Internal Audit

GP Sustainability

June 2019

Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three
Moderate Assurance	Moderate Assurance	Moderate Assurance

Timetable

Date closing meeting held: 27th May 2019

Date draft report issued: 27th May 2019

Date management comments received: 7th June 2019

Date Final report issued: 7th June 2019

Date presented to Audit and Risk Committee: 17th June 2019

Contents

1. Introduction

1.1 NHS Lothian has included a risk in its corporate risk register in respect of GP sustainability. As in other parts of NHS Scotland, there are difficulties in recruiting and retaining GPs. Current risks include the inability to accept new patients (which may increase the patient flow to GP Out of Hours and acute services), limited cover for unplanned absences, a risk on coverage of care homes, and increasing resident population sizes.

1.2 In April 2018 the new General Medical Services Contract ("GMS") came into force, which was agreed between the BMA and the Scottish Government. The contract seeks to improve access for patients, address health inequalities, provide greater financial stability for GPs, and to reduce GP workload. Most GPs within Lothian are not employed by NHS Lothian, but are independent contractors.

1.3 This review covered the controls in place related to GP sustainability governance and performance reporting. In addition, there was coverage of the decision-making process with regard to actions taken to promote sustainability. In particular, the review covered the work currently performed by the four HSCPs to manage the risk within Lothian related to GP Practices.

Scope

1.4 The objective of the audit was to determine if there are effective controls (design and operation) in place over the governance of GP sustainability within Lothian, including the four HSCPs.

Acknowledgements

1.5 We would like to thank all staff consulted during this review, for their assistance and cooperation.

2. Executive Summary

Summary of Findings

2.1 The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 2.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	GP sustainability plans are in place within Lothian, including the four HSCPs.	Moderate Assurance	-	-	1	-
2	There is effective reporting of plan progress to the Healthcare Governance Committee, and to the relevant HSCP committees.	Moderate Assurance	-	-	1	-
3	Interventions to improve GP sustainability have been effective.	Moderate Assurance	-	-	1	-
TOTAL			**-**	**-**	**3**	**-**

Conclusion

2.2 The area under review comprised 3 control objectives, of which all 3 received Moderate Assurance.

2.3 The 2018 Scottish General Medical Services Contract is an agreement between the Scottish Government and the BMA, and came into force on 1 April 2018. At the same time the Scottish Government issued the Memorandum of Understanding (MoU) which sets out how general practice will be supported by the Government, IJBs, and Health Boards. In response to the MoU each of the four HSCPs within Lothian has created for their respective IJBs an individual primary care implementation plan (PCIP), which includes all of the requirements stated in the MoU. The first plans were agreed in June 2018.

2.4 A tri-partite approach is required in order to implement the Contract and to perform effective GP sustainability work. The work is performed by central NHS Lothian, the HSCPs, and the GP practices due to their different areas of responsibility, all with the

agreement of the GP Sub-Committee. As such there needs to be effective consultation and working practices in order to ensure that sustainability work is co-ordinated.

2.5 Each IJB has recently carried out an update on progress made for each PCIP and on the measures to be implemented in 2019-20 and beyond. These are in the process of being agreed, with an approval process through the IJBs, the GP Sub-Committee before going to the Scottish Government. In creating each of the four PCIPs there was good consultation with all key stakeholders and professional groups, and PCIPs were provided to the Scottish Government for review.

2.6 HSCPs use a number of methods to foster and maintain good relations with GP practices. These include practice visits where senior HSCP staff will meet with practice partners and staff to discuss any issues or concerns they might have, and HSCP-wide meetings which include attendance by GPs.

