

Title of Meeting:	Primary Care Commissioning Committee	Agenda Item: 7.1									
Date of Meeting:	27 May 2021	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)											
Public	X										
Private											
Development Session											
Paper Title:	Internal Audit Report: Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions										
Responsible Executive Lead and Job Title Wendy Balmain, Director of Strategy & Integration		Report Author and Job Title Andrew Dangerfield, Head of Primary Care Transformation Sasha Sencier, Board Secretary and Senior Governance Manager									
Purpose (this paper is for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
Decision	Discussion	Assurance	Information								
		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No. However, this report has been circulated to Executive Directors and will be taken to the Audit Committee in June 2021.											
Executive Summary <p>The objective of the audit was to provide assurance on the management of delegated primary medical care contract oversight and management functions with regards to Primary Medical Care Commissioning and Contracting, and the associated governance arrangements.</p> <p>The Internal Audit gave an opinion of 'Substantial Assurance'.</p> <p>The review established that there is a sound system of internal control in place for delegated primary care contract oversight and management functions, with effective arrangements in place for the role of the CCG in contract review, sub-contracted arrangements, management of patient list and registration issues, decision making processes for poorly performing GP Practices, and management of Practice mergers and closures. Testing found that where appropriate controls and processes are in place and are operating effectively.</p> <p>A number of recommendations are included in the full report, shown at Appendix A. Three of these recommendations are considered of minor priority and one considered of moderate priority.</p> <p>This report will be presented to the Audit Committee in June 2021. The opinion of 'substantial assurance' will be included in the Head of Internal Audit Opinion which forms part of the Annual Governance Statement for 2020/21.</p>											
Recommendations The Primary Care Commissioning Committee is being asking to: <ul style="list-style-type: none"> Accept the internal audit report and opinion of substantial assurance for 2020/21. Note the key recommendations outlined in the report. Note that this report will be received by the Audit Committee in June 2021 and the outcome will form part of the Head of Internal Audit Opinion included in the Annual Governance Statement. 											
Monitoring <ul style="list-style-type: none"> Recommendations detailed within the report will be monitored by the Board Secretary/Senior Governance Manager and Chief Finance Officer at monthly meetings. 											

Any statutory / regulatory / legal / NHS Constitution implications	NHSE required CCGs to be audited in this area. Internal Audit is required by NHS England (NHSE) to assign their prescribed categories for assurance of primary medical services commissioning, in line with the Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups (CCGs).
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	Not applicable.
Financial / resource implications	Not applicable.
Significant Risks to Consider	No significant risks to consider.
Outcome of Impact Assessments completed	Not applicable.

Sasha Sencier, Board Secretary and Senior Governance Manager

**Internal Audit Report
For
NHS North Yorkshire Clinical Commissioning Group**

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

Report Reference 2020/12



	Page
Section 1: Executive Summary	1
Section 2: Audit Background, Objectives, Scope and Report Circulation	7
Section 3: Schedule of Findings and Recommendations	11
Section 4: Key to Internal Audit Reports	13
Appendix 1: Key components in scope of the primary medical services audit framework	15

Report Author: Ellie Broughton
Report Version: Management Agreed Draft
Report Date: 18 May 2021



Objective

The objective of the audit was to provide assurance on the management of delegated primary medical care contract oversight and management functions with regards to Primary Medical Care Commissioning and Contracting, and the associated governance arrangements.

Overall Opinion

Internal Audit is required by NHS England (NHSE) to assign their prescribed categories for assurance of primary medical services commissioning, in line with the Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups (CCGs) (Appendix 1). This differs from the standard Audit Yorkshire audit opinion levels.

Substantial	<p>The review established that there is a sound system of internal control in place for delegated primary care contract oversight and management functions, with effective arrangements in place for the role of the CCG in contract review, sub contracted arrangements, management of patient list and registration issues, decision making processes for poorly performing GP Practices, and management of Practice mergers and closures. Testing found that where appropriate controls and processes are in place and are operating effectively.</p> <p>There is an effective system in place for governance and oversight in regard to primary care contract oversight and management functions by the Primary Care Commissioning Committee (PCCC). A Quality and Equality Impact Assessment for a Practice closure was not consistently part of the report to the PCCC to fully evidence the consideration of the impact on protected groups in their decision making.</p> <p>Further minor recommendations made relate to suggestions for improvements in control relating to the:</p> <ul style="list-style-type: none">• Establishment of a Contract Register that details all GP information for the Practices the CCG are responsible for managing.• Presentation of Local Enhanced Services Contracts to the PCCC.• Annual Review of Alternative Provider Medical Services Contract at the PCCC.• Correct reference to the Primary Medical Care Policy and Guidance Manual in reports to the PCCC for decision making.
--------------------	---



