

# GMS Unified Contract Assurance Framework

## Final Internal Audit Report 2025/26

Cardiff and Vale University Health Board



Substantial Assurance

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### Review Reference

CVU-2526-28

### Fieldwork

November 2025 – January 2026

### Executive Sign Off

January 2026

### Audit Committee

February 2026

### Executive Lead

Paul Bostock, Chief Operating Officer

### Audit Team

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit



# Executive Summary

## Purpose

To review the processes for managing the GMS Unified contract performance framework and monitoring and reporting performance.

## Overview

The new Unified Contract for general medical services (GMS) was negotiated over 18 months as part of a tripartite approach with Welsh Government, NHS Wales and the General Practitioners Committee (Wales) (GPCW).

The NHS (General Medical Services Contracts) (Wales) Regulations 2023 (2023 Regulations) underpinning the Unified Contract came into effect on 1 October 2023.

The Unified Contract for GMS will simplify what services all GP practices in Wales must provide and how they evidence assurance of delivery.

The key aims of the Unified Contract are:

- to make it easier for patients and healthcare professionals to understand responsibilities for the provision of services;
- to reduce administrative bureaucracy, freeing up time and resource for service delivery; and
- to enable use of data and technology to help plan resources and delivery of services.

The GMS Unified Contract Assurance Framework is in use across NHS Wales and by GMS contractors to provide assurance of delivery of the GMS Unified Contract. The Framework has been developed taking account of the context of the new Health and Care Quality Standards for Wales (2023).

The Framework is a governance process for the evaluation of assurance on services delivered through the Unified Contract, in the context of the Duty of Quality legislation, and has three components:

- A nationally agreed data set for quality, safety, governance and contract management. This comprises of a national set of indicators, a practice assurance return, Clinical Governance Self-Assessment Toolkit (CGPSAT) and IG toolkit.
- A nationally agreed process for assessing contractors' compliance against contractual requirements; and
- A nationally agreed escalation ladder for managing concerns, including an appeals procedure.

We have concluded **Substantial** assurance on this area. The matters requiring management attention include:

- Contract and Governance Visit Reports have not been issued to GMS Practices upon full completion of CAF assessments, which is not in line with the Welsh Government Contract Assurance Framework.

The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Implementation of a Standard Operating Procedure in respect of the application of the Framework Escalation Ladder.
- Standard Practice Visit Assessment Agendas in respect of the 2023/24 CAF Assessment Cycle were not always issued prior to the visit.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

**Objectives** The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

		Related Findings	Assurance
1	Up to date procedure documents are in place setting out the Health Board's processes in relation to the Framework	-	<b>Substantial</b>
2	An assessment of practice assurance is undertaken for each of the GMS contractors against the National Indicators stated within the Unified GMS Contract and these are formally recorded, reported and outcomes reviewed by the Health Board	-	<b>Substantial</b>
3	Visits are carried out to those practices prioritised for further assessment, with timely verbal and written feedback provided, action plans agreed and monitored, and follow-up reviews planned	1	<b>Reasonable</b>
4	The stages of the Framework's Escalation Ladder are appropriately utilised for those practices where a breach or remedial notice may ultimately be issued by the Health Board	-	<b>Substantial</b>

### Management Actions

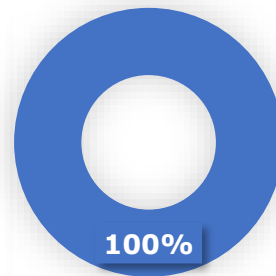


High Priority



Medium Priority

### Themes



■ Governance

### Risk Types

Legal & Regulatory Non-Compliance

# Findings & Agreed Action Plan

**Objective 1: Up to date procedure documents are in place setting out the Health Board's processes in relation to the Framework.**

**Substantial**

## **Overview / Summary of Observations**

The Health Board Primary Care Team that oversees the management, oversight and GMS Contractor compliance with the GMS Contract Assurance Framework (CAF) has chosen not to create Standard Operating Procedures (SOP) in respect of these processes.

Instead, they work solely to the Welsh Governance CAF Guidance documentation that supports the implementation of the Framework, and given the content, logical structure and ease of use, we agree that there is no need for a separate Health Board SOP as this would merely be a facsimile of the Guidance itself.

Training has been provided by Welsh Government to ensure that Primary Care staff can undertake GMS Practice visit assessments in accordance with Framework Appendix A requirements. The application of which can be confirmed through our testing undertaken in Objectives 2 and 3 of this Report.

On the basis of the training and documentation provided to GMS Unified Contract Practice Managers by Welsh Government, and our testing undertaken in Objectives 2 and 3 we can confirm that they are conversant with the requirements, and of their responsibilities relating to the performance assessment process undertaken by the Health Board.

However, we note that there is no documented process within the Welsh Government CAF Guidance, or a supporting Health Board SOP that outlines the review and determination of Assurance Ratings recorded on the Practice Contract and Governance Framework Response Plan (PCGFRP) in the event of the invocation of the Framework Escalation Ladder. As such we recommend that consideration is given to the creation and implementation of a supporting SOP in this regard.

**Objective 2: An assessment of practice assurance is undertaken for each of the GMS contractors against the National Indicators stated within the Unified GMS Contract and these are formally recorded, reported and outcomes reviewed by the Health Board.**

**Substantial**

### **Overview / Summary of Observations**

The selection of GMS Practices visits within an annual assessment cycle is based solely on data that demonstrates a need, determined by requirements/risks/issues in accordance with prescribed Welsh Government (WG) GMS Guidance Indicators. This process is further supported by local intelligence and supporting data based upon ongoing liaison with GMS Practices by the Primary Care Contractor Services Team during each annual assessment cycle.

