

Primary Medical Care Commissioning and Contracting:

Internal Audit Framework for delegated Clinical Commissioning Groups



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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and,
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Author	Primary Care Commissioning, NHS England
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Target Audience	CCG Clinical Leaders, CCG Accountable Officers, NHS England Directors of Commissioning Operations, CCG Audit Chairs
Additional Circulation List	
Description	This document provides a framework for delegated Clinical Commissioning Groups (CCGs) to undertake an internal audit of their primary medical care commissioning. The purpose of this is to provide information to CCGs that they are discharging NHS England's statutory functions effectively, and in turn to provide aggregate assurance to NHS England and facilitate improvement.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	Delegated CCGs to commence internal audit programme of primary medical care commissioning in line with framework detailed
Timing / Deadlines (if applicable)	Audit findings to be reported to NHS England within 1 calendar month of completion (sign off)
Contact Details for further information	Primary Care Commissioning Quarry House Quarry Hill Leeds LS2 7UE. (0113) 825 4164 england.primarycareops@nhs.net

Document Status

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Introduction

1. This document provides the framework for delegated Clinical Commissioning Groups (CCGs) undertaking internal audit of their primary medical care commissioning arrangements from 2018/19.

Background

2. NHS England 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 CCGs invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements.
3. In 2017/18, 84 per cent of CCGs had delegated commissioning arrangements (82 per cent - £6,247.6 million – of the primary medical care budget, with the remainder being spent directly by NHS England local teams). In 2018/19 this has increased to 96 per cent with 178 CCGs now fully delegated.
4. Where NHS England delegates its functions to CCGs, it still retains overall responsibility and liability for these and is responsible for obtaining assurances that its functions are being discharged effectively.

Context

5. While NHS England's CCG Improvement and Assessment Framework reports CCG performance in key areas, including primary care, it does not provide specific assurance on the management of delegated primary medical care commissioning arrangements.
6. In agreement with the NHS England Audit and Risk Assurance Committee, we will be requiring the following from 2018/19:
 - a. **Reported self-assessment of compliance with published primary medical care policies from each lead commissioner** (NHS England local team or delegated CCG). This is being managed through the annual Primary Care Activity Report collection¹.
 - b. **Report published by each delegated CCG covering the outcomes achieved** through their delegated responsibilities and the way in which

¹ The collection seeks to identify any known exceptions of non-compliance against key primary medical care policies. Feedback, in addition to supporting oversight and assurance, will support ongoing central review of primary medical care policies and the design of support for local commissioners. With a new Primary Medical Care Policy and Guidance Manual published (November 2017) local commissioners are also asked to confirm their operating procedures have been updated accordingly to reflect these.

Further details on the collection are available here: <https://www.england.nhs.uk/publication/2017-18-primary-care-commissioning-activity-report/>

A copy of the new Primary Medical Care Policy and Guidance Manual is available here: <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

assurances have been gained locally, particularly where innovative approaches are taken. This is to be accommodated through amendment of the CCG annual governance statement template².

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

7. This document focuses solely on the internal audit requirement and provides the framework to support NHS England and CCGs in this regard. The scope of this audit framework has been discussed and developed with key stakeholders including the CCG audit chair network.

Internal Audit of Primary Medical Care Commissioning and Contracting

8. The Delegation Agreement entered into between NHS England and CCGs sets out the terms and conditions on how delegated primary medical care functions are to be exercised. The scope of this audit framework is designed around this by mirroring these functions through the natural commissioning cycle:
 - Commissioning and procurement of services
 - Contract Oversight and Management Functions
 - Primary Care Finance
 - Governance (common to each of the above areas)
9. 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 and within existing internal audit budgets.
10. It is recognised that CCGs annual audit plans for 2018/19 may have been settled on in advance of notification for including delegated primary medical care and the subsequent publication of this framework. Where no provision has been made for a primary medical services audit in 2018/19 delegated CCGs should review their plans to accommodate this.
11. Where 2018/19 plans cannot be changed (for example, to proceed would mean displacing planned audit areas identified as greater risk or funding for additional audit days cannot be prioritised) delegated CCGs should ensure this audit is included in their 2019/20 audit plans at the very latest. To implement the framework CCGs will need to plan and undertake a series of internal audits to ensure all areas in scope of this framework are audited by March 2021. If commencing with audit plans from 2019/20, this audit framework must be completed by March 2022.

