

ICB Primary Care Commissioning Committee

Date of meeting	8 June 2023
Title of paper	Delegated Services Assurance Framework
Presented by	Amy Lepiorz, Associate Director Primary Care
Author	Amy Lepiorz, Associate Director Primary Care
Agenda item	2.4
Confidential	No

Purpose of the paper

This paper is to inform the Primary Care Commissioning Committee of the assurance requirements NHS England will expect from the ICB in relation to the commissioning of delegated primary care services.

It is also proposes a local approach to ensuring compliance with the NHS England requirements.

Executive summary

The ICB holds a Delegation Agreement with NHS England which requires the ICB to make primary care commissioning decisions in line with relevant legislation, national policy and agreed processes. NHS England has published an assurance framework which focuses on the responsibilities that have been delegated to the ICB. The ICB will be required to complete a retrospective annual self-declaration to confirm compliance. To support ICBs in the completion of the return, NHS England have developed a suite of proposed evidence which can be gathered to provide assurance against each domain. The four domains, associated assurance questions and suggested evidence has been collated into a local delegated services assurance framework.

Recommendations

The Primary Care Commissioning Committee is requested to:

- 1. Note the assurance requirements from NHS England with respect to delegated primary care services
- 2. Approve the local delegated services assurance framework and reporting process.

Governance and reporting						
Meeting	Date	Outcomes				
N/A						
Conflicts of interest identified						
No identified conflicts						

Implications						
If yes, please provide a brief risk description and reference number	Yes	No	N/A	Comments		
Quality impact assessment completed			Х			
Equality impact assessment completed			X			
Data privacy impact assessment completed			Х			
Financial impact assessment completed			Х			
Associated risks		X		By the implementation of the delegated services assurance framework, any associated risks will be highlighted and added to the Risk Register		
Are associated risks detailed on the ICB Risk Register?			Х			

Report authorised by:	David Levy, Chief Medical Officer
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ICB Primary Care Commissioning Committee

Delegated Services Assurance Framework

1. Introduction

- 1.1 This paper is to inform the Primary Care Commissioning Committee of the assurance requirements NHS England will expect from the ICB in relation to the commissioning of delegated primary care services.
- 1.2 It is also proposes a local approach to ensuring compliance with the NHS England requirements.

2. Background

- 2.1 The ICB has delegated responsibility from NHS England for the commissioning of primary care services. These are:
 - Primary Medical Care Services (GP practices)
 - Primary Dental and Prescribed Dental Services (Dental practices)
 - Primary Ophthalmic Services (Optometry practices)
 - Pharmaceutical Services and Local Pharmaceutical Services (Pharmacies)
- 2.2 The ICB holds a Delegation Agreement with NHS England which requires the ICB to make primary care commissioning decisions in line with relevant legislation, national policy and agreed processes.
- 2.3 NHS England has published an assurance framework which focuses on the responsibilities that have been delegated to the ICB, structured around four domains:
 - Compliance with mandated guidance issued by NHS England
 - Service provision and planning
 - Contracting
 - Contractor/provider compliance and performance
- 2.4 The ICB will be required to complete a retrospective annual self-declaration to confirm compliance with the four domains. A copy of the return can be found in **Appendix One**. The ICB is required to have internal audit processes in place and to submit the return to NHS England on an annual basis.
- 2.5 To support ICBs in the completion of the return, NHS England have developed a suite of proposed evidence which can be gathered to provide assurance against each domain. This evidence will not be routinely requested by NHS England but should be available if required.

3. Delegated Services Assurance Framework

- 3.1 The four domains, associated assurance questions and suggested evidence have been collated into a local delegated services assurance framework which can be found in **Appendix Two**.
- 3.2 The relevant groups will complete their section of the assurance framework at the end of each quarter, based on the activity that took place during that quarter. The sections will be reviewed by the Head of Delivery Assurance to ensure consistency in approach before combining into one document which will be submitted to the Committee the following month.
- 3.3 The framework uses a RAG rating with the following key:
 - Green- compliant
 - Amber- complaint with some risks identified
 - Red- non-compliant

4. Recommendations

- 4.1 The Primary Care Commissioning Committee is requested to:
 - 1. Note the assurance requirements from NHS England with respect to delegated primary care services
 - 2. Approve the local delegated services assurance framework and reporting process.

Amy Lepiorz June 2023

Appendix One- NHS England Assurance Framework

ICB Assurance Framework

Year to which certification applies

ICB Name

Delegated Primary Care Functions - Self-certification

For each question, please rate your response following the key provided below. Full details of what assurance is required for each domain is set out in Table 1 of the Framework.

