NHS
Bolton
Clinical Commissioning Group

AGENDA
PRIMARY CARE COMMISSIONING COMMITTEE – VIRTUAL MEETING

The meeting will be a conference call meeting and the dial in details are below:
Tel: 08444737373
Pin 719151

Date: **9th April 2020**

Time: **12.00pm to 13.00pm**

Venue: **Bevan Room, 2nd Floor, St Peters House**

Item No.	Time	Duration	Subject	Paper/Verbal for Approval, Discussion or information	By Whom
1.	12.00pm		Apologies for Absence.	Verbal	All
2.	12.00pm		Declarations of Interest.	Verbal	All
3.	12.00pm	5 mins	Minutes from the last meeting held on 13th February 2020 and update on the Virtual Meeting held on 4th March 2020:- • Agreement of the BQC 2020/21. • Suspension of BQC targets 2019/20 due to Covid 19 and plans for Q1 BQC 2020/21.	Paper – for approval Verbal – for approval Verbal – for approval.	All
4.	12.05pm	15 mins	BQC 2020/21:- • New Ways of Working. • Payment Proposal.	Papers– for approval	Lynda Helsby
5.	12.20pm	10 mins	Update on the National DES Specification and local arrangements regarding the Care Home LES/DES.	Verbal – for discussion	Lynda Helsby
6.	12.30pm	10 mins	Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions Review Assignment Report 2019/20.	Paper – for discussions	Kathryn Oddi
7.	12.40pm	10 mins	Estates Update.	Verbal – for discussion	Kathryn Oddi
8.	12.50pm	5 mins	Any Other Business.	Verbal	All
9.	12.55pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
10.	13.00pm		Time & Date of Next Meeting: Dates for future meetings 2020 – to take place from 12 noon on:- • 11th June • 13th August • 8th October • 10th December	Verbal	All

MINUTES

Primary Care Commissioning Committee

Date: **13th February 2020**

Time: **12.00pm**

Venue: **The Bevan Room, 2nd Floor, St Peters House**

Present:

Alan Stephenson (AS)	**CCG Lay Member (Committee Chair)**
Andy Morgan (AM)	**Bolton Council Elected Member**
Su Long (SL)	**CCG Chief Officer**
Stephen Liversedge (SLiv)	**CCG Clinical Director, Primary Care & Health Improvement**
Lynda Helsby (LH)	**CCG Associate Director Primary Care & Health Improvement**
Kathryn Oddi (KO)	**CCG Head of Primary Care Contracting**
Kelly Knowles (KK)	**CCG Deputy Chief Finance Officer**
Stacey Walsh(SW)	**Local Practice Manager representative**
Ann Gough (AG)	**GMH&SCP Primary Care Team**

Minutes by:

Joanne Taylor (JT)	**Board Secretary**

Minute No.	Topic
01/20	**Apologies for Absence** Apologies for absence were received from:- • Ian Boyle, CCG Chief Finance Officer. • Steven Whittaker, Local GP representative. • Susan Baines, Bolton Council Elected Member. • Lynn Donkin, Bolton Council Public Health representative. • Jim Fawcett, Health Watch representative.
02/20	**Declarations of Interest** **Stephen Liversedge and Stacey Walsh declared an interest in all the items on the agenda relating to primary care, due to potential financial conflicts of interest. Andy Morgan declared an interest in matters relating to care and nursing homes.** **The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.** The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the committee. It was noted that declarations declared by members of the committee are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest

03/20	**Minutes from the last Meeting held on 12th December 2019** **The Minutes were approved as a correct record.**
04/20	**Bolton Quality Contract (BQC) 2020/21 Plans** The Committee received a presentation on the proposed plans for the BQC for 2020/21. Members were made aware of the ongoing national discussions with regard to the Primary Care Network DES contract and this will be referred to during the course of this meeting to avoid duplication. The presentation highlighted the outcome of discussions on the potential framework and content of the BQC for 2020/21. Members were reminded of the current year's standards, which had reduced to 9 standards as a number of previous standards were incorporated in standard 8. Work had been undertaken to review the requirements of next year's BQC, to ensure the BQC is reflective of national vision statements and regional and local guidance on how primary care may address the wider determinants of health and initiatives in the areas of starting well, living well and ageing well, linking with the Bolton Vision of being active, connective and prosperous and reviewing the health issues across the economy. The presentation highlighted the proposed changes to the BQC 2020/21. The proposed changes related to changes to the access, ageing well, defined patient groups and health improvement standards and the rationale for these were presented. The changes to the KPIs were also presented and reviewed by the Committee. Proposals to be considered regarding contract payments and penalties were also presented. The Committee reflected on previous year's decisions and noted the feedback received from the GP membership. **Prior to further discussions and decisions by the Committee, the Committee Chair reviewed the GP and Practice Manager declarations of interest which were received at the beginning of the meeting and agreed that comments and feedback would be useful to aid these discussions further but that the conflicted members would not take part in any decisions made.** The Committee reviewed the proposed changes to the standards, KPIs, contract payments and penalties:- • Access – members acknowledged the issues that practices would face if the proposal to increase the number of contacts was agreed. The issues related to the current workforce and primary care estate. The views received from practices is that the increase from 75 to 80 per 1,000 population would be difficult to achieve. Members raised concerns regarding the practices who are still not achieving the current target and felt that this should be a priority. • Ageing Well – members reviewed the proposal to increase the target from 20% to 50%. • Defined Groups – members reviewed the proposal to remove the LD health check element from this standard, due to duplication with the national DES for LD patients. • Health Improvement – the proposal reviewed was to re-insert pulse checking and agree with increase in KPIs for Audit C, BMI recording and screening for diabetes/at risk of diabetes. • Review of the current principle of a 60:40 contract split, taking into account the effect any changes would have on the primary care workforce. • Review the penalty proposal, which is currently a 5% penalty for non-compliance of

