

# FTF Internal Audit Service

## Sustainability of Primary Care Services

### Report No. T15/22, AN05/22 & PKIJB20-02

**Issued To:**

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S Lyall, Director of Finance  
M Dunning, Board Secretary  
H Walker, Head of Strategic Risk & Resilience Planning

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D Shaw, Interim AMD Primary Care & Clinical Director/AMD  
Dundee IJB

**Angus:** S Berry, Chief Finance Officer  
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**Dundee:** V Irons, Chief Officer  
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S Hyman, Senior Manager - Service Development and Primary Care.

**Perth & Kinross:** J Pepper, Interim Chief Officer  
J Smith, Chief Finance Officer  
H Dougall Clinical Director/AMD  
L Milligan, Service Manager - Primary Care

**NHS Tayside Audit and Risk Committee  
IJB Audit and Risk Committees  
External Audit for NHST and each IJB**

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Draft Report Issued	19 May 2022
Draft Management Responses Received	03 November 2022
Target NHS Tayside Audit & Risk Committee Date	17 November 2022
Angus IJB Audit Committee	07 December 2022
Dundee IJB Performance & Audit Committee	23 November 2022
Perth & Kinross IJB Audit & Performance Committee	28 November 2022
<b>Draft Final Report Issued</b>	<b>10 November 2022</b>
<b>Final Report Issued</b>	<b>11 January 2023</b>

## CONTEXT AND SCOPE

1. This audit of the strategic risks relating to Sustainability of Primary Care Services, including review of assurances, controls and scoring was jointly commissioned by Angus IJB, Perth & Kinross IJB and NHS Tayside. The mitigation system has been identified within the strategic audit planning process as High.
2. Strategic risk 353 – Sustainable Primary Care Services is recorded on the NHS Tayside strategic risk register with a current risk exposure of 25 and a planned risk exposure of 9. The risk description is *‘As a result of an increase in GP vacancies due to retirement, and difficulties in relation to recruitment and retention, there is a risk that NHS Tayside will be unable to provide GP services. This risk recognises that failure to maintain sustainable Primary Care Services both in each locality across Tayside will result in a failure to achieve the 20/20 Vision, the National Clinical Strategy and local Primary Care Strategy. This would result in patients being unable to access Primary Care Services across the geographical location and in a failure to provide continuity of service. This would lead to adverse publicity, reputational damage and unsatisfactory patient experience. Furthermore there is a risk to the ability to provide an adequate standard of healthcare to the population and the risk of pressures elsewhere in the healthcare system’*.
3. The same risk is also recorded on the Angus IJB strategic risk register as Strategic Risk 01 - Sustainability of Primary Care Services, with a Red risk exposure of ‘Priority 1’ (25) – increased level of risk exposure. The risk is currently owned by the Angus IJB Chief Officer and reported through the Angus IJB Clinical & Care Governance Group. Discussions have been ongoing for some time regarding transferring the alignment of the risk from Angus IJB to the NHS Tayside Care Governance Committee.
4. Several controls are currently identified to mitigate this risk. However, a review of this risk in its entirety is currently under way. We strongly recommend using the methodology previously applied to the Mental Health strategic risk. This method deconstructs the overall risk into its component parts, to allow more granular analysis of each component; this audit will assist this process by ensuring that assurance and risk principles are properly embedded into each stage.
5. A slightly different Primary Care risk is also recorded on the Perth & Kinross IJB Strategic Risk register (SR11): *‘As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.’* This risk is currently rated as a Priority 1 (16).
6. Since commencement of our fieldwork, Dundee IJB has also developed a Primary Care risk, reflecting that several relevant operational risks have been escalated from the operational risk register. As reported to the 20 April 2022 IJB, this new risk is scored as 20 (very high).
7. Therefore, each of the four Tayside partner organisations is managing a strategic Primary Care risk covering broadly the same areas. While each organisation will have a different perspective on this risk and accordingly each is formulated slightly differently, there is a requirement to ensure consistency and eliminate duplication of effort in the management of the risk.
8. The Scottish Government Primary Care Services website states: *“Primary care is the first point of contact with the NHS. This includes contact with community based services*


*provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists and occupational therapists, midwives and pharmacists.”* However, the focus of the Primary Care strategic risks within NHS Tayside and its partners is predominately on services provided through GP surgeries and not on services provided by the other contractor streams.

9. The implementation of the 2018 General Medical Services Contract through Primary Care Improvement plans is a key control for sustainable GP practices.
10. This audit reviewed and provides constructive commentary on the adequacy of proposed risk and performance management mechanisms, and considered whether they will ensure that:
  - There are clear assurance processes both to NHS Tayside and to each of the IJBs, taking account of the lead role of Angus IJB;
  - There is a clear description and scoring of the strategic risk and associated operational risks, and current key controls;
  - There is an effective process for setting the target risk as well as effective planning and monitoring of the actions required to achieve that score;
  - Structures and reporting lines are clear, robust and comprehensive, avoiding unnecessary duplication but ensuring there are no gaps, with authority and accountability aligned appropriately;
  - The impact on other strategic risks is considered and communicated effectively;
  - There are adequate, effective and comprehensive assurance systems for all aspects of the risk, controls and actions including clinical governance/ quality assurance, workforce data, performance information, Premises, Infrastructure, IT and Finance;
  - The risk, controls and actions are informed by, and inform, service planning and prioritisation;
  - Appropriate assurance arrangements are in place for the implementation of the Primary Care Improvement Plan (PCIP).
11. As management have already acknowledged the need for an overhaul of the NHS Tayside/ Angus IJB Strategic risk, we will provide overt assurance on the fully reviewed and updated risk as part of a future internal audit.