Assurance on Key Control Objectives

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
<p>There are effective arrangements in place 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:</p> <p>i. GP Practice opening times and the appropriateness of sub contracted arrangements</p> <p>ii. Managing patient lists and registration issues</p> <p>iii. identification of Practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review</p>	<p><u>i. GP Practice opening times and the appropriateness of sub contracted arrangements</u></p> <ul style="list-style-type: none"> ✓ Standard national GP contracts are in place between NHSE and the General Practices. The NHSE contract in place defines core Practice opening hours as the period beginning at 8.00am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays. ✓ The eDeclaration process is run by NHSE and is an annual self declaration review completed by GP Practices. This includes a declaration that Practice opening times are in line with those expected by NHSE. Any declarations to the contrary are notified by exception by NHSE to the CCG. ✓ NHSE have provided opening times analysis to the CCG for their 51 practices, this data was taken from the 2018-19 eDeclaration process, which is the most current data as this work was paused during the Covid-19 Pandemic. ✓ The data found five GP's within the CCG locality were not compliant with the core opening times specified in the contract. Further testing of these five GP's using the opening hours displayed on their website found that one Practice is now in line with the contractual opening times, and the four remaining practices had not changed from their opening times from the eDeclaration, Of these four practices, three were found to have a system in place to ensure that patient contact is covered by a different branch within their practice. The remaining Practice (B82019) did not comply with contractual opening times for one day of the week. As this was an exception in the testing a recommendation was not raised. ✓ The Primary Care Commissioning Committee (PCCC) received a paper in May 2020 which outlines the process for approval of contract variations for GP Primary Care Contracts, which confirmed that all changes to GP contracts must be approved by the CCG as a fully delegated co-commissioner of primary care. ✓ A Contract Register is in place that details all GP information for the Practices the CCG are responsible for managing. <p>! Review of PCCC Papers in 2020/21 found no evidence of annual renewal of Local Enhanced Services (LES).</p>	Substantial	0	1	3



Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
and implementation of outcomes iv. Decisions in relation to the management of poorly performing GP Practices v. Overall management of Practice for mergers and closures.	<p>! The term of the APMS contract held between the CCG and Yorkshire Health Network was extended to the 31 March 2021 and has now expired.</p> <p><u>ii. Managing patient lists and registration issues</u></p> <ul style="list-style-type: none"> ✓ The Primary Medical Care Policy and Guidance Manual (PMCPGM) details the role of the commissioner in regards to managing patient lists. Primary Care Support England are responsible for higher level general list maintenance and the commissioner provides support to GP's when required. ✓ The Head of Primary Care Transformation confirmed there has been no requirement to support the management of GP lists in 2020-21. Review of quarterly list reports provided by NHSE confirmed that movement across all CCG GP lists was minimal from December 2019 onwards. ✓ The CCG does not have a targeted list maintenance programme as they only have 51 GP to support, management confirmed GP's would be supported through any issues and this would be reported in the PCCC. Review of the minutes of the PCCC from May 2020 onwards found that here has been no issues reported in relation to lists. ✓ GP's are able to register new patients who live outside their practice boundary area but it is at the practices' discretion as to whether it is clinically practical. Head of Primary Care Transformation confirmed that the CCG does not hold a register of patient who live outside the practice boundary area but confirmed it is not needed, as it is the responsibility of the GP to communicate with the registered patient if there are not eligible for home visits. <p><u>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</u></p> <ul style="list-style-type: none"> ✓ The CCG use CQC ratings and reports, quarterly meetings with CQC staff, incident reporting, and patient engagement such as surveys and feedback, to inform their intelligence as to whether a GP Practice requires support. This enables the CCG to act on a risk basis in terms of safety, quality and performance. ✓ There is currently no formal Primary Care contract review process; however, the CCG would follow the PMCPGM guidance for contract management of GP 				



Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
	<p>contracts.</p> <ul style="list-style-type: none"> ✓ The Director of Strategy and Integration confirmed that the CCG's Locality Leads have regular contact with practices and through Primary Care Network operational meetings to consider both progress and risk in the primary care system. <p><u>iv. Decisions in relation to the management of poorly performing GP Practices</u></p> <ul style="list-style-type: none"> ✓ The Head of Primary Care Transformation attended quarterly meetings with CQC to discuss Practice performance and intelligence. These have been paused due to the Covid-19 Pandemic, which has also impacted on the CQC programme of inspections. ✓ The CCG are notified of all Serious Incidents that are reported at the GP's they have contracts with. The CCG has a Serious Incident Policy that is followed in relation to managing all incidents reported. ✓ Review of the CCG's approach following a negative CQC rating at one of their GP's confirmed that an action plan was developed, which was risk rated and included target dates and responsible officers against each action. ✓ The Head of Primary Care Transformation confirmed that weekly meetings were held with the GP following the result to monitor implementation and support the GP in improving safety, quality and performance. <p><u>v. Overall management of Practice for mergers and closures</u></p> <ul style="list-style-type: none"> ✓ The processes for overall management of practice mergers and closures are outline in the PMCPGM and are followed by the CCG and Practices. ✓ Two Branch closures took place in 2020/21, being Prospect Road Surgery and Hampsthwaite Branch. Both of these were supported by Branch Closure Applications and were submitted to the September 2020 PCCC for approval. ✓ Review of the Hampsthwaite Branch Application Form found the Practice led patient engagement with support from the CCG to be adequately presented to the PCCC. This included a Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) Summary with key themes reported in the Branch Closure Application. ✓ The QIA and EIA template was found to allow thorough assessment of all 				



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
	<p>protected characteristics.</p> <ul style="list-style-type: none"> ✓ Review of PCCC minutes in relation to the Hampsthwaite Branch Closure found thorough challenge and discussion in their decision making for the Branch to be closed. ✓ The Prospect Road Surgery Branch Application was found to differ from the normal process due to the time constraints on the CCG following a CQC Rating. The Practice had also been given notice by the landlord to terminate their lease, which meant they had to vacate by September 2020. Nevertheless it was found to have a plan of action for retrospect patient engagement. ✓ Review of the PCCC minutes in relation to Prospect Road Surgery confirmed that the members thoroughly reviewed the branch closure, and took into account that NHSE was aware of the different process used. ! In both the Hampsthwaite Branch and Prospect Road Surgery Branch Closure Application form the CCG makes reference to following NHSE Primary Care Policy Book (2016) process; however this has been superseded by the PMCPGM. ! The Prospect Road Branch Closure Application does not include a QIA and EIA summary, and was found to not make reference to any QIA or EIA results. 				
There is effective operation and oversight of the Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) in regard to the delegated Contract Oversight and Management Functions (but not in	<ul style="list-style-type: none"> ✓ The PCCC Terms of Reference (ToR) dated April 2020 state that the Committee has been established in accordance with its statutory framework to enable the members to make collective decisions on the review, planning and procurement of primary care services, under delegated authority from NHS England. ✓ The ToR are part of the Constitution, which was ratified by the Council of Members and NHSE prior to the CCG establishment in April 2020. The Committee meets every 2 months and is accountable to the Governing Body. A Chair's report is presented to each meeting of the Governing Body. ✓ The format of the CCG PCCC ToR was tested to the NHSE Delegated commissioning model draft terms of reference dated October 2015 published on the NHSE website, and found to be consistent. The Delegation Agreement from NHSE is evidenced within the PCCC ToR. The delegated functions stated in the Delegation Agreement include those relevant to contract oversight and management functions. 	Full	0	0	0



Section 1: Executive Summary

Control Objective	Review Highlights (✓ Positive Assurance, ! Action Required)	Assurance Level	Recommendations (Priority)		
			Major	Moderate	Minor
relation to the management of Conflicts of Interest).	<ul style="list-style-type: none"> ✓ Review of September 2020 and November 2020 PCCC papers confirmed that the reports presented allowed adequate opportunity to challenge the performance, safety and quality of the GP's, and make informed decisions in relation to contract oversight and management functions. Review of the minutes of the PCCC found adequate evidence of challenge by members. ✓ Both September and November 2020 Committees included an update on the risk associated with Primary Care, with a Significant Risk Review being presented to the Committee via the Corporate and Directorate Risk Register in November 2020. ✓ A Primary Care Dashboard was present within PCCC papers and included quality, safety and patient engagement data, which allows for the triangulation of analysis for contract oversight. 				
Overall		Substantial	0	1	3



Background Information

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. 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.

In agreement with the NHS England Audit and Risk Assurance Committee, NHS England requires an 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.

