



AGENDA ITEM
5.2

AUDIT & RISK COMMITTEE

POST PAYMENT VERIFICATION INTERIM PROGRESS REPORT – 1ST APRIL 2021 TO 30TH SEPT 2021

Date of meeting	4 th October 2021
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Amanda Legge
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Presented by	Amanda Legge – All Wales Post Payment Verification Manager
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Approving Executive Sponsor	Executive Director of Finance
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 This paper highlights the narrative on how practices have been performing over the current PPV cycle, and two previous visits that have been undertaken. It also demonstrates the overall performance of the UHB 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).

To effectively respond to challenges identified within Primary Care and moving forward in 2021 with the Covid-19 pandemic, a review of opportunities have been considered during this time, to maintain an acceptable level of PPV, which would continue to provide Health Boards with assurance that public monies are being appropriately claimed.

These decisions have been 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. PPV reinstatement was 1st October 2020 from being stood down on March 19th, 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)

Following review of the All Wales visit plan during Covid-19 pandemic, NWSSP reinstated remote access PPV arrangements within the GMS discipline. It was agreed by General Practitioner Committee Wales and Heads of Primary Care to clear all planned GMS routine and revisits due for 2021/2022 by 1st April 2022. 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 and October 2021 - March 2022, due to the sudden decrease of claims from the point of lockdown in March 2020.

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 have been piloting remote access via TEAMS and after being agreed by all relevant parties, we will begin this in October 2021. We are also continuing to undertake the GOS quarterly patient letter programme across Wales to provide elements of assurance to our Health Boards and are verifying that addresses are correct from the non-responders to these letters.

2.3 Pharmacy Services (GPS)

Due to COVID-19 in March 2020, the Medicines Use Review (MUR) service was suspended which previously the PPV team verified.

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 have explored remote alternatives and hoping to roll these out in the upcoming months.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	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.



Legal implications / impact	Choose an item.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	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.