2.7 There are several committees in place to approve PCIPs and to receive updates on progress made. The MoU requires them to be agreed by the IJB and the GP Sub Committee and this has been achieved to date. In addition, at NHS Lothian level, there is an agreed oversight structure involving the three parties: HSCPs, GP Sub Committee and the NHS Board. This group has several groups which are charged with reviewing PCIP work and the effective implementation of the requirements of the new GMS contract, for example the Pharmacotherapy Implementation Group, the Vaccination Transformation Programme Group, the Primary Care Strategic IT Group, the Community Treatment and Care Services (CTACS) group, the Workforce Group. Agreed remits and memberships are in place for all groups. Also, the GMS Oversight Group has agreed measures and outcomes which are used across Lothian and which are included in the Group's action log.

2.8 In addition to work being performed at HSCP level, the oversight structure supports, develops, and promotes "once for Lothian" programmes where a service is provided centrally for all parts of Lothian, and advice to HSCPs and practices on sustainability issues. Examples include vaccination transformation, and Workforce.

2.9 In addition to a review of the implementation of the contract, detailed substantive testing was intended to be performed on interventions performed by individual HSCPs and the central NHS Lothian team to aid practices which had experienced difficulty. Unfortunately detailed testing of this work could not be performed due to the fact that the intervention work, by its very nature, does not follow a standardised route. Instead, interventions are tailored to the specific requirements of each practice in question, with HSCP and central NHS Lothian staff using their expertise to devise solutions in collaboration with the practice. Our review, therefore, could not determine if the work deviated from best practice or if actions taken to resolve practice difficulties were best suited to the issues in question, as there are no best practice guidelines in place.

Main Findings

2.10 We identified the following areas for improvement during the review:

2.10.1 Each HSCP within Lothian has created a PCIP, and all provide strong background information on the current position for 6 key areas required by the Scottish Government. However the PCIPs do not always provide a clear statement on what is to be done, by when, and by whom. In addition, there are not always KPIs relating to the implementation itself, and measures of success for the changes.

2.10.2 None of the four IJBs have clearly stated their performance reporting requirements for their respective PCIPs. Each IJB Board has, however, received an annual update paper from their respective HSCPs on their PCIP.

2.10.3 Systematic risk assessments of GP practices, in order to assess their individual risk of failure, are only performed by West Lothian HSCP. The other three HSCPs stated that systematic risk assessments are not performed because they are not a helpful measure in determining if a practice is going to fail, and that the HSCP already has an in-depth knowledge of each practice. However, there may be opportunities to learn from the West Lothian HSCP arrangements.

2.11 Details of these findings are set out in the Management Action Plan.

3. Management Action Plan

Control objective 1: GP sustainability plans are in place within Lothian, including the four HSCPs.	
Finding 1: Primary Care Improvement Plans do not state their objectives and outcome measures with sufficient clarity. **Associated risk of not achieving the control objective: If objectives and outcome measures are not stated clearly then the Primary Care Improvement Plans may not be implemented in full and on time.**	**Medium**
Observation and risk The 2018 *Scottish General Medical Services Contract* is an agreement between the Scottish Government and the BMA, coming into force on 1 April 2018. Following on from this, the Scottish Government issued the *Memorandum of Understanding* (MoU) which sets out how general practice will be supported by the Government, IJBs, and health boards. The MoU has a number of requirements, including that IJBs (with delivery through primary care teams) develop approaches for 6 key areas: the vaccination transformation programme, pharmacotherapy services, community treatment and care services, urgent care (advanced practitioners), additional professional roles (i.e. services provided by staff other than GPs), and community links workers. HSCPs are required to outline precisely how they will implement these requirements in their respective primary care implementation plans (PCIPs). It should be noted that vaccination and workforce are being developed by the central NHS Lothian team. Each HSCP within Lothian has created a PCIP for its respective IJB, which includes all of the requirements stated in the MoU. In addition, each PCIP provides strong background information on the current position for the 6 key areas listed above. However the PCIPs do not always provide a clear statement on what is to be done, by when, and by whom. In addition, there are not always KPIs relating to the implementation itself, and also measures of success for the changes. If objectives, and related KPIs, are not clearly stated then there is a reduced likelihood that plans are implemented fully and on time.	
Recommendation Each HSCP should clearly state, for each element of their primary care improvement plan, what is to be achieved, the staff tasked with the work, the timescales, and how success will be measured.	
Management Response • East Lothian HSCP	

