FINAL INTERNAL AUDIT REPORT

EDUCATION, CARE AND HEALTH SERVICES DEPARTMENT

REVIEW OF NHS HEALTH CHECK PROGRAMME AUDIT FOR 2014-15

Issued to: Gillian Fiumicelli, Community Vascular Co-ordinator
Nada Lemic, Director of Public Health
Richard Hills, Strategic Manager Commissioning

Prepared by: Principal Auditor

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INTRODUCTION

1. This report sets out the results of our systems based audit of NHS Health Check Programme Audit for 2014-15**.** The audit was carried out in quarter 3 as part of the programmed work specified in the 2014-15 Internal Audit Plan agreed by the Section 151 Officer and Audit Sub-Committee.

2. The controls we expect to see in place are designed to minimise the department's exposure to a range of risks. Weaknesses in controls that have been highlighted will increase the associated risks and should therefore be corrected to assist overall effective operations.

AUDIT SCOPE

3. The scope of the audit is detailed in the Terms of Reference issued on the 19/8/2014.

AUDIT OPINION

4. Overall, the conclusion of this audit was that substantial assurance can be placed on the effectiveness of the overall controls. Definitions of the audit opinions can be found in Appendix C.

MANAGEMENT SUMMARY

5. NHS Health Check is a national risk assessment and prevention programme that systematically targets the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

6. Public Health England (PHE) took over responsibility for overseeing implementation of this programme in April 2013 with local authorities being given the task of rolling out the programme to 20% of their eligible population (40-74 year olds) each year over the next 5 years.

7. In Bromley, the NHS Health Checks programme is delivered using a variety of Providers which are GPs, Pharmacies and Community Outreach Provider to the eligible population. The GP Practice Electronic Clinical system is used as the NHS Health Checks register which should hold all the data for the above mentioned providers regardless of where the Check has happened. The results of NHS Health Checks undertaken by Pharmacies and Community Outreach Provider should be sent to the relevant GP Practice for data to be entered into the clients' clinical records, on the GP Practice Electronic Clinical system. This register is used to report to Public Health England and manage the call recall system for the NHS Health Checks.

8. Each quarter, data of the number of completed NHS Health Checks is submitted by all Providers (GPs, Pharmacies and Community Outreach Provider) to Public Health LB Bromley. In addition to the number of NHS Health Checks completed by them, GP's also provide data on number of NHS Health Checks completed by Pharmacies and Outreach provider in respect of patients registered at their Practice. GP reports in respect of NHS Health Checks completed by Pharmacies and Outreach provider are compared to reports directly submitted to Public Health LB Bromley by Pharmacies and Outreach provider to monitor any discrepancies. The monitoring for quarter 1 reports covering the period April to June 2014 was reviewed as part of this audit. Currently there are discrepancies in number of NHS Health Checks reported by Pharmacies when comparing their reported figures with the GP Practice reported figures. In 24 instances the number of NHS Health checks undertaken by Pharmacies as reported by GP's did not match the figures submitted by Pharmacies. Further review of these discrepancies is required as these figures are the basis of calculation for the quarterly payments due to the providers.

9. As part of the audit an example of data reports submitted by Community Pharmacy and Community Outreach Provider was reviewed. It was noted that there is no uniquely identifiable information to verify the individual receiving the Health check and also if he/she has not been claimed for before. The reports included a data field 'Date sent to GP Practice' which should be completed by the Pharmacies and Community Outreach Provider for every check. This field is left blank in both reports.

10. It was noted that the cost of NHS Health check is different for different Providers. The cost per NHS Health Check to the authority is £22 if completed at GP Practice which is includes £6 administration cost. The cost per NHS Health Check ranged from £25 to £46 if completed at Pharmacy and £39 if completed by the Community Outreach Provider. An additional administration charge of £6 is due to the GP Practices in respect of every NHS Health Check undertaken by Pharmacies and Community Outreach Provider.

11. Finance template for Pharmacies was reviewed to ensure that payment is only made for completed checks where information has been sent to GP. Payment for any discrepancies is withheld until it is resolved.

