



NHS West Norfolk Clinical Commissioning Group

Assurance Review of Delegated Primary Care Commissioning

April 2019

FINAL

2018/19



Executive Summary

OVERALL ASSURANCE ASSESSMENT

OVERALL CONCLUSION

- There is evidence of monitoring GP practices, however, there is currently no overall cohesive framework for monitoring GP practice performance both in terms of contractual obligations and CCG requirements.
- The CCG needs to develop its own performance reports to the Primary Care Commissioning Committee (PCCC) using the wide variety of measures, indicators and soft intelligence to highlight those Practices at risk.
- Monitoring GP Practices performance has been previously undertaken on an exception basis. Action is being taken by the Primary Care Team to address this and to take a more inclusive approach. This will need to support the overall Norfolk and Waveney GP practice monitoring performance framework.
- There is a need to clarify the roles and responsibilities across the CCGs and also the NHSE Assigned Primary Care Commissioning Team.

SCOPE

Rationale
 NHS England has written to Audit Chairs to say that they will explore introducing a requirement that delegated CCGs’ annual internal audit plans should include an assessment of compliance against their delegated functions.

Scope
 The purpose of the review was to assess the overall arrangements for governance, management of conflicts of interest, and monitoring of primary care contract performance.

ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 5 | 2 | 1 |

Management Action Plan - Priority 1, 2 and 3 Recommendations

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------|
| 1 | Directed | There is a draft Memorandum of Understanding (MOU) that is being worked on. This sets out the roles and responsibilities of the Assistant Director and also the CCGs. It is noted that there is a requirement for the Assistant Director to develop a work programme and that South & North Norfolk CCGs are to monitor the Assistant Director's performance against this. A copy of the current draft Primary Care work plan for 2018/19 was provided as evidence of this being done. It was also noted that there is no mention of the work the Assistant Director, or Primary Care Leads in terms of liaison with the CQC, nor is there any mention of the NHS England Assigned Team for Primary Care Commissioning. | The draft MOU be amended to include responsibilities of the Assistant Director and Primary Care Leads to liaise and support CQC processes, and the MOU and responsibilities agreed between the CCGs and the NHSE GP Contracts Team. | 2 | <i>Parveen Mercer will amend the latest MOU to include re-visited working arrangements with NHSE. CQC processes with West Norfolk CCG are well supported, but perhaps not clearly documented under a standing operating procedure.</i> | June 2019 | Sadie Parker (Director of Primary Care) |

PRIORITY GRADINGS

1 URGENT Fundamental control issue on which action should be taken immediately.

2 IMPORTANT Control issue on which action should be taken at the earliest opportunity.

3 ROUTINE Control issue on which action should be taken.

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| 2 | Directed | The NHSE Contract Manager explained that there is a plan to re-issue all GP contracts based on the changes over the years. This is because there is a mix of paper and electronic copies of contracts. Practices have been communicated all of the national variation changed by NHSE through various routes. As these national changes enshrined in legislation practices cannot refuse but merely acknowledge receipt. Over the years there has been numerous national changes, therefore it is timely to re-issue the contracts. . The Contracts Manager is also concerned that the current PMS contracts might not follow national requirements and have some information missing. The aim is to prepare a plan to re-issue all contracts and to share this with the CCGs. | The plan to re-issue GP Contracts be produced and communicated to the CCGs. | 2 | <i>New 5 year GP contract framework published in February 2019. This will affect lots of GP contracts across the CCG's, hence the draft target.</i> | <i>(Draft) October 2019</i> | <i>Parveen Mercer (Associate Director of Primary Care (Contracting & Performance)) & NHSE</i> |
| 3 | Directed | There is no overall framework in place which sets out how practices are to be monitored both in terms of their contractual obligations and the needs of the CCGs. | A Primary Care performance monitoring framework be established and agreed with all CCGs, so that all key performance indicators are identified for both contractual obligations and the CCG's own health system needs. | 2 | <i>Parveen Mercer is working with NHSE assigned team to develop framework which will cover a period of 3 years (to 2022).</i> | <i>August 2019</i> | <i>Parveen Mercer (Associate Director of Primary Care (Contracting & Performance))</i> |