Red	Non-compliant						
Amber	Compliant but some risks identified						
Green	Fully compliant						

General		
	R/A/G Rating	Comments
Compliance with the Delegation Agreement		
Has the ICB complied with the terms and associated responsibilities and measures required to ensure the effective and efficient exercise of the Delegated Functions?		If Red or Amber, please provide further details
Governance structures		
Does the ICB have the appropriate governance structures for the delegated functions in place to enable the commissioning and delivery of high quality care		If Red or Amber, please provide further details
Pharmaceutical Services		
	R/A/G Rating	Comments
Compliance with mandated Guidance iss	sued by NHS England	
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Pharmacy Manual)?		If Red or Amber, please provide further details
Service provision and planning		·

Has the ICB been actively involved with all Pharmaceutical Needs Assessments (PNA) in their area, as undertaken by HWBs in year?	If Red or Amber, please provide further details
Has the ICB assured itself that there are no material gaps (as defined by the PNA) in pharmaceutical provision and has it taken action to address any gaps identified?	If Red or Amber, please provide further details
Can the ICB confirm that all payments made to community pharmacy contractors, dispensing appliance contractors and dispensing doctors are as outlined in the Drug Tariff, in line with usual NHSBSA custom and practice or are made within other formal contractual routes (e.g. LPS contracts or NHS Standard Contract)?	If Red or Amber, please provide further details
Can the ICB confirm that all contracts put in place for local enhanced services are in line with The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013?	If Red or Amber, please provide further details
Has the ICB obtained written consent of NHS England prior to making any new LPS schemes?	If Red or Amber, please provide further details
Can the ICB confirm that all applications for the Pharmaceutical List received by the ICB related to community pharmacy contractors, dispensing appliance contractors and dispensing doctors have been decided within their regulatory timescales? Reasons should be provided where this is not the case.	If Red or Amber, please provide further details
Contractor/ Provider compliance and perform	mance
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.	If Red or Amber, please provide further details
Can the ICB confirm that contractors have completed the Community Pharmacy Assurance Framework (CPAF) and it has taken appropriate action where this is not the case?	If Red or Amber, please provide further details

Primary Ophthalmic Services		
	R/A/G Rating	Comments
Compliance with mandated Guidance iss	sued by NHS England	
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Eye Health Policy Book)?		If Red or Amber, please provide further details
Service provision and planning		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.		If Red or Amber, please provide further details
Contracting		'
Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.		If Red or Amber, please provide further details
Contractor/ Provider compliance and perform	mance	
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.		If Red or Amber, please provide further details
Dental Services		
	R/A/G Rating	Comments
Compliance with mandated Guidance iss	sued by NHS England	
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Policy Book for Primary Dental Services)?		If Red or Amber, please provide further details
Service provision and planning		1
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.		If Red or Amber, please provide further details
Contracting		

Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.		If Red or Amber, please provide further details
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?		If Red or Amber, please provide further details
Contractor/ Provider compliance and perform	mance	
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.		If Red or Amber, please provide further details
Primary Medical Services		
	R/A/G Rating	
Compliance with mandated Guidance iss	sued by NHS England	
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Primary Medical Care Policy and Guidance Manual?		If Red or Amber, please provide further details
Service provision and planning		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision		If Red or Amber, please provide further details
Contracting		
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?		If Red or Amber, please provide further details
Does the ICB have processes to implement Premises Costs Directions Functions?		If Red or Amber, please provide further details
Contractor/ Provider compliance and perform	mance	
Has the ICB got the appropriate systems and processes in place to manage quality and performance of providers? Has the ICB taken appropriate action where necessary.		If Red or Amber, please provide further details



Appendix Two- Delegated Services Assurance Framework

	Assessment					
General	Q1	Q2	Q3	Q4	Evidence/Comments/File pathway	
Compliance with the Delegation Agreeme	ent					
Has the ICB complied with the terms and associated responsibilities and measures required to ensure the effective and efficient exercise of the Delegated Functions?	RAG					
Governance structures	Governance structures					
Does the ICB have the appropriate governance structures for the delegated functions in place to enable the commissioning and delivery of high quality care						

Assessment					
Dental	Q1	Q2	Q3	Q4	Evidence/Comments/File pathway
Compliance with mandated guidar	nce issued	by NHS Er	gland		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Policy Book for Primary Dental Services)?	RAG				
Number of risks and issues managed by the sub-group?					
Number of risks and issues escalated?					
Service provision and planning					

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Can the ICB confirm that it has the			
necessary processes in place to			
plan and manage service provision.			
Mapping tool in place, highlighting			
access rates			
Number of new contracts awarded			
Number of Oral Health Needs			
Assessments undertaken			
Number of relocation/practice			
merger requests which include			
patient engagement			
Number of non recurrent contracts awarded			
Has there been a review of waiting lists, ie MOS and GA			
Contracting			
Can the ICB confirm that it is			
managing the processes involved			
for new, varied and terminated			
contracts effectively and efficiently.			
Number of contracts where activity levels have been reviewed			
Total number of contracts held			
Value of contract handbacks			
Value of contract handbacks re-			
invested			
Commissioned UDA level			-
Commissioned UOA level			
Number of flexible commissioned			
schemes in place	i		

