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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13th July 2021		Agenda Item	3.3
Report Title	Post Payment Verification End of Year Report 2020/21			
Report Author	Sam Page, Head of Primary Care Amanda Legge/Post Payment Verification Manager			
Report Sponsor	Brian Owens, Group Director PCTSG			
Presented by	Brian Owens, Group Director PCTSG			
Freedom of Information	Open			
Purpose of the Report	<p>This report shares with Audit Committee the annual Post Payment Verification End of Year Report for 2020/21 produced by NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) Post Payment Verification Manager.</p> <p>This report also aims to provide assurance on the actions taken by the Primary Community & Therapies Service Group to ensure good governance and financial management and probity.</p>			
Key Issues	<p>On an annual basis the PPV Manager will prepare a report for Health Board audit committees to outline how practices have been performing. It also demonstrates the overall performance of the Health Board against the national averages. The report is included at Appendix 1.</p> <p>Section three of this report highlights the actions taken to ensure good governance and financial management and probity.</p>			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the annual report included at Appendix 1 and the assessment of high risk practices. • NOTE the actions in place to manage governance and ensure sound financial management and probity. 			

POST PAYMENT VERIFICATION END OF YEAR REPORT 2020/21

1. INTRODUCTION

This report shares with Audit Committee the annual Post Payment Verification End of Year Report for 2020/21 produced by NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) Post Payment Verification Manager and to provide assurance on the actions taken to ensure good governance and financial management and probity.

2. BACKGROUND

NHS Wales Shared Services Partnership (NWSSP), Primary Care Services (PCS) are responsible for undertaking Post Payment Verification (PPV) duties on behalf of Health Boards (HBs) across Wales. PPV teams undertake PPV checks within General Medical Services, General Ophthalmic Services and Community Pharmacy.

The purpose of the PPV process is to provide assurance to Health Boards that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specification and relevant legislation.

The PPV team also manage the Waste Management Audit programme on behalf of the Health Boards offering advice and support to GP Practices and Community Pharmacies in respect of Waste Management.

PPV of claims for General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP) run on a 3-year cycle and agreed by Health Board Audit Committees.

2.1 Annual Report

On an annual basis the PPV Manager will prepare a report for Health Board audit committees to outline how practices have been performing. It also demonstrates the overall performance of the Health Board against the national averages. The report is included at **Appendix 1**.

The following key points should be noted:

- Post Payment Verification (PPV) practice visits were nationally suspended in response to the COVID pandemic.
- Following review of the All Wales visit plan, NWSSP reinstated remote access PPV arrangements for GMS. It was agreed that resources would be focused to clear all planned GMS routine and revisits due for 2020-2021.
- It has been agreed nationally that PPV can proceed with the GMS visits during the 2021-2022 financial year as part of the PPV three-yearly cycle, utilising 2019-2020 claim data from April 2021.

- The General Ophthalmic Service PPV is a service where PPV teams do not have the ability to undertake reviews via remote access. NWSSP has been providing data to Welsh Government regarding the opening hours and claims for GOS and have launched a recently successful pilot to utilise trend analysis data to write out to patients to ensure they are receiving the services that have been claimed in their names.
- The Community Pharmacy Medicines Use Review (MUR) service was stopped in March 2020 and therefore the relevant PPV suspended, NWSSP are currently planning to introduce a pilot for two new service checks by PPV, which are the Quality and Safety Scheme and the Collaborative Working Scheme.

The data within the attached report highlights the history of practices, the percentage of errors they may have incurred during the PPV process and any revisit taken to negate the risks. If a routine visit has seen a 10% error rate in a specific service area, this would trigger a “re-visit” to the contractor for that service area only.

The report provides a summary of the position for all GMS practices included in the 2020/21 programme. Of the 23 Practices included within the visit programme for routine or revisits the following points should be noted:

- Four visits remain in progress and the file has not yet been closed or recommendations received.
- 11 routine visits were considered low risk based on the level of error rate and no revisit required.
- Three routine visits and one revisit were considered medium risk based on the level of error rate and no revisit required.
- One routine visit was considered high risk above 10% error rate and a revisit will be scheduled.
- Three revisits identified high error rate above 10%; however, it should be noted that revisit error rates are expected to be higher as they are targeting a service area already identified in the routine visit.