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|------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| 4 | Compliance | There is no specific checking on GP Practices opening times. From discussions with the Assistant Director of Primary Care and other CCG Primary Care Leads, CCGs can be notified of any issues arising with GP Practices through feedback from patients (surveys or complaints) and a self-assessment (annual E-declaration) from Practices, but currently there is no proactive work specifically to check GP Practices compliance with contractual requirements. The Assistant Director of Primary Care stated that there is an intention to undertake GP Practice visits with NHS England's agreement, as confirmed within a paper to the PCCC on the E-declaration return), but this needs to be worked through between the CCGs and the NHSE Assigned Team. | A plan for GP Practice visits be completed and agreed with NHS England and other CCGs so that checks can be undertaken against National contractual requirements as well as the CCG's own objectives. | 2 | <i>Links to recommendation number 3 as assurance framework will cover audit of GP practices including opening times. To start September 2019.</i> | September 2019 | Parveen Mercer (Associate Director of Primary Care (Contracting & Performance)) |

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|------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 6 | Compliance | The APMS contracts for West Norfolk CCG relates to The Hollies and St Johns surgeries. APMS contracts require the practices to provide quarterly Key performance indicators. From discussion with the Primary Care Team and NHSE Contracts Manager this has not been implemented. Since 2010 these contracts have not reported KPIs. In the final year of the contract term it makes sense to work with practices on a service review. | Quarterly meetings be set up for monitoring the two APMS contracts to support the service re-design and procurement options. | 2 | NHSE to assign contract management support meetings to be pre-arranged for the next 12 months. | April 2019 | Parveen Mercer (Associate Director of Primary Care (Contracting & Performance)) Fiona Theadom (Contract Manager) NHSE |
| 5 | Compliance | From discussion with the Assistant Director of Primary Care – Contracting, and papers presented to other CCG's PCCCs that boundary change requests have not always been communicated to the Assistant Director, NHSE Assigned Team or neighbouring CCGs at the start of the process. All relevant staff therefore need to be aware of this. This could be done through a standard operating procedure being written and communicated to all relevant staff across all the CCGs. | A standard operating procedure for boundary change requests be produced and communicated to all relevant staff across all of the Norfolk & Waveney CCGs. | 3 | Draft standard operating procedures have been developed and in the process of sharing with Primary Care colleagues. | July 2019 | Parveen Mercer (Associate Director of Primary Care (Contracting & Performance)) |

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|------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | Compliance | It is noted within other CCGs' PCCC reports that practices at risk are routinely included as part of the committee's Part 2 meeting. This includes soft intelligence and ensures that the PCCC is aware of any emerging issues. | A report on practices at risk be included within the reports to the PCCC, highlighting any emerging issues. | 3 | <i>Parveen Mercer & Ben Hogston to develop a report similar to the Great Yarmouth & Waveney format.</i> | <i>June 2019</i> | <i>Parveen Mercer (Associate Director of Primary Care (Contracting & Performance)) Ben Hogston (Deputy Director of Primary Care)</i> |

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Operational Effectiveness Matters

| Ref | Risk Area | Item | Management Comments |
|-----|------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 1 | Compliance | Consideration be given to the use of ranking GP Practices or another way to highlight the best and worst performing Practices. | <i>There is a dashboard Practice Packs have now developed and sent out programme of CV meetings in place with practices..</i> |

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Detailed Findings

Introduction

1. This review was carried out in January 2019 as part of the planned internal audit work for 2018/19. Based on the work carried out an overall assessment of the overall adequacy of the arrangements to mitigate the key control risk areas is provided in the Executive Summary.

Background

2. The NHSE assurance framework for Delegated Primary Care Commissioning requires that the delegated functions is audited by April 2021. This allows CCGs to take a strategic view, and audit four modules (Commissioning; Contract Management; Finance and Governance) over a three year period. The Audit Committee agreed that in 2018/19 Contract Management functions should be audited.