² Further details expected to be published July 2018.

12. Follow-up audits for areas of no assurance will need to be planned for in addition.
13. Delegated CCGs who conducted an audit of their primary medical care commissioning arrangements in 2017/18 may count this towards their implementation of this framework providing the audit and its objectives are clearly in scope of this framework and the outcome is [retrospectively] reported in line with this framework. Earlier audits will be able to be used to ensure audits under this framework are effectively targeted.
14. This framework will provide a comprehensive baseline for assurance of delegated CCGs primary medical care commissioning and provide the basis for moving to a more risk-based approach in future years.
15. The outcome of each annual audit will be reported to the CCG Audit Committee. The CCG Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) should have a lead role in discussing and agreeing the report. The outcome will be reported in the CCG's annual report and governance statement. The subsequent report and management actions will also need to be discussed with NHS England local team³ as appropriate (see 'Reporting' section).
16. CCGs should tailor their approach to take account of the findings from any previous or related audit work, and make use of local assessment of risk to determine appropriate focus within the scope of work detailed.
17. Where a CCGs staffing model for delegated commissioning relies on NHS England assignment (where NHS England staff remain in their current roles and locations and provide services to the CCG under service level agreement) CCGs will need to discuss and agree the scope their audit with NHS England.
18. For further information or any queries on the audit, please contact:
england.primarycareops@nhs.net

³ This framework does not seek to pre-empt the outcome of new operating model which will emerge under the 7 new regional geographies following next steps on NHS England and NHS Improvement closer working. References to NHS England local teams are a reference to the current model which support function of primary care commissioning (DCO, Heads of Primary Care, Primary Care Teams etc).

Audit Framework

Objective of the audit framework

19. The overall objective of this audit framework is to evaluate the effectiveness of the arrangements put in place by CCGs to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement.

Scope of the primary medical services audit framework

20. This section sets out the key components in **scope** of the primary medical services audit framework and provides *guidance* under each component on the areas to be covered.

21. Given the breadth of areas under scope, delegated CCGs will need to ensure the focus and objectives of each annual audit is proportionate to- and targeted by- their local assessment of risks (risk registers, past audits etc.). There is no requirement to follow the scope in the order that is presented here.

22. Excluded from scope is the management of conflicts of interests which is subject to its own internal audit framework, including governance through the Primary Care Commissioning Committee.

23. The following is in scope of the primary medical services audit framework:

a. Commissioning and procurement of primary medical services;

- i. planning the provision of primary medical care services in the area, including carrying out needs assessments and consulting with the public and other relevant agencies as necessary*
- ii. the processes adopted in the procurement of primary medical care services, including decisions to extend existing contracts*
- iii. the involvement of patients / public in those commissioning and procurement decisions*
- iv. the effective commissioning of Directed Enhanced Services and any Local Incentive Schemes (including the design of such schemes)*
- v. commissioning response to urgent GP practice closures or disruption to service provision*

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*

c. Primary Care Finance

- i. *Overall management and the reporting of delegated funds – processes for forecasting, monitoring and reporting*
- ii. *Review of financial controls and processes for approving payments to practices*
- iii. *Review of compliance with coding guidance on a sample basis*
- iv. *Processes to approve and decisions regarding ‘discretionary’ payments (e.g. Section 96 funding arrangements, Local Incentive Schemes)*
- v. *Implementation of the Premises Costs Directions*

d. Governance

- i. *Operation and oversight of the Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) in regard to the points a-c above (but not in relation to the management of Conflicts of Interest)*

24. As a general guide, delegated CCGs annual audit will want to consider whether:

- a. Relevant policies, procedures and guidance have been authorised, and communicated to relevant personnel.
- b. Local processes established by the CCG are aligned to NHS England policies and guidance e.g. Primary Medical Care Policy and Guidance Manual.
- c. Roles and responsibilities for activities have been clearly defined.
- d. Processes are in place to confirm compliance with policies and procedures.
- e. Documentation is retained, including records of decisions. There is evidence to show decisions were exercised in accordance with NHS England’s statutory duties, for example:
 - i. Equality and Health Inequalities duties
 - 1. Equality Act 2010

2. NHS Act 2006, as amended in Health and Social Care Act 2012 – duty to address health inequalities in relation to access, and outcomes.

ii. Other non-equality and health inequalities related duties

1. The "Regard Duties"
2. The "View To Duties"
3. The "Promote Duties"
4. The "Involvement Duty"
5. Duty to act fairly & reasonably
6. Duty to "obtain appropriate advice"
7. Duty to exercise functions effectively
8. Duty not to prefer one type of provider

Guidance for NHS Commissioners on Equality and Health Inequalities Duties

<https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

EDS2 is a generic system designed for both NHS commissioners and NHS providers to improve on their equality performance as an organisation.

