

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care Post Payment Verification Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Amanda Whiting, Head of General Medical Services and Community Pharmacy (Contracting & Performance)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an updated position on Post Payment Verification (PPV) for the following areas:

- General Medical Services for the period July 2025 – December 2025
- Community Pharmacy for the period July 2025 – December 2025

Cefndir / Background

The PPV team planned to undertake a total of 28 visits to GP Practices during 2025/26. To date both routine and revisits have been undertaken within the GMS visiting cycle. Duplicate claim recoveries are reported separately to the PPV audited claims within this report.

The PPV team planned to undertake 31 Collaborative Working Scheme & Quality and Safety Scheme Community Pharmacy remote visits in 2025/26.

Asesiad / Assessment

PPV Visits for GMS

Summary of GMS PPV visits completed between July 2025 and December 2025

Practice	Routine or Revisit	Claim Errors	% Recovery	Value of Recovery
Practice 1	Routine	36	5.5%	£764.98
Practice 2	Routine	27	10.89%	£1,427.20
Practice 3	Routine	33	6.47%	£2,078.68
Practice 4	Routine	36	5.02%	£1,084.44

Practice 5	Routine	23	11.39%	£443.63
Practice 6	Revisit	2	2.11%	£20.62
Practice 7	Revisit	2	2.35%	£77.46
Practice 8	Revisit	7	3.20%	£413.18

In summary, overall recovery rates have reduced when compared to the previous reporting period. This is primarily attributable to the prior period including two significant, one-off recoveries, which disproportionately increased recovery values. During the current reporting period, recovery rates ranged from 2.11% to 11.39%, compared with a much wider range of 0% to 96% in the previous report.

All individual practice outcome reports produced by the PPV team are routinely shared with both the Primary Care Team and the Counter Fraud Team to support transparency and appropriate oversight. Where concerns arise that indicate a potential risk of fraudulent activity, these may be raised either by the PPV Team or the Primary Care Team. Such concerns could include significant outlier recovery rates, repeated non-compliance or indicators of intentional inappropriate claiming. In these circumstances, cases are escalated to the Counter Fraud Team for consideration and potential investigation. Referrals to Counter Fraud are made on an exception-only basis, informed by the practice outcome report demonstrating significant recovery values or patterns of concern.

Where the PPV process identifies issues that extend beyond administrative or specification-based error, such as repeated claiming issues despite prior intervention, high-value recoveries associated with insufficient evidence, patterns suggestive of intentional inappropriate claiming, or specific anomalies identified during extended visits, the case is escalated to the NHS Counter Fraud Service in accordance with Health Board fraud referral procedures. All referrals are risk-based and proportionate. The Counter Fraud Team determines whether further investigation is required and provides feedback to the PPV and Primary Care teams. Outcomes are recorded and, where appropriate, inform future PPV activity or contractual action.

There have been no escalations to Counter Fraud arising from this reporting period.

Analysis of PPV findings indicates that the predominant themes within claiming errors during this period relate to lack of supporting documentation, incomplete or inappropriate clinical coding and insufficient evidence to support eligibility criteria. These errors are overwhelmingly administrative in nature and have not been assessed as deliberate. The most frequently affected service areas remain Treatment Room, Immunisations, Care Homes, Near Patient Testing, and NOAC/DOAC services. These themes are consistent with those identified in the previous reporting period and are likely reflective of the complexity of enhanced service specifications rather than evidence of isolated poor practice.

Revisit activity demonstrates that, following PPV intervention, practices have shown improvement, with files being closed after the completion of revisit reviews. This provides assurance that learning has taken place and that corrective action has been effective.

Summary of Recoveries and Action Taken:

Practice 1 (36 Claim Errors) – Routine

Total recovery of £764.98 which is made up as follows:

Routine	Number of claim Errors
Care Homes	16
Immunisations	6
Near Patient Testing	6
NOAC/NOAR/DOAC/DOAR	4
Substance Misuse	3
Treatment Room	1
Total	36

The sample of claims taken from the routine visit were from December 2023 to November 2024. During this period, a total of 8,194 claims were submitted with a value of £17,311.99.

655 claims were analysed across all services, of these claims 36 errors were found. The administrative error rate was 0% and the overall claim error rate was 5.5%.

In addition, there were 2 duplicate claims identified relating to immunisations with a value of £20.80.

The Practice has been advised to be mindful to ensure the accurate submission of enhanced service claims as per the specification requirements and that they should continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.

PPV will make a full recovery of £764.98 for the routine audit and £20.80 for the additional recoveries relating to duplicate claims. A revisit is recommended to further review Care Homes, Immunisations (Non-Routine and Unscheduled only), NOAC/NOAR/DOAC/DOAR (Annual Reviews only) and Substance Misuse Enhanced Service claims.

