



GIG
CYMRU
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Pwyllgor Archwilio a Sicrwydd Risg/ Audit and Risk Assurance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Post Payment Verification Mid-Year Report April 2026 – Sept 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Amanda Legge, All Wales PPV Manager and Collaboration Amanda Whiting, Head of GMS and Community Pharmacy

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/ For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Audit and Risk Assurance Committee is asked to take assurance from the contents of this report. It highlights Post Payment Verification (PPV) progress and how practices have been performing over the current cycle. It compares the overall performance of Hywel Dda University Health Board (HDdUHB) against the national PPV visits.

PPV 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).

There are no options included in this report. The report is for assurance and will only detail specific risks, if any, and provides the narrative for what PPV, Primary Care, Finance and Counter Fraud consider to be the best approach to support practices in improving.

Cefndir / Background

At mid-year and end of financial year, the PPV Manager will prepare a report for Health Board audit committees to outline how practices have been performing and highlighting PPV progress. The report is being produced for the Committee to review and seek assurance that the Post Payment Verification cycle is being managed appropriately.

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.

Asesiad / Assessment

The following key points should be noted:

General Medical Services (GMS)

Progress against the 2026/27 GMS visit programme is progressing well. During the first quarter, all PPV teams focused on undertaking routine GMS revisits alongside routine visits where required. As the backlog of work has now been addressed, the team is undertaking practice revisits arising from previous findings, routine visits that have become due, and any ad hoc requests received from Health Boards.

A proportion of vaccination claims are now processed through the Welsh Immunisation System (WIS). Following issues identified by PPV during verification activities, new internal control processes have been implemented to prevent duplicate vaccination payments prior to payment being made, rather than relying on post-payment recovery processes.

General Ophthalmic Services (GOS)

The GOS visit programme for 2026/27 is progressing more effectively than in recent years. This improvement is primarily due to the increased number of contractors who have adopted electronic patient records, enabling PPV to undertake a greater proportion of verification activities remotely.

However, elements of physical visits remain necessary, as not all contractors currently operate electronic record systems.

General Pharmacy Services (GPS)

During 2026/27, the PPV team continues to undertake verification of the Collaborative Working Scheme and the Quality and Safety Scheme. These reviews are conducted remotely, with data held by PPV being verified against supporting evidence requested from contractors.

In addition, PPV successfully conducted a pilot review of the Winter Incentive Scheme for one Health Board. The pilot produced positive outcomes, and the approach is now being rolled out nationally. The results will be incorporated into the year-end report.

Additional Services

Quarterly dispensing data checks continue to be undertaken, with ongoing enhancements being made to strengthen and streamline the process, ensuring a robust service moving forward. Results relating to the five dispensing practices within HDdUHB have been incorporated into PPV reporting.

Waste Management and Stakeholder Engagement

The PPV team continues to manage the Waste Management Audit Programme on behalf of Health Boards, providing advice and support to General Practitioners and Community

Pharmacies regarding waste management requirements. This includes overseeing the clinical waste self-assessment process, which contractors are required to complete every three years. During this financial year, GOS contractors will also be incorporated into the clinical waste assurance process.

Regular meetings are held with Health Board Primary Care Teams and Counter Fraud Teams to review progress, discuss emerging themes, recommendations and identified risks. In addition, the team facilitates quarterly national GMS and GOS