being spent directly by NHSE local teams). In 2018/19 this has increased to 96% with 178 CCGs now fully delegated.

In agreement with NHSE Audit and Risk Assurance Committee, NHSE will be requiring the following from 2018/19:

**Internal audit of delegated CCGs primary medical care commissioning arrangements.** The purpose of this is to provide information to CCG's that they are discharging NHSE's statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. This document provides a framework for delegated CCG's to undertake an internal audit of their primary medical care commissioning arrangements.

The audit framework is to be delivered as a 3-4 year programme of work to ensure this scope is subject to annual audit in a managed way within existing internal audit budgets. This will focus on the following areas:

- Commissioning and procurement of services
- Contract Oversight and Management Function
- Primary Care Finance
- Governance (common to each of the areas)

For 2019/2020, the review of **Contract Oversight & Management Functions** has been undertaken. The remaining reviews will be incorporated into the planning cycle for the internal audit plan.

## 2. Objective

The overall objective was to evaluate the effectiveness of the arrangements put in place by the CCG to exercise the primary care medical care commissioning function (**Contract Oversight & Management Functions**) of NHS England as set out in the Delegation Agreement.

### 3. Executive Summary

The overall assurance rating is provided as per the NHSE guidance. A comparison of NHSE and MIAA assurance ratings is at Appendix B.

#### Full Assurance

The CCG became delegated from 1<sup>st</sup> April 2019, the review identified that the arrangements that the CCG had put in place since delegation were effective and in line with the Primary Medical Care Policy and Guidance, not all processes had been required to be used in practice yet but guidance was in place for when these situations arise.

The following provides a summary of the key themes.

Elements	Key Themes
GP Practice Opening Times and Sub Contracted Arrangements	<p>GP Practices are required to be core hours compliant which is open Monday to Friday between 8.00am and 6.30pm, as per the Local Quality Contract (LQC) in place with the CCG. The CCG monitors compliance through annual contract monitoring reviews with each practice, the contract monitoring and review spreadsheet detailed that all practices were core hours compliant. Opening times are also submitted by practices through the annual eDec, the data has recently been released to the CCG and a review is due to be undertaken shortly. MIAA review of the eDec identified that all practices had declared compliance with core hours.</p> <p>The CCG sub-contract through their 7 day access provider, to contract physiotherapy provision. Arrangements are reviewed through quarterly contract review meetings, meeting minutes were in place to confirm this.</p>
Managing Patient Lists and Registration Issues	<p>Rolling list maintenance is monitored through the CCG via addition to the CCG's Local Quality Contract (LQC), extract provided which is in line with the Primary Care Policy and Guidance Manual. This will be included within the new contracts moving forward into 2020/21. It was identified that the Primary Care Support England undertake list maintenance on behalf of the CCG and the CCG do not undertake their own rolling list maintenance. However, the CCG are also discussing this through contract monitoring reviews, where they are putting onus onto</p>

Elements	Key Themes
	<p>practices to ensure they are regularly reviewing their patient lists and the CCG are currently undertaking their first annual contract review meetings with practices since delegation.</p> <p>Weekly individual practice figures are also collated which list patient additions, removals and variance in practice list size. This process has been established for some years and is standard practice for practices across both CCG's.</p> <p>The CCG doesn't have a patient communication strategy in place for increasing patient awareness of list maintenance exercise, we were advised that practices are reminded of the need to communicate with the patients in regards to responding to the list maintenance.</p> <p>The CCG has developed a comprehensive list closure application process for both formal applications and informal closures to support practices. The List Closure SOP for Formal Applications that the CCG are currently using was developed by the Primary Care Contract Manager whilst working at NHSE, this should be updated to reflect the CCG now having delegated responsibility (<b>Low – Recommendation 1</b>). The Informal List Closure Process has recently been developed and requires LMC approval – this should be approved and finalised (<b>Low – Recommendation 1</b>).</p> <p>The CCG has had 1 formal list closure approved during 19/20, supporting documents were obtained to confirm the process undertaken by the CCG in regards to the list closure. All elements of the process were found to be in line with NHS Guidelines.</p> <p>Practices are free to register patients who live outside the practice boundary providing they follow the guidance as set out in the Primary Care Policy and Guidance Manual.</p> <p>For those practices that are signed up to the Direct Enhanced Services Out of Area Scheme, guidance has been created and issued to practices so they understand what is expected when signing up to the scheme. A report went to the Primary Care Team in July 2019 detailing a breakdown of the provision of enhanced services across the CCG.</p>