Of the four high risk practices (Red) the following assessment is made:

- Direct Oral Anticoagulant (DOAC) drove high levels of claim errors: 63.9% and the reasons for high claims errors included insufficient evidence and claims made in error.
- DOAC and Shared Care drove the high levels of claim errors: 12.3% and 13.8% respectively. The reason for high claim errors was insufficient evidence.
- DOAC and Anti-coagulation monitoring drove the high levels of claim errors: 4.4% and 30.9% respectively. The reason for high claim errors was insufficient evidence.
- A range of enhanced services drove the high levels of claims errors: Care Homes (9.1%), Hep B (20%), Immunisations (9.1%), Minor Surgery (4.6%) and Wound Care (86.4%). The reasons for high claim errors included insufficient evidence and administrative errors.

Specific action taken as a result of these high error rates include:

- Targeted advice and support provided to the Practice Manager with further follow up on assurance provided by the Practice.
- Highlighted through the Governance desktop review process to support triangulation of data.
- Learning to be shared more widely on DOAC enhanced service specification and claiming through practice manager forums.

3. GOVERNANCE AND RISK ISSUES

On receipt of recommendations from the PPV report all contractors are written to seeking assurance that the recommendations made within the report have been actioned. Targeted support is offered by the Primary Care Team where necessary.

Adverse PPV reports may suggest poor systems for clinical governance and probity and therefore respective contractor governance visits also include PPV outcomes as part of the desktop review and will inform visit discussions if required for further assurance.

Contractual process to be implemented to manage repeated claiming errors with consideration given for formal improvement plan and remedial / breach notices which could result in the discontinuation of the commissioning of the enhanced service with the practice.

PPV Reports are shared for review and to identify themes, lessons learnt and good practice at the Service Group Quality and Safety Operational Group (QSOG) meetings.

Quarterly meetings are scheduled with the Head of Primary Care, Primary Care Managers, Finance Lead, PPV Team and local Counter Fraud team to regularly review the progress report and to discuss themes, recommendations and any risks.

There is also a bi-monthly operational meeting to resolve local queries and take forward practice specific actions; as well as bi-monthly National GMS Working Group with Primary Care Managers and PPV to discuss and agree any issues regarding the National application of the programme.

The Primary Care Team are exploring with the PPV Team opportunity of restarting PPV training events / roadshows to Practice Managers locally. In addition to facilitating one-on-one training requirements, particularly for new practice managers.

4. FINANCIAL IMPLICATIONS

Recoveries expected to date from the 2020/21 programme for GMS are £11,692.84. These monies are recovered through deductions in monthly payments to contractors. This recovery is less than the 19/20 position of £20,699.66

5. RECOMMENDATION

Members are asked to:

- **NOTE** the annual report included at Appendix 1 and the assessment of high risk practices.
- **NOTE** the actions in place to manage governance and ensure sound financial management and probity.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	X
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	X
	Partnerships for Care	X
	Excellent Staff	X
	Digitally Enabled Care	X
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	X
Quality, Safety and Patient Experience		
<p>Adverse PPV reports may suggest poor systems for clinical governance and probity and therefore respective contractor governance visits also include PPV outcomes as part of the desktop review and will inform visit discussions if required for further assurance.</p> <p>PPV Reports are shared for review and to identify themes, lessons learnt and good practice at the Service Group Quality and Safety Operational Group (QSOG) meetings.</p>		
Financial Implications		
<p>Recoveries expected to date from the 2020/21 programme for GMS are £11,692.84. These monies are recovered through deductions in monthly payments to contractors. This recovery is less than the 19/20 position of £20,699.66</p>		

Legal Implications (including equality and diversity assessment)	
The purpose of the PPV process is to provide assurance to Health Boards that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specification and relevant legislation.	
Staffing Implications	
None	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Report History	None
Appendices	Appendix 1- NWSSP PPV Annual Report 2020/21