To support this, in August 2018 NHS England published the Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups. The document provides a framework for delegated CCGs to undertake an internal audit of their primary medical care commissioning.

The scope of the work covers:

- a) Commissioning and procurement of services
- b) Contract Oversight and Management Functions
- c) Primary Care Finance
- d) Governance (common to each of the areas a-c above)

The audit framework is being delivered as a three year programme of work to ensure this scope is subject to annual audit in a managed way and within existing internal audit budgets. As Governance is common to each area this is to be covered in relation to the area of scope under review each year. Based on the priorities discussed with the CCG the following programme was agreed with the Executive Director of Primary Care and Population Health:

Audit Year	Module
2019/20	C: Primary Care Finance (Assurance level Full)
2020/21	B: Contract Oversight and Management Functions
2021/22	A: Commissioning and Procurement of Primary Medical Services



(Module D relates to governance and is to be considered alongside each module above).

The key components which NHS England has defined as being in scope under each of the headings are detailed in Appendix One. Excluded from scope is the management of conflicts of interests which is subject to its own internal audit framework.

Key Risks

The key risk associated with this area is that the CCG does not discharge NHSE's statutory primary medical care functions effectively.

Objectives & Scope

The objective of the audit was to provide assurance on the management of delegated primary medical care contract oversight and management functions with regards to Primary Medical Care Commissioning and Contracting, and the associated governance arrangements.

In order to meet this objective, the audit focused on the following key control objectives:

Primary Care Contract Oversight and Management Functions

- There are effective arrangements in place 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
 - 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
 - v. Overall management of Practice for mergers and closures.

Governance

- There is effective operation and oversight of the Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) in regard to the delegated Contract Oversight and Management Functions (but not in relation to the management of Conflicts of Interest).



Methodology

Audit fieldwork ascertained, through discussions with key staff, examination of relevant documentation and testing where appropriate, whether:

- The CCG has an approved Delegation Agreement/Memorandum of Understanding (MOU) that clearly sets out the agreed working arrangements for the delivery of primary care general Practice delegated commissioning and the respective role of the CCG and NHSE and the related functions/services.
- Relevant policies, procedures and guidance have been authorised, and communicated to relevant personnel.
- Local processes established by the CCGs are aligned to NHS England policies and guidance e.g. Primary Medical Care Policy and Guidance Manual.
- GP Contracts are in place as per General Practice Medical Services (GMS) Contract for England for 2017/18.
- Documentation is retained, including records of decisions.

Limitations

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by us should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Where information resulting from audit work is made public or is provided to a third party by the client or by Audit Yorkshire then this must be done on the understanding that any third party will rely on the information at its own risk. Audit Yorkshire will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Audit Yorkshire in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.

Public Sector Internal Audit Standards

Audit work undertaken by Audit Yorkshire conforms with the International Standards for the Professional Practice of Internal Auditing.



Report Circulation

Draft	Final	Recipient Name	Recipient Title
✓	✓	Andrew Dangerfield	Head of Primary Care Transformation
✓	✓	Sasha Sencier	Senior Governance Manager and Board Secretary to the Governing Body
✓	✓	Wendy Balmain	Director of Strategy and Integration
✓	✓	Jane Hawkard	Chief Finance Officer
✓	✓	Julie Warren	Director of Corporate Services, Governance and Performance
✓		Management agreed draft report to Primary Care Commissioning Committee	
	✓	Alec Cowell	Deputy Chief Finance Officer
	✓	Summary to Audit Committee	

Acknowledgement

The auditor is grateful for the assistance received from management and staff during the course of this review. The following members of the Audit Yorkshire team were involved in the production of this report:

Head of Internal Audit: Helen Kemp-Taylor
 Audit Manager: Kim Betts
 Trainee Internal Auditor: Ellie Broughton