Elements	Key Themes
	<p>There is a process flow which details the steps to be taken when a patient gets in touch with a practice to access primary medical care. This signposts the patient to 111 if unable to provide necessary services and they will be signposted to a practice signed up to Out of Area Direct Enhanced Services.</p> <p>A boundary change application tracker is also in effect which supports the CCG with the boundary change process, there has been 1 application for the CCG during 2019/20. Supporting documentation was obtained to confirm the CCG's process for reviewing and approving the application.</p> <p>The CCG has one provider who provides the Special Allocations Scheme. The CCG have recently identified that a more in-depth document is needed to be agreed on an annual basis with SAS providers and this is currently being drawn up to go live in April ready for the new financial and contracting year.</p> <p>The CCG also has 6 month reviews with the provider who provides the scheme to ensure they are commissioning a robust SAS scheme in line with the Policy and Guidance Manual.</p> <p>The CCG also has an appeal process which it uses should an appeal be received. All correspondents are recorded and follow the process outlined in the Policy and Guidance Manual. An example of an appeal was provided.</p> <p>The CCG in collaboration, also works with the provider to manage the rolling list of patients currently assigned on the SAS scheme, a screenshot of this document was provided.</p>
Contract review of Practices	<p>The CCG have recently created a Primary Care Quality Dashboard in collaboration with the Business Intelligence team that will use a set amount of indicators and measures to detect whether a practice is in need of support and CCG intervention. The dashboard compares live practice data to CCG and national benchmarks to identify poorer performing practices. The CCG will then use this data to decide which providers need support in a proactive approach. The data is collected from various sources including Aristotle, Finger Tips and NHS Digital data.</p>

Elements	Key Themes
	<p>The CCG have provided us with what has been developed to date, this will go through the approval processes and will hopefully be in use for the new financial year.</p> <p>The CCG uses various monitoring metrics to identify where a practice needs a contract monitoring review. These include information from CQC visits and information gathered through the Primary Care Quality Dashboard.</p> <p>The CCG also uses the Contract Monitoring and Review tracker to keep track of up and coming reviews. Review of the Contract Monitoring log identified that there have been 2 contract reviews for practices across the CCG, all the practices have a month date of when their contract review will take, with all practices to be visited during 2020.</p> <p>The status of Directed Enhanced Services (DES) sign up also form part of the CCG contract monitoring process. Discussion identified that the CCG has a plan to annually verify a sample of practices, this will entail a random selection of practices chosen who will be asked to take screen shots of their clinical systems and compare them against the quarterly claim forms submitted. Currently, DES figures go back to NHS England which was agreed during the delegation process after the CCG receive the claim forms. As of 1st April 2020 the CCG will be providing assurance that the figures submitted by practices are accurate through the means described.</p>
Management of poorly performing GP practices	<p>The CCG is in regular discourse with the areas CQC inspector. Monthly catch up calls take place where practice inspections are discussed to share local intelligence.</p> <p>As well as this the CCG has a rigid structure in place following on from an inspection of a practice.</p> <p>The CCG's have a CQC log where any inspections during 2019/20 have been included on the log. There have not been any CQC visits with a 'Requires Improvement' rating for the CCGs practices and so no action plans have currently been required.</p>

Elements	Key Themes
Practice Mergers and Closures	<p>The CCG has developed a practice merger guide and process and is supportive of any practice who wishes to explore the possibility of a merger. The CCG hasn't had any merger requests since delegation.</p> <p>The CCG have not had any closure applications since delegation.</p>

#### 4. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Core Elements	Critical	High	Medium	Low	Total
GP Practice Opening Times and Sub Contracted Arrangements	0	0	0	0	0
Managing Patient Lists and Registration Issues	0	0	0	1	1
Contract review of Practices	0	0	0	0	0
Management of Poorly Performing GP Practices	0	0	0	0	0
Practice Mergers and Closures	0	0	0	0	0

Recommendations are set out below in Section 5.

