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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 July 2019	Agenda Item	3b
Report Title	Post Payment Verification (PPV) Primary Care		
Report Author	Richard Bowmer, Finance and Business Partner, Hilary Dover Unit Director Primary and Community Services		
Report Sponsor	Chris White, Chief Operating Officer		
Presented by	Richard Bowmer, Finance Business Partner and Jason Crawl Unit Nurse Director		
Freedom of Information	Open		
Purpose of the Report	To provide assurance that the PPV process adequately ensures that services claimed for by primary care contractors are in accordance with clinical specifications and not misstated.		
Key Issues	<p>A backlog in completed visits continues to be managed by the PPV team. Additional resource may be required to reduce the revisit backlog.</p> <p>While claim error rates are stable, the timeframes of revisits could be reduced.</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the content of this report and the progress being made to improve the PPV process. 		

POST PAYMENT VERIFICATION

1. INTRODUCTION

This report seeks to provide assurance on the Post Payment Verification (PPV) process, undertaken by the Shared Services Partnership (NWSSP) in respect of enhanced service claims made by primary care contractors who provide General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS).

Processes follow the Welsh Government's Statement of Financial Entitlement, NHS service regulations and any specific Health Board (HB) specifications.

General Dental services are specifically excluded from PPV as they are covered under a separate Dental Assurance Review, also provided by NWSSP.

2. BACKGROUND

The PPV process aims to provide reasonable assurance that public money has been spent appropriately, through accurate claim submissions; that contractors' internal protocols are clinically sound; and that services claimed for are in accordance to clinical specifications.

The PPV team work to a plan of work and there is a recognised need for both a strategic focus and clarity on how the team works on a day-to-day basis. This plan is discussed and agreed with the Finance Business Partnering team at regular intervals however, it is recognised that this process had lapsed due to changes in personnel in the FBP team. As an outcome of discussions held between the FBP and PPV teams, there would be agreement around which areas to review and new areas of risk such as new enhanced services. The PPV team would also have been reviewing trends and benchmarking information across the practices in order to inform their programme of work. It is recognised that this is not solely a finance process but that the operational primary care service is also included in the process in order to address any quality and patient safety issues. There is risk stratification from claims history and experience and from intelligence of areas of high expenditure from the payment files supplied by NWSSP, this includes;

- Anti-coagulation
- Diabetes
- Influenza vaccination, and
- Minor Surgery

The Counter Fraud Service (CFS) are also included in this process to ensure there is no cross over with any fraud investigations or other work being undertaken by the CFS Team. It is important that the FBP develops good relationships with the CFS and is meeting with this team on a regular basis.

The PPV team carry out routine visits of all GP contractors on a three-year cycle. During a visit, a statistically valid, sample-based examination of the claims submitted for each enhanced service that has been commissioned is undertaken.

Ophthalmic PPVs are also planned on a three-year cycle. The frequency of visits is based on the average number of claims submitted during the year, such that an ophthalmic contractor may be seen once, twice or three times in each cycle.

Pharmaceutical PPVs are planned on a three year cycle and all revisited on a two-year cycle, due to legal constraints around record keeping. The Clinical Waste protocol is also reviewed.

On completion of a visit, the contractor receives an initial report summarising observations and findings plus requests for further information relating to queries arising from the visit. The contractor is given 28 days to respond. The PPV team assume the contractor is satisfied with the report findings where no response is received within the timeframe.

Previously the report would have been reviewed by the Finance Business Partner Team in order for Finance approval of the way forward in respect of any recovery. The PPV Team can approve recoveries up to £10,000 with any recoveries above £10,000 being directed to the Assistant Finance Director for approval.

The PPV department considers whether responses are satisfactory before then issuing a final report with recovery recommendations to the Primary Care FBP, Head of Primary Care and Head of Counter Fraud, for approval. The report details all sample findings, gives practice recommendations and separately details administrative errors from claim errors. The recommendation will be one of the following three types of recommendation;

- No findings and close,
- Findings and recovery, depending on the value there may be need to go back to the practice for improvement and this detail will be included in the report,
- Finding for recovery and a requirement for a revisit within 6 months

On approval by Finance, the PPV team instruct the Payments department within NWSSP Primary Care Services to make the recovery against the contractor, by reducing subsequent claim payment(s). Audit Committee are advised of progress as requested.

It is noted that no subsequent check by Finance of the payment adjustment is made due to the volume of work that such a check would create.

The PCS Unit is sighted on performance and the PCS Unit Board will receive a regular report as part of the performance report, Reporting will include statistical information from the PPV Team.

