

**Primary Medical Care Services
(PMCS) Contract Oversight
and Management Functions**

*NHS Sheffield Clinical
Commissioning Group*

July 2021
2021/SCCG/08

Final Report





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Distribution

Name	For action	For information
Lesley Smith, Accountable Officer	x	✓
Jackie Mills, Director of Finance	x	✓
Sandie Buchan, Director of Commissioning Development	✓	x
Abigail Tebbs, Deputy Director of Primary Care Contracting, Digital and Estates	✓	x
Sarah Burt, Deputy Director of Delivery – Care Outside of Hospital	x	✓
Joanne Ward, Primary Care Co-Commissioning Manager	x	✓
Chris Nield, Lay Member and Chair of Primary Care Commissioning Committee	x	✓

Key dates

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Contact information

Name/role	Contact details	
Tim Thomas, Director, 360 Assurance	tim.thomas1@nhs.net	☎ 07788 416169
Leanne Hawkes, Deputy Director	leanne.hawkes@nhs.net	☎ 07545 423040
Kay Meats, Assistant Director	kay.meats@nhs.net	☎ 07816 272663
Usman Niazi, Acting Client Manager	u.niazi@nhs.net	☎ 07557 566793

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Introduction and background

Since 2018/19, NHS England (NHSE) has required independent assurances to be provided that primary care delegated functions to CCGs have been appropriately discharged. NHSE’s Internal Audit Framework sets out the requirement for independent assessments to be undertaken across four domains, on a cyclical basis, by March 2022, the four domains being as follows:

- Commissioning and Procurement of Services
- Contract Oversight and Management Functions
- Primary Care Finance
- Governance (common to each of the above areas).

Auditors of CCGs are required to 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. Accordingly, outputs from the following audits have been taken into account in complying with the requirements of the Framework:

- Commissioning and Procurement of Primary Care Medical Services (1920/SCCG/10)
- Governance and Risk Management (1920/SCCG/03)
- Contract Management (1920/SCCG/06)

The Framework requires that the outcome of each annual internal audit is reported to the CCG Audit Committee using the opinion levels specified in the Framework; these are provided at **Appendix A**.

Audit objective

The objective of our audit was to determine whether a robust, efficient and effective control environment is in place in relation to contract oversight and management functions for primary medical care services as detailed within the Delegation Agreement between the CCG and NHSE.

Within the Delegation Agreement, CCGs are responsible for monitoring the quality, safety and performance of each PMCS contract. This incorporates how the CCG manages underperforming practices and where necessary may invoke sanctions, breaches or even terminate a contract for PMCS. The audit included a review of all these areas.

Audit opinion

Substantial assurance	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and/or one or more of the controls tested are not operating effectively, resulting in unnecessary exposure to risk.
<p>Our opinion is limited to the controls examined and samples tested as part of this review.</p> <p>The opinion level we are required to use is as specified by NHSE and these are shown at Appendix A of this report. The assurance levels defined by NHSE:</p> <ul style="list-style-type: none"> • are not comparable with ISAE 3000¹ 	

¹ International Standard on Assurance Engagements (ISAE) 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the International Audit and Assurance Standards Board

- differ to the assurance levels used by 360 Assurance for other reviews completed as part of the agreed internal audit programme of work.

Summary findings

There are strong governance arrangements in place, with both the Primary Care Commissioning Committee (PCCC) and the Quality Assurance Committee (QAC) having appropriate membership and meeting frequently. The PCCC’s Terms of Reference were approved by the Governing Body in January 2021 and the QAC’s Terms of Reference were approved by the Governing Body in March 2021. The Governing Body receives assurance regarding the work of the PCCC and the QAC through the receipt of a report from each of these committees which summarises the key points arising from the meeting.

Accountability for primary medical care services (PMCS) rests with the Director of Commissioning Development whereas overall responsibility for primary care contracting rests with the Deputy Director of Primary Care Contracting, Digital and Estates, supported by the CCGs’ Primary Care Contracts Team. Services are commissioned in accordance with NHSE’s Policy Guidance Manual (PGM) which the CCG has adopted and relevant staff are aware of. Our review identified further scope for the relevant extract from the PGM to be included in all papers of the PCCC.