## 5. Recommendations

Managing Patient Lists and Registration Issues	
1. List Closure SOP and Informal Process	Risk Rating: LOW
<p>Operating Effectiveness</p> <p><b>Issue Identified</b> – This CCG has developed a comprehensive list closure application process for both formal applications and informal closures to support practices. The List Closure SOP for Formal Applications that the CCG are currently using was developed by the Primary Care Contract Manager whilst working at NHSE, this should be updated to reflect the CCG now having delegated responsibility. The Informal List Closure Process has recently been developed and requires LMC approval – this should be approved and finalised.</p> <p><b>Specific Risk</b> – SOP may not reflect the CCGs processes and groups.</p> <p><b>Recommendation</b> – The List Closure SOP for Formal Applications should be updated from the NHSE SOP to reflect CCG processes and groups. Once updated, the SOP should go through the required approval process.</p> <p>The Informal List Closure Process should be approved and finalised.</p> <p><b>Management Response (Remedial Action Agreed)</b> – The list closure SOP will be amended to reflect the CCG processes in line with the Primary Care Policy and Guidance Manual. This will then go to Joint Operational Group for approval. The informal list closure process will be added to the next LMC agenda for discussion and approval.</p> <p><b>Responsibility for Action</b> – Richard Hampson – Primary Care Contracts Manager</p> <p><b>Deadline for Action</b> – 01/08/2020</p>	

### Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.



## Appendix A: Terms of Reference

The overall objective was to evaluate the effectiveness of the arrangements put in place by the CCG to exercise the primary care medical care commissioning function (**Contract Oversight & Management Functions**) of NHS England as set out in the Delegation Agreement.

### Limitations inherent to the internal auditor's work

We have undertaken the review subject to the following limitations.

#### Internal control

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#### Future periods

The assessment is that at March 2020. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or

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It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal

audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

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## Appendix B: Assurance Definitions and Risk Classifications

MIAA Definitions		NHSE Definitions	
Level of Assurance	Description	Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	Full	The controls in place adequately address the risks to the successful achievement of objectives; and, The controls tested are operating effectively.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	Substantial	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or, One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.	Limited	The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or, A number of controls tested are not operating effectively, resulting in exposure to a high level of risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.	No	The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or, The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.		

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation’s objectives in relation to: <ul style="list-style-type: none"> <li>• the efficient and effective use of resources</li> <li>• the safeguarding of assets</li> <li>• the preparation of reliable financial and operational information</li> <li>• compliance with laws and regulations.</li> </ul>
High	Control weakness that has or could have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>• has a low impact on the achievement of the key system, function or process objectives;</li> <li>• has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

## Appendix C: Report Distribution

Name	Title	Report Distribution
Martin McDowell	Chief Finance Officer	Draft & Final
Jan Leonard	Chief Commissioning and Redesign Officer	Draft & Final
Alison Ormrod	Deputy Chief Finance Officer	Draft & Final
Debbie Fairclough	Interim Programme Lead – Corporate Services	Draft & Final
Angela Price	Programme Lead – Primary Care	Draft & Final
Richard Hampson	Primary Care Contracts Manager	Draft & Final

## Review prepared on behalf of MIAA by

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## Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director.

MIAA would be grateful if you could complete a short survey using the link below to provide us with valuable feedback to support us in continuing to provide the best service to you. [https://www.surveymonkey.com/r/MIAA\\_Client\\_Feedback\\_Survey](https://www.surveymonkey.com/r/MIAA_Client_Feedback_Survey)

# Primary Medical Care Commissioning and Contracting: Contract Oversight & Management Functions Review

## Final Report 2019/20

NHS South Sefton CCG



QD-5 Rev 1



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3. Executive Summary
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## 1. Introduction and Background

NHS England (NHSE) became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen the Clinical Commissioning Groups (CCGs) invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements.