<https://www.england.nhs.uk/about/equality/equality-hub/eds/>

Further details on how these apply (and therefore evidence to be illustrated) are set out in the Primary Medical Services Policy and Guidance Manual available here:

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

- f. With specific relation to decisions impacting GP practices registered population (e.g. mergers / closures / relocations) the CCG undertakes all necessary involvement and consultation, and keeps clear records thereof. The consultation undertaken is appropriate and proportionate in the circumstances of each case and should include consulting with the Local Medical Committee and affected patients. Consultation with patients / the public follows statutory guidance available here:

<https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/>

- g. The CCG has considered its obligations in relation to procurement (e.g. The NHS (Procurement, Patient Choice and Competition) Regulations 2013, Public Contracts Regulations 2015) where appropriate.

25. Whilst planning and performing the primary medical services audit, auditors should consider coverage of any previous internal audit work undertaken and any

additional areas of risk to be included (e.g. workforce/operating model with NHS England and/or other CCGs);

Audit Approach

26. The CCG should ensure that their internal audit work is performed according to UK Public Sector Internal Audit Standards (PSIAS).

Reporting

27. A report should be produced detailing the observations identified from the annual audit, the recommendations required to ensure the appropriate delivery of the delegated functions and the agreed management actions (including responsible owners and timeframes for implementation).

28. For each annual audit, auditors for delegated CCGs should assign an overall assurance rating of either Full, Substantial, Limited or No assurance. Appendix A provides further guidance on definitions to ensure there is national consistency in reporting assurance ratings. It is recognised CCGs will have their own assurance ratings and definitions and may want to continue to use these to support local management. Where this is the case CCGs' internal auditors should nevertheless also include recommendations on conversion of the local rating to the overall ratings to be reported to NHS England (Full, Substantial, Limited or No assurance).

29. The assurance rating of all primary medical services annual audits will be included in the CCG's annual report and governance statement and discussed at a Governing Body meeting in public.

30. All audits reporting "No-assurance" or "Limited-assurance" must be shared and discussed with the NHS England local team to review how NHS England can support improvement. Again, recognising the different operating (workforce) models that may apply in the delivery of delegated commissioning by CCGs, the NHS England local teams may need to make a clear distinction in how it manages this review to support improvement (i.e. where the regional local team is engaged directly in delivery of the delegated function and where this oversight/ assurance and support for improvement takes place).

31. NHS England will also collate assurance ratings from delegated CCGs and report these annually to its relevant committees to ensure there is national oversight on assurance of its delegated functions.

32. To ensure the timely reporting to NHS England as above delegated CCGs should complete the reporting template at Appendix B and return to england.primarycareops@nhs.net within 1 month of the date of a final report for each annual audit.

33. As part of this reporting process NHS England will also ensure learning from annual audit reports is maximised. NHS England will produce (on at least an annual basis) a report to showcase best practice and highlight the common

themes and risks being encountered within scope of the audit framework which jeopardise effective commissioning of primary medical services. Delegated CCGs will want to use this information to inform their future audit plans and support management action to improve.

Audit approach for 2019/20 onwards

34. For future internal primary medical services audits, CCGs should tailor their audit approach subject to the severity and volume of the observations identified as a result of their first internal audit. The CCG will want to consider if significant issues were identified (e.g. “no” or “limited” assurance rating) make allowance for any future re-audit whilst also progressing outstanding areas in scope.

35. The CCG’s Internal Audit function should consider the following when developing the scope of future Internal Audit work:

- Specific risk areas
- Management concerns
- Particular issues identified, including consideration of known issues at other CCGs
- Known control failures
- Actions/ issues from previous audits.

36. **NHS England will seek to review these arrangements after the first year of operation.** Recognising the phased approach to implementation across 18/19 and 19/20 this review will likely extend in to 19/20 as and until sufficient internal audit activity and reporting has taken place. Any proposals for change will again be subject to discussions with key stakeholders including the audit chairs network.