Practice 2 (15 Claim Errors) - Routine

Total recovery of £1,427.20 which is made up as follows:

Routine	Number of claim Errors
Denosumab	5
Flu	4
Gonadorelins	1
Minor Surgery	8
Near Patient Testing	2
Treatment Room	7
Total	27

The sample of claims taken from the routine visit were from December 2023 to November 2024. During this period, a total of 1,997 claims were submitted with a value of £33,043.73.

248 claims were analysed across all services, of these claims 27 errors were found. The administrative error rate was 4.44% and the overall claim error rate was 10.89%.

In addition, there were 6 duplicate claims identified relating to Gonadorelins Quarterly & Pneumococcal Age 65 & Over with a value of £129.90.

The Practice has been advised to be mindful to ensure the accurate submission of enhanced service claims as per the specification requirements and that they should continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.

PPV will make a full recovery of £1,427.20.98 for the routine audit and £129.90 for the additional recoveries relating to duplicate claims. A revisit is recommended in the next twelve months to further review Denosumab, Flu, Minor Surgery and Treatment Room claims.

Practice 3 (33 Claim Errors) – Routine

Total recovery of £2,078.68 which is made up as follows:

Routine	Number of claim Errors
Care Homes	9
Immunisations	2
Insulin	2
Learning Disabilities	15
Near Patient Testing	2
NOAC/NOAR/DOAC/DOAR	2
Treatment Room	1
Total	33

The sample of claims taken from the routine visit were from December 2023 to November 2024. During this period, a total of 5,442 claims were submitted with a value of £2,078.68.

510 claims were analysed across all services, of these claims 33 errors were found. The administrative error rate was 0.59% and the overall claim error rate was 6.47%.

There were no duplicate claims identified.

The Practice has been advised to be mindful to ensure the accurate submission of enhanced service claims as per the specification requirements and that they should continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.

PPV will make a full recovery of £2,078.68 for the routine audit. An extended visit is recommended during the next routine visit to further review the Learning Disabilities Enhanced Service claims. It was noted that the Learning Disability Enhanced Service ceased in March

2025 and became core service provision so any revisit will only review activity up until 31st March 2025.

Practice 4 (36 Claim Errors) - Routine

Total recovery of £1,084.44 which is made up as follows:

Routine	Number of claim Errors
Care Homes	11
Flu	1
Learning Disabilities	1
Minor Surgery	3
Near Patient Testing	4
NOAC/NOAR/DOAC/DOAR	3
Transgender	2
Treatment Room	7
Warfarin	4
Total	36

The sample of claims taken from the routine visit were from December 2023 to November 2024. During this period, a total of 8,787 claims were submitted with a value of £166,151.82.

717 claims were analysed across all services, of these claims 36 errors were found. The administrative error rate was 0% and the overall claim error rate was 5.02%.

In addition, there were 37 duplicate claims identified relating to Care Homes, Flu, Gonadorelins, Insulin, Learning Disabilities, NOAC/NOAR/DOAC/DOAR & Transgender Enhanced Services with a value of £1,024.05.

The Practice has been advised to be mindful to ensure the accurate submission of enhanced service claims as per the specification requirements and that they should continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.

PPV will make a full recovery of £1,084.44 for the routine audit and £1,024.05 for the additional recoveries relating to duplicate claims. A revisit is recommended to further review NOAC/NOAR/DOAC/DOAR (Annual Reviews only) and Treatment Room (Level 6 only) claims.

Practice 5 (23 Claim Errors) – Routine

Total recovery of £443.63 which is made up as follows:

Routine	Number of claim Errors
Flu	1
Immunisations	1
Near Patient Testing	2
Pertussis	1
Treatment Room	18
Total	23

The sample of claims taken from the routine visit were from December 2023 to November 2024. During this period, a total of 1,068 claims were submitted with a value of £15,017.20.

202 claims were analysed across all services, of these claims 23 errors were found. The administrative error rate was 0% and the overall claim error rate was 11.39%.

In addition, there were 2 duplicate claims identified relating to NOAC/NOAR/DOAC/DOAR with a value of £75.20.

The Practice has been advised to be mindful to ensure the accurate submission of enhanced service claims as per the specification requirements and that they should continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.

PPV will make a full recovery of £443.63 for the routine audit and £75.20 for the additional recoveries relating to duplicate claims. A revisit is recommended in the next twelve months to further review Treatment Room (Level 9 only) claims.

Practice 6 (2 Claim errors) – Revisit

Total recovery of £20.62 which is made up as follows:

Revisit	Number of claim Errors
Immunisations	2
Total	2

The sample of claims taken from the revisit were from September 2024 to August 2025. During this period, a total of 95 claims were submitted with a value of £979.45.

As this was a revisit 100% of claims were verified for accuracy. 95 immunisation claims were analysed, of these claims 2 errors were found. The administrative error rate was 0% and the overall claim error rate was 2.11%.

PPV will make a recovery of £20.62 and the file was closed.