In 2017/18, 84% of CCGs had delegated commissioning arrangements (82% - £6,247.6 million – of the primary medical care budget, with the remainder being spent directly by NHSE local teams). In 2018/19 this has increased to 96% with 178 CCGs now fully delegated.

In agreement with NHSE Audit and Risk Assurance Committee, NHSE will be requiring the following from 2018/19:

**Internal audit of delegated CCGs primary medical care commissioning arrangements.** The purpose of this is to provide information to CCG's that they are discharging NHSE's statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. This document provides a framework for delegated CCG's to undertake an internal audit of their primary medical care commissioning arrangements.

The audit framework is to be delivered as a 3-4 year programme of work to ensure this scope is subject to annual audit in a managed way within existing internal audit budgets. This will focus on the following areas:

- Commissioning and procurement of services
- Contract Oversight and Management Function
- Primary Care Finance
- Governance (common to each of the areas)

For 2019/2020, the review of **Contract Oversight & Management Functions** has been undertaken. The remaining reviews will be incorporated into the planning cycle for the internal audit plan.

## 2. Objective

The overall objective was to evaluate the effectiveness of the arrangements put in place by the CCG to exercise the primary care medical care commissioning function (**Contract Oversight & Management Functions**) of NHS England as set out in the Delegation Agreement.

### 3. Executive Summary

The overall assurance rating is provided as per the NHSE guidance. A comparison of NHSE and MIAA assurance ratings is at Appendix B.

#### Substantial Assurance

The CCG became delegated from 1<sup>st</sup> April 2019, the review identified that the arrangements that the CCG had put in place since delegation were effective and in line with the Primary Medical Care Policy and Guidance, not all processes had been required to be used in practice yet but guidance was in place for when these situations arise. However, they could be improved by ensuring proactive monitoring to ensure practices are core hours compliant and list closure processes are undertaken in a timely manner.

The following provides a summary of the key themes.

Elements	Key Themes
GP Practice Opening Times and Sub Contracted Arrangements	<p>GP Practices are required to be core hours compliant which is open Monday to Friday between 8.00am and 6.30pm, as per the Local Quality Contract (LQC) in place with the CCG. The CCG monitors compliance through annual contract monitoring reviews with each practice, the contract monitoring and review spreadsheet detailed that all practices were core hours compliant. Opening times are also submitted by practices through the annual eDec, the data has recently been released to the CCG and a review is due to be undertaken shortly. MIAA review of the eDec identified 1 practice who had declared their opening time at 8.30am and so was not core hours compliant (<b>Medium - Recommendation 1</b>). Discussion identified that once the eDec review has taken place and contract monitoring log updated, issues will be raised at the Joint Operational Group (JOG) and the practice director. Review of the practice website identified that this detailed opening hours as 8.00am – 6.30pm, the CCG should enquire with the practice to identify correct opening hours and compliance.</p> <p>2 practices had not met the deadline for the eDec submission and so the CCG were in the process of identifying how to obtain the eDec data.</p>