Summary

37. Delegated CCGs will:

- a. Plan and implement an audit programme to cover the scope of delegated primary medical care commissioning as detailed in this framework
- b. Start this programme in 18/19 unless, following review of audit plans, those plans cannot be changed (in which case they will need to start with 19/20 audit plans).
- c. In addition to its own management response ensure the outcome of each audit is reported in line with this framework.

38. NHS England will:

- a. Review and discuss with delegated CCGs individual reports submitted in line with this framework to identify what support and assistance it can provide to help with improvement (local teams)

- b. Collate and report assurance levels of delegated CCGs to its oversight and commissioning committees (central team)
- c. Collate and report learning and sharing from audit to regional local teams and delegated CCGs on at least an annual basis (central team)
- d. Keep this framework under review ideally after the first 12 months of operation to ensure the approach develops appropriately (central team with stakeholder input)

39. For any queries or assistance please contact the Primary Care Commissioning central team at: england.primarycareops@nhs.net

Appendix A

Categories of Primary Medical Care Commissioning Assurance

NHS England requires delegated CCGs internal audit assign one of four categories to their assurance of primary medical services commissioning

Assurance level	Evaluation and testing conclusion
Full	<ul style="list-style-type: none"> The controls in place adequately address the risks to the successful achievement of objectives; and, The controls tested are operating effectively.
Substantial	<ul style="list-style-type: none"> 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.
Limited	<ul style="list-style-type: none"> 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.
No assurance	<ul style="list-style-type: none"> 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.

The assurance grading's provided here are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board and as such the grading of 'Full Assurance' does not imply that there are no risks to the stated control objectives.

Appendix B

NHS England Report Template

Please use spreadsheet template published alongside this document.

Below is for illustration purposes.

1 Audit Summary Page

Please completed and send to:		england.primarycareops@nhs.net		
CCG Name	Primary Medical Services Internal Audit Outcome			Learning and Sharing
	1. Month reported	2. Scope of report	3. Assurance level	
CCG Anytown A	Apr-18	Commissioning and procurement of services	Full	Click here to enter details
CCG Anytown B	Jan-19	Contract oversight and management functions	Substantial	Click here to enter details
CCG Anytown C	Mar-20	Primary Care Finance	Limited	Click here to enter details
CCG Anytown D	Mar-21	Governance (if separate)	No assurance	Click here to enter details
[Pick from list]	[Pick from list]	[Pick from list]	[Pick from list]	Click here to enter details

2 Learning and Sharing Page

Learning and Sharing	
If limited or no assurance has been reported:	
<p>To assist other CCGs target their planned audits to areas of identified risk nationally, please describe below what specific aspects of the delegated function you have found to be operating ineffectively.</p> <p><Maximum 250 word limit applies ></p>	
<p>EXAMPLE: Our overall assessment of no assurance in respect of Contract Oversight and Management concerns the local design and operating effectiveness of the processes for performance management of GP practices. A number of controls tested are not operating effectively, resulting in exposure to a high level of risk. This assessment has been provided on the following basis:</p> <ul style="list-style-type: none"> • The roles and responsibilities for monitoring and managing GP performance, have not been clearly defined, as a result there is no monitoring of the performance of GP practices; • The approach to identifying GP practices that are underperforming and require a practice review across the area is not consistent with published national policy. • Regular practice reviews are not performed when a practice has been identified as requiring a review to identify and address the root-cause of the underperformance. As a result there is a lack of action plans being established with practices to assist underperforming practices. • There is no regular monitoring of KPIs in both APMS and PMS contracts. • There is no onward reporting of GP performance, breaches and terminations to the Primary Care Commissioning Committee or validation of information submitted via Primary Care Activity Report to the NHS England national team. • There is no consistent approach to documenting and issuing termination notices. • There is an inconsistent approach to feeding information from the GP performance monitoring back into our commissioning processes. 	
If full or substantial assurance has been reported:	
Are you happy to share your audit report so the NHS England central team can review this for for the purposes of extracting and sharing (anonymised) best practice?	<i>If yes, please be sure to attach a copy of the report with your return</i>
Are you happy to be contacted by other CCGs seeking support on the area in scope?	<i>If yes, please enter email contact here</i>
<p>Return to front page</p>	