## AUDIT OPINION

12. Our review covered both Primary Care risks and assurances, and the PCIP. As our findings differed, we have provided a separate Audit Opinion of the level of assurance for each as follows:

## Primary Care risks and assurances

Level of Assurance		System Adequacy	Controls
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.

## PCIP

Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
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A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

13. As the challenges with delivery of Primary Care services crystallise, a structured, proactive and strategic approach is needed to ensure effective management of this complex and important area. The complexity of the risk requires a holistic and coordinated approach to ensure effective and efficient management of the risk.
14. Although our audit did identify several areas of good practice, we also found a number of areas for improvement. Our recommendations are summarised below and we would suggest these should form the basis of a project plan aimed at improved risk management in this area, to be progressed in partnership, which may require a joint Project Group with appropriate membership from the four organisations.

**Strategic Risk:**

- The overarching risk should be more clearly defined and the required controls and actions fully articulated, with co-ordinated action plans developed. There is also a requirement for a strategic overview which identifies the combined impact of the disparate elements on organisational objectives.
- While each of the four partner organisations will necessarily have their own perspective on the risk, there is clearly a common element of the fundamental issue of provision of primary medical services. Partners need to work together to streamline the separate Primary Care strategic risks, thereby ensuring a consistent approach to the management of this risk, without duplication of effort. A Tayside wide discussion is needed to review

operational, support and strategic risk management responsibilities in relation to sustainable primary care services. These arrangements need to be articulated clearly through the review of the risk, with a clear description of the contribution of each organisation's role in managing the risk and the assurance framework in place, rather than relying on the quality of the working relationships.

- Understandably given the current developments in some GP practices across Tayside with reports of practices closing lists, handing back contracts etc, the focus of the Primary Care strategic risks is predominately on primary medical services/ services provided through GP practices and not on services provided by the other contractor streams. We recommend that the primary medical element (GP/Physio/ Mental Health/ ANPs etc) should become a strategic risk in its own right. A granular analysis of the component elements should be undertaken to determine whether the other primary care contractor streams require their own distinct strategic or service level risks, including reduced access to treatment as well as risks posed by the delay of diagnosis and treatment due to the pandemic. The critical components of the GP services risk may require further breakdown including staffing, premises, IT and Finance aspects. All of these elements require their own controls, mitigating actions and assurance processes which are not currently all clearly articulated. A matrix of system wide and service level risks should be considered.
- Issues associated with practices that are in difficulty have not been reflected in the strategic risk and no specific controls have been introduced to provide early warning of issues, and implement immediate remedial action rather than reactive approach currently adopted.
- Although we acknowledge that the risk cannot be fully mitigated, a mechanism for robust performance monitoring and trend analysis is needed to provide early warning of risks to service provision and to allow an opportunity for intervention and planning, for example, where practices are failing.

#### **Governance:**

- Currently, the Primary Care strategic risk is primarily reported through Angus IJB clinical and care governance structures. Although in their totality these flow to the IJB, which in turn provides a briefing to Tayside NHS Board, there is no clear direct reporting either to NHS Tayside or to the other Tayside IJBs.
- The prominence given to this risk within the NHS Tayside governance structure is not proportionate to the significance of this risk and the impact that it has on NHS Tayside directly, through its responsibilities for providing primary medical services to its population, and indirectly through the impact on other risks such as waiting times and prescribing. Reporting is fragmented and structured assurances are not provided. We have been informed that NHS Tayside recently decided to align the risk to the NHS Tayside Care Governance Committee although final agreement across all stakeholders has not yet been reached. This should present an opportunity to remedy this and allow escalation of the risk as required to ensure Board oversight. We would note however that whilst this risk would sit naturally with the agenda of the Care Governance Committee, this is already an extremely busy committee. To allow the risk to receive the focus it deserves, consideration could also even be given to creation of a new committee specifically for Primary Care or by aligning it to the remit of the Public Health Committee (whose remit would then require to be extended).

- The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board. Development of Terms of Reference for the Primary Care Board is still a work in progress. The Terms of Reference should reflect the impact of the overall primary care risk on NHS Tayside as well as the IJBs, and the alignment of the Primary Care risk to the NHS Tayside Care Governance Committee.
- Reporting is piecemeal, especially for NHS Tayside with aspects of the Primary Care risk reported across various fora. There are no clear remits or reporting lines for the strategic and operational fora, and working groups.
- We recommend that a mapping exercise should be carried out to determine how the Primary Care Board and the fora work together to provide a flow of assurance. Accountability, responsibility, control and authority need to be aligned so those who are taking ownership and progressing work that can effect real changes.
- Responsibilities in relation to the Primary Care risk should be clearly articulated in staff objectives as well as remits for groups. Job descriptions may also require to be updated following the overhaul of the primary care risk as recommended above.