Elements	Key Themes
	<p>The CCG sub-contract through their 7 day access provider, to contract physiotherapy provision. Arrangements are reviewed through quarterly contract review meetings, meeting minutes were in place to confirm this.</p>
<p>Managing Patient Lists and Registration Issues</p>	<p>Rolling list maintenance is monitored through the CCG via addition to the CCG's Local Quality Contract (LQC), an extract was provided which is in line with the Primary Care Policy and Guidance Manual. This will be included within the new contracts moving forward into 2020/21. It was identified that the Primary Care Support England undertake list maintenance on behalf of the CCG and the CCG do not undertake their own rolling list maintenance. However, the CCG are also discussing this through contract monitoring reviews, where they are putting onus onto practices to ensure they are regularly reviewing their patient lists and the CCG are currently undertaking their first annual contract review meetings with practices since delegation.</p> <p>Weekly individual practice figures are also collated which list patient additions, removals and variance in practice list size. This process has been established for some years and is standard practice for practices across both CCG's.</p> <p>The CCG doesn't have a patient communication strategy in place for increasing patient awareness of list maintenance exercise, we were advised that practices are reminded of the need to communicate with the patients in regards to responding to the list maintenance.</p> <p>The CCG has developed a comprehensive list closure application process for both formal applications and informal closures to support practices. The List Closure SOP for Formal Applications that the CCG are currently using was developed by the Primary Care Contract Manager whilst working at NHSE, this should be updated to reflect the CCG now having delegated responsibility (<b>Low – Recommendation 3</b>). The Informal List Closure Process has recently been developed and requires LMC approval – this should be approved and finalised (<b>Low – Recommendation 3</b>).</p> <p>The CCG has had 1 formal list closure approved during 19/20, supporting documents were obtained to confirm the process undertaken by the CCG in regards to the list closure. The</p>

Elements	Key Themes
	<p>decision to approve the list closure was not made within the 21 days from when the application was received by the CCG, in line with the Primary Medical Care Policy &amp; Guidance <b>(Medium – Recommendation 2)</b>.</p> <p>Practices are free to register patients who live outside the practice boundary providing they follow the guidance as set out in the Primary Care Policy and Guidance Manual.</p> <p>For those practices that are signed up to the Direct Enhanced Services Out of Area Scheme, guidance has been created and issued to practices so they understand what is expected when signing up to the scheme. A report went to the Primary Care Team in July 2019 detailing a breakdown of the provision of enhanced services across the CCG.</p> <p>There is a process flow which details the steps to be taken when a patient gets in touch with a practice to access primary medical care. This signposts the patient to 111 if unable to provide necessary services and they will be signposted to a practice signed up to Out of Area Direct Enhanced Services.</p> <p>A boundary change application tracker is also in effect which supports the CCG with the boundary change process, there have been no applications for the CCG during 2019/20.</p> <p>The CCG has one provider who provides the Special Allocations Scheme. The CCG have recently identified that a more in-depth document is needed to be agreed on an annual basis with SAS providers and this is currently being drawn up to go live in April ready for the new financial and contracting year.</p> <p>The CCG also has 6 month reviews with the provider who provides the scheme to ensure they are commissioning a robust SAS scheme in line with the Policy and Guidance Manual.</p> <p>The CCG also has an appeal process which it uses should an appeal be received. All correspondents are recorded and follow the process outlined in the Policy and Guidance Manual. An example of an appeal was provided.</p>

Elements	Key Themes
	<p>The CCG, in collaboration, also works with the provider to manage the rolling list of patients current assigned on the SAS scheme, a screenshot of this document was provided.</p>
<p>Contract review of Practices</p>	<p>The CCG have recently created a Primary Care Quality Dashboard in collaboration with the Business Intelligence team that will use a set amount of indicators and measures to detect whether a practice is in need of support and CCG intervention. The dashboard compares live practice data to CCG and national benchmarks to identify poorer performing practices. The CCG will then use this data to decide which providers need support in a proactive approach. The data is collected from various sources including Aristotle, Finger Tips and NHS Digital data. The CCG have provided us with what has been developed to date, this will go through the approval processes and will hopefully be in use for the new financial year.</p> <p>The CCG uses various monitoring metrics to identify where a practice needs a contract monitoring review. These include information from CQC visits and information gathered through the Primary Care Quality Dashboard.</p> <p>The CCG also uses the Contract Monitoring and Review tracker to keep track of up and coming reviews. Review of the Contract Monitoring log identified that there have been 2 contract reviews for practices across the CCG, all the practices have a month date of when their contract review will take, with all practices to be visited during 2020.</p> <p>The status of Directed Enhanced Services (DES) sign up also form part of the CCG contract monitoring process. Discussion identified that the CCG has a plan to annually verify a sample of practices, this will entail a random selection of practices chosen who will be asked to take screen shots of their clinical systems and compare them against the quarterly claim forms submitted. Currently, DES figures go back to NHS England which was agreed during the delegation process after the CCG receive the claim forms. As of 1st April 2020 the CCG will be providing assurance that the figures submitted by practices are accurate through the means described.</p>