The formalised outcome of all GMS Practices reviewed by the PCIC GMS Contract Governance Multi-Disciplinary Team (MDT) is documented in a Desktop Review MDT Report. The report assigns an assurance ratings of Reasonable, Limited or No Assurance which determines whether a Focused or Full Practice Assessment Visit will be initiated.

Our testing identified that of a total of 22 GMS Practice Assessment Visits undertaken for the 2023/24 and 2024/25 Annual Assessment Cycles (2023/24 14 Practices visited and 2024/25 8 Practices visited), all were supported by an MDT Desktop Review Report that documented justification for these visits based upon a review of their respective PCIP data and other relevant GMS Practice intelligence.

GMS Contract assessments and performance are reported regularly at bi-monthly PCIC Business Unit Review meetings which are attended by senior PCIC staff. These meetings provide assurance on Primary Care Services activity and compliance with Contract Assurance Framework (CAF) contractual requirements. They also serve as a forum to highlight any issues where support is required from the senior management team, and this information is also used to update the Executive Team.

A summary of the GMS CAF Assessment Cycle activity is also reported to the Health Board's Quality, Safety and Experience (QSE) Committee on an annual basis as part of the Annual Quality Assurance Report.

**Overview / Summary of Observations**

Formal structures are in place that facilitate and record the scheduling of GMS Practice Visit Assessments and their outcomes. These are implemented through Notification of Assessment Visit letters and pre-planned Practice Visit Agendas that are sent to GMS Practices prior to the assessment visits being undertaken.

Our testing identified that during both 2023/24 and 2024/25 CAF assessment cycles, all 22 GMS Practices that underwent a Practice Assessment Visit by the Health Board (14 Practices in 2023/24 and 8 Practices in 2024/25) received a Standard Letter of Notification of Assessment Visit prior to their respective visit dates.

Additionally, all 8 GMS Practices in the 2024/25 CAF assessment cycle assessments were sent a Standard Practice Visit Agenda prior to their respective Assessment visit date. However, 5 out of the 14 GMS Practices selected as part of the 2023/24 assessment cycle did not receive a Standard Practice Visit Agenda.

Testing of Practice Assessment Visits across both annual assessment cycles confirmed that all GMS Practice assessments had their assessment outcome documentation stored in the respective CAF Sharepoint folders, and none received a "No Assurance" rated assessment.

Where relevant, Practice Contract and Governance Framework Response Plans (PCGFRP) were subject to regular monitoring for compliance prior to finalisation. Upon completion of the assessment process, all GMS Practices received a completed PCGFRP, agreed by the Health Board which stated their Annual Assessment Assurance Rating.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b><u>Practice Assessment Visits - Contract and Governance Visit Reports</u></b></p> <p>The Welsh Government Unified Contract Assurance Framework states that 'written feedback (Contract and Governance Visit Report) from the Health Board to be shared with the contractor within 20 working days of visit.' However, Contract and Governance Visit Reports are not being issued to GMS Practices upon completion of Practice Visit Assessments, as PCIC considers their issuance is a duplication of information stated in other forms and reports in place.</p> <p>We note that the PCIC senior management discussed this matter at the All Wales Heads of Primary Care meeting undertaken following the 2023/24 assessment cycle, which was attended by Welsh Government representatives.</p> <p>However, Welsh Government's view on the non-use of the Contract and Governance Visit Reports remains unclear, as does whether other Health Bodies have taken the same</p>	<p>Cardiff and Vale of Glamorgan residents are unable to access NHS GMS services.</p>	<p><b>Agreed Action:</b></p> <p>Ensure the formal adoption and consistent use of the Welsh Government-approved Contract and Governance Visit Report template following all Practice Assessment Visits, in full compliance with the Unified Contract Assurance Framework requirements.</p>

approach. Additionally, no formal request has been submitted to Welsh Government to obtain approval to deviate from this stated requirement.

We were, however, informed by PCIC management that Practice Contract and Governance Framework Response Plans (PCGFRPs) are acting as the Contract and Governance Visit Report. We confirmed that the content of these plans align with the reports. Additionally, we were advised that the plans are issued to GMS Practices within 20 working days of the Assessment Visit.

Additional testing was performed to confirm whether this was being undertaken across the 2023/24 and 2024/25 assessment cycles.

2023/24 Assessment Cycle

- All 14 GMS Practices were provided with a Practice Contract and Governance Framework Response Plan, but only 12 were issued within the 20 working days post-Practice Visit timescale.

2024/25 Assessment Cycle

- All 8 GMS Practices were provided with a Practice Contract and Governance Framework Response Plan, but we were not able to evidence whether 1 of the 8 GMS Practices received theirs within the 20 working days post-Practice Visit timescale.

**Theme:** Governance

**Medium Priority**

Control Operation

**Expected Evidence of Implementation:**

Completion of Contract and Governance Visit Reports following all Practice Assessment Visits.

**Officer:** Hayley Pugh, Interim Head of Primary Care

**Target Implementation Date:** 01/04/2026

**Overview / Summary of Observations**

We note that although no GMS Practices invoked the Framework Escalation Ladder during the 2023/24 and 2024/25 assessment cycles, the Primary Care Team has processes and oversight mechanisms to identify such instances at every stage of the assessment process. This includes ongoing reviews and discussions with GP Practice Management teams relating to their Practice Contract, and Governance Framework Response Plans.

As detailed in objective 1, there is no documented process within the Welsh Government Contract Assurance Framework Guidance, or a supporting Health Board SOP in respect of the review and moderation of Assurance Ratings recorded on the Practice Visit Report which could potentially contribute to the invocation of the Framework Escalation Ladder.

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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