We reviewed reporting to PCCC between April 2020 and March 2021. Effective arrangements are in place for contract oversight and management functions reviewed in accordance with the scope of this audit. The CCG’s approach to receiving assurance on primary care quality involves a review of the Primary Care Update Report, which was a standing item on the agenda of private meetings of the PCCC throughout the period of our review. Whilst the CCG also has a separate Primary Care Quality Dashboard, this has been paused since March 2020 and the onset of COVID-19. We understand that it will be fully operational again by the end of June 2021.

Contract variations, once approved by the Accountable Officer, are reported to the PCCC via the Primary Care Update Report. Our review identified scope for contract variations to be more accurately reported to the PCCC and for evidence of approval of contract variations to be maintained by the CCG.

Summary of actions

	High	Medium	Low	Total
Proposed actions	-	-	3	3
Agreed actions	-	-	3	3

Audit scope

Scope area	Audit testing
Governance arrangements	<p>We confirmed whether:</p> <ul style="list-style-type: none"> • effective governance arrangements are in place through the Primary Care Committee (PCCC) (or alternative committee with responsibility for delegated functions) that support the CCG in discharging delegated functions relating to contract oversight and management functions. • the CCG has relevant policies, procedures and guidance which reflect the NHSE Primary Medical Care Policy and Guidance Manual and have been communicated to relevant personnel.
Arrangements for Contract Oversight and Management Functions	<p>We confirmed whether:</p> <ul style="list-style-type: none"> • the CCG has an up to date contracts register which records all contracts for PCMS and arrangements are in place to check practice opening times and any sub-contracting arrangements. • the CCG has processes in place to manage patient lists and registration issues. • processes are in place for identification of practices selected for contract review to assure quality, safety and performance.
Reporting on Contract Oversight and Management Functions	<p>We confirmed whether:</p> <ul style="list-style-type: none"> • the PCCC, or the Primary Care Sub Group, receives regular updates on contract performance including records of decisions to be made to address any quality and performance concerns. • processes are in place for the management of contract variations, practice mergers and closures.
<p>Limitations of scope: <i>The scope of our work was limited to the systems and controls identified in the Terms of Reference. Excluded from scope was the management of conflicts of interests which is subject to a separate mandated internal audit framework. We reviewed arrangements for contract oversight and management but our work does not provide assurance on performance of GP practices.</i></p>	

Key findings

The following sections of the report summarise the findings of our review. Our risk assessment process aligns with the ISO 31000 principles and generic guidelines on risk management. The risk matrix we use, along with definitions of different opinion levels, is provided at Appendix A.

1. Governance arrangements

Responsibility for contract oversight and management functions has been delegated

Primary Care Commissioning Committee

The PCCC is the committee of the Governing Body with responsibility for the quality of primary medical care services. The PCCC approved a number of changes to its Terms of Reference at its public meeting in November 2020. The Terms of Reference are, on the whole, consistent with the Delegation Agreement between the CCG and NHSE and were approved by the Governing Body at its meeting in January 2021. Whilst we note that three of the delegated functions are not explicitly reflected either in the Terms of Reference or the work plan of the PCCC, each function is clearly stated within the Primary Care Update Report which is a standing item on the agenda of private meetings of the PCCC.

According to its Terms of Reference, the PCCC meets at least six times per year. During the 2020/21 financial year, the PCCC met in public on five occasions and in private on six occasions. Public meetings that were scheduled to take place in February, March and May 2020 were cancelled due to COVID-19. In addition, a PCCC development session was held in October 2020 which covered the topic 'COVID-19 Learning and Planning in Primary Care'.

We confirmed that there are robust arrangements in place for reporting from the PCCC to the Governing Body through the provision of a report which summarises the key points arising from the meeting.

The Primary Care Update Report is a standing item on the agenda of private meetings of the PCCC. The report contains the following sections:

- Contract monitoring and management
- Primary care national and local strategy
- Quality and performance against national and local strategy
- Communication and engagement.

Whilst the CCG also has a separate Primary Care Quality Dashboard, this has been paused since March 2020 and the onset of COVID-19 mainly due to practices not being required to provide relevant data to NHSE who have suspended information requests to practices. We understand that it will be fully operational again by the end of June 2021.