Materiality

3. The Primary Care Co-Commissioning budget is £28,248k.

Key Findings & Action Points

4. The key control and operational practice findings that need to be addressed in order to strengthen the control environment are set out in the Management and Operational Effectiveness Action Plans. Recommendations for improvements should be assessed for their full impact before they are implemented.

Scope and Limitations of the Review

Rationale

5. NHS England has written to Audit Chairs to say that they will explore introducing a requirement that delegated CCGs' annual internal audit plans should include an assessment of compliance against their delegated functions.

Scope

6. The purpose of the review was to assess the overall arrangements for governance, management of conflicts of interest, and monitoring of primary care contract performance.
7. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan.

Disclaimer

8. The matters raised in this report are only those that came to the attention of the auditor during the course of the internal audit review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Risk Area Assurance Assessments

9. The definitions of the assurance assessments are:

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| Substantial Assurance | There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved. |
| Reasonable Assurance | The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved. |
| Limited Assurance | The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved. |
| No Assurance | There is a fundamental breakdown or absence of core internal controls requiring immediate action. |

Acknowledgement

10. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

11. The table below sets out the history of this report.

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|--------------------------------------------|-----------------------------|
| Date draft report issued: | 4 th March 2019 |
| Date management responses received: | 19 th March 2019 |
| Date final report issued: | 29 th March 2019 |
| Date revised final report issued: | 9 th April 2019 |

12. The following matters were identified in reviewing the Key Risk Control Objective:

Directed Risk: Failure to direct the process through approved policy & procedures.

Overall Management Arrangements for Contract Monitoring

- 12.1 The CCG has been delegated full responsibility for the commissioning primary care services since April 2017. A signed delegated agreement between the CCG and NHS England, dated 1st April 2017, was provided as evidence.
- 12.2 The CCG has formed a Primary Care Commissioning Committee (PCCC) for oversight of primary care services. This is a Committee whose meetings are held in public, and whose role is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract).
- 12.3 The Committee's Terms of Reference was last approved in February 2019, and includes a Lay member as Chair, who is not the Chair of the Audit Committee.
- 12.4 The Great Yarmouth & Waveney CCG Assistant Director of Primary Care – Contracting's job description states that the post holder will manage the day to day operational work of the wider Norfolk Primary Care Team, which includes NHS England (NHSE) assigned staff. The team at NHSE (Fulbourne) is a single disciplinary team, led by the Contract Manager at NHSE, with responsibilities for managing GP contracts and ensuring that national guidance is applied. Other resource for West Norfolk CCG includes the Deputy Director of Primary Care who also works for Great Yarmouth & Waveney, the Primary Care Transformation Manager, and two other support officers for assisting in project support and delivering agendas for the GP Five Year Forward View and GP Networks.
- 12.5 From April 2017, the NHSE team have continued to manage 108 contracts for the five Norfolk & Waveney CCGs, although responsibilities for decisions to be made has moved from NHSE to the CCGs. From that date, the CCGs, through their Primary Care Commissioning Committees, have been required to make strategic decisions based on the information or recommendations provided from the NHSE Assigned Team. The role of the Assistant Director of Primary Care – Contracting, is to ensure that both the national requirements and local decisions are actioned, and that there is a consistent approach.
- 12.6 There is a draft Memorandum of Understanding between Great Yarmouth & Waveney CCG (the host) and the other Norfolk CCGs that is still being developed. The current draft sets out the roles and responsibilities of the Assistant Director and also the CCGs. It is noted that there is a requirement for the Assistant Director to develop a work programme and that South & North Norfolk CCGs are to monitor the Assistant Director's performance against this. A copy of the current draft Primary Care work plan for 2018/19 was provided as evidence of this being done. It was noted that there is no mention of the work the Assistant Director, or Primary Care Leads in terms of liaison with the CQC, nor is there any mention of the role of the NHSE Assigned Team, which has continued to operate a number of the delegated functions.

Recommendation: 1

Priority: 2

The draft MOU be amended to include responsibilities of the Assistant Director and Primary Care Leads to liaise and support CQC processes, and the MOU and responsibilities agreed between the CCGs and the NHSE GP Contracts Team.