	mandated elements, a 10% penalty if practices achieve less than 50% of the total KPIs/available finance and no practice will be subject to more than a 10% overall penalty, in the event they fail both of the above criteria. **At this point, Stacey Walsh and Stephen Liversedge were excluded from the decision making discussions but were allowed to remain in the meeting.** **The Committee agreed:-** **<u>Standards</u>:** • **Access – Agreed to remain at 75 delivered contacts per 1,000 population for this year's BQC, giving notice to practices that the CCG will be seeking to improve the standard in future BQCs.** • **Ageing Well – Agreed to increase the target from 20% to 50%.** • **Defined Groups - LD Health Checks – agreed to remove this element from the standard due to duplication with the national DES.** • **Health Improvement – Agreed to reinsert pulse checking and the increases in the KPIs for Audit C, BMI recording and diabetes screening.** **<u>KPIs:</u>** • **That a further review be undertaken on the proposed changes to the KPIs to present further proposals to the Committee either virtually or by calling an extra-ordinary meeting, due to the need to agree the proposals prior to the next meeting.** **<u>Contract basis</u>:** • **That the 60:40 split to continue for next year's contract and to inform practices the intention is to shift the split for 2020/21 contract. This to be reviewed by the Committee in December 2020, giving practice's 3 months' notice of any decision.** **<u>Penalties</u>:** • **That the current penalties remain (5% and 10% penalties) but that the additional condition that no practice will be subject to more than 10% overall penalty be removed.**
05/20	**<u>Annual Review of Locally Commissioned Services (LCSs)</u>** **Andy Morgan declared an interest in the nursing home service included in this item and did not take part in any discussions or decisions relating to this item.** The Committee was informed that the CCG has a number of LCSs with GP Practices, Pharmacists and Optometrists which are due to expire on 31st March 2020. The report provided an update on the current review process and an indication of commissioning intentions for 2020/21. **The Committee noted the recommendations to date for the commissioning of LCSs for 2020/21. Further proposals will be presented to the Committee at future meetings as these are required.**
06/20	**<u>Directly Enhanced Services (DES) Specifications and Initial Outcome of the Consultation</u>** **Andy Morgan declared an interest in this item and did not take part in any discussions or decisions relating to this item.**

	The Committee reviewed the summary document received following the national consultation undertaken on the draft specification for the DES. It was noted that the new DES contract recently issued now superseded this information. Information on the possible financial impacts for 2020/21 was also tabled and reviewed. This detailed where changes in the contract would have a specific impact on the CCG, where it was not known if funding would be received. Early indication is showing an impact of around £4 per weighted patient for each CCG, which would result in an overall impact for the CCG of around £833k additional funding. Headlines presented from the new DES contract were noted as:- • Major enhancements to the additional roles reimbursement scheme to secure additional staff – the addition of new roles which would require 100% funding by CCGs, an increase to £6.88 per patient to be provided to Primary Care Networks. The extended roles now include dieticians, podiatrists, occupational therapists etc., with the addition of mental health practitioners from 2021 and a raft of measures to aid GP training/recruitment and retention. • There is a renewed focus on improving access through a new GP access improvement programme. • Improvements to be seen through the Quality and Outcomes Framework (QoF) specifically around asthma, COPD and heart failure and the introduction of new indicators on non-diabetic hyperglycaemia. • Quality improvement modules included learning disabilities and supporting early cancer diagnosis. • An overhaul of the vaccinations and immunisation programmes is also proposed. • The new contract also included plans for mothers to have health checks within the same time period as baby health checks are undertaken, as an essential service. • The five service specifications planned for 2021 have now been scaled back to three. A further review of the detail will now be undertaken to review and align with the BQC. The inclusion of a national Care Home LES from September 2020 was also highlighted. The Committee was reminded of the decision taken to give notice on this local LES and discussed the potential issues with regard to termination of the local contract. There is also a need for practices within each PCN to re-enrol within the PCN and inform the CCG of this, although from 2021 this will revert to an automatic enrolment process. Members were also informed that the CCG is due to meet with the PCN Clinical Directors the following week to discuss the implications of the new DES contract. **The Committee noted the update and agreed to delegate authority to the CCG Chief Officer to review further the implications regarding the local Care Home LES contract to ensure this is in line with the national contract arrangements prior to termination of the local contract.** **The CCG primary care directorate to undertake a detailed review of the DES requirements and BQC intentions to ensure no duplication and feedback to the Committee.**
07/20	**<u>Estates Update</u>** **Stacey Walsh declared an interest in this item but as the item was for information only, no further action was required.**

	The Committee received an update on estate developments, in particular regarding Horwich, Kearsley, Peter House, Beehive surgery, Farnworth Health Centre, Waters Meeting Health Centre and Pikes Lane. **The Committee noted the updates.**
08/20	**Primary Care Investment Agreement – Quarterly Update** The report highlights the main developments since the last report received and gives an update on how each of the transformation projects have developed. The main highlights noted were regarding the outcome of the procurement of the online consultations, the transfer of the NHS England pharmacy scheme to the DES and TUPE arrangements being progressed for the practice based pharmacists by the end of March 2020, the overview of the transformation fund schemes and evaluations taking place. **The Committee noted the update as at December 2019 on the developments with the Primary Care Investment Agreement.**
09/20	**Any Other Business** There was no further business discussed.
10/20	**Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes** The main points highlighted were:- • The decisions made regarding the BQC for 2020/21. • Delegating authority to the CCG Chief Officer to review further the implications regarding the local Care Home LES contract to ensure this is in line with the national contract arrangements prior to termination of the local contract.
11/20	**Time and Date of Next Meeting** It was agreed that the next meeting would be held on Thursday 9th April 2020 at 12 noon in the Bevan Room, St Peters House.
12/20	**Exclusion of the Public** "That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded".
13/20	**Future Agenda Items** Noted as:- • Update on Health Check governance processes (quarterly). • Primary Care Investment Agreement (quarterly).

NHS
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Clinical Commissioning Group

CCG Primary Care Commissioning Committee

AGENDA ITEM NO: ……..4(i) ……

Date of Meeting: ……9th April 2020……

TITLE OF REPORT:	**A Briefing for PCCC on the Primary Care element of -** *New Ways of Working – 2019-2020 (*one year scheme across the system for Primary Care, Social Care and Community Services) An Addendum to the BQC
AUTHOR:	Lesley Hardman
PRESENTED BY:	Dr Stephen Liversedge
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting) A briefing for PCCC re: CCG Executive's decision to discontinue the primary care element of the scheme - *New Ways of Working*	
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]: Efficiency saving	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED: CCG Executive LMC Clinical Leads Practice Managers	
REVIEW OF CONFLICTS OF INTEREST: **N/A**	
RECOMMENDATION(s) The Committee is asked to note the Executive decision.	

For more detail of this scheme – see attached paper tabled at Bolton CCG Clinical Executive on 18th March 2020.

In summary

The scheme

In 2019, given the direction from the GP 5YFV, a new neighbourhood model of care was developed, building on the learning from the previous Frailty Standard aligned to the Bolton Quality Contract.

To support system transformation, a new contract was developed which would bring together 3 organisations - Primary Care, Community Care, and Social Care.

The aim was to deliver integrated care which would:

- Be proactive and reactive for the over 75s to live well, and independently in their own homes
- Deliver care closer to home
- Provide an early response to deterioration in both physical and mental health
- Screen for risk of falls
- Support people to self-manage activities of daily living
- Encourage medication compliance
- Include MDT meetings with professional from across the health and care system.

Dedicated KPIs (output measures) were set for each individual organisation.

Output Measures for Primary Care

1. Undertake medication reviews for all patients aged 75 years and over (with a Rockwood Score of 5,6,7&8)

2. Develop holistic care plans for all patients aged 75 years and over – to include proactive and reactive elements, and an assessment re social isolation (with a Rockwood Score of 5,6,7&8)

3. A GP to attend at least 10 out of 12 monthly neighbourhood MDT meetings

Finance

£3 per weighted patient.

Options considered by the CCG Executive

1. Discontinue the funding

2. Continue to fund the primary care elements by way of introducing a new standard into the BQC 2020 – 2021 – *Integrated Neighbourhood Working*.

   This will be a one year scheme.

   Suggestion - in 2021-2022 this could be aligned with whatever is agreed for the FT Contract as a two year plan)

3. Use the funding to develop other neighbourhood priorities

Executive discussion and rationale

Discussion took place in respect of:

- Community Care and Social Care elements of the scheme
    - Both these have been discontinued – MDTs are now embedded as business as usual

- Affordability of the Primary Care element
    - financial challenges facing the CCG
    - Recognition of the 'ask' to fund other schemes, and the ability to do so under such financial challenge
    - Significant investment in primary care through the PCN DES

- The PCN DES - Anticipatory Care
    - This has been delayed

- MDTs
    - These could be modified to more remote working.
    - Practices are now much more aware of who their MDT colleagues are. This has been a big step forward.
    - Practices have already reduced a lot of the non-essential face to face meetings, and are concentrating on their vulnerable patients
    - No negative risk to MDT working identified, if this was stopped

- Risk and reputation
    - Affordability and equity - requests of an equal nature, such as care homes input
    - LMC Chair works closely with the CCG – subsequent discussion has taken place, and the LMC Chair is aware of the CCG decision, and understands why the decision has been taken

Executive decision

Bolton CCG Executive gave due consideration to all the options, and taking account of the discussion points above, agreed on Option 1.

- **Discontinue and decommission the primary care element of NWOW**

Bolton Clinical Commissioning Group

Primary Care Commissioning Committee

AGENDA ITEM NO: ……4(ii)

Date of Meeting: ……..9th April 2020 ……

TITLE OF REPORT:	**The Bolton Quality Contract 2020 - 2021** **Options for payments**
AUTHOR:	Lesley Hardman/Claire Donovan
PRESENTED BY:	Lynda Helsby
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting) The PCCC is being asked to consider a range of payment options for the sixth year of the BQC, in light of the **proposed indicative uplift** to the Global Sum Rate (the national price per patient for 'core primary medical services) for 2020 - 2021	
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]: Discussed with Deputy CFO	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED: N/A	
RECOMMENDATION(s) The PCCC is being asked to discuss the options, and recommend a preferred option for BQC payments for 2020 – 2021.	

OPTIONS FOR PAYMENTS FOR THE BOLTON QUALITY CONTRACT 2020 – 2021

1. Summary and Purpose of Report

NHS Bolton Clinical Commissioning Group (CCG) Board agreed to the continuation of the Bolton Quality Contract (BQC), as a rolling 3 year programme of work for Primary Care, following the recommendation from the Primary Care Commissioning Committee (PCCC).

In 2015 – 2016, the first year of the BQC, each practice that signed up to the programme received a minimum of £95.00 per weighted patient (pwp) to deliver 'core' primary medical services, plus delivery of 19 Standards detailed in the Specification.

For the next 4 years, the PCCC recommended that investment in the BQC should continue, with sufficient funding to support all agreed Standards, and to include any nationally recommended uplifts. The payments pwp were agreed as follows:

2016 – 2017	£102.45	for delivery of 20 Standards
2017 – 2018	£107.21	for delivery of 20 Standards
2018 – 2019	£109.78	for delivery of 17 Standards
2019 – 2020	£110.70	for delivery of 9 Standards (later increased to £111.74 to reflect additional 1% increase in year)

PCCC is now being asked to consider a number of payment options, to determine the level that the pwp should be set at, for the BQC 2020 – 2021.

PCCC should determine the level of the pwp, by also taking into consideration the **proposed indicative uplift** of £3.58 (4%) taking the Global Sum Rate (the national price per patient for 'core primary medical services) to £93.46 for 2020 – 2021.

2. Context

From the 1st April 2016, under Level 3 Joint Commissioning arrangements with NHS England, the CCG has been responsible for the commissioning of 'core' primary medical services and their associated payments. Core primary medical services include the provision of:

- 'essential' services (management of patients who are ill, terminally ill or living with a chronic disease)
- 'additional' services (e.g cervical screening, maternity services etc)

The CCG is also now responsible for payments relating to the delivery of Directed Enhanced Services (DESs) and the Quality and Outcomes Framework (QOF).

Under these arrangements, NHS England still retains ultimate accountability and control in relation to how much national resource is allocated to Primary Care, and for core GMS/PMS/APMS contractual terms and conditions.

The CCG is fully responsible for all decisions concerning the commissioning of the 'core' GP Contract, the Enhanced Services commissioned by NHS England, and any associated risks arising from in year pressures on the delegated budget. This latter point being an important factor when considering the options detailed later in this paper.

3. The Funding Allocation

Each year the detail in the Specification is reviewed and agreed. Subsequently, the payment level per weighted patient is determined by the PCCC.

