

FINAL INTERNAL AUDIT REPORT
EDUCATION, CARE AND HEALTH SERVICES DEPARTMENT

REVIEW OF SLAs FOR GP PRACTICES AUDIT 2015-16

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REVIEW OF CONTRACTS & COMMISSIONING FOR PUBLIC HEALTH FOR 2015-16

INTRODUCTION

1. This report sets out the results of our systems based audit of review of SLAs for GP Practices audit for 2015-16. The audit was carried out in quarter 4 as part of the programmed work specified in the 2015-16 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.
3. The original scope of the audit was outlined in the Terms of Reference issued on 02/08/2015 however the audit was postponed and commenced on 26/11/2015. The period covered by this report is from 01/04/2015 to 31/12/2015.
4. The budget for LES Payments to GP's/Pharmacies for 2015/16 was set as £255,650. The total expenditure as of 31/03/2016 was £254,060.

AUDIT SCOPE

5. The scope of the audit is detailed in the Terms of Reference. The SLAs with GP Practices for integrated Sexual Health Provision in Primary care were reviewed as part of this audit.

AUDIT OPINION

6. 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.

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MANAGEMENT SUMMARY

7. In June 2013 Executive approved an exemption from the Contract Procedure Rules in order that the Council could enter into one year Service Level Agreements (SLAs) with GPs to support the delivery of:
 - Sexual Health Services
 - Substance Misuse Services
 - NHS Health ChecksThese SLAs were implemented to streamline the commissioning activity of these services as well as improving the contract and budget monitoring processes and payment arrangements.
8. All 45 registered GP Practices in the Borough signed up to deliver one or more elements of these services during 2014/15. GP participation in these Public Health programmes remains vital as GP practices hold patient lists covering the local population and have direct access to those patients the Public Health programmes seek to target. Therefore an exemption from the Council's Contract Procedure Rules was granted to support the continuation of these programmes by enabling the Director of Public Health to establish a new round of SLAs with GP Practices for 2015/16 by the Executive in November 2014.
9. This review focused on the SLA with GP Practices for integrated Sexual Health Provision in Primary care.
10. Sexual Health is an important area of Public Health. The provision of an integrated sexual health service model in primary care aims to improve sexual health outcomes by providing better access to services through a 'one stop shop' where sexual health and contraception can be available at one site [where possible] and be delivered by qualified and skilled health professionals.
11. As part of the GP Sexual Health Contract as of 2014, and to meet LBB auditing requirements, Contract Monitoring Audit visits should be arranged with each practice on a yearly basis, with any potential claim discrepancies taking priority. GP visits are primarily of a clinical nature to ensure GP practice professionals are meeting the contract requirements and correctly using the 'sexual health template'. This was designed by the search designer to specifically capture the sexual health activity specified in the contract. The accuracy of the audit and claim process is dependent on this primarily as the audit search and claim have been designed so they cannot be manipulated.

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12. It was noted as part of this review that GP practices are not visited on an annual basis. From the sample selected, there was no record of audit visits in 2 of the 5 practices, since the start of the SLA in 2014. There is no overall plan of audit visits to ensure that all GP practices are covered on a rotational basis.
13. Audit visit documents for the remaining 3 GP practices in the sample were requested for review. The audit check list for the visit to Surgery A was incomplete and details of outcome of claim checks, date of visit and signature by the clinical auditor were not recorded.
14. Further review of the audit checklist completed at the time of audit visit highlighted that the checking of claims and its outcome is not documented.
15. A sample of 10 payments from the list of GP claims for Sexual Health for Quarter 1 (April 2015 to June 2015) and Quarter 2 (July 2015 to September 2015) relating to 45 GP Practices was selected for review. Each claim was checked to the independent audit report that is obtained directly from GP practices IT systems to ensure accurate numbers of procedures were claimed and the unit price paid was as agreed in the SLA. The review was satisfactory for 10/10 claims. Two instances of under-claiming were identified, however satisfactory explanations were provided by the Interim Sexual Health Lead.