Elements	Key Themes
Management of poorly performing GP practices	<p>The CCG is in regular discourse with the areas CQC inspector. Monthly catch up calls take place where practice inspections are discussed to share local intelligence.</p> <p>As well as this the CCG has a rigid structure in place following on from an inspection of a practice.</p> <p>The CCG has a CQC log where any inspections during 2019/20 have been included on the log. There has been 1 practice with a 'Requires Improvement' rating, we could confirm that an action plan has been provided to the practice in line with the CQC inspection and a meeting is scheduled in to discuss this. This was also discussed in a recent JOG meeting.</p>
Practice Mergers and Closures	<p>The CCG has developed a practice merger guide and process and is supportive of any practice who wishes to explore the possibility of a merger. The CCG have only one merger in process since delegation. This was discussed at JOG and rejected as the practice wanted to merge a GMS into PMS contract, so the recommendation was that they should apply to merge PMS to GMS and new application submitted, this has recently just been received and so the full merger process will take place in due course.</p> <p>The CCG recommends that patient engagement happens as outlined in the CCG's merger process but with no patients getting affected due to the merger there was no real patient engagement during this as such.</p> <p>The CCG have not had any closure applications since delegation.</p>

#### 4. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Core Elements	Critical	High	Medium	Low	Total
GP Practice Opening Times and Sub Contracted Arrangements	0	0	1	0	1
Managing Patient Lists and Registration Issues	0	0	1	1	2
Contract review of Practices	0	0	0	0	0
Management of Poorly Performing GP Practices	0	0	0	0	0
Practice Mergers and Closures	0	0	0	0	0

Recommendations are set out below in Section 5.

## 5. Recommendations

GP Practice Opening Times and Sub Contracted Arrangements	
1. Core Hours Compliance	Risk Rating: MEDIUM
<p>Operating Effectiveness</p> <p><b>Issue Identified</b> – GP Practices are required to be core hours compliant which is open Monday to Friday between 8.00am and 6.30pm, as per the Local Quality Contract (LQC) in place with the CCG.</p> <p>MIAA review of the eDec identified 1 practice who had declared their opening time at 8.30am and so was not core hours compliant. Discussion identified that once the eDec review has taken place and contract monitoring log updated, issues will be raised at the Joint Operational Group (JOG) and the practice director. Review of the practice website identified that this detailed opening hours as 8.00am – 6.30pm.</p> <p><b>Specific Risk</b> – Patients may not be able to contract their practice during contracted core hours.</p> <p><b>Recommendation</b> – The CCG should look into the practice to identify correct opening hours and compliance and take further action if required to ensure compliance.</p> <p><b>Management Response (Remedial Action Agreed)</b> – The results of the eDec will be discussed at the next Joint Operational Group meeting and the CCG will reach out to practice to ensure they are core hour compliant and confirm they are open during core hours. This will also be noted on the contract monitoring tracker to be raised at the practices next review.</p> <p><b>Responsibility for Action</b> – Richard Hampson – Primary Care Contracts Manager</p> <p><b>Deadline for Action</b> – 01/08/2020</p>	
Managing Patient Lists and Registration Issues	