Quality Assurance Committee

The Quality Assurance Committee (QAC) also has a remit for primary care quality. The QAC's Terms of Reference were approved by the Governing Body in March 2021. We confirmed that there are robust arrangements in place for reporting from the QAC to the Governing Body through the provision of a report which summarises the key points arising from the meeting. A patient safety, quality and experience report is a standing item on the agenda of QAC meetings. The purpose of this report is to provide the QAC an overview of CCG quality assurance oversight. Primary care related data is included within this report to provide the QAC with

assurance in relation to the quality of services being delivered within General Practice and to enable the Committee to triangulate this with other intelligence in order to improve quality within primary care. The primary care data included within this report relates mainly to practices which have been identified as most at risk. It also shows the current position and ongoing trends in serious incidents and data relating to infection prevention control within primary care.

At its October 2020 meeting, in addition to receiving the patient safety, quality and experience report, the QAC also received a separate General Practice Quality Report, the purpose of which was to provide the Committee with an overview of quality of General Practice services in Sheffield. It included, amongst other information, an overall CQC ratings table and a section relating to practices identified as most at risk. The patient safety, quality and experience reports that were presented to the QAC at its meetings in July, August and October 2020 also included information in relation to the number of practices that had been rated as 'Outstanding', 'Good' and 'Requires Improvement' as well any practices that were yet to receive a CQC inspection.

Assurance to NHSE regarding fulfilment of delegated responsibilities

In previous years, through the completion and digital submission of the Primary Care Commissioning Activity Report (PCAR) to NHSE, there was assurance that the CCG had fulfilled its delegated responsibilities. We understand that due to COVID-19, this has been stood down by NHSE for 2020/21. However, the standard cover sheet that accompanies reports that are presented to the PCCC requires the author of the report to specify whether the report relates to a formal statutory/delegated Primary Care responsibility of the CCG and to state which function it relates to. Furthermore, the 2019/20 Primary Care Annual Report was presented to the January 2021 public meeting of the PCCC for consideration and approval. A representative from NHSE is invited to attend PCCC meetings.

Responsibilities within the CCG

We confirmed that the Director of Commissioning Development is the overall director for primary care services whereas the Deputy Director of Primary Care Contracting, Digital and Estates has overall responsibility for primary care contracting and is supported by the CCG's Primary Care Contracts Team, which is made up of:

- Primary Care Co-Commissioning Manager
- Primary Care Contract Manager
- Primary Care Commissioning and Contracts Manager (post vacant)
- Commissioning and Contracting Assistant Manager (post vacant)
- Primary Care Business Support Officer.

We understand that the Directorate is in the process of being re-organised which may result in some changes to job descriptions.

Policy for contract oversight and management functions

We confirmed that the CCG has adopted the NHSE Primary Medical Care Policy and Guidance Manual (PGM), issued by NHSE, and conducts its business in line with this document. The PCCC has received tailored training on 'Getting to Grips with the PGM' delivered by NHSE which shows their commitment to ensuring the committee's activities are in line with this document. The CCG also commissioned internal training for the Primary Care team around the PGM specifically focused on contracting and patients which was delivered by PCC (an independent,

not-for-profit social enterprise that supports the development of health and care services) in September 2019. The PGM has been recently updated and a revised version was published on 4 February 2021. We have reviewed the changes and confirmed that these do not impact on the areas we have audited.

We noted that the standard cover sheet that accompanies reports that are presented to the PCCC requires the author of the report to specify whether the report relates to a formal statutory/delegated Primary Care responsibility of the CCG and to state which function it relates to. However, our review of a sample of reports that were presented to the PCCC over the 2020/21 financial year confirmed that the PGM was not explicitly referred to within the reports or the cover sheets although the content of these reports did appear to be in compliance with the PGM – see finding 1.

Examples of reports within which we would have expected the PGM to be explicitly referred to are: Primary Care Update Reports, GP practice merger applications, applications to close GP practice sites, and Primary Care Network Directed Enhanced Services update (the standard cover sheet for this report also lacked information relating to which formal statutory/delegated Primary Care responsibility of the CCG the report related to). We do, however, note that an NHSE representative attends meetings of the PCCC and is therefore on hand to clarify any areas of ambiguity within the PGM.

1 Papers for the Primary Care Commissioning Committee provide assurance to members that the Policy and Guidance Manual has been applied

Finding: Since the January 2020 meeting of the PCCC, the standard cover sheets have included a section titled 'Does this report relate to a formal statutory/delegated Primary Care responsibility of the CCG?' However, our review of a sample of papers that were presented to the PCCC over the 2020/21 financial year did not evidence that the PGM had been explicitly referred to within either the papers or the cover sheets.