SIGNIFICANT FINDINGS (PRIORITY 1)

12. There is no priority one recommendation in this report.

DETAILED FINDINGS / MANAGEMENT ACTION PLAN

13. The findings of this report, together with an assessment of the risk associated with any control weaknesses identified, are detailed in Appendix A. Any recommendations to management are raised and prioritised at Appendix B.

ACKNOWLEDGEMENT

14. Internal Audit would like to thank all staff contacted during this review for their help and co-operation.

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
1	Each quarter data of the number of completed NHS Health Checks is submitted by all Providers (GPs, Pharmacies and Community Outreach Provider) to Public Health. In addition to the number of NHS Health Checks completed by them, GP's also provide data on number of NHS Health Checks completed by Pharmacies and Outreach provider in respect of patients registered at their Practice. GP reports in respect of NHS Health Checks completed by Pharmacies and Outreach provider are compared to reports directly submitted to Public Health LB Bromley by Pharmacies and Outreach provider to monitor any discrepancies. The monitoring for quarter 1 reports was reviewed as part of this audit. Currently there are discrepancies in number of NHS Health Checks reported by Pharmacies when comparing their reported figures with the GP Practice reported figures. In 24 instances the number of NHS Health checks undertaken by Pharmacies as reported by GP's did not match the figures submitted by Pharmacies to LB Bromley. Further review of these discrepancies is required as these figures are the basis of calculation for the quarterly payments due to the providers.	Alternate providers may send in incorrect information	**Given the confidentiality restriction on patient identifiable data, it is not possible for audit to investigate the discrepancies. It is recommended that these discrepancies should be monitored by Vascular Co-ordinators to understand the reasons for discrepancies and take appropriate action to improve data quality.** **[Priority 2]**

Priority 1
Required to address major weaknesses and should be implemented as soon as possible

Priority 2
Required to address issues which do not represent good practice

Priority 3
Identification of suggested areas for improvement

No.	Findings	Risk	Recommendation
2	As part of the audit an example of data reports submitted by Community Pharmacy and Community Outreach Provider was reviewed. It was noted that there is no uniquely identifiable information to verify the individual receiving the Health check and also if he/she has not been claimed for before. The reports included a data field 'Date sent to GP Practice' which should be completed by the Pharmacies and Community Outreach Provider for every check. This field is left blank in both reports but has been identified as a database issue which was not set up to extract this data..	Alternate providers may send in incorrect information.	**The 'Date sent to GP' data should be mandatory on data submissions as the NHS Health checks cannot be deemed to be complete until the results are sent to the GP Practice.** **Collection of this information will also help with investigating discrepancies between data submitted by Pharmacies, Community Outreach Provider and GPs.** **[Priority 2]**

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Required to address major weaknesses and should be implemented as soon as possible

Priority 2
Required to address issues which do not represent good practice

Priority 3
Identification of suggested areas for improvement

No.	Findings	Risk	Recommendation
3	Public Health has contracts with three Pharmacy companies to provide NHS Health Checks as listed below. 1. Contractor A – covers 9 Pharmacies – cost per check £25 (fee) plus £21.83 (consumables and quality control)(up to 50 checks) £23 plus £21.83 (51 to 100checks) £21 plus £21.83 (101-250 checks) 2. Contractor B – covers 5 Pharmacies – Cost per check £25 3. Contractor C – covers 5 Pharmacies currently Cost per check £28 NHS Health Check costs £39 if completed by the Community Outreach Provider.		**The variation in cost per check agreed with Pharmacies should be reviewed to ensure value for money is being achieved.** **Number of NHS Health checks undertaken per provider should be kept under review to ensure that the overall objective of rolling out the programme to 20% of the eligible population (40-74 year olds) each year is being achieved.** **[Priority 2]**

Priority 1
Required to address major weaknesses and should be implemented as soon as possible