SIGNIFICANT FINDINGS (PRIORITY 1)

16. There are no priority one findings in this report.

DETAILED FINDINGS / MANAGEMENT ACTION PLAN

17. 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

18. 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	<p>The procedure for Sexual Health Contract Monitoring Audit Visits for Bromley GPs states that ' As part of the GP Sexual Health Contract as of 2014, and to meet LBB auditing requirements, Contract Monitoring Audit visits should be arranged with each practice on a yearly basis, with any potential claim discrepancies taking priority.'</p> <p>The review highlighted that GP practices are not visited on an annual basis. No record of audit visits to 2 of the 5 practices, which were part of the audit sample, could be found since the start of the SLA in 2014.</p> <p>There is no overall plan of audit visits to ensure that all GP practices are covered on a rotational basis.</p>	<p>Delay in taking action in relation to poor performance</p>	<p>An overarching plan of audit visits should be devised which delivers effective contract monitoring by ensuring that regular assurance is received on performance of GP Practices delivering Sexual Health Contract. [Priority 2]</p>
2	<p>Audit visit documents for the remaining 3 GP practices in the sample were requested for review. The audit check list for the visit to Surgery A was incomplete and details of outcome of claim checks, date of visit and signature by the clinical auditor were not recorded.</p> <p>Further review of the audit checklist completed at the time of audit visit highlighted that the checking of claims and its</p>	<p>Performance issues may not be rectified</p>	<p>Documents from Audit visits should be completed in full detailing all checks and observations at the time of visit.</p> <p>Audit checklist should be</p>

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

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
	outcome is not documented.		<p>amended to include a row where outcome of claim checks could be documented.</p> <p>Audit visits should be documented consistently and these documents should be retained either in paper format or electronically in a shared area.</p> <p>[Priority 2]</p>

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

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	An overarching plan of audit visits should be devised which delivers effective contract monitoring by ensuring that regular assurance is received on performance of GP Practices delivering Sexual Health Contract.	2	Even before the restructure of Public Health, audit visits for every practice were not feasible given the capacity of the team. With the redundancy of two clinical advisers, it will not be possible (and in our view, it is not considered necessary) to conduct routine visits to every practice. As we prioritised the visits based on needs, it will not be possible to provide an overarching plan of visits to practices. It must be emphasised that we do not rely on the visits to give assurance. Our monitoring and assurance process comprises of three stages, however, we will revise and strengthen the process in light of the audit report comments.	Assistant Director Public Health/Interim Sexual Health Lead	Complete

Priority 1
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Priority 2
Required to address issues which do not represent good practice

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Identification of suggested areas for improvement

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
2	<p>Documents from Audit visits should be completed in full detailing all checks and observations at the time of visit.</p> <p>Audit checklist should be amended to include a row where outcome of claim checks could be documented.</p> <p>Audit visits should be documented consistently and these documents should be retained either in paper format or electronically in a shared area.</p>	2	<p>We have already revised and are in fact implementing the use of the revised SH GP Monitoring Visit Template that reflects the comments and suggestions made by Auditors</p> <p>We already save the email trail regarding any communication with the practice relating to claim queries.</p> <p>Therefore the email trail covers more than one specific date and recorded accordingly on file.</p> <p>Claim queries are robustly identified because of the 'Search Audit Data' reports that must compulsorily accompany all SH claims. These are thoroughly</p>	Interim Sexual Health Lead	Complete

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MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
			<p>investigated until verification is satisfactory to the SH Programme Lead and if not then a practice visit is arranged accordingly.</p> <p>In view of 2 GP colleagues being made redundant, who shared this responsibility, only one person is now responsible for the whole GP SH claim validation process; it is therefore easier to be consistent in the process adopted.</p> <p>It should be made clear that the validation of GP SH claims has only recently been taken on by the programme manager who will use her capacity in the most expedient way to increase efficiencies and accuracy within it.</p>		

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Priority 2
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 Identification of suggested areas for improvement

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.