**Good practice:**

- Whilst we have commented on the improvements required to improve risk management and governance reporting arrangements to manage the Primary Care risk, our fieldwork confirmed that issues are being addressed and outcomes are being achieved, largely due to the professionalism, commitment and positive engagement of key individuals and the strong working relationships in place. However, strengthening arrangements will lead to more effective and efficient management of Primary Care risks and provide greater resilience as pressures on the system increase.
- Perth & Kinross HSCP has a GP sustainability team which GPs can approach. In addition, a group of Tayside GPs established in response to Covid has developed good working relationships. These areas should be further explored to ensure good practice can be shared.

15. Detailed findings/information is included at Section 3.

**ACTION**

16. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

**ACKNOWLEDGEMENT**

17. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

**Jocelyn Lyall BAcc CPFA**  
**Regional Audit Manager**

## Action Point Reference 1 – Facets of the Primary Care risk

### Finding:

The risk as articulated does not present a holistic and comprehensive picture of all the known risks to primary care services. In particular, the focus on GP services means that significant risks in other Primary Care services are not given the required attention.

In addition, the GP services element of the risk is itself made up of a number of critical components including staffing, premises, IT and Finance aspects, all of which require their own controls, mitigating actions and assurance but are not currently all clearly articulated.

The risk score has remained at the highest possible 5x5 rating since August 2017, with the target score being shown as 3x3, a target last achieved in January 2017. Current arrangements including future mitigating actions are still unlikely to achieve target score.

### Audit Recommendation:

We recommend that the primary medical element (GP/Physio/ Mental Health/ ANPs etc) is developed into a separate strategic risk in its own right and the other primary care contractor streams are reviewed to determine if they require their own distinct risks.

We also recommend that aspects of the Primary Care risk are further broken down into operational (service level) risks, enabling a granular analysis of the component elements. A matrix style could be considered as there does also have to be a strategic overview which shows how all the elements together impact on organisational objectives.

The target risk should be reassessed, taking into account known pressures, the rate of progress in identifying and implementing the necessary actions and any likely resource constraints. As well as effective planning and monitoring of the actions required to achieve that score, there should also be a trajectory for reduction and a target date to go with the revised target score.

### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

### Management Response/Action:

The recommendations regarding the facets of the primary care audit are generally accepted.

A revised scope for a General Practice and associated MDT strategic risk has been proposed and a revised narrative to articulate the risk has been prepared for submission to and consideration by Primary Care Board target date 8 December 2022.

The PCB will discuss the status of risks associated with other contractor streams.

The concept of breaking down the GP Contractor risk is accepted.

A second Primary Care risk workshop will take place to consider the appropriate methodology and risk elements with respect to this risk during 2022/23. The Chief Officer,



Angus IJB as lead partner will take the outcome of the workshop to Primary Care Board for consideration.

**Action by:**

**Date of expected completion:**

Chief Officer, Angus IJB (Co-Chair of Primary Care Board)

31 March 2023.

## Action Point Reference 2 – Owners and impact of the Primary Care risk

### Finding:

Another feature of the complexity of the risk of sustainable primary care services is the impact of the risk on the different organisations involved. The NHS Tayside strategic risk is owned by the Angus IJB Chief Officer, with the risk manager being the NHS Tayside interim Associate Medical Director (AMD) for Primary Care.

Primary Care services are hosted by Angus IJB but impact on all IJBs as well as the Health Board. In addition to the Angus IJB/NHS Tayside Strategic Risk P&K IJB has had a primary care risk since October 2020 and Dundee IJB has recently created a risk on sustainability of primary care. Each of these risks is subtly different, but reflects broadly the same pressures and similar controls and actions. All four organisations will require to work together to control the risk and all will require assurance on any joint actions and controls.

We could not conclude that the impact on other strategic risks is considered and communicated effectively (for example on waiting times or prescribing).

### Audit Recommendation:

We recommend that a Project Group with appropriate membership from the four organisations is established with a clear remit to:

- Review the four Primary Care strategic risks in relation to each other and agree a consistent approach to the management of this risk, without duplication of effort. A Tayside wide discussion is needed to review the operational, support and strategic risk management responsibilities in relation to sustainable primary care services. These arrangements need to be articulated clearly through the review of the risk, with a clear description of the contribution of each organisation's role in managing the risk and the assurance framework in place, rather than relying on the quality of the working relationships.
- The overarching risk should be more clearly defined and the required controls and actions fully articulated, with co-ordinated action plans developed. There does also have to be a strategic overview which shows how all the elements together impact on organisational objectives.

### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

### Management Response/Action:

**The primary care strategic risks indicated above will be reviewed and all four bodies will agree a consistent approach to managing the risk. Processes have been initiated to analyse the risk and review the terms of reference of the Primary Care Board.**

**A second risk workshop (planned for March 2023), commissioned by the Chief Officer, Angus IJB will map out the approach and will identify the operational, service level, risks**

that are common to all. The workshop will include senior management and clinical manager input. An agreed response to the full recommendations will be provided to Primary Care Board and NHS Tayside by June 2023.

Action by:	Date of expected completion:
Chief Officer, Angus IJB	30 June 2023

### Action Point Reference 3 - Structures

#### Finding:

Responsibilities for Primary Care are split between NHS Tayside, which retains administrative, contracting, and professional advisory functions and functions delegated to IJBs. In addition, Angus IJB was given lead responsibility for primary care services, as defined in the Integration Scheme as '*strategic leadership and operational oversight*'.