Number of providers that have received Discretionary Payments or Support Number of contractual discussions around UDA underperformance	
Support Number of contractual discussions	
Number of contractual discussions	
Number of breach notices issued for	
under performance	
Number of non recurrent reductions	
of UDAs	
Number of recurrent reductions of	
UDAs	
Does the ICB have local process	
mechanisms in place for the	
collection of data relating to	
decisions on Discretionary	
Payments or Support?	
Contractor/provider compliance and performance	
Can the ICB confirm that it has the	
necessary processes in place to	
comply with all guidance/regulations	
for contractor compliance and has	
taken appropriate action where	
necessary.	
Number of remedial/breach	
notices/satisfaction letters issued	
Number of contractors where	
NHSBSA have raised concerns	
Number of complaints shared with	
CQC	
Number of CQC inspection with	
compliance concerns	

Number of contracts where activity is below 30% at mid year			
Number of contracts where activity is below 30% at mid year			
Value of discretionary payments issued			

		Asses	ssment							
Pharmaceutical	Q1	Q2	Q3	Q4	Evidence/Comments/File pathway					
Compliance with mandated guidance issue	Compliance with mandated guidance issued by NHS England									
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Pharmacy Manual)?	RAG									
Number of risks and issues managed by the sub-group?										
Number of risks and issues escalated?										
Service provision and planning										
Has the ICB been actively involved with all Pharmaceutical Needs Assessments (PNA) in their area, as undertaken by HWBs in year?										
List of PNAs engaged with										
Has the ICB assured itself that there are no material gaps (as defined by the PNA) in pharmaceutical provision and has it taken action to address any gaps identified?										
Number of market entry applications received										
Number of market exit notifications received				<u>'</u>						

Can the ICB confirm that all payments made to community pharmacy contractors, dispensing appliance contractors and dispensing doctors are as outlined in the Drug Tariff, in line with usual NHSBSA custom and practice or are made within other formal contractual routes (e.g. LPS			
contracts or NHS Standard Contract)?			
Can the ICB confirm that all contracts put in place for local enhanced services are in line with The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013?			
Number of enhanced services commissioned			
Has the ICB obtained written consent of NHS England prior to making any new LPS schemes?			
Number of new LPS schemes approved			
Number of FtP decisions made for LPS superintendents			
Can the ICB confirm that all applications for the Pharmaceutical List received by the ICB related to community pharmacy contractors, dispensing appliance contractors and dispensing doctors have been decided within their regulatory timescales? Reasons should be provided where this is not the case.			
Number of applications not processed within the regulatory timescale			
Number of appeals decisions upheld			

Number of appeals decisions overturned			
Contractor/provider compliance and perfo	rmance		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.			
Number of CPAF visits undertaken (1-3% of contractors to be visited per year)			
Number of new pharmacies/change of ownerships that received CPAF visit in first 12 months of opening			
Can the ICB confirm that contractors have completed the Community Pharmacy Assurance Framework (CPAF) and it has taken appropriate action where this is not the case?			
Number of pharmacies where action has been taken due to non-compliance			
Number of unscheduled closures			
Number of contractual sanctions issued			

		Asses	sment						
Ophthalmic	Q1	Q2	Q3	Q4	Evidence/Comments/File pathway				
Compliance with mandated guidance issued by NHS England									
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Eye Health Policy Book)?	RAG								

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Number of risks and issues managed by the sub-group?					
Number of risks and issues escalated?					
Service provision and planning					
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.					
Number of needs assessments undertaken					
Number of new contracts					
Number of contract closures					
Number of enhanced services in place					
Number of patient access concerns					
Contracting					
Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.					
Number of contract variations issued					
Contractor/provider compliance	e and perfe	ormance			

Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.			
Number of PPV samples undertaken			
% of contractors undertaking QiO			
Number of complaints received			
Number of remedial/breach notices/satisfaction letters issued			

		Asses	sment					
Medical	Q1	Q2	Q3	Q4	Evidence/Comments/File pathway			
Compliance with mandated guidance issued by NHS England								
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Primary Medical Care Policy and Guidance Manual?								
Number of risks and issues managed by the sub-group?								
Number of risks and issues escalated?								

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Can the ICB confirm that it has the necessary processes in place to plan and manage service provision			
Number of LIS commissioned			
Number of list closures			
Number of patient list dispersals			
Number of times legal advice was sought			
Number of live procurements			
Contracting			
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?			
Number of providers that have received Discretionary Payments or Support			
Does the ICB have processes to implement Premises Costs Directions Functions?			
Contractor/provider compliance and pe	rformance		
Has the ICB got the appropriate systems and processes in place to manage quality and performance of providers? Has the ICB taken appropriate action where necessary.			
Number of remedial/breach notices/satisfaction letters issued			
Number of CQC inspections and ratings			