Practice 7 (2 Claim Errors) – Revisit

Total recovery of £77.46 which is made up as follows:

Revisit	Number of claim Errors
NOAC/NOAR/DOAC/DOAR (Annual Reviews Only)	85
Totals	85

The sample of claims taken from the revisit were from September 2024 to August 2025. During this period, a total of 85 claims were submitted with a value of £3,324.82.

As this was a revisit 100% of claims were verified for accuracy. 85 NOAC/NOAR/DOAC/DOAR (Annual Reviews Only) claims were analysed, of these claims 2 errors were found. The administrative error rate was 0% and the overall claim error rate was 2.35%.

PPV will make a recovery of £77.46 and the file was closed.

Practice 8 (7 Claim Errors) – Revisit

Total recovery of £413.18 which is made up as follows:

Revisit	Number of claim Errors
Immunisations	1
NOAC/NOAR/DOAC/DOAR	6
Total	7

The sample of claims taken from the revisit were from October 2024 to September 2025. During this period, a total of 219 claims were submitted with a value of £9,527.43.

As this was a revisit 100% of claims were verified for accuracy. 219 claims were analysed, of these claims 7 errors were found. The administrative error rate was 0.91% and the overall claim error rate was 3.20%.

PPV will make a recovery of £413.18 and the file was closed.

PPV Visits for Community Pharmacies

Summary of PPV Visits for Community Pharmacies completed between July 2025 and December 2025

Pharmacy	Quality & Safety Scheme – Compliant Y/N	Collaborative Working Scheme – Compliant Y/N	Total Recovery
Pharmacy 1	N	N/A – no claims submitted	£1,218
Pharmacy 2	N	N/A – no claims submitted	£1,218
Pharmacy 3	N	Y	£609
Pharmacy 4	N	Y	£609
Pharmacy 5	Y	N	£2,216.77
Pharmacy 6	Y	N	£277.10
Pharmacy 7	Y	Y	£0
Pharmacy 8	Y	Y	£0
Pharmacy 9	Y	Y	£0
Pharmacy 10	Y	Y	£0
Pharmacy 11	Y	Y	£0
Pharmacy 12	Y	Y	£0

Pharmacy 1

Quality & Safety Scheme Report for 2023/24 – the Pharmacy did not submit the required copies of training certificates to evidence compliance with Mental Health First Aid and Mental Health e-learning and therefore a recovery of £1,218 was enacted.

Pharmacy 2

Quality & Safety Scheme Report for 2023/24 – the Pharmacy did not submit the required copies of training certificates to evidence compliance with Mental Health First Aid and Mental Health e-learning and therefore a recovery of £1,218 was enacted.

Pharmacy 3

Quality & Safety Scheme Report for 2023/24 – the Pharmacy did not submit the required copies of training certificates to evidence compliance with Mental Health e-learning and therefore a recovery of £609 was enacted.

Pharmacy 4

Quality & Safety Scheme Report for 2023/24 – the Pharmacy did not submit the required copies of training certificates to evidence compliance with Mental Health e-learning and therefore a recovery of £609 was enacted.

Pharmacy 5

Collaborative Working Scheme Report for 2023/24 – the Pharmacy did not submit the required reports required to evidence attendance at three out of four Collaborative Lead arranged meetings and one out of three collaborative meetings attended and therefore a recovery of £2,216.77 was enacted.

Pharmacy 6

Collaborative Working Scheme Report for 2023/24 – the Pharmacy did not submit the required report required to evidence attendance at one collaborative meeting attended and therefore a recovery of £277.10 was enacted.

Pharmacy 7

No issues or errors were identified during the visit.

Pharmacy 8

No issues or errors were identified during the visit.

Pharmacy 9

No issues or errors were identified during the visit.

Pharmacy 10

No issues or errors were identified during the visit.

Pharmacy 11

No issues or errors were identified during the visit.

Pharmacy 12

No issues or errors were identified during the visit.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- **NOTE** the information contained within this report
- **NOTE** that the Primary Care team continues to work with all contractors and their professional representative bodies on the quality of claiming and continues to respond to individual claiming queries from the outset. PPV is discussed at GMS Contractual Assurance visits and training is offered by the PPV Team
- **TAKE ASSURANCE** that appropriate liaison is undertaken with the Counter Fraud Team when there are any concerns, or information needs to be queried

Amcanion: (rhaid cwblhau)**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.14 Receive an assurance on Post Payment Verification Audits through bi-annual reporting to the committee
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge

Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	2 Financial recovery and route map
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	NOAC – Non-vitamin K antagonist Oral Anticoagulant NOAR – Non-vitamin K antagonist Oral Anticoagulant Reversal DOAC - Direct Oral Anticoagulants DOAR – Direct Oral Anticoagulant Reversal
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	PPV Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Assurance around appropriate and proper use of funding provided by GMS Enhanced Services
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	Assurance around appropriate and proper use of funding provided by GMS Enhanced Services
Cyfreithiol: Legal:	Application of Statement of Financial Entitlement under the terms of the General Medical Services Contract
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A