- We acknowledge that the various elements of the East Lothian PCIP do not have clearly articulated, time-bound success measures and allocation of responsibilities. These are however within the work plans of the four PCIP working groups.
- Estimates of numbers of new staff associated with developments and the phasing of these posts has been prepared as part of a return to Scottish Government.
- Work is underway to provide data on the impact of the approaches within the PCIP in improving access to services.
- For the Musselburgh Model a baseline dataset is being developed to inform evaluation following roll-out of the model from 1 to 4 practices. This will include routine appointment wait, chronic disease management measures and patient feedback.

- Edinburgh HSCP - The Edinburgh Primary Care Transformation Programme has a number of workstreams which drive the implementation of the PCIP. As with much of the PCIP, the relevant people are tasked with leadership of the programmes (see standard Report 1 from the Leadership and resources Group). Timescales for implementation are difficult to determine as there is no certainty that staff will be recruited within any given period. Key performance metrics have been developed which link the investments made with the original challenge. For example, the capacity gap in Edinburgh was defined as missing 600 medical sessions per week in 2017/18 – rising by c30pa due to population increase. The investment in pharmacotherapy of c25wte is estimated to have contributed c75 sessions to narrowing this gap. Each investment will have different impact. An Evaluation Officer was appointed in Feb 2019 and produced a first evaluation which substantiated our initial estimate that a Primary Care Mental Health Nurse (with V300) will augment clinical capacity by 4-5 medical sessions. Cumulatively, we have reported that c200 sessions have been injected back into the Edinburgh Primary Care system as a result of the PCIP investments.
- Midlothian HSCP – The oversight and governance of the Midlothian Primary Care Improvement Plan sits with Midlothian IJB and reporting of performance against delivery is through this route.
- West Lothian HSCP - An action plan with the tasks and timescales will be developed and aligned with the next review of the plan. The success of the programme with regard to sustainability of General Practice is largely subjective and not amenable to measures other than implementation and transfer of work within the PCIP.

<u>Management Action</u>

- East Lothian HSCP
  - The working groups are handling the development, monitoring and achievement of their agreed actions to deliver their respective parts of the PCIP/GMS. These groups will continue to report through the PCCB and to the SPG with reports to the IJB as required.
  - An in-development Delivery Plan for the East Lothian Strategic Plan (which Primary Care is a priority within) will also set out delivery plans for primary care development.
  - In its appraisal of progress across primary care workstreams, the HSCP will take into account the recently issued 'Monitoring and Evaluation Strategy for Primary Care.'

<table>
<tr><td colspan="2">

In addition the IJBs Direction/s, relevant to primary care, will be subject to monitoring as part of the board's performance reporting processes.

Edinburgh HSCP – Edinburgh will continue with its established programme of work and hopes to further embed areas of the contract currently establishes as 'tests of change' – if evaluated as successful. A further c25 wte will be recruited this year and injected into practices or clusters contributing a further 75 sessions of capacity.
Midlothian HSCP – The Primary Care Improvement Plan will continue to be delivered in line with the agreed actions.
West Lothian HSCP - Action plan with timescales to be developed.

</td></tr>
<tr><td><u>Responsibility</u>:

East Lothian HSCP – Primary Care Change Board
Edinburgh HSCP – Primary Care Support Team
Midlothian HSCP – Primary Care Programme Board
West Lothian HSCP – Interim Head of Health, West Lothian HSCP

</td><td><u>Target date:</u>

East Lothian HSCP – 31 October 2019
Edinburgh HSCP – 31 March 2020
Midlothian HSCP – 31 March 2020
West Lothian HSCP - 30 September 2019