<b>2. List Closure Application Process</b>	<b>Risk Rating: MEDIUM</b>
<p>Operating Effectiveness</p> <p><b>Issue Identified</b> – The CCG has had 1 formal list closure approved during 19/20, supporting documents were obtained to confirm the process undertaken by the CCG in regards to the list closure. The decision to approve the list closure was not made within the 21 days from when the application was received by the CCG, in line with the Primary Medical Care Policy &amp; Guidance.</p> <p><b>Specific Risk</b> – Non-compliance with the Primary Medical Care Policy &amp; Guidance leading to delays in the list closure for practices.</p> <p><b>Recommendation</b> – The CCG should ensure that it follows the policy &amp; guidance to ensure that decisions are made within a period of 21 days from the date of receipt of the list closure application. If this timeframe cannot be met, evidence should be retained of the agreement from both parties for a longer decision period.</p> <p><b>Management Response (Remedial Action Agreed)</b> – The SOP will be revised and the timeframe to which decisions have to be made (21 days) will be included to ensure all staff are aware of the importance of the deadline. Actual deadline date will also be included on the closed list tracker to ensure we are always aware we are working towards that targeted date. Any delays which could result in the deadline date getting missed should be agreed by both parties involved and documented appropriately. This will also be added into the list closure SOP.</p> <p><b>Responsibility for Action</b> – Richard Hampson – Primary Care Contracts Manager</p> <p><b>Deadline for Action</b> – 01/08/2020</p>	

<b>Managing Patient Lists and Registration Issues</b>	
<b>3. List Closure SOP and Informal Process</b>	<b>Risk Rating: LOW</b>
<p>Operating Effectiveness</p> <p><b>Issue Identified</b> – The CCG has developed a comprehensive list closure application process for both formal applications and informal closures to support practices. The List Closure SOP for Formal Applications that the CCG are currently using was developed by the</p>	

Primary Care Contract Manager whilst working at NHSE, this should be updated to reflect the CCG now having delegated responsibility. The Informal List Closure Process has recently been developed and requires LMC approval – this should be approved and finalised.

**Specific Risk** – SOP may not reflect the CCGs processes and groups.

**Recommendation** – The List Closure SOP for Formal Applications should be updated from the NHSE SOP to reflect CCG processes and groups. Once updated, the SOP should go through the required approval process.

The Informal List Closure Process should be approved and finalised.

**Management Response (Remedial Action Agreed)** – The list closure SOP will be amended to reflect the CCG processes in line with the Primary Care Policy and Guidance Manual. This will then go to Joint Operational Group for approval. The informal list closure process will be added to the next LMC agenda for discussion and approval.

**Responsibility for Action** – Richard Hampson – Primary Care Contracts Manager

**Deadline for Action** – 01/08/2020

## Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.

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No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.		

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation’s objectives in relation to: <ul style="list-style-type: none"> <li>• the efficient and effective use of resources</li> <li>• the safeguarding of assets</li> <li>• the preparation of reliable financial and operational information</li> <li>• compliance with laws and regulations.</li> </ul>
High	Control weakness that has or could have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>• has a low impact on the achievement of the key system, function or process objectives;</li> <li>• has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
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Angela Price	Programme Lead – Primary Care	Draft & Final
Richard Hampson	Primary Care Contracts Manager	Draft & Final

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MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director.

MIAA would be grateful if you could complete a short survey using the link below to provide us with valuable feedback to support us in continuing to provide the best service to you. [https://www.surveymonkey.com/r/MIAA\\_Client\\_Feedback\\_Survey](https://www.surveymonkey.com/r/MIAA_Client_Feedback_Survey)



# Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

South Sefton Primary Care Joint Operational Group, Thursday 9<sup>th</sup> April 2020

Chair:  
Jan Leonard

## Key Issues to report back to the Primary Care Commissioning Committee in Common

- 42 Kingsway submitted an application to close their list for 12 months. The committee agreed that they would support the practice to close for 6 months. An action plan will be put into place to help support the practice to open full. It was noted that the practice have applied for some resilience funding.
- Blundellsands Surgery has requested that their list closure is extended for a further 6 months. This was supported by the group.
- It was proposed that the Primary Care Committee in Common should continue bi-monthly during the pandemic.

# Key Issues Reporting to Primary Care Commissioning Committee in Common



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

South Sefton Primary Care Joint Operational Group, Thursday 14<sup>th</sup> May 2020

Chair:  
Jan Leonard

## Key Issues to report back to the Primary Care Commissioning Committee in Common

Due to technical difficulties JL will provide the group with a verbal update of the Key Issues.