A review of Integration Schemes has recently been undertaken with updated drafts out for consultation in Angus and Dundee. This review raised issues in how hosting has been operating with regard to decision making as well as monitoring and reporting. A Lead Partner arrangement is now proposed in the updated schemes, but this would still leave a split between essentially three levels of organisation involved in managing this risk, NHS Tayside, Angus IJB as lead partner, and the three Tayside HSCPs for their areas, leaving a potential disconnect between strategic priorities of each IJB and implementation through e.g. negotiation of contracts.

We concluded that current arrangements are fragmented and the structures as they stand do not lend themselves to a strategic overview and ownership of the overall issue of sustainability of primary care, nor the ability to set and implement a clear strategic vision for this area. Consistency and coordination is currently dependent on the quality of the working relationships of those working in this area for all partner bodies, and the current structures are not designed to facilitate a joint approach and increase efficiency and effectiveness.

#### Audit Recommendation:

Currently, NHS Tayside is planning its Clinical Strategy and the IJBs are preparing new Strategic Commissioning Plans. These need to reflect a joined up vision for Primary Care services. We were also informed that Perth & Kinross IJB is currently drafting a GP Sustainability plan with an overall Primary Care Strategic Delivery Action Plan also in the process of being developed to be reported to the IJB in September 2022. These plans will look at local, regional and national drivers and actions. Consideration should be given to adopting this approach on a Tayside wide basis.

A Tayside wide discussion is needed to review operational, support and strategic management arrangements and achieve clarity on responsibilities. This needs to be articulated more clearly through the risk, with a clear description of the contribution of each partner organisation's role in managing the risk and the assurance framework in place.

#### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

#### Management Response/Action:

**It is accepted that the clinical and strategic commissioning plans for IJBs need to reflect a joined- up vision for Primary Care. This will be reflected in the next iteration of each IJB's Strategic Commissioning Plan. Perth & Kinross IJB has prepared a plan for the period 2023**

to 2026. Dundee and Angus IJB will prepare plans by 31 March 2023.

Reflecting the work in Perth, the principle of a consistent GP sustainability survey across each IJB to support a Tayside wide assessment is accepted. A core question set will form the basis of the survey, with each IJB having the option to add bespoke questions to inform local assessments. The outcome will be reported back to the Primary Care Board on a twice yearly basis together with associated local delivery plans.

The Chief Officer, Angus IJB as lead partner will initiate a Tayside wide discussion comprising the three Chief Officers and the AMD for Primary Care, with input for NHS Tayside as required, for example with regards to premises and finance, to review responsibilities regarding primary care management and risks within that. The Chief Officer, Angus IJB will prepare a report with the recommendations for discussion with ELT.

Action by:	Date of expected completion:
Chief Officer, Angus IJB	31 March 2023

## Action Point Reference 4 Assurance

### Finding:

Currently, the Primary Care strategic risk is primarily reported to the Angus IJB Clinical, Care & Professional Governance Group, with no clear direct reporting either to NHS Tayside or the other Tayside IJBs.

Within NHS Tayside, the Angus IJB Chief Officer has provided verbal updates on this risk to the Strategic Risk Management Group, whose minutes are reported to the Audit & Risk Committee.

While aspects of primary care are also raised across a number of NHS Tayside committees, there is no clear coordinated approach to reporting on all aspects of the strategic Primary Care risk with no mechanism to provide formal assurance on the risk at governance level.

As Primary Care is also included within the NHS Tayside Remobilisation plan with specific activities listed under: *'Continue to support a unified approach to Primary Care Services'* and *'Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies'* this could have been another vehicle to reporting on this risk but there is no mention of the Primary Care risk nor any link from any of the risk controls or assurances to the RMP4 and its action tracker.

### Audit Recommendation:

All strategic Risks should be the subject of regular comprehensive assurance reporting to either Tayside NHS Board or the appropriate standing committee. This is particularly important given the scope, score and nature of the Primary Care Risk.

We have been informed that NHS Tayside management have agreed a reporting line to the Care Governance Committee for the future which would address this requirement. We would note however, that whilst this risk would sit naturally with the agenda of the Care Governance Committee, the Care Governance Committee is already an extremely busy committee. To allow the risk to receive the focus it deserves, consideration could also be given to creation of a new committee specifically for Primary Care or by aligning it to the remit of the Public Health Committee (whose remit would then require to be extended).

### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

<b>Management Response/Action:</b>	
<p>The strategic risk 353 Sustainability of Primary Care is now reporting into Care Governance Committee.</p> <p>Further consideration has been given to the benefits of a new committee taking responsibility for the Primary Care Risk. This will be clarified through the outcome of the current project work revising the terms of reference of the Primary Care Board.</p> <p>The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives. The discussion will form the basis of a paper for consideration at the Primary Care Board in the first instance.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Officer Angus IJB, Primary Care Board	31 March 2023

## Action Point Reference 5 Sustainability of GP practices

### Finding:

One of the key elements of this risk is that of GP practices becoming unsustainable. During the course of our fieldwork we noted a number of areas where this risk appeared to be worsening with practices closing lists, terminating contracts or informing management of future plans which threaten sustainability e.g. through retiral. However, these issues have not been reflected in the strategic risk and no specific controls have been introduced to identify practices in difficulty and take effective, proactive, remedial action. Any action has been taken has been reactive and 'ad hoc' rather part of a structured, planned response.