</td></tr>
</table>

Control objective 2: There is effective reporting of plan progress to the Healthcare Governance Committee, and to the relevant HSCP committees.	
Finding 2: The four IJB Boards have not stated the reporting requirements for their respective primary care improvement plans. **Associated risk of not achieving the control objective: If reporting requirements are not clearly stated then IJB boards may not become aware of implementation issues in a timely manner.**	**Medium**

Observation and risk

Where committees clearly state their reporting requirements for individual projects or initiatives there will a greater confidence that the committee is made aware in a timely manner of any issues relating to implementation. This in turn means that problems are resolved as quickly as possible in an effective manner. Performance reporting requirements should include a statement on what reporting is required on plan progress, the frequency it should be provided, and who should provide it.

There is effective reporting by the central NHS Lothian Primary Care Directorate to the Healthcare Governance Committee (HGC) and other central committees on GP sustainability, for example GP and primary care sustainability updates on 16 January 2018, 13 March 2018, 8 May 2018, 10 July 2018, 11 September 2018, and 8 November 2018. This reporting allows for Board-level scrutiny and assurance for GP sustainability work.

However, none of the four IJBs have clearly stated their performance reporting requirements for their respective primary care improvement plans (PCIPs). Each IJB Board has, however, received an annual update paper from their respective HSCP on their PCIP.

Each HSCP should request that their IJB Board determine its performance reporting requirements for their primary care improvement plan, namely what reporting is required on plan progress, the frequency it should be provided, and who should provide it.

If IJB boards do not clearly state their reporting requirements for their PCIP then they may not become aware of issues with plan implementation in a timely manner.

Recommendation

Each HSCP should request that their IJB Board determine its performance reporting requirements for their primary care improvement plan, namely what reporting is required on plan progress, the frequency it should be provided, and who should provide it.

Management Response

- East Lothian HSCP
  - East Lothian has a Primary Care Change Board (PCCB) with 4 working groups focussed on; Nursing and CTACS, Access and Delivery, Links Workers and Pharmacotherapy. Each of these is developing actions to deliver their respective

parts of the PCIP with a view to meeting the requirements of GMS and the needs of all practices across East Lothian.
    - The PCCB reports ever 6 weeks or so on its progress to the Strategic Planning Group (SPG). The SPG in reports at appropriate intervals to the Integration Joint Board on performance.
- Edinburgh HSCP
    - From August 2018 Edinburgh established a Primary Care Leadership & Resources Group who are charged with the local implementation of the PCIP and all investment decisions. Membership of the group includes three EH&SCP senior management team members, one of whom (Clinical Director) chairs the group.
    - Each meeting of the group reports on progress and (standard) 'Report 1' clearly allocates responsibilities. Expectations about performance summaries above. The PCIP will provide funds over the 4 years to augment primary Care by over 600 medical sessions of equivalent medical capacity and our monitoring arrangements are focussed on ensuring this impact is substantiated.
- Midlothian HSCP – The Midlothian IJB received and approved the progress report on the PCIP and will continue to be updated every 6 months.
- West Lothian HSCP - The West Lothian IJB received and approved the progress report on the PCIP in April 2019 this included the commitment to providing 6 monthly progress reports

<u>Management Action</u>

- East Lothian HSCP
    - Ensure appropriate reporting by the Primary Care Change Board to the IJB (in line with IJB requirements) of progress against primary care strategic and contractual priorities, within the established IJB performance reporting cycle and when approval is being sought for primary care developments.
    - Continue involvement in the NHS Lothian GMS Oversight Group.
- Edinburgh HSCP – Continue investment programme and adjust with further understandings on both impact and staff availability. Edinburgh has taken a decentralised approach and allowed each practice to choose what elements of the contract will benefit them most. The feedback from this exercise (June 2019) will allow further dialogue about which aspects of the contract can be supported into 20/21.
- Midlothian HSCP – Progress reports are provided to the IJB on a 6 monthly basis.
- West Lothian HSCP - Progress reports to be provided on 6 monthly basis to IJB

