



<b>AGENDA ITEM</b>
4.3

<b>AUDIT &amp; RISK COMMITTEE</b>
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<b>POST PAYMENT VERIFICATION PROGRESS REPORT – 1ST APRIL 2022 TO 31ST MARCH 2023</b>
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<b>Date of meeting</b>	19th April 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Amanda Legge - All Wales Post Payment Verification Manager
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<b>Presented by</b>	Amanda Legge - All Wales Post Payment Verification Manager
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<b>Approving Executive Sponsor</b>	Executive Director of Finance
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<b>Report purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

<b>ACRONYMS</b>	

## 1. SITUATION/BACKGROUND

This paper highlights the narrative on how practices have been performing over the current Post Payment Verification (PPV) cycle, and the two

previous. It also demonstrates the overall performance of the Health Board against the national averages. PPV of claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as part of an annual plan by NHS Wales Shared Services Partnership (NWSSP). The paper is being produced for the Committee to review and seek assurance that the Post Payment Verification cycle is being managed appropriately. PPV provides assurance in all contractor disciplines, except for General Dental Services.

The past year in 2022-2023, PPV have faced challenges associated with the ability to perform 'Business as Usual' due to different factors.

To effectively respond to challenges identified within Primary Care we continued to investigate further avenues to enhance our PPV services which has maintained an excellent level of PPV, which continues to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.

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

- 2.1 **General Medical Services (GMS):** Following communications that went out on 20<sup>th</sup> December, regarding the inability to undertake the entirety of the visits on the visit plan for 2022/2023, we are planning to condense all remaining visits from the 3-year visit plan into 2-year period of 2023/24 and 2024/25.

We also experienced some transitional points with the introduction of the new payment system so a separate assurance exercise is being undertaken by our payment colleagues in SSP for the data range January 2022 to September 2022. As a result, we will begin by checking the data submitted from practices from October 2022.

The length and period of data will extend as time moves forward as it has done historically as part of the PPV assurance.

Regarding the revisits that were raised because of routine visits in the last financial year, and any outstanding visits, we will be utilising the same data, however if a revisit is due at the same time as the routine, we will do an 'extended visit' which means 10% of the claims for the routine and 100% check on the services that were triggered in the initial routine.

The visit plan runs on a 3-year cycle for GMS and is agreed by Health Boards.



- 2.2 **General Ophthalmic Services (GOS):** The visit plan for GOS 2022-2023 was agreed by Health Boards after explaining that these visits were subject to change due to beginning a new way of working. PPV began remote access options having full support from Optometry Wales and begun to carry out virtual visits via Microsoft TEAMS which proved successful. Future visits will now be included in the 2023-2024 visit plan, and although we are hoping to increase the number of remote visits, we are also incorporating physical visits to carry us through this transition period of electronic claiming which is being encouraged by Welsh Government. We also continue to undertake the GOS quarterly patient letter programme across Wales to provide additional 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 2022/23 NWSSP introduced a pilot for two new service checks by PPV, which are the Quality and Safety Scheme and the Collaborative Working Scheme. We will now be going 'Live' in April 23/24 with the Quality and Safety scheme and seeking approval for our GPS visit plan from our Health Boards.
- 2.4 **Additional Services**
- As requested by Welsh Government in 2022/2023 we have both verified Bonus Payment checks that were claimed and paid to all Health Service staff in 2021 and verified the PPV declaration for additional community pharmacy payments that were paid in 2022/2023.
  - We are providing a new service check for dispensing data and after a successful pilot we rolled this out nationally in August 2022 using the quarterly data form April-June 2022. This will continue as a quarterly service for all Health Boards across Wales.
- 2.5 The GMS snapshot and statistics tab now separate the routine and the revisit errors and averages.  
Revisits are generally higher percentages due to 100% of the claims checked over a longer period.

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

- 3.1 The reports detail 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.



#### 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.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability 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>	No (Include further detail below)  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>	There are no specific legal implications related to the activity outlined in this report.
<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 Goals</b>	Improving Care

#### 5. RECOMMENDATION

5.1 The Audit & Risk Committee is requested to **NOTE** the contents of this report.