Risk: If a decision is made by PCCC and there is a lack of evidence that there has been compliance with the PGM, then the decision could be challenged and overturned. There could be an impact on the reputation of the CCG and patient experience and care.

Low
(Impact x Likelihood)
2 x 3

Action: The CCG to ensure that there are appropriate mechanisms to confirm to the PCCC that relevant aspects of the PGM have been considered as part of the process of producing the reports that are submitted to the Committee.

Responsible officer: Abigail Tebbs,
Deputy Director of Primary Care Contracting, Digital and Estates
Implementation date: 30 September 2021

Management response: Future papers for PCCC will explicitly reference the PGM where relevant to provide assurance to PCCC that recommendations are compliant with the PGM.

The Primary Care Update Report will be amended to reference the PCG where appropriate.

2. Arrangements for contract oversight and management functions

Contracts register

We were provided with a copy of the CCG’s 2020/21 contracts master list. According to this list, the CCG contracts with 84 primary care providers to deliver community services. A breakdown is provided below:

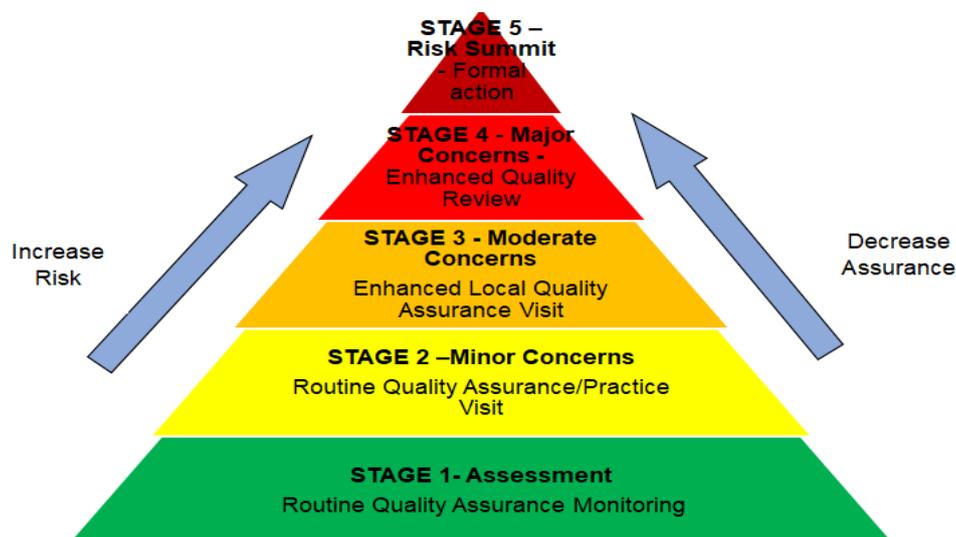
- 80 have a contract start date of 1 April 2020 and an end date of 31 March 2023.
- 4 have a contract start date of 1 April 2017 and an end date of 31 March 2020.
- The agreed 2020-21 Annual Contract Value ranges from £8,035 to £495,146.

The Deputy Director of Primary Care Contracting, Digital and Estates confirmed that the CCG actually now contracts with 75 GP practices, following three separate practice mergers during the year, and that the list will be updated for 2021/22 contracts to reflect this.

Approach to contract oversight and management

The CCG’s approach to contract oversight encompasses the following:

- Review of the annual GP Practice Self Declaration (eDec).
- Use of a Framework for Managing Performance and Quality Concerns in General Practice. The Framework outlines the process for managing and escalating/de-escalating concerns within general practice and includes the CCG’s governance process, ensuring that a fair and consistent approach is taken. The Framework was implemented in May 2018 and has been revised following evaluation of the framework and feedback from practices and the LMC.
- Risk profiling of practices through the General Practice Risk Assessment (GPRa) Tool in order to consider the performance of each practice. The use of the GPRa tool ensures that a variety of sources of information can be considered when assessing practice performance including audits associated with monitoring of contracts, patient survey results, local complaints, estates issues, infection prevention control audits etc.
- Use of a process in relation to managing quality which describes the escalation in five distinct stages as shown below:



- Review of the Primary Care Update Report at each private meeting of the PCCC, which has a

section on quality and performance and contains a set of Quality Indicators and Quality Dashboard. *We note that the Dashboard has been paused since March 2020 and the onset of COVID-19. We understand that it will be fully operational again by the end of June 2021.*

- Review of the current CQC ratings for all practices at each private meeting of the PCCC via the Primary Care Update Report. *We understand that due to COVID-19, CQC inspections have not been taking place, instead a Transitional Regulatory approach is being trialled with calls made to practices by the CQC based on risk.*
- Completion of practice visits when required (in line with the Framework for Managing Performance and Quality Concerns in General Practice) including supportive visits/follow-up visits as requested by the practice or as identified in light of quality concerns. The visits can be either contractually or quality led.