<u>Responsibility</u>:	<u>Target date:</u>
• East Lothian HSCP – Primary Care Change Board • Edinburgh HSCP – N/A • Midlothian HSCP – Primary Care Programme Board • West Lothian HSCP - Interim Head of Health, West Lothian HSCP	• East Lothian HSCP – 30 September 2019 • Edinburgh HSCP – N/A • Midlothian HSCP – 31 March 2020 • West Lothian HSCP - Completed April 2019

Control objective 3: Interventions to improve GP sustainability have been effective.	
Finding 3: Risk assessments of individual GP practices are not performed by all HSCPs. **Associated risk of not achieving the control objective: Practices which may be at risk of failing are not identified in a timely manner.**	**Medium**

Observation and risk

GP practices will sometimes find themselves unable to provide an effective service to their patients due to, for example, the departure of a GP, or financial issues relating to premises. In these instances the practice in question will often seek the help of their HSCP and the central NHS Lothian team.

It is more beneficial, however, for such issues to be anticipated by either the practice itself, the relevant HSCP, or the central NHS Lothian team. Issues with practices can be potentially identified through various methods, such as local knowledge of the practice by the HSCP, an understanding of any financial risks related to the premises, or a systematic risk assessment of individual practices based on agreed measures. Such systematic risk assessments can include measures such as current GP vacancies, whether the practice fewer than 3 GP partners, and whether the premises are in poor condition or not. Premises leases are retained by central NHS Lothian and not by the HSCP.

However, systematic risk assessments are only performed by West Lothian HSCP, who perform this work annually. The other three HSCPs have stated, variously, that systematic risk assessments are not performed because they are not a helpful measure in determining if a practice is going to fail, and that the HSCP already has an in-depth knowledge of each practice. In addition, an annual risk assessment of all GP premises within Lothian is performed by NHS Lothian.

If systematic risk assessments are not performed then there is an increased risk that practices which may be at risk of failing are not identified in a timely manner.

Recommendation

Each HSCP should consider using a systematic approach to the risk assessment of GP practices. Such an assessment would be designed to determine if individual practices are at risk of failure. There is merit in considering the arrangements in place at West Lothian and how this practice could be rolled out across the other HSCPs.

Management Response

- East Lothian HSCP
  - The current arrangements in East Lothian have proven to be of merit. These are based on work within the ELHSCP primary care team to maintain links with practices and to build trust. Practices are encouraged to report issues early on in their development so early action can be taken. Any issues raised by practices are treated confidentially.

- NHS Lothian Capital Planning hold info on risk to individual practices based on condition of premises, current age of partners etc. Any issues of note are shared with the HSCP.
- The Cluster Business meeting bring GPs together to discuss matters of joint interest and to agree necessary action
- Annual risk assessments may miss an issue that occurs in the intervening months
- Ongoing dialogue with practices and timely action/support has allowed East Lothian, to maintain its practices' viability and to actively explore practice list expansion.
- It is not clear that a risk assessment will uncover issues (such as threats to business stability) that practices choose not to share with us.

- Edinburgh HSCP – Very similar to East Lothian with a different scale and 70 practices involved. Communications have been developed with practices and there are many examples of where practices raised concerns at an early stage and we were able to help them to restabilise. Edinburgh tried a risk assessment approach but found this of very limited value and virtually no predictive capacity. As the PCIP moves forward we will build on our '5 demand groupings' analysis of the different kinds of population served and offer insights on workload which will help practices to avoid workload based challenges.
- Midlothian HSCP – Recommendation not accepted. As stated in the narrative above, risk assessments are not a helpful measure in determining if a practice is going to fail, the HSCP already has an in-depth knowledge of each practice, and an annual risk assessment of all GP premises within Lothian is performed by NHS Lothian.
- West Lothian HSCP - The Primary Care team within WL HSCP have a good understanding of risk at practice level and take action accordingly. The risk assessment helps to validate concerns or highlight emerging issues.