Although the work on implementation of the new GP contract, and the operational response to Covid help GP service sustainability, a number of controls appear to have grown organically in response to emergent situations. As the risk increases, a more proactive and strategic approach is needed which provides strategic direction and mechanisms to anticipate and address problems.

There is currently no consistent monitoring of the sustainability of GP practices across Tayside, although Perth & Kinross (P&K) HSCP did undertake a survey, adapted from successful models elsewhere which was reported to the P&K IJB EMT in July 2021 and has informed the approach to P&K's work on GP sustainability. The survey was repeated again in February 2022. We have been informed that Dundee IJB is also planning a similar exercise, with slightly different indicators for assessment to include deprivation and demand.

### Audit Recommendation:

The Health Board and IJBs should agree a coordinated approach to identifying GP Practices at risk as early as possible as well as measuring their sustainability both individually and collectively. They should then identify a range of potential interventions and how and by whom these should be applied.

The information obtained through this exercise should be used to inform both the narrative and score of the Strategic Primary Care Risk.

### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

### Management Response/Action:

**The recommendation is accepted that a co-ordinated approach should be implemented to identify GP Practices at risk.**

**As per action point 3, the principle of a regular, consistent GP sustainability survey in each Tayside IJB is accepted. A sustainability survey with a core question set will be undertaken. The data will triangulated with data from national and local sources to establish a baseline. The core question set will provide a Tayside wide indicator. The updated outputs will be reported back to the Primary Care Board on a twice yearly basis, with associated local delivery plan.**



At Primary Care Board level, it is expected that NHS Tayside contributions to mitigating and resolving risks (for example regarding property issues) is further explored. The Primary Care Board will liaise with the NHS Tayside Property department on how the required contribution will be provided. This will inform the report back to ELT.

Action by:	Date of expected completion:
Chief Officer, Angus IJB (Co-Chair Primary Care Board) & IJB Primary Care Managers	31 March 2023

## Action Point Reference 6 - Primary Care Board

### Finding:

The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board, which should be the body which pulls together the various strands of work and receives assurance on all elements of the risk. However, its Terms of Reference and remit are still under development and it has no clear reporting lines at present. The draft remit proposes reporting to Angus IJB.

Proposed membership as per the draft remit includes representation from all departments dealing with all aspects of the risk including the property department but no Property department representative attended throughout the whole of 2021/22, although Estates is a key element of the Primacy Care Risk and one in which progress has been limited.

### Audit Recommendation:

The remit for the Primary Care Board should be confirmed and align both responsibility and authority for addressing the risk, provide a single forum for operational and strategic decision making and should ensure the Primary Care Board has the organisational status this requires.

Should the risk be reported to the NHS Tayside Care Governance Committee as recommended above, then the Primary Care Board should also report to that Committee with clear responsibility for the maintenance of the Risk and providing appropriate assurance on it.

We would view property department attendance as a key requirement to assist in the management of the premises aspect of the risk and strongly recommend that a nominated officer attends all meetings with clear links to actions to be taken by that department.

### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

### Management Response/Action:

The recommendation is accepted that the Primary Care Board provides a single forum for strategic decision making for Primary Care and has responsibility and authority for managing the risk, recognising that operational decision making is devolved to each of the three HSCP as described within their respective Integration Schemes.

This requires the Primary Care Board to have the appropriate organisational status and NHS Tayside and IJBs will work towards that, reviewing membership and Terms of Reference of the Primary Care Board to achieve this.

We accept the need for consistent and senior proactive input from the NHST Property Services to assist in the addressing of aspects of the Primary Care risk. This should be alongside the recognised input from NHST Digital Services and the requirement for ongoing NHST Human Resources input.

The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives preparing a paper for consideration at the Primary Care Board in the first instance and subsequently NHS Tayside ELT.

Action by:	Date of expected completion:
Chief Officer, Angus IJB	31 March 2023

## Action Point Reference 7 Roles & Responsibilities

### Finding:

The post of Associate Medical Director for Primary Care has been filled on an interim basis for a number of years and the current post holder also fulfils a number of other key roles.

During our audit fieldwork we encountered a number of very engaged and proactive individuals, but a lack of clarity around their roles and responsibilities in relation to the risk.

Many of these individuals come together in a number of fora, including the Primary Care Command and Control Team, the Primary Care Board and a number of working groups for premises, IT and implementation of the new GP contract etc. However, these too lack clear remits and reporting lines.

### Audit Recommendation:

The role of the interim Associate Medical Director for Primary Care should be reviewed and consideration given to a substantive permanent appointment to ensure the post has the organisational status and profile required.

Responsibilities in relation to the Primary Care risk should be clearly articulated in staff objectives and group remits. Job descriptions may also require to be updated following the overhaul of the primary care risk as recommended above.

In line with the action to be taken in response to Action point 6 above, we recommend that a mapping exercise should be carried out to determine how the Primary Care Board and the fora work together to provide a flow of assurance. Accountability, responsibility, control and authority need to be aligned so those who are taking ownership and progressing work that can effect real changes.

### Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

**Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

### Management Response/Action:

The recommendations are generally accepted.

The Associate Medical Director role is currently being reviewed with a view to a permanent recruitment with an updated job description, which will reflect the risk responsibilities.

The Chief Officer, Angus IJB as the lead partner for Primary Care Services under the Integration Scheme will co-ordinate strategic planning and will seek approval from all Integrated Joint Boards on the proposed strategy.

As noted above, a new, broader Terms of Reference for the Primary Care Board is required and this will address the reporting arrangements to provide a flow for assurance.

Action by:	Date of expected completion:
Chief Officer, Angus IJB	31 March 2023

### Review of the Strategic Risks

Our audit opinion is based on a high level overview of the way in which the risk is currently formally articulated through the NHS Tayside / Angus IJB strategic risk and is intended to provide recommendations for the improvement work already acknowledged as needed by management. A workshop to take this forward is planned, but organisation of this is proving challenging. Consideration should be given to whether existing fora (such as the CCT) could be used/ expanded.

This risk is multifaceted. Although the risk description refers to primary care services overall in accordance with the Scottish Government definition as quoted above, it also acknowledges that primary medical services remain the main focus. Given the difficulties being experienced in this area generally, this presents a danger that risks in other Primary Care services are not given the required focus. We therefore recommend a granular analysis of the component elements to determine whether:

- the primary medical element (GP/Physio/ Mental Health/ ANPs etc) should become a strategic risk in its own right and the other primary care contractor streams require their own distinct strategic or service level risks, including reduced access to treatment as well as risks posed by the delay of diagnosis and treatment due to the pandemic.
- The critical components of the GP services risk may require further breakdown including staffing, premises, IT and Finance aspects. All of these elements require their own controls, mitigating actions and assurance processes which are not currently all clearly articulated.

We recommend that aspects of the Primary Care risk are broken down into service level risks, enabling a granular analysis of the component elements. There does also have to be a strategic overview which shows how all the elements together impact on organisational objectives. A matrix of system wide and service level risks should be considered.

Our discussions with management as well as the updates to the risk show that management are very much aware of all the aspects and complexities but the risk as it currently stands does not present a holistic and comprehensive picture of risks to primary care services.

Another feature of the complexity of the risk of sustainable primary care services is the impact of the risk on the different organisations involved. The NHS Tayside strategic risk is owned by the Angus IJB Chief Officer, with the risk manager being the NHS Tayside interim Associate Medical Director (AMD) for Primary Care. The impact of the risk however affects NHS Tayside and each of the IJBs differently, in the case of Angus both for its own population as well as in its role as host IJB. The impact for example in financial terms does not currently align with where the risk is managed. Contractual arrangements are as legally required managed by NHS Tayside who can take over direct responsibility for GP provision under a '2C' arrangement. This can create significant additional costs which are currently borne by all IJBs on a basis proportional to their population regardless of the geographical location of the practice. P&K IJB has had a primary care risk since October 2020 and Dundee IJB has also recently created a risk on sustainability of primary care. In addition, the impact of the primary care risk is intrinsically linked to many other strategic risks and the ability to address those in turn, including waiting times and prescribing, but there is no process to formally consider and then communicate the impact on other strategic risks effectively.

Our discussions with management showed a clear understanding of the many facets of this risk but not all are clearly articulated in the risk as it stands, in terms of potential impact or

in terms of any actions being taken or that should be taken to control it.

The risk score has remained at the highest possible 5x5 rating since August 2017, with the target score being shown as 3x3, a target last achieved in January 2017. As part of the further work needed on this risk, the target risk should be reassessed, taking into account known pressures, the rate of progress in identifying and implementing the necessary actions and any likely resource constraints. As well as effective planning and monitoring of the actions required to achieve that score, there should also be a trajectory for reduction and a target date to go with the revised target score. Current arrangements including future mitigating actions are still unlikely to achieve target score.

As Primary Care is also included within the NHS Tayside Remobilisation plan with specific activities listed under: *'Continue to support a unified approach to Primary Care Services'* and *'Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies'* this could have been another vehicle to reporting on this risk but there is no mention of the Primary Care risk nor any link from any of the risk controls or assurances to the RMP4 and its action tracker.

### Structures and reporting lines

Under HSCI, a number of services under the Primary Care umbrella were delegated to IJBs. For some of these (although not all), Angus IJB was given lead responsibility, as defined in the Integration Scheme as *'strategic leadership and operational oversight'*. In the case of Primary care services this excludes the NHS Board administrative, contracting, and professional advisory functions. In this context, *'Primary Care Services'* is not defined in the Integration Scheme (for example with reference to the Scottish Government definition referred to above).

Reviewed and updated Integration Schemes for the three IJBs were formally approved in June 2022. The review process raised issues in how hosting has been operating with regard to decision making as well as monitoring and reporting. A Lead Partner arrangement is now proposed in the updated schemes, but this would still leave a split between essentially 3 levels of organisation involved in managing this risk- NHS Tayside, Angus IJB as lead partner and the 3 Tayside HSCPs for their areas.

Currently, the Primary Care strategic risk is primarily reported to the Angus IJB Clinical, Care & Professional Governance Group. Although there are reporting lines from this group to the IJB, which in turn provides a briefing to Tayside NHS Board, there is no clear direct reporting either to NHS Tayside, or the other Tayside IJBs.