Our comparison of the CCG's approach to contract oversight via against the guidance within the PGM (section 2.5.18) found it to be consistent with requirements.

Contract reviews

Section 2.3.1 of the PGM refers to a requirement for Commissioners to undertake a risk-based approach to reviewing contracts, along with a rolling programme of deep-dive contract reviews. We confirmed that the CCG has a risk-based approach to reviewing practices and undertakes deep-dive practice visits where the CCG receives intelligence which indicates issues with practice performance, eg a CQC rating of 'Inadequate' or 'Requires Improvement'. In addition, the CCG carries out informal visits as an offer of support to practices and encourages practices to call the CCG in for help as and when necessary. We were advised that practices also receive visits from various parties including peer visits, whereby staff from one practice visit another practice in a different locality. The CCG ensures that it is kept informed each time a practice receives such a visit. We did note that that CCG does not maintain a formally documented schedule of practice visits under which each practice would be visited on a cyclical basis. The CCG may wish to consider whether its current approach provides sufficient assurance that all practice contracts are subject to review in accordance with the PGM.

We could confirm from our discussions with the Deputy Director of Primary Care Contracting, Digital and Estates that the Primary Care Contract Team meets on a weekly basis with those responsible for Primary Care quality monitoring to share intelligence. A number of sources of information are used to gather intelligence including national patient survey results, checks to see how many practices use 'Doctor Link' or 'Ask My GP' for patient consultations, review of Care Opinion to gauge patient experience etc. The Deputy Director of Primary Care Contracting, Digital and Estates also has regular meetings with Locality Managers which are attended by the quality team. Regular information sharing meetings are also held with the NHSE Local area team, CQC and LMC. Pre COVID-19, monthly Intelligence Group meetings took place whereby the Quality Dashboard along with the Primary Care Intelligence Log were used.

Arrangements for review of opening times

The CCG monitors GP practice reported opening times through the practices' annual GP Practice Self Declaration (eDec) submission, which is in line with section 2.5.15 of the PGM. We were advised that all practices have now submitted their 2020 declarations and that NHSE extended the deadline for practices to submit their 2020 declarations to February 2021. There is a plan to carry out an analysis of these responses and subsequently produce a report for the PCCC.

The CCG has a COVID-19 Standard Operating Procedure (SOP) for notifying a change in practice arrangements whilst working within a command structure. The Primary Care Team works to this SOP in order to ensure that all practice changes are collated, relevant key stakeholders informed, practices supported and links made across the system at all levels.

In June 2020, the PCCC received a report setting out the temporary practice site changes relating to 16 sites that had been approved at short notice through the CCG command and control structure during the COVID-19 pandemic. The CCG carried out checks such as visiting those practices' social media pages and websites to ensure that the changes that they had been notified of were correct. In July 2020, the private meeting of the PCCC received details of the current position of each of these sites including confirmation of whether each site had re-opened or further steps that had been taken to plan the resumption of normal activities from these sites were also included in the report to the PCCC.

Arrangements for sub-contracting

Practices within Sheffield are able to utilise a service which is contracted by the CCG and delivered by the Sheffield GP Collaborative. It provides weekday evening (6pm-10pm) and weekend (10am-6pm) appointments outside of the core contract hours that GP practices are required to stay open. The CCG manages these arrangements via the provision of relevant papers to the PCCC and the maintenance of the contracts master list.

Management of patient lists and registration

The process in relation to managing patient lists is as outlined in section 3 'Managing Patient Lists' of the PGM. The Primary Care Update Report provides information on trends and list sizes for single handed practices. We were advised that from May 2021, the report will include information on trends for all practice lists across the city.

The CCG maintains a spreadsheet, which is refreshed on a regular basis, to monitor practice list sizes. It is considered by the CCG with regard to practice mergers and closures as well as for keeping track of list sizes. The CCG also uses the Strategic Health Asset Planning and Evaluation (SHAPE) Place Atlas which plots practice list data.