<u>Management Action</u>

- East Lothian HSCP - We will consult with practices on how they want their ongoing support needs to be assessed, one option within will be the West Lothian approach.
- Edinburgh HSCP – Edinburgh will build its 'insight' function to be able to offer targeted support and advice to practices.
- Midlothian HSCP – N/A
- West Lothian HSCP - Review risk assessment on annual basis.

<u>Responsibility</u>:	<u>Target date:</u>
• East Lothian HSCP – Primary Care Change Board • Edinburgh HSCP – Primary care Support Team • Midlothian HSCP – N/A • West Lothian HSCP - Interim Head of Health, West Lothian HSCP	• East Lothian HSCP – 31 July 2019 • Edinburgh HSCP – 31 October 2020 • Midlothian HSCP – N/A • West Lothian HSCP - Completed

Appendix 1 – Staff Involved and Documents Reviewed

- Staff
    - Director of Primary Care Transformation, NHS Lothian
    - Primary Care Premises Facilitator, NHS Lothian
    - Clinical Director, Lothian Unscheduled Care Service
    - Clinical Director, East Lothian HSCP
    - Consultant, East Lothian HSCP
    - Primary Care Development Manager, East Lothian HSCP
    - Strategic Planning and Performance Manager, East Lothian HSCP
    - Chief Officer, Edinburgh IJB
    - Strategy, Planning and Quality Manager, Edinburgh HSCP
    - Clinical Director, Midlothian HSCP
    - Strategic Programme Manager, Midlothian HSCP
    - Chief Officer, West Lothian IJB
    - Primary Care Manager, West Lothian HSCP
- Documentation
    - Minutes
        - IJB boards
        - GMS Contract Premises Group
        - GP Sub-Committee
        - Healthcare Governance Committee
        - Pharmacotherapy Implementation Group
        - Primary Care Joint Management Group
        - Urgent Care Resource Hub
        - Vaccination Transformation Programme
        - Primary Care Strategic IT Group
        - GMS Contract Workforce Group
        - GMS Contract Oversight Group
        - Primary Care Leadership & Resourcing Group
        - Realistic Care Realistic Medicine Transformation Board
        - Primary Care Forum and Implementation Group
        - GP Cluster Groups
        - Primary Care Change Board
    - Primary Care Improvement Plans
    - Primary Care Improvement Plans updates
    - Risk registers
    - Premises practice profiles risk analysis
    - PCIP IJB Board approvals
    - Local implementation trackers
    - GP practice risk assessment tools
    - Distribution of funding for transformation and stability
    - Funding proposals for the implementation of the PCIPs
    - Primary care funding financial analyses
    - GP Contract – Guidance for Health Boards
    - The Memorandum of Understanding (from the Scottish Government)

- GMS Contract progress reports
- National Monitoring and Evaluation Strategy for the NHS in Scotland
- Single-handed practices – a paper to the Primary Care Joint Management Group
- 2C contracts – a report to the NHS Lothian Corporate Management Team
- Intervention plans
- IJB Workforce Development plans
- LEGUP (List Extension Growth Uplift) grant letters
- Individual PCIP plans, e.g. CTACS, and pharmacotherapy
- SLA with the Scottish Ambulance Service.

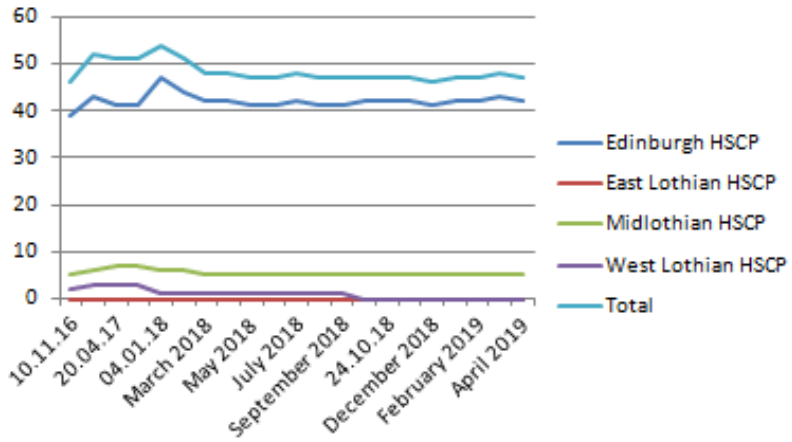
Appendix 2 – General Practice Sustainability Measures

