



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15th September 2022	Agenda Item	7.2
Report Title	Post Payment Verification End of Year Report 2021/22		
Report Author	Sam Page, Head of Primary Care Amanda Legge/Post Payment Verification Manager		
Report Sponsor	Sharon Miller, Associate Director PCTSG		
Presented by	Sharon Miller, Associate 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 2021/22 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>The Audit Committee is 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 2021/22

1. INTRODUCTION

This report shares with Audit Committee the annual Post Payment Verification End of Year Report for 2021/22 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 was 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 to their clinical records. NWSSP has been providing data to Welsh Government regarding the opening hours and claims for GOS and launched a 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, this has continued. This last year PPV remote visit options, were explored and the team have begun to carry out these visits via Microsoft TEAMS which is proving successful. Future visits will now be included in the 2022/2023 visit plan, and it is hoped to increase the number of contractors as the team progress in this new way of working which is being encouraged by Welsh Government.
- 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.
- PPV have been conducting Bonus Payment checks (as requested by Welsh Government) relating to payments claimed and made to Primary Care Health Service staff in 2021. They are also working on Dispensing Data and will be offering this service out Nationally and are also hoping to begin a pilot regarding clinical waste checks.
- The GMS statistics worksheet now separates the routine and the revisit averages.

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. It should be noted that revisits are generally higher percentages due to 100% of the claims being checked over a longer period.

The report provides a summary of the position for all GMS practices included in the 2021/22 programme. Of the 32 Practices, there were 19 routine visits and 13 revisits included within the visit programme the following points should be noted:

- One routine visits and one revisit remain in progress and the file has not yet been closed or recommendations received.
- Twelve routine visits (66%) and three revisits (25%) were considered low risk based on the level of error rate and no revisit required.
- Three routine visits (16%) and two revisits (16%) were considered medium risk based on the level of error rate and no revisit required.
- Three routine visit were (16%) considered high risk above 10% error rate and a revisit will be scheduled.
- Seven revisits (58%) 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 three routine visits that identified high risk practices (Red) the following assessment is made:

- Practice 3 - A range of enhanced services drove the high levels of claims errors: INR Monitoring (8.75%), Contraceptives (4.55%), Immunisations (7.69%), Flu (13.64%), Hep A&B (77.27%), Zoladex (18.7%), reasons for high claims errors included insufficient evidence and administrative errors. The overall administrative error rate was 5.88% and the overall claim error rate was 12.61%. Following the audit, 30 claims have been identified where fees will be recovered due to insufficient evidence being available. There were 14 administrative errors identified during the visit. Some of these errors included recording of expiry dates, consent and batch details. The PPV department recommend that a recovery of £382.85 is made and a re-visit is scheduled within the next 12 months.
- Practice 15 – A range of enhanced services drove the high levels of claims errors: INR Monitoring (27.73%), Care Homes (3.33%) DOAC (18.8%) Hep A&B (77.27%), Minor Surgery (4.55%), Pertussis (5.56%), Shared Care (31.82%), Wound Care (19.15%). Following the audit, 29 claims have been identified where fees will be recovered due to insufficient evidence being available. The overall administrative error rate was 0.00% and the overall claim error rate was 12.08%. The PPV department recommend that a recovery of £1,128.70 is made and a re-visit is scheduled within the next 12 months.
- Practice 16 – A range of enhanced services drove the high levels of claims errors: Care Homes (10%), Contraceptives (18.18%) DOAC (9.09%), Flu (9.09%), Immunisation (8%). Following the audit, 17 claims have been identified where fees will be recovered due to insufficient evidence being available. The overall administrative error rate was 0.00% and the overall claim error rate was 10.93%. The PPV department recommend that a recovery of £632.51 is made and a re-visit is scheduled within the next 12 months.

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.
- Contractual remedial discussions to be held due to consecutive high error rates. Consideration for formal improvement plan and remedial / breach notice which could result in the discontinuation of the commissioning of the enhanced service with the practice if improvements are not seen.
- Highlighted through the Governance desktop review process to support triangulation of data.
- Learning to be shared more widely on enhanced service specifications and claiming through practice manager forums.

One Practice has received a significant recovery as part of a revisit of £33,316.50. The Care Homes service drove high levels of claim errors: 44% and the reasons for high claims errors was due to no documentation of an annual review. This recovery was subject to appeal by the Practice and, whilst the practice appeal detailed the work undertaken in Care Home visits for example special notes and end of life care

are considered good practice in core GMS provision, they do not constitute the annual review described in the Care Homes Enhanced Service Specification. The Peer Group agreed that the Practice appeal was not upheld. This was followed up by a request to meet and review a sample of records and the Clinical Director of Quality and Safety awaits this detail for review.

For the last two years the SBUHB has shown an improvement against the All Wales average routine error rates.

	Health Board - ROUTINE				All Wales - ROUTINE		
	2019/2020	2020/2021	2021/2022		2019/2020	2020/2021	2021/2022
Number of practices visited	15	12	19		129	122	138
Amount of claims sampled	5,838	2,880	6307		62,694	27,804	42,869
Claim errors identified	332	119	286		3,015	1,635	2586
Average claim error rate	5.69%	4.13%	4.53%		4.80%	5.88%	6.03%
Recovery amount	£6,218.50	£2,353.40	£6,788.80		£85,165.13	£68,772.35	£75,523.00

The average error rate for revisits is higher for 21/22 compared to All Wales due to the high recovery required for one practice referred to above.

For 21/22 there was one routine visit for GOS which was considered low risk based on the level of error rate (0.97%) and no revisit required. This is a significantly improved error rate for the optometry practice and is below the All Wales average of 11.41%.

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.

A contractual process is in place 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. The process is attached at **Appendix 2**

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.

PPV training events and roadshows to Practice Managers have been delivered locally. In addition to facilitating one-on-one training requirements, particularly for new practice managers.

4. FINANCIAL IMPLICATIONS



Recoveries expected to date from the 2021/22 programme for GMS are £64,844.96. These monies are recovered through deductions in monthly payments to contractors. This recovery is less than the 19/20 position of £106,212.38.

5. RECOMMENDATION

The Audit Committee are asked to:

- **NOTE** 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 2021/22 programme for GMS are £64,844.96 These monies are recovered through deductions in monthly payments to contractors. This recovery is less than the 19/20 position of £106,212.38.</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	<p>Appendix 1- NWSSP PPV Annual Report 2021/22</p> <p> Swansea Bay Audit report Apr 2021 to N</p> <p>Appendix 2 – SBUHB PPV Contractual Assurance Process</p> <p> PPV Assurance Process SBUHB.xlsx</p>