List closure

The CCG is responsible for review and approval of list closures. Wherever possible, the CCG maintains open lists but if a practice wished to close its list, the request would be sent to the PCCC for a decision, accompanied by a recommendation taking account of the implications. A request to close a list has not been received by the CCG during 2020/21.

Out of area registration

The CCG currently commissions out of area registrations through the APMS contract for Clover City practice. We were advised that GP practices do not have to opt in to registering patients who live outside of the practice boundary area and that it is for each practice to decide whether or not they register such patients. This is in line with section 4.6.3 of the PGM.

Special Allocation Scheme (SAS)

The CCG currently commissions the Special Allocation Scheme through the APMS contract for Clover City practice.

3. Reporting on contract oversight and management functions

Receipt of regular updates on contract performance by committees

Through the receipt of various papers between April 2020 and March 2021, the PCCC has received appropriate and sufficient information to enable it to be assured with regard to the process in place for contract performance.

Management of contract variations and practice mergers

Contract variations

NHSE/I is responsible for issuing of contract variations (CVs) for the South Yorkshire and Bassetlaw CCGs. Under these arrangements, NHSE/I prepares CVs and sends them to the CCG for the Accountable Officer's signature. The master record for CVs is therefore held and maintained by NHSE/I. The CCG reports all approved CVs to the PCCC via the Primary Care Update Report.

For the past two years, the CCG has maintained an internal CV tracker sheet where it records key information regarding the application and approval. The purpose of the tracker sheet, which is still in development, is to help the team track new CVs and to identify and locate previous ones.

We were advised that ongoing review and audit of the internal tracker sheet is undertaken between the Primary Care Team and the NHSE local teams. In addition, the CCG continues to audit primary medical services contracts to ensure that a copy of all contracts and CVs have been made available by NHSE/I and are held by the CCG as delegated commissioner.

Our comparison of the details of the CVs reported to the PCCC throughout the year, via the Primary Care Update Report, against the corresponding details recorded in the internal CV tracker sheet found minor discrepancies in relation to one CV in respect of the date received and the nature of variation requested – see finding 2.

We confirmed that between April 2020 and March 2021, the CCG received application forms for 27 CVs from NHSE. These were either for the resignation or retirement of an existing partner, removal of a partner, 24 hour retirement of a partner, the addition of a new partner or a merger between two practices. Through our review of the CCG's internal CV tracker sheet, we could confirm that according to the sheet itself only 12 of the 27 CVs had been signed by the CCG's Accountable Officer. For 10 out of the remaining 15, there was evidence of reporting of the CVs to the PCCC via the Primary Care Update Report. However, the internal CV tracker sheet did not reflect their approval by the Accountable Officer – see finding 2. Out of the remaining five CVs, one was for information only and did not require Accountable Officer sign off whereas the other four were with the Accountable Officer for sign off at the time of our review.

2 Internal contract variations tracker sheet

Finding: Our comparison of the details of the CVs reported to the PCCC over the period June 2020 to March 2021, via the Primary Care Update Report, against the corresponding details recorded in the CCG's internal CV tracker sheet found minor discrepancies in relation to one CV:

Detail	Primary Care Update Report	Internal CV Tracker Sheet
Date CV received	4 January 2021	20 January 2021
Nature of variation requested	24 hour retirement	New partner

We also found that the internal CV tracker sheet had not been updated to reflect the Accountable Officer's approval of 10 CVs that the CCG received from NHSE between April 2020 and March 2021. There was evidence of reporting of all 10 of these CVs to the PCCC via the Primary Care Update Report.

<p>Risk: If the CCG's internal contract variation tracker sheet is not kept up to date, then there is a risk that the PCCC may not be sighted on all contract variations that are received by the CCG in a timely manner.</p>	<p>Low (Impact x Likelihood) 2 x 2</p>
<p>Action: The CCG to ensure that the internal contract variations tracker sheet is kept as accurate and up to date as possible.</p>	<p>Responsible officer: Abigail Tebbs, Deputy Director of Primary Care Contracting, Digital and Estates</p> <p>Implementation date: 31 July 2021</p>

Management response: A checklist and guidance will be developed and implemented to ensure that the process for managing variation sign off is clear and training will be given to administrative staff undertaking this process.