Within NHS Tayside, the Angus IJB Chief Officer has provided verbal updates on this risk to the Strategic Risk Management Group, which sends minutes to the Audit & Risk Committee.

Aspects of primary care are also raised across a number of NHS Tayside committees, for example through HSCP clinical and care governance reporting to the Care Governance Committee, but this does not constitute structured assurance on the overall Primary Care risks. Other control aspects such as salaries of salaried GPs has been discussed at the Remuneration Committee, performance monitoring in primary care has been touched on in discussion by the Performance & Resources Committee but there has been no clear coordinated approach to reporting on all aspects of the strategic Primary Care risk. All strategic Risks should be the subject of regular comprehensive assurance reporting to either Tayside NHS Board or the appropriate standing committee. We have been informed that NHS Tayside risk management have agreed a reporting line to the Care Governance

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Committee for the future.

The lack of flow of assurance mirrors the management structure complexities discussed above, including the split between NHS Tayside, the host IJB and other HSCPs. In addition, IJBs have no direct control over many aspects of the risk, such as property which is the responsibility of the Health Board. Conversely, individual IJBs can make different investment choices to support primary care locally.

The post of Associate Medical Director for Primary Care has been filled on an interim basis only for a number of years and the current post holder also fulfils a number of other key roles.

During our audit fieldwork we encountered a number of very engaged and proactive individuals, but a lack of clarity around their roles and responsibilities in relation to the risk. Many of these come together in a number of fora but without clear remits or reporting lines, e.g. operationally the Primary Care Command and Control Group and more strategically the Primary Care Board. There are also a number of working groups in place relating to various aspects of the risk, including premises, IT and implementation of the new GP contract. These fora need a clear role in monitoring relevant aspects of the risk and feeding into an overall assurance flow. This should be articulated through remits.

The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board. The Primary Care Board should be the body in a position to pull together the various strands of work and receive assurance on all elements of the risk. The Primary Care Board is still working on creation of a remit and terms of reference and has no clear reporting lines at the moment. The draft remit proposes reporting to Angus IJB and this should be reviewed taking cognisance of the alignment of the risk to the NHS Tayside Care Governance Committee, to reflect the impact of the overall primary care risk on NHS Tayside as well as the IJBs.

Proposed membership as per the draft remit includes representation from all departments dealing with all aspects of the risk including the property department but no Property department representative attended throughout the whole of 2021/22, although Estates is a key element of the Primary Care Risk and one in which progress has been limited. We would view property department attendance as a key requirement to assist in the management of the premises aspect of the risk and strongly recommend that a nominated officer attends all meetings with clear links to actions to be taken by that department. The Primary Care Board needs a clear remit, with authority and appropriate organisational standing to address relevant aspects of the risk, with clear reporting lines to all stakeholders and appropriate membership.

The Feeley Report (Independent Review of Adult Social Care) included a recommendation that *'Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.*

We concluded that arrangements are fragmented and the structures as they stand do not lend themselves to a strategic overview and ownership of the overall issue of sustainability of primary care, nor the ability to set and implement a clear strategic vision for this area.

Consistency and coordination of message and work currently is currently dependent on the quality of the working relationships of those working in this area for all partner bodies, and the current structures are not designed to facilitate a joint approach and increase efficiency and effectiveness. A Tayside wide discussion is needed to review operational, support and strategic management arrangements and achieve clarity on responsibilities. This needs to be



articulated more clearly through the risk, with a clear description of the contribution of each partner organisation's role in managing the risk and the assurance framework in place.

#### Assurance

As described in the sections above, there is currently insufficient assurance reporting especially given the seriousness of the risk for all involved. Currently the risk is reported to the Angus IJB Clinical, Care & Professional Governance group.

This risk is currently the highest recorded risk for NHS Tayside as well as Angus and one of the highest for both Dundee and P&K too, meaning a definite need for clear assurance mechanisms. Based on the recommendations above in relation to structures and controls, management need to establish who will provide and who will receive this assurance and how this will cover all aspects of the risk, without omission or unnecessary duplication.

Currently the performance data on which to base how well the risk is being controlled is not readily available, for example through the monitoring of sustainability of GP practices as described above. Consideration will need to be given to how relevant data can be collected and triangulated into meaningful information.

The complexity of the risk is such that we recommend breaking down aspects into a matrix of service level risks, with controls clearly identified.

#### Controls

One of the key elements of this risk is that of GP practices becoming unsustainable. During the course of our fieldwork we noted a number of areas where this risk appeared to be worsening with practices closing lists, terminating contracts or informing management of future plans which threaten sustainability e.g. through retiral. However, these issues have not been reflected in the strategic risk and no specific controls have been introduced to identify practices in difficulty and take effective, proactive, remedial action. Any action has been taken has been reactive and 'ad hoc' rather part of a structured, planned response.

