



**AGENDA ITEM**

6.1

**AUDIT & RISK COMMITTEE**

**POST PAYMENT VERIFICATION INTERIM PROGRESS  
REPORT - 1<sup>ST</sup> OCTOBER 2020 TO 31<sup>ST</sup> MARCH 2021**

<b>Date of meeting</b>	17/08/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Amanda Legge -All Wales Post Payment Verification Manager
<b>Presented by</b>	Amanda Legge – All Wales Post Payment Verification Manager
<b>Approving Executive Sponsor</b>	Executive Director of Finance
<b>Report purpose</b>	FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

PPV	Post Payment Verification
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**1. SITUATION/BACKGROUND**

1.1 This paper highlights the narrative on how practices have been performing over the current PPV cycle, and two previous. It also demonstrates the overall performance of the Health Board against the national averages. Post Payment Verification of claims from 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).

This year 2020-2021, we have faced major challenges associated with the COVID-19 pandemic. In order to effectively respond to challenges identified within Primary Care, Welsh Government primary care chief officers, in collaboration with associated clinical directors within the service, agreed that Post Payment Verification (PPV) processes would be stood down. This decision was taken to protect our front-line services, to maintain colleagues' safety and to remove any pressure on primary care contractors and their teams during unprecedented times. A review of opportunities and a recovery plan was considered during this time, to return with an acceptable level of PPV, which would continue to provide Health Boards with reasonable assurance that public monies are being appropriately claimed. PPV reinstatement was 1<sup>st</sup> October 2020, which was agreed by General Practitioners Committee (GPC) Wales and Welsh Government.

The paper is being produced for the Committee to review for information purposes and discussion.

PPV provides assurance in all contractor disciplines, with the exception of General Dental Services. At certain times throughout COVID-19, cash flow to medical and ophthalmic contractors has been maintained based on historical claiming patterns, due to submission of claims for various enhanced services being suspended.

NWSSP reviewed how it was able to reinstate an agreed level of PPV within both the Ophthalmic, Pharmaceutical and Medical disciplines along with the Clinical Waste Audit.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

### **2.1 General Medical Services (GMS)**

Pre COVID, the visit plan previously run on a 3-year cycle for GMS 2020-2021 and was agreed by Health Board Audit Committees. Following review of the All Wales visit plan, NWSSP reinstated remote access PPV arrangements within the GMS discipline. It was agreed that resources be focused to clear all planned GMS routine and revisits due for 2020-2021 by 1<sup>st</sup> April 2021. These visits would be completed remotely and would not be intrusive or place additional requirements on local front-line service provision. Remote access verification would take place based on a sample of claims submitted from April 2019 - March 2020, due to the sudden decrease of claims from the point of lockdown in March 2020. NWSSP is, however, allowing a postponement of visits until April 2021, due to the COVID-19 vaccination programme and the additional pressure that contractors are under.

It has been agreed by General Practitioner Committee Wales and Heads of Primary Care 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.

## **2.2 General Ophthalmic Services (GOS)**

Pre COVID-19, the visit plan for GOS 2020-2021 was agreed by Health Board Audit Committees. However, ophthalmic practices have been unable to remain open to the public for certain periods and it is a service where PPV teams did not have the ability to undertake reviews via remote access at this time. We are looking at remote access now via TEAMS and hoping to begin this if agreed with all relevant parties in October 2021.

NWSSP provided data to Welsh Government regarding the opening hours and claims for GOS. We are also undertaking the GOS quarterly patient letter programme across Wales to provide elements of assurance to our Health Boards.

## **2.3 Pharmacy Services (GPS)**

Due to COVID-19, the Medicines Use Review (MUR) service was stopped in March 2020.

In April 2021, NWSSP is hoping to introduce a pilot for two new service checks by PPV, which are the Quality and Safety Scheme and the Collaborative Working Scheme.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

3.1 The report details specific risks as outliers in a traffic light system, but provides the narrative for what PPV, Primary Care, Finance and Counter Fraud consider to be the best approach to support practices in improving.

Due to Covid-19 we are unsure as yet to when 'normal' PPV visits will begin again for General Ophthalmic and Pharmacy Services but we are exploring remote alternatives and hoping to roll these out in the upcoming months.

## **4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
	Governance, Leadership and Accountability



<b>Related Health and Care standard(s)</b>	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Choose an item.
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	Choose an item.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Co-create with staff and partners a learning and growing culture

## 5. RECOMMENDATION

5.1 The Audit & Risk Committee is asked to **NOTE** the report.