The CCG tracking sheet will be reviewed to ensure all variations are accurately recorded.

3 Contract variations sample testing

Finding: Our testing of a sample of 15 CVs that the CCG received from NHSE between April 2020 and March 2021 found:

- 3 instances where there was no evidence of the CVs being reported to the PCCC. Two of these related to the addition of a new partner and one related to the resignation of a partner. All three had been approved by the Accountable Officer.
- 1 instance where there was a discrepancy between the contract variation commencement date recorded on the contract variation form signed by the Accountable Officer (1 January 2021) and the corresponding date reported to the PCCC (1 December 2020).
- 2 instances where there was a discrepancy between the date that the contract variation form was signed by the Accountable Officer (11 May 2021 and 13 May 2021 respectively) and the corresponding date recorded on the internal CV tracker sheet (8 January 2020 and 19 January 2021 respectively).
- 1 instance where a CV was reported to the PCCC at its meeting in March 2021 as approved despite the CV form itself indicating that the CV was approved on 13 May 2021.

We also noted that with the exception of two cases, the CV forms that we were provided for our sample did not specify which partner the variation related to or the nature of the variation. However, we acknowledge that the CV form is a standard template which NHSE/I is responsible for preparing and therefore outside the CCG's control.

<p>Risk: If the PCCC is not formally sighted on all contract variations, then there is a risk that the Committee may not be fulfilling all the duties that have been delegated to it.</p>	<p>Low (Impact x Likelihood) 2 x 3</p>
<p>Action: All contract variations to be accurately reported to the PCCC. Evidence of approval of contract variations to be maintained by the CCG.</p>	<p>Responsible officer: Abigail Tebbs, Deputy Director of Primary Care Contracting, Digital and Estates Implementation date: 30 September 2021</p>
<p>Management response: Future contract variations issued by NHS England will include a reference number on the front page to ensure they can be easily tracked and located, minimising the risk of confusion.</p> <p>Checklist, guidance and training to ensure that tracking sheet is maintained accurately.</p> <p>Checklist reviewed to ensure accuracy.</p> <p>Regular ongoing audit by contract manager to provide continued assurance.</p>	

Practice mergers

We reviewed arrangements for practice mergers in detail as part of our review in 2019/20 on commissioning and procurement. No recommendations were made. The CCG has established a ‘Merger Group’ with the aim of supporting practices work through the complex merger process, ensuring a comprehensive business case is developed by the practice that describes the new arrangements and details the assurances required for Primary Care to recommend approval to the PCCC. The Merger Group includes representatives from Quality, Finance, Patient Engagement, Patient Experience, IT, and Estates. The Primary Care Update Report contains a section on practice mergers which shows applications for practice mergers formally received those subject to initial discussions with the CCG and progress.

Three applications to merge practices were submitted to the PCCC during the 2020/21 financial year (July 2020 public, November 2020 private and March 2021 public). All three applications were approved by the PCCC.

Management of practice closures

There have not been any permanent practice closures during 2020/21.

Follow-up

Actions raised during this review, will be followed up using the tracker. This will include obtaining documentary evidence to demonstrate that actions agreed as part of this review have been implemented.

Risks contained within this report have been assessed using the standard 5x5 risk matrix below. The score has been determined by consideration of the impact the risk may have, and its likelihood of occurrence, in relation to the system’s objectives. The two scores have then been multiplied in order to identify the risk classification of low, medium, high or extreme.

Score	Impact	Likelihood
1	Negligible	Rare
2	Low	Unlikely
3	Medium	Possible
4	High	Likely
5	Extreme	Almost Certain

		Impact				
		1	2	3	4	5
Likelihood	1	L	L	L	L	L
	2	L	L	L	M	M
	3	L	L	M	M	H
	4	L	M	M	H	H
	5	L	M	H	H	E

The audit opinion has been determined in relation to the objectives of the system being reviewed. It takes into consideration the volume and classification of the risks identified during the review.

These are the opinion levels as prescribed within NHS England’s Internal Audit Framework for Delegated Clinical Commissioning Groups.

Audit opinions	
Full assurance	The controls in place adequately address the risks to the successful achievement of objectives; and the controls tested operate effectively.
Substantial assurance	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and/or one or more of the controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Limited assurance	The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and /or a number of controls are not operating effectively, resulting in exposure to a high level of risk.
No assurance	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.