In addition, there is not yet any consistent monitoring of the sustainability of GP practices across Tayside. P&K HSCP did undertake a survey, adapted from successful models elsewhere. The outcome was reported in July 2021 to the P&K IJB EMT and has informed the approach to P&K's work on GP sustainability. The survey was repeated again in February 2022. We have been informed that Dundee IJB is also planning a similar exercise, with slightly different indicators for assessment to include deprivation and demand. The Health Board and IJBs should agree a coordinated approach to identifying GP Practices at risk as early as possible as well as measuring their sustainability both individually and collectively. They should then identify a range of potential interventions and how and by whom these should be applied. The information obtained through this exercise should be used to inform both the narrative and score of the Strategic Primary Care Risk. The cases emerging through the course of our fieldwork show that time is scarce once a contract is handed back and a solution has to be found for patients therefore being able to identify difficulties early is crucial.

We found considerable detailed operational work taking place in relation to the implementation of the new GP contract, as well as operational work first started in response to Covid through the Command and Control Group, all of which helps to ensure GP service sustainability. However, a number of controls appear to have grown organically in response

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to situations unfolding. As the risk crystallises, a more proactive and strategic approach is needed.

A difficult aspect of addressing the risk is the disconnect between the risk and where some of the levers to control it sit. This is compounded by the lack of defined management structures as described above.

A good example of this relates to premises and property, for which IJBs have no responsibility and therefore require the support of NHS Tayside Property department. We have previously reported on the lack of Property Strategy for NHS Tayside overall although locally efforts are being made to establish GP premises plans for each HSCP area. This means that action is taken again on a more ad hoc local level. We have been informed that decision making in this area may involve around 5 or 6 decision making fora including relevant management teams, asset management groups and governance committees/ Boards for both NHS Tayside as well as within the IJBs. Our Audit Follow Up report to the May 2022 Audit & Risk Committee showed that Internal Audit cannot provide assurance on actions in relation to previous property management recommendations (Internal Audit reports T25/15 GP Premises and T24/21 Property & Asset Management Strategy) and the impact on strategic risks, including the primary care one. It was agreed that the lack of assurance on AFU recommendations relating to Property Strategy should feature within the NHS Tayside Governance Statement.

Where a crisis arises, discussions are held with senior management within NHS Tayside at ELT level to develop immediate actions. Operational solutions are identified on an ad hoc basis where there should be strategic direction and mechanisms to anticipate and then address problems. Rather than the current variable decision making routes, a fully constituted and empowered Primary Care Board should be the single forum for strategic and operational decision making. As set out in the reporting section above, reporting is piecemeal on specific aspects to various committees. This means committees are required to make decisions which aim to control the risk, but these decisions are made without consideration of the overall context of the risk. This indicates that often action is taken when dictated by events rather than to proactively control the risk. As set out under the assurance and reporting sections, the prominence given to this risk at the highest structures within NHS Tayside is not proportionate to the significance of this risk and the impact that it has on NHS Tayside directly, through its responsibilities for providing primary medical services to its population as well as indirectly through the impact on other risks such as waiting times and prescribing.

The lack of monitoring and reporting means there is no opportunity to identify trends in performance, nor to formally identify potential risks at an early stage. In August 2021 the NHS Tayside Performance & Resources Committee discussed receiving primary care performance data with minutes showing that the committee *'noted Primary Care performance data would be welcomed in future performance reports'*. This was not included on the action points update for the following meeting in October 2021 and we could not evidence any further developments in this area.

The situation currently being experienced by Dundee and Angus IJBs, where GP practices have terminated their GP contracts highlights the need for formal mechanisms to provide early warning of a practice/ partnership failing, to provide an opportunity for intervention and planning.

Good practice is in place in P&K HSCP whereby funding through the PCIF as well as additional investment from the IJB budget has been used to establish a GP sustainability team which

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GPs can approach for help. In addition, a group of Tayside GPs established in response to Covid has developed good working relationships. These areas should be further explored to ensure good practice can be spread.

#### Primary Care Improvement Plan (P&K)

PCIPs are in effect the main control to manage the sustainability risk of GP practices.

Implementation is monitored at a regional level via the GMS Contract Implementation and Advisory Group (CIAG), with specific working groups for each of the seven workstreams which make up PCIP actions as subgroups reporting to the CIAG. In addition, contract implementation groups are in place for each HSCP. The CIAG reports to the Primary Care Board. We evidenced good practice in the reports for each workstream to CIAG as well as the risks and issues log used. We also noted the lack of clear reporting line to governance level for the PCB as set out above.

Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the PCIP for P&K. A highlight report on PCIP/GMS Programme/Project Planning and Initiation is received at each meeting of this group.





We were also informed that a GP Sustainability plan is being drafted with an overall Primary Care Strategic Delivery Action Plan also in the process of being developed to be reported to the IJB in September 2022. These plans will look at local, regional and national drivers and actions.

Overall, P&K has taken a proactive approach to the primary care risk, for example through the sustainability survey. There is clear engagement from IJB members and the February 2022 minutes show that members requested updates to come in relation to primary care premises, even though these are outwith the scope of P&K IJB in terms of management responsibilities. A risk specifically for premises has also been created. A development event on primary care was held in March 2022 which was well received. An update on the PCIP was last reported to the IJB in June 2021. Annual reporting on this topic is in line with other (Tayside) IJBs.

## Section 4 Definition of Assurance and Recommendation Priorities





### Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

**Assessment of Risk**

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. <b>Action is imperative to ensure that the objectives for the area under review are met.</b>	<b>None</b>
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. <b>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</b>	<b>Seven</b>
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>	<b>None</b>
Merits attention		There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b>	<b>None</b>