3. GOVERNANCE AND RISK ISSUES

Where a visit reveals a claim rate in excess of 10% for a particular enhanced service, the PPV report carries a recommendation that a more comprehensive review is carried out within one year of the routine visit. In this way the agreed programme of work is risk-based.

Every claim submitted by the contractor for the enhanced service in question, for the period following the last visit is reviewed..

Revisits are scheduled where additional information is required and not just in response to error. This may include need to address technical issues.

In addition to carrying out visits, the PPV team continually monitor claims submitted by GMS, GOS and GPS contractors to assist in the identification of trends and outliers. This information is used to assist in the preparation of visit samples and also to alert the Local Counter Fraud Specialist if suspicious claiming patterns emerge.

During the period 1st April 2018 to 31st March 2019, eighty-nine visits were undertaken, with a resultant claim error rate of 5.5%. As the total value of claims has only been included within summary reports part way through 2018-19 a comparative value rate is not readily available. As well as understanding the error rate in terms of number of claims it would also be helpful to have the error rate in financial terms. Not all errors have a financial consequence and using the claim error rate to quantify financial risk would therefore be inappropriate. An amount of £12,636 was reclaimed as a result of the visits and this centred on pharmaceutical and general medical services. Details are shown in Appendix I.

Eight visits were “revisits”, resulting in a reduction in the claim error rate to 10%, with GMS falling in line with routine visits at 5.2%. The high pharmaceutical claim rate of £16% is due to two contractors.

Of the 89 routine visits in the year, 26% revealed an error rate in excess of 10% which gave rise to a revisits. This has financial implications as outlined below.

In the financial year to 31 March 2019 PCC incurred £7.3m of enhanced service costs. To determine the financial risk there is need to understand the level of error in financial terms as explained above. This work is being undertaken

4. FINANCIAL IMPLICATIONS

There was delay in completion of revisits in 2018-19 due to staff shortages. This introduced further risk into the system where there may be error that was not identified. This is shown by the relatively low number of completed revisits (8 in 2018-19) compared to plan (23). Delays in revisits could lead to amounts recovered being lower than achievable, monetarily and with regard to time elapsed. Additional resource could be considered to address the backlog of visits.

PPV expect to close this position by 2020-21 with forty revisits planned in 2019-20.

PPV have recently advised that during 2018/19 and 2019/20 all backlog revisits will be undertaken and that as of 2020/21, PPV advise that there will be no backlog revisits.

See Appendix II for the schedule of planned visits.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the content of this report and the progress being made to improve the PPV process.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	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	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	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	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
None.		
Financial Implications		
None.		
Legal Implications (including equality and diversity assessment)		
Appropriate action would need to be take in any instances of fraud.		
Staffing Implications		
Finance Business partner stability required with sufficient resource within the PPV team to undertake the planned volume of visits.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None.		
Report History	No previous reports.	
Appendices	1. PPV completed activity : 2018-19 2. PPV planned activity: 2019-20	

Appendix I – 2018-19 PPV activity

		TOTAL								
Service	Visits	Sample Size	Claim errors	Admin error %	Claim error %	Recovery	Admin errors	Claim errors	High	
GMS	29	5,634	292	1.8%	5.2%	£ 5,064	101	292	6	21%
GOS	19	1,440	50	14.6%	3.5%	£ 1,643	210	50	6	32%
GPS	41	3,510	231	16.9%	6.8%	£ 5,929	594	240	11	27%
	89	10,584	573	8.6%	5.5%	£ 12,636	905	582	23	26%
		ROUTINE								
Service	Visits	Sample Size	Claim errors	Admin error %	Claim error %	Recovery	Admin errors	Claim errors		
GMS	24	4,950	257	2.0%	5.2%	£ 4,675	100	257		
GOS	18	1,440	50	14.6%	3.5%	£ 1,643	210	50		
GPS	39	2,977	144	16.5%	5.1%	£ 3,493	490	153		
	81	9,367	451	8.5%	4.9%	£ 9,811	800	460		
		REVISIT								
Service	Visits	Sample Size	Claim errors	Admin error %	Claim error %	Recovery	Admin errors	Claim errors		
GMS	5	684	35	0.1%	5.1%	£ 389	1	35		
GOS	1	-	-	0.0%	0.0%	£ -	-	-		
GPS	2	533	87	19.5%	16.3%	£ 2,436	104	87		
	8	1,217	122	8.6%	10.0%	£ 2,825	105	122		

Appendix II – 2019-20 Planned PPV activity

	Routine	Revisit	Total
GMS	16	24	40
GPS	28	9	37
GOS	16	7	23
2019/20	60	40	100