- 12.7 The CCG maintains a Primary Care risk register and this is presented to every PCCC meeting. At its last meeting in February 2019, the PCCC was presented with the risk register which included two significant risks associated with international recruitment and implementation of the national requirement for improvement access. Target dates for mitigating these risks to an acceptable level have been included as well as actions needed.
- 12.8 GP Practice contracts are held by the NHSE GP Contracts team, either in manual or electronic form. Details of the national GMS/PMS contracts and annual variations are available on NHSE's web-site. The vast majority of the GP Practices in the Norfolk and Waveney area are on national contracts, with only six Practices operating through an Alternative Primary Medical Services (APMS) contract. The CCGs are responsible for maintain the latter contracts. Examples of schedule 2 -service specification and schedule 6 - performance management, for APMS contracts were provided as an illustration of the contract requirements and bases for monitoring these contracts.
- 12.9 The GP Contracts team at NHSE maintains a contracts database and provides extracts of this to the Assistant Director of Primary Care - Contracts on a regular basis. Extracts of the database provided shows that movements in patients lists and details of providers.
- 12.10 NHSE requires that the CCGs' PCCC members are aware of the Primary Medical Care Policy and Guidance Manual (PGM), and the basic contents. An example of a briefing paper for one of the CCG PCCCs was provided as evidence of this process being started. The NHSE Contract Manager stated that there is also a plan to hold workshops during February 2019 to explain the PGM and the work of the NHSE GP Contracts team so that they can be assured the PGM is being complied with.
- 12.11 The NHSE Contract Manager explained that there is a plan to re-write all GP contracts based on the changes over the years. This is because there is a mix of paper and electronic copies of contracts, and there is no confidence that the practices have been communicated formally all the changes to the contracts over the years to all Practices. There is also concern that the current PMS contracts do not follow national requirements and have some information missing. The aim is to prepare a plan to re-write all contracts and to share this with the CCGs.

Recommendation: 2

Priority: 2

The plan to re-issue GP Contracts be produced and communicated to the CCGs.

- 12.12 Contract activity has been reported to the CCG's PCCC by the NHSE Contract Manager, however, there is no overall framework in place which sets out how practices are to be monitored both in terms of their contractual obligations and the needs of the CCGs. It is noted that other CCGs are reporting different GP Dashboard information to their PCCCs, and that West Norfolk CCG are not routinely reporting performance in this way.

Recommendation: 3

Priority: 2

A Primary Care performance monitoring framework be established and agreed with all CCGs so that all key performance indicators are identified for both contractual obligations and the CCG's own health system needs.

Compliance Risk: Failure to comply with approved policy and procedure leads to potential losses.

GP Practice opening times and the appropriateness of sub contracted arrangements

- 12.13 The core hours within the GMS contract is 8:00am to 18:30pm from Monday to Friday each week. In addition, under a Directed Enhanced Service agreement, GP surgeries can extend their hours and receive additional payments to the contract.
- 12.14 There is no specific checking on GP Practices opening times. From discussions with the Assistant Director of Primary Care and the CCG's Primary Care team, CCGs can be notified of any issues arising with GP Practices through feedback from patients (surveys or complaints) and a self-assessment (annual E-declaration) from Practices, but currently there is no proactive work specifically to check GP Practices compliance with contractual requirements. The Assistant Director of Primary Care stated that there is an intention to undertake GP Practice visits with NHS England's agreement, as confirmed within a paper to the PCCC on the E-declaration return), but this needs to be worked through following analysis of the e-declaration returns, between the CCGs and NHSE Assigned Team.

Recommendation: 4

Priority: 2

A plan for GP Practice visits be completed and agreed with NHS England and other CCGs so that checks can be undertaken against National contractual requirements as well as the CCG's own objectives.

- 12.15 It is understood from the Assistant Director of Primary Care that there are no sub-contracted arrangements across the Norfolk & Waveney CCGs.