This information was included in a paper provided by the Director of Primary Care Transformation to the Healthcare Governance Committee in May 2019:

Restricted Lists

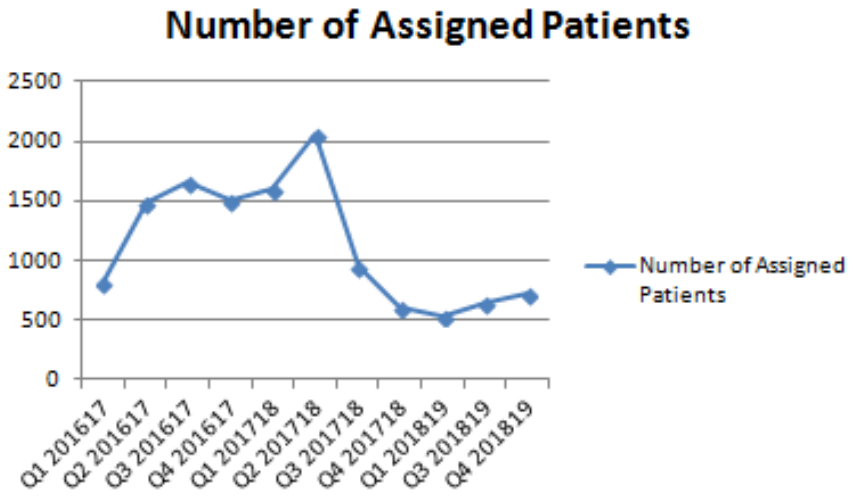
The total number of practices with restricted lists has continued at around the same level since March 2018, an improvement from the peak in January 2018. There are now no restrictions in East Lothian and West Lothian.

Date	Edinburgh HSCP	East Lothian HSCP	Midlothian HSCP	West Lothian HSCP	Total	2c Practices
10.11.16	39	0	5	2	**46**	3
23.02.17	43	0	6	3	**52**	2
20.04.17	41	0	7	3	**51**	2
29.08.17	41	0	7	3	**51**	4
04.01.18	47	0	6	1	**54**	4
27.02.18	44	0	6	1	**51**	4
March 2018	42	0	5	1	**48**	4
April 2018	42	0	5	1	**48**	4
May 2018	41	0	5	1	**47**	3
June 2018	41	0	5	1	**47**	3
July 2018	42	0	5	1	**48**	3
August 2018	41	0	5	1	**47**	3
September 2018	41	0	5	1	**47**	3
October 2018	42	0	5	0	**47**	3
24.10.18	42	0	5	0	**47**	2
November 2018	42	0	5	0	**47**	2
December 2018	41	0	5	0	**46**	2
January 2019	42	0	5	0	**47**	2
February 2019	42	0	5	0	**47**	2
March 2019	43	0	5	0	**48**	2
April 2019	42	0	5	0	**47**	2



Assignments by Practitioner Services to NHS Lothian Practices
Where patients cannot find a practice due to restrictions or other factors they can be assigned and practices are obliged to accept them unless their list is closed. The numbers being assigned per quarter has fallen significantly and steadily from the peak in quarter 2 of 2017/18.