Date: 18 May 2021



Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
Primary Care Contract Oversight & Management						
Local Enhanced Services						
<p>The Primary Medical Care Policy and Guidance Manual confirms that Local Enhanced Services are included in delegated arrangements.</p> <p>Review of PCCC Papers in 2020/21 found no evidence of annual renewal of contracts in place with Practices for Local Enhanced Services (LES). The Chief Finance Officer advised that this was due to the COVID-19 Pandemic and the suspension of workloads to focus on Pandemic requirements.</p>	<p>The CCG does not discharge NHSE's statutory primary medical care functions effectively</p>	<p>1. Local Enhanced Services contracts should be presented to the Primary Care Committee for annual renewal.</p>	<p>Minor</p>	<p>A review of all Local Enhanced Services is underway with initial findings being presented to Directors in June 2021. A final review will be presented to PCCC for approval.</p>	<p>Wendy Balmain, Director of Strategy and Integration</p>	<p>30 September 2021</p>
Contract Management						
<p>The CCG holds an Alternative Provider Medical Services Contract (APMS) with Yorkshire Health Network for the extended access service. As set out in the Primary Medical Care Policy and Guidance Manual, it is the duty of the Primary Care Committee to manage this contract.</p> <p>The term of the Yorkshire Health Network contract was extended to March 2021 and has now expired. Review of Primary Care Committee papers of meetings held in 2020/21 found no evidence to date of this contract being reproced.</p>	<p>The CCG does not discharge NHSE's statutory primary medical care functions effectively</p>	<p>2. The Alternative Provider Medical Services contract for the extended access service should be reproced and reported through the Primary Care Committee.</p>	<p>Minor</p>	<p>This contract is for specific services, specified within the contract e.g. Extended Access, Homeless service. This contract is subject to quarterly contract and performance review. The contract has been extended to March 2022 in line with NHSE guidance.</p>	<p>Wendy Balmain, Director of Strategy and Integration</p>	<p>Complete and recommendation closed</p>



Finding	Risk	Recommendation	Priority	Management Response	Responsible Officer	Target Date
Branch Closures						
<p>Review of the Branch Closure Application for Hampsthwaite Branch and Prospect Road Surgery presented to the September 2020 Primary Care Commissioning Committee, found the application made reference to the CCG following the Primary Care Policy Book (2016). This document has been superseded by the Primary Medical Care Policy and Guidance Manual.</p> <p>The Branch Closure Applications were reviewed in relation to the Quality and Equality Impact Assessment. The Hampsthwaite Branch Closure Application was supported by a QIA and EIA key themes summary, however the Prospect Road Branch Closure Application did not mention any QIA or EIA results.</p>	<p>The CCG does not discharge NHSE's statutory primary medical care functions effectively</p>	<p>3. The CCG should ensure that they correctly reference the Primary Medical Care Policy and Guidance Manual for the Branch Closure Application process.</p> <p>4. All Branch Closure Applications should present the findings of a Quality and Equality Impact Assessment.</p>	<p>Minor</p> <p>Moderate</p>	<p>All NHSE guidance was followed and NHSE were consulted during the process. The CCG will review the updated guidance for any future branch closure applications.</p> <p>The CCG will ensure that QIA/EIAs are completed for any future branch closure applications.</p>	<p>Andrew Dangerfield, Head of Primary Care Transformation</p> <p>Andrew Dangerfield, Head of Primary Care Transformation</p>	<p>Complete and recommendation closed</p> <p>Complete and recommendation closed</p>
Governance						
No recommendations have been raised in the relation to Governance.						



Audit Opinion

Categories of Primary Medical Care Commissioning Assurance

NHSE 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 gradings 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.



Priorities assigned to individual recommendations

Individual recommendations are graded in accordance with the severity of the risk involved to the Trust. Audit Yorkshire has a standard definition for each level of recommendation priority. This is represented in the table below:

Grading	Definition	Guidance on Consistency
Major (High)	Recommendations which seek to address those findings which could present a significant risk to the organisation with respect to organisation objectives, legal obligations, significant financial loss, reputation/publicity, regulatory/statutory requirements or service/business interruption.	These are recommendations which aim to address issues which if not addressed could cause significant damage or loss to the organisation. The expectation is that these recommendations would need to be taken as a matter of urgency. These recommendations should have a high corporate profile – with a clear implementation tracking process in place, overseen by the Board or a Board level committee.
Moderate (Medium)	Recommendations which seek to address those findings which could present a risk to the effectiveness, efficiency or proper functioning of the system but do not present a significant risk in terms of corporate risk.	These are recommendations which if not addressed could cause problems with the safe or effective operation of the system being reviewed. The recommendations should have appropriate profile within the division or business area in which the system being considered sits and some profile at Board /Audit Committee level also. These recommendations should be carefully tracked to ensure that action reduces the risks found
Minor (Low)	Recommendations which relate to issues which should be addressed for completeness or for improvement purposes rather than to mitigate significant risks to the organisation. (This includes routine/housekeeping issues)	All other recommendations fall into this category. This includes recommendations which further improve an already robust system and housekeeping type issues.



The following is in the 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).