For example, in 2019 – 2020, after reviewing the options, the PCCC agreed that practices would receive £107.70 pwp. This was for delivery of 'core' services and 9 Standards.

In July 2019, a 1% increase was applied to the core contract, which adjusted the pwp from £107.70 to £108.74.

Also, for 2019 – 2020, an additional £3.00 pwp was allocated to Primary Care for the delivery of outputs linked to a new system-wide scheme called *New Ways of Working.* This was a one year scheme running from April 2019 – March 2020, to deliver a new model of integrated care.

Therefore, the total payment agreed for Primary Care for 2019 – 2020 was £111.74 pwp.

New Ways of Working – a brief for PCCC

Bolton CCG Executive has recently decided to discontinue the primary care element of *New Ways of Working*. The scheme ended on the 31st March 2020.

A briefing paper, which explains the rationale for discontinuing the primary care element of the above scheme, has been produced.

4. Options for the BQC 2020 – 2021 payment level pwp

Option	Total Rate per Weighted Patient (£)	Element	Rate per Weighted Patient (£)	Total Funding Required (£'000)	Description
1. Maintain rate at £108.74	108.74	BQC	15.28	4,540	No increase – payment per weighted patient in relation to standards 1-9 remains the same as previous year.
		Global Sum	93.46	30,185	
2. Total Global Sum Uplift (£3.58)	112.32	BQC	18.86	5,604	This increase reflects the total increase to global sum rate for 2020/21.
		Global Sum	93.46	30,185	
3. Total Global Sum uplift + 3.98% applied to BQC element	113.07	BQC	19.61	5,827	This increase reflects the 3.98% increase to global sum rate and BQC for 2020/21.
		Global Sum	93.46	30,185	

The financial impact of the 3 options are:

- Option 1 - decrease in the 2019 - 2020 level of investment by £993k
- Option 2 - increase in the 2019 - 2020 level of investment by £71k
- Option 3 - increase in the 2019 - 2020 level of investment by £294k

5. Recommendation

Bolton CCG has planned for a level of inflation and growth in line with planning assumptions, but not to the level of increase for Option 3. Should option 3 be the preferred option the CCG would need to increase its QIPP target to cover these costs.

The PCCC is being asked to discuss the options, and recommend a preferred option for BQC payments for 2020 – 2021.

In light of the CCG's commitment to invest in Primary Care, and to ensure continued commitment and sign-up to the BQC from General Practice, Primary Care Commissioning Committee is asked to agree the preferred option. Subsequently, the PCCC recommendation will be ratified at the CCG Board meeting in May.

Lesley Hardman/Claire Donovan
April 2020

NHS
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Primary Care Commissioning Committee – Virtual Meeting

AGENDA ITEM NO: ……6……

Date of Meeting: ……9th April 2020……

TITLE OF REPORT:	Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions Review Assignment Report 2019/20	
AUTHOR:	MIAA	
PRESENTED BY:	As agreed by NHSE Audit and Risk Assurance Committee, the CCG recently underwent internal audit of delegated primary medical care commissioning arrangements. The overall objective was to evaluate the effectiveness of the arrangements put in place by the CCG to exercise the primary care medical care commissioning function (Contract Oversight & Management Functions) of NHS England as set out in the Delegation Agreement.	
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting) This is to notify PCCC members that the review found that 'there is a good system of internal control designed to meet the system objectives, and controls are generally being applied consistently'. This provides the CCG with 'Substantial Assurance'.		
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver the outcomes in the Bolton Joint Health and Care Plan.**	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]: N/A		
COMMITTEES/GROUPS PREVIOUSLY CONSULTED: N/A		
REVIEW OF CONFLICTS OF INTEREST: N/A		
RECOMMENDATION(s) PCCC Members are asked to note the 'Substantial Assurance' rating awarded to the CCG for the manner in which it exercises its delegated primary care medical care commissioning function.		

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

Assignment Report 2019/20

NHS Bolton Clinical Commissioning Group

MIAA ASSURANCE

Contents

1. Introduction and Background

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

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

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

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

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

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

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

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

2. Objective

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

3. Executive Summary

There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

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

Substantial Assurance

The following provides a summary of the key themes.

Elements	Key Themes
GP Practice Opening Times and Sub Contracted Arrangements	GP Practices are required to open Monday to Friday 0800-1830 (as a minimum) except on Good Friday, Christmas Day and Bank Holidays. Review confirmed that the 49 GP practices under Bolton CCG's remit were required to confirm compliance with core opening times as a condition of standard 1 of the Bolton Quality Contract. The CCG advised that in all cases minimum core hour requirements were being delivered due to opening time audits performed by the CCG. Testing of GP Practice opening times via practice website confirmed each met the minimum core hour requirements. The CCG were able to demonstrate that processes are in place to review sub-contracted arrangements. Practices must apply to the CCG for approval of closures during core opening hours. It was advised that there have been no applications received this financial year. If any practice indicated any changes to opening hours, the CCG would prioritise conversations with those concerned and request evidence to substantiate they are meeting their reasonable needs during a closure to consider the impact on subcontracted arrangements.

Elements	Key Themes
	MIAA received templates used in agreeing sub-contracted arrangements along with the general business of the Contracts team. Review identified the template included reference to NHS guidelines.
Managing Patient Lists and Registration Issues	Primary Care Support England (PCSE) carry out a three yearly rolling programme of list maintenance at GP practices which is in line with NHS England guidelines. The rolling programme of list maintenance commenced in March 2019. Review identified that the CCG does not have oversight of PCSE list maintenance exercises and that the CCG do not actively monitor list size variances. The CCG's Primary Care Commissioning & Contracting Team has acknowledged the need to be more involved in the list maintenance process and receive further assurances. **(Medium - Recommendation 1)**. Documents relating to the list closure application form an individual practice was provided by the CCG to verify that applications from GP Practices to close patient lists are considered and approved (if appropriate) by the Primary Care Commissioning Committee within relevant timescales, taking into account NHS regulations and NHS England Guidelines. All elements of the process were found to be in line with NHS Guidelines. Discussion identified that the CCG keeps a list of the GP Practices under its remit that agree to register patients who live outside the practice's boundary without home visits. There are currently 13 GP Practices that have patients who live outside the practice's boundary. Review of the CCG's Boundary Change Process identified that the procedure document related to 2019. However the procedure did not contain information in relation to the author and approver of the procedure and the next subsequent review. **(Low - Recommendation 2).** There are arrangements in place at 5 GP Practice's to provide home visiting arrangements under the GP Choice scheme. The details of each practice were provided to NHS 111 in order to sign post patients should they need to see a doctor at home.

Elements	Key Themes
	The CCG regularly attend practice events to remind practices of their obligation to make relevant patients fully aware of the specific arrangements in place where other GP practices will provide urgent care to patients who have chosen to register out of area without home visits. NHS England and NHS Improvement are aware of the Practices that have agreed to provide home visiting arrangements under the GP Choice Scheme. Review identified that the CCG has a special allocation scheme in place for qualifying patients and the CCG undertakes checks to ensure that protections for staff supplying the service are robust and operate efficiently and in line with the regulations. Additionally, the CCG has a patient appeal process in place to ensure patients have appropriate support. Currently, one GP practice has enrolled onto the special allocation scheme. Review of an incident and subsequent investigation at an individual GP practice identified that the CCG followed the correct process in regards to requesting the following information; • Description of the incident • Request for Removal form • Previous incidents • Significant Event analysis • Statements of Impact from practice staff involved • Previous warnings (not applicable) Review of the evidence identified that there was sufficient communication between the CCG's Special Allocation Service Team, Primary Care Support England and the GP Practice.
Contract review of Practices	It was advised that the CCG are currently awaiting access to GP practices' annual self-declaration (eDec) returns for 2019/2020.

Elements	Key Themes
	The CCG have in place a GP practice monitoring log which evidences relevant information relating to each GP practice within the CCG remit. Each practice is required to agree to the standard contract with the CCG on an annual basis and return promptly; review identified that 6 practices had not returned the standard contract signed. However, the monitoring log identifies the CCG taking a proactive approach to prompt each practice to return the signed contract. **(Low - Recommendation 3).** The CCG were able to demonstrate that during 2019/20 a schedule of contract quality visits which focused on quality and safety elements were undertaken. The CCG advised that the Bolton Quality Contract (BQC) and Locally Commissioned Services Post Payment Verification (PPV) visits are carried out by the contracting, performance and delivery and Primary Care health and improvement teams. Review demonstrated that the CCG has performed PPV random selection audits and that the BQC is included in the scope of the audits. Additionally, the CCG performs BQC practice performance quarterly review meetings which included any issues identified, the actions required and the lead for the improvement. The CCG maintains a Contract Monitoring log which is uses to track any enhanced service schemes and performance of GP Practices. Review of the monitoring identified the following information for each practice: • Specifications for all Locally Commissioned Services (LCS), Directed Enhanced Services (DES) and NHS England Enhanced Services • Standard contracts for each Practice • CCG GP LCS Post Payment Verification and Quality Audit Report (2018/19) • LCS Participants • DES Participants • Service trackers for each practice

Elements	Key Themes
	The CCG provided the contractual monitoring log, the log is used to store relevant information regarding issues with the quality, safety and performance of each practice. Review of contract review processes verified that action plans are developed as a result of the contract review. The CCG were able to demonstrate how progress against action plans are monitored as this forms part of the log. Review identified that the CCG has a managing disputes information document which describes the process to determine the action required when a contractor has requested to follow the NHS dispute resolution process or where the CCG elects to follow the NHS dispute resolution process. However the procedure did not contain information in relation to the author and approver of the procedure and the next subsequent review. **(Low - Recommendation 2).** During 2018-19 there were 15 GP Practices that followed the NHS dispute resolution process, and in each case the CCG complied with NHS Guidelines and steps agreed in the managing disputes information document.
Management of poorly performing GP practices	The CCG were able to demonstrate contact with the local CQC representative through which the CCG receives advance notice practices which are due to be subjected to CQC inspections. The regular distribution of information between the CCG and CQC can help to shape which Practices will receive CCG contract review / CQC inspection. The CCG provided the management of poorly performing practices process which details the steps that are taken in conjunction with the CQC. Review demonstrated that the CCG are updated on CQC inspection results before the reports are published. The Greater Manchester GP Team (GMGPT) are responsible for monitoring and issuing any inadequate, requires improvement, remedial of breach notices which are signed and date by the Chief Officer prior to distribution. The CCG provided compliance plans produced for a number of poorly performing GP practices, included within these are individual issues highlighted within the latest CQC reports and the

Elements	Key Themes
	actions required. Review of the evidence requests highlighted that failure to comply with the requirements may results in a remedial notice being issued. Remedial notices are served when the CCG considers that practices are in breach of individual clauses of the standard contract. The CCG demonstrated that if a GP Practice receives an overall rating of 'Requires Improvement' from the CCG the notice is logged within the remedial breach log. The Practices that receive an inadequate or requires improvement rating are discussed at the next scheduled GP reference group meeting and remain on the agenda until the process is complete. Testing of the above in relation to Stable Fold Surgery confirmed that the Practice was discussed at the subsequent GP reference group meetings during 2019/20. The CQC monitor any actions required, with the CCG informed via regular feedback from the CQC.
Practice Mergers and Closures	The CCG maintains the procedures for Planned/Scheduled Practice Closures, Unplanned Closures and Practice Mergers. Review of these documents identified that all 3 did not contain information in relation to the author and approver of the procedure along with completion date and next subsequent review. **(Low - Recommendation 2).** CCG advised that no practices have closed, 5 Alternative Provider Medical Services (APMS) contracts were due to expire in 2016/17, but these were commissioned as 4 contracts following a procurement exercise (2 of the 5 contracts were provided by same contractor from the same premises). Review confirmed that in this instance, albeit being a contract extension with a merger of services rather than practices, the CCG has demonstrated sufficient and appropriate engagement of the affected population. The CCG advised that they had received a request from a practice to close its branch surgery, Tonge Moor Health Centre. The CCG provided records of the patient engagement exercise that the practice took in conjunction with the CCG. Review identified that the Primary Care Commissioning Committee was responsible for decision-making in regards to the closure, and presented update reports.

Elements	Key Themes
	The following documentation provided demonstrated that the CCG has processes in place to take into account relevant equality and health inequality duties as well as other relevant non-equality and inequality related duties regarding the closure or merger of practices: • Consultation with Stakeholders and Stakeholder responses • Equality Impact Assessment • Diagram of Tonge Moor Health Centre practice population, showing the consideration of alternative practices The CCG also provided the decision letter issued to the practice in relation to the branch surgery, CCG reached the decision not to accept the practice's request to close the site.

4. Findings, Recommendations and Action Plan

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

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

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

Recommendations are set out below in Section 5.

5. Recommendations

Managing Patient Lists and Registration Issues	
1. List Maintenance	**Risk Rating: Medium**

Control design/Operating Effectiveness

Issue Identified – Discussions identified that the CCG currently does not have oversight of Primary Care Support England (PCSE) list maintenance exercises and the CCG does not actively monitor list size variances. The CCG's Primary Care Commissioning & Contracting Team has acknowledged the need to be more involved in the list maintenance process, despite the resource for overseeing the process sitting with Greater Manchester Health & Social Care Partnership (GMHSCP).

The CCG has recently requested that GMHSCP and PCSE regularly provide them with a list of practices that have been identified with high list inflation to ensure that the CCG is more proactive in investigating concerns relating to the outlier practices.

Specific Risk – Discrepancies between a GP's list size and actual number of patients can lead to inaccuracies in performance and clinical outcome assessments as they are often calculated and compared on a 'per patient' basis. In addition, the allocation of public funds is distributed on a £ per patient basis and could be misinformed.

Recommendation – The CCG should work closely with Greater Manchester Health & Social Care Partnership and Primary Care Support England to gain oversight of list maintenance exercises, with the CCG monitoring and reviewing list size variances. Additionally, the CCG should refer to the Primary Medical Care Policy Guidance Manual which outlines processes that can be undertaken alongside the GP Practice to address the level of discrepancies in list maintenance.

Management Response (Remedial Action Agreed) – the CCG has requested a meeting with relevant colleagues at Greater Manchester Health & Social Care Partnership (GMHSCP) in order to agree and establish robust processes to determine whether differences in GP registered list sizes compared with other sources of local intelligence such as data produced by Office for National Statistics warrant further investigation. It is intended that these processes will help the CCG to determine where attention and/ or support for practices should be targeted.

Responsibility for Action – Head of Primary Care Strategic Commissioning & Contracting

Deadline for Action – 30/09/2020

Contract Review of Practices	
2. Internal Procedures	**Risk Rating: Low**

Operating Effectiveness

Issue Identified – The CCG maintains the policies for Planned/Scheduled Practice Closures, Unplanned Closures and Practice Mergers, and the Boundary Change and Managing Disputes Information procedure. Review of the each procedure document identified that all 5 procedures did not contain information in relation to the author and approver of the procedure along with completion date and next subsequent review.

In order for the CCG to comply with Best Practice, each policy/procedure should be approved by the relevant Committee/Sub-Committee. Additionally, policies/procedures should be reviewed on a regular basis with the next review date agreed and displayed in the policy.

Specific Risk – The CCG are not able to ensure that the procedures for Planned/Schedules Practice Closures, Unplanned Closures, Practice Mergers, Boundary Change and Managing Disputes Information are fit for purpose and agree with the current practice as there is no review formally acknowledged.

Recommendation – The CCG should ensure that the procedures for Planned/Schedules Practice Closures, Unplanned Closures and Practice Mergers are reviewed and approved annually by the relevant Committee and/or member of staff.

Best practice would incorporate all relevant internal procedures into a single document, a contents page will be referenced to all procedures within the team. Review of the entire document should be carried out annually at the discretion of the team. The review should consist of the members of the team who action the specific procedure to agree this is still current practice and the document should then be approved by the manager to confirm, this should be referenced within the document with dates changing accordingly.

Management Response (Remedial Action Agreed) – all relevant policies will be updated with date, author and name of approver following submission to the PCCC in June 2020. A process will be set up to ensure the documents are regularly reviewed and updated.

Responsibility for Action – Head of Strategic Primary Care Commissioning & Contracting

Deadline for Action – 30/06/2020

Contract Review of Practices	
3. GP Practice Contract Agreement	**Risk Rating: Low**

Operating Effectiveness

Issue Identified – The CCG's GP Practice monitoring log is used to hold all relevant information regarding each GP Practice under the CCG's remit. Each practice is required to agree to the Standard Contract with the CCG on an annual basis and return promptly.

Review identified that of the 49 GP Practices under the CCG's remit, 6 practices have not returned the Standard Contract. The monitoring log does however evidence the CCG taking a proactive approach to prompt each practice to return the signed contract.

Specific Risk – It is good practice to have signed contracts in place which show the two parties i.e. The CCG and GP Practice both agreeing to the terms and financial impacts of the written contract. Contracts which are unsigned may lead to legal issues if there is a dispute within the length of the contract, although it is appreciated that this is mitigated by implied agreement if services are being performed and paid for.

Recommendation – The CCG should develop a procedure to ensure completeness in relation to the agreement and signing of contracts. An escalation process should be implemented into the procedure to raise concerns when there are issues regarding the sign off process. This should then be escalated with the GP Practice or within the CCG to resolve the issue of the signatures awaited. Timelines incorporated into the procedure should be agreed as relevant for escalations since the contract was issued for signing.

Management Response (Remedial Action Agreed) – Issuing of locally commissioned services under the NHS Standard Contract becomes the responsibility of the Primary Care Contracts Team from 1st April 2020. Systems and processes are currently being put in place to ensure that all contracts are signed by provider and commissioner in a timely manner in order to mitigate against disputes and legal challenges as far as possible.

Responsibility for Action – Head of Strategic Primary Care Commissioning

Deadline for Action – 31/03/2020

Follow-up

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

Appendix A: Terms of Reference

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

Limitations inherent to the internal auditor's work

We have undertaken the review subject to the following limitations.

Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment is that at December 2019. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

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

The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

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

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Appendix B: Assurance Definitions and Risk Classifications

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

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
High	Control weakness that has or could have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

Appendix C: Report Distribution

Name	Title	Report Distribution
Lynda Helsby	Associate Director Primary care Development & Health Improvement	Final / Draft
Kathy Oddi	Head of Primary Care Contracting	Final / Draft
Ian Boyle	Chief Finance Officer	Final
Amanda Williams	Head of Financial Accounting & Reporting	Final

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Acknowledgement and Further Information

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

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

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