Lothian	Number of Assigned Patients
Q1 201617	816
Q2 201617	1495
Q3 201617	1654
Q4 201617	1509
Q1 201718	1601
Q2 201718	2069
Q3 201718	953
Q4 201718	602
Q1 201819	533
Q3 201819	645
Q4 201819	727



Number of 2c practices

The number of 2c practices has fallen recently. This is positive in that the increase in 2c practice numbers was a response to practices in difficulty where there was no immediately obvious alternative to direct management of the practice. Many of these recent 2c practices have now returned to 17j status (normal independent contractor) which could be taken as an indicator of positivity in that model.

	2004	2013	2014	2015	2016	2017	2018	2019
Number of 2c Practices	4	5	6	9	10	12	8	8

Number of single handed practices

There are currently 4 single handed practices in Lothian, 2 in Edinburgh and 2 in West Lothian.

Practices receiving support from HSCPs

While there is no agreed definition of "in difficulty" the table below shows the number "in difficulty" as reported by HSCPs. Practices may be seeking support for a number of reasons such as unsustainable workload, inability to recruit, increasing expenses and reducing income and premises issues. The decreasing trend is clear.

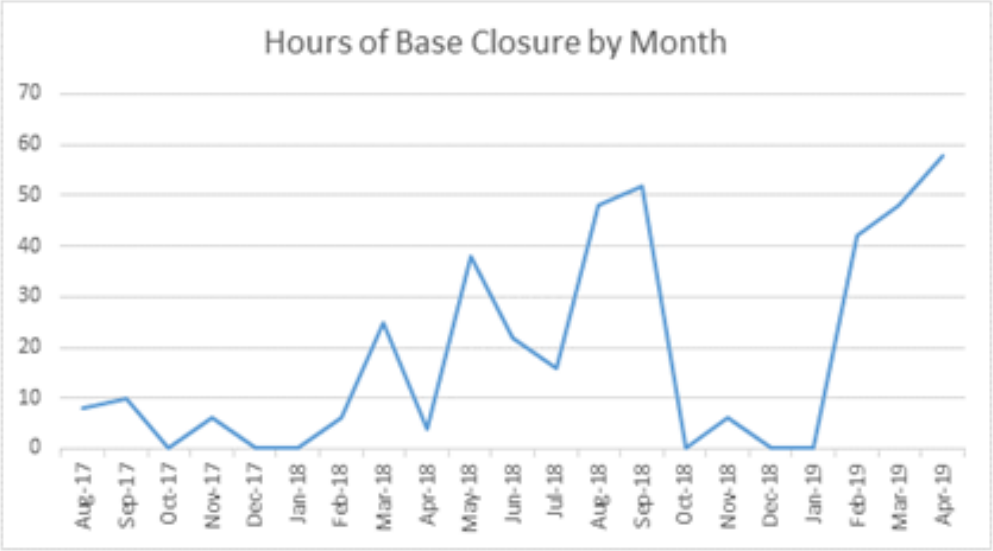
March 2017	May 2017	August 2017	November 2017	March 2018	November 2018	March 2019
21	23	19	13	9	9	8

LUCS short notice base closures

Short notice closures of LUCS bases are a measure of the pressure on the service. These almost always arise from inability to fill medical or nursing shifts meaning staffing falls below safe levels and has to be consolidated to another base. This most frequently affects Midlothian and East Lothian, and more recently West Lothian.

There is a clear increasing trend since the beginning of 2018. This relates to some extent to public holidays but is increasingly a feature in months without public holidays.

Month	Hours
Aug-17	8
Sep-17	10
Oct-17	0
Nov-17	6
Dec-17	0
Jan-18	0
Feb-18	6
Mar-18	25
Apr-18	4
May-18	38
Jun-18	22
Jul-18	16
Aug-18	48
Sep-18	52
Oct-18	0
Nov-18	6
Dec-18	0
Jan-19	0
Feb-19	42
Mar-19	48
Apr-19	58



Appendix 3 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively, and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	This may be used when: • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. The controls are deficient in some respects and require management action (for instance one 'high' finding and a number of other lower rated findings)
Moderate assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant". The controls are largely effective and, in most respects, achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)
Significant assurance	The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all.	There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)