Managing patient lists and registration issues

- 12.16 Practice list sizes are maintained by the NHS England team. Patient list sizes are supplied to the CCGs by the NHSE Contracts team and captured within standard GP practice packs issued each month and shows patient list movements. This may help to flag any potential capacity risks at the practices.
- 12.17 Practices can request temporary closure of their patient list due to challenges in meeting extra need, or due to difficulties in recruiting GPs or Locums. The CCGs are required to follow a set procedure and approval for these closures. No closure lists were requested for West Norfolk CCG in 2018/19 to-date, however, there is a standard operating procedure for the CCGs to follow. An example of all documentation relating to a patient list closure at a practice outside the CCG's area was provided. A review of the document showed that there was a formal request completed and signed by the provider; consultations were undertaken with other GP practices, and a tracker was used to monitor responses. A report to the relevant CCG's PCCC included the background, formal request; and the response tracker document. The PCCC was asked to make a decision to approve or reject the request. Further evidence of the PCCC's decision to approve and the official letter notifying the practice of the agreement to close the patient list was provided.

12.18 Practices can also request boundary changes and practice closures, and these must be approved by the PCCC. It was noted from the February 2019 PCCC meeting papers that there is one request for a public consultation exercise to close one surgery following difficulties with its premises, and meeting CQC requirements. From discussion with the Assistant Director of Primary Care – Contracting, and papers presented to other CCGs’ PCCCs, it was found that boundary changes and practice closure requests have not always been communicated to the Assistant Director, NHSE Assigned Team or neighbouring CCGs at the start of the process. All relevant staff therefore need to be aware of this. This could be done through a standard operating procedure being written and communicated to all relevant staff across all the CCGs.

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| Recommendation: 5 | A standard operating procedure for boundary change requests be produced and communicated to all relevant staff across all of the Norfolk & Waveney CCGs. |
| Priority: 3 | |

12.19 Other registration issues can include patients who have been excluded from the normal patient list (e.g. violent patients) and agreement with NHSE -the threshold is that the incident has to be reported to the police. Excluded patients are then subject to another contract under a Special Allocation Scheme (SAS). The NHSE Contract Manager stated that there were issues with this contract in that the CCGs paid over the regional average, performance was poor, and the patients stayed on the excluded list for too long as there was no incentives for them to be taken off it. As a subsequence, a new procurement is to be done; with incentives/metrics to address root causes with the objective to enable the patient to return to the normal patient list. Evidence of a paper to the PCCC setting out the issues and proposed change for a strategic approach, and the PCCC’s approval of the procurement exercise was provided as evidence of this.

Identification of practices selected for contract review

12.20 Commissioners have a statutory duty to conduct a routine annual review of every primary medical care contract it holds. This is currently being done through the annual E-declaration, which is a self-assessment completed by the GP Practices. A paper from the Assistant Director of Primary Care and the NHSE Contract Manager regarding this was presented to the PCCC at its February (Part 2) meeting to report that the GP Practices in the Norfolk & Waveney CCG were 100% compliant with the requirement to complete this return. The report states that analysis of the return needs to be completed, the outcomes and conclusions for which will be reported to the next PCCC.

12.21 The paper to the PCCC refers to three sources of information which both the CCG and NHSE use to inform the performance of GP practices, and any resilience issues. This includes the E-declaration but also:

- A Practice profile which describes the characteristics of each practice e.g. the demography of the population served, and
- A suite of general practice measures and indicators supporting quality improvement, assurance and enabling benchmarking as these are shared transparently with all practices.

- 12.22 An example of a monthly GP Practice pack showing demographic information and other practice measures and indicators was provided (St Clements Practice). These are routinely built into the operations of the CCG and primarily to ensure that the practices are meeting system wide and transformational needs rather than specifically any contractual requirements. From discussion with the CCG's Primary Care team it is understood that practice visits were conducted on an exception basis following the production of the GP packs, which ultimately has not produced desired sustainable outcomes. The CCG is therefore looking at a different approach to visit all practices and not just those that appear to be outliers/exceptions. A chart of the proposed format for these meetings was provided as evidence of the plan, as well as the Project Initiation Document and Phase 2 Audit of the Improved Access Scheme. It is noted that the plan includes the Assistant Director of Primary Care at Great Yarmouth & Waveney CCG and a nominated GP which will help to include any contractual issues as well as assist with clinical engagement. As stated above, the plans should be part of an overall contract monitoring framework.
- 12.23 Also included within the practice packs are the Quality Outcomes Framework (QOF) indicators, showing disease prevalence at CCG and practice levels for a number of indicators. The responsibility for monitoring QOF indicators is with the NHSE GP Contracts team. This involves a sign off process operated by the team which includes identification and investigation of outliers against QOF indicators. Evidence was provided where practices were found to be outliers and the Practices affected were requested to review exceptions reported against their Practice and confirm whether all exceptions have been made in line with guidance. The Assistant Director of Primary Care was copied into the correspondence, and the CCG Primary Care Leads were also contacted to ascertain whether they have any concerns regarding the exceptions reported. Further evidence of the practices response was provided by the NHSE Contract Manager.
- 12.24 Patient feedback is obtained and also included within the practice pack's National Quality Surveillance Data Summary page. The information obtained includes the patients' experience on booking the appointment and also the Friends and Family Test. Further information is included within the quality report presented to the PCCC which includes survey responses to how patients felt they were treated by the healthcare professional.
- 12.25 In addition to patient feedback, the NHSE Contract Manager explained that soft intelligence is also used for monitoring practices through other processes such as payments to Locums covering staff off-sick or changes in Partners/GPs. This information helps to provide the CCGs with any resilience issues that may be looming.
- 12.26 It was noted that at the September 2018 meeting, the PCCC received a GP Dashboard as part of the quality report, however, this has not been embedded as part of the PCCC agenda (see recommendation 3 above).
- 12.27 Responsibility for contract monitoring of APMS contracts has been fully delegated to the CCGs. As stated above, there are only six APMS contracts within Norfolk & Waveney, and these are held with West Norfolk, Norwich and Great Yarmouth & Waveney CCGs. The APMS contracts for West Norfolk CCG relates to The Hollies and St Johns surgeries. APMS contracts require the practices to provide quarterly Key performance indicators. From discussion with the Primary Care Team and NHSE Contracts Manager this has not been implemented.

Recommendation: 6

Quarterly meetings be set up for monitoring the two APMS contracts.

Priority: 2

Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC

- 12.28 CQC inspections are supported by the CCGs and NHSE Assigned Team in terms of providing information and addressing any actions arising. The CCG's practices are all rated as good or outstanding, although the PCCC has been made aware of one practice which is at risk due to issues with its premises and a request for public consultation on this.
- 12.29 It is noted within other CCGs' PCCC reports that practices at risk are routinely included as part of the committee's Part 2 meeting. This includes soft intelligence and ensures that the PCCC is aware of any emerging issues.

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| Recommendation: 7 | A report on practices at risk be included within the reports to the PCCC, highlighting any emerging issues. |
| Priority: 3 | |

- 12.30 It is also noted that the Great Yarmouth & Waveney CCG use a ranking process and include this in its Primary Care dashboard presented to its PCCC.

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| Operational Effectiveness Matter: 1 | Consideration be given to the use of ranking GP Practices or another way to highlight the best and worst performing Practices. |
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- 12.31 It is understood from the NHSE Contract Manager that there has not been any breaches of contract identified and reported during the course of the financial year.

Overall Management of Practice: (1) mergers (2) closures

- 12.32 As part of the delegated functions, CCGs are required to oversee and approve any practice mergers. There have been no mergers within the CCG's practices.
- 12.33 Where Practices experience extreme financial difficulties, they can apply for Section 96 funding. The aims of this additional external support is to assess (as needed) and treat the causes of vulnerability, securing practice improvement and building longer term resilience rather than deliver short term quick fixes. Within the Norfolk & Waveney area, there is only one Practice that has needed Section 96 funding (South Norfolk) which was agreed two years ago by NHSE. This has an action plan which is monitored by the NHSE Assigned Team.