Priority 2
Required to address issues which do not represent good practice

Priority 3
Identification of suggested areas for improvement

No.	Findings	Risk	Recommendation
	A NHS Health Check if completed at a Pharmacy or by Community Outreach Provider costs would cost more than twice in most instances compared to the cost if the same test is undertaken by a GP.		
4	Finance template for Pharmacies was reviewed to ensure that payment is only made for completed checks where information has been sent to GP. Payment for any discrepancies is withheld until its resolved.	Payment is made for checks that have not been completed.	**The contracts with Pharmacies and Community Outreach Provider should clearly state that payment will only be made for completed checks where there is evidence the report has been sent to the GP Practice [Priority 2]**

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Required to address major weaknesses and should be implemented as soon as possible

Priority 2
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Identification of suggested areas for improvement

REVIEW OF NHS HEALTH CHECK PROGRAMME AUDIT FOR 2014-15

APPENDIX B

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	**Given the confidentiality restriction on patient identifiable data, it is not possible for audit to investigate the discrepancies. It is recommended that these discrepancies should be monitored by Vascular Co-ordinator to understand the reasons for discrepancies and take appropriate action to improve data quality.**	2	From April 2015 the Pharmacies and Community Outreach Provider will include an Alternative Provider ID number on the reports to the GP Practice and the reports to Public Health. Quarterly monitoring of discrepancies will continue by Public Health and allow feedback to the Providers of missing patient records, and prompt action to rectify any discrepancies. Public Health to scope the use of electronic data transfer from Community Outreach to GP Practice.	Community Vascular Co-ordinator	March 2016
2	**The 'Date sent to GP' data should be mandatory on data submissions as the NHS Health checks cannot be deemed to be complete until the**	2	Database has been amended and this will be monitored from April 2015	Community Vascular Co-ordinator	March 2016

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Priority 2
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Priority 3
Identification of suggested areas for improvement

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
	results are sent to the GP Practice. **Collection of this information will also help with investigating discrepancies between data submitted by Pharmacies, Community Outreach Provider and GPs.**				
3	**The variation in cost per check agreed with Pharmacies should be reviewed to ensure value for money is being achieved.** **Number of NHS Health checks undertaken per provider should be kept under review to ensure that the overall objective of rolling out the programme to 20% of the eligible population (40-74 year**	**2**	Negotiation of price reduction has been agreed with Pharma BBG and will be in place for the new contract from April 2015	Community Vascular Co-ordinator	April 2015

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
	olds) each year is being achieved.				
4	**The contracts with Pharmacies and Community Outreach Provider should clearly state that payment will only be made for completed checks where there is evidence that the report has been sent to the GP Practice.**	2	Service specification to be amended to include this from April 2015. All managers of the pharmacies and Community Outreach Providers have been informed of this requirement.	Community Vascular Co-ordinator	March 2016

Priority 1
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OPINION DEFINITIONS **APPENDIX C**

As a result of their audit work auditors should form an overall opinion on the extent that actual controls in existence provide assurance that significant risks are being managed. They grade the control system accordingly. Absolute assurance cannot be given as internal control systems, no matter how sophisticated, cannot prevent or detect all errors or irregularities.

Assurance Level	**Definition**
Full Assurance	There is a sound system of control designed to achieve all the objectives tested.
Substantial Assurance	While there is a basically sound systems and procedures in place, there are weaknesses, which put some of these objectives at risk. It is possible to give substantial assurance even in circumstances where there may be a priority one recommendation that is not considered to be a fundamental control system weakness. Fundamental control systems are considered to be crucial to the overall integrity of the system under review. Examples would include no regular bank reconciliation, non-compliance with legislation, substantial lack of documentation to support expenditure, inaccurate and untimely reporting to management, material income losses and material inaccurate data collection or recording.
Limited Assurance	Weaknesses in the system of controls and procedures are such as to put the objectives at risk. This opinion is given in circumstances where there are priority one recommendations considered to be fundamental control system weaknesses and/or several priority two recommendations relating to control and procedural weaknesses.
No Assurance	Control is generally weak leaving the systems and procedures open to significant error or abuse. There will be a number of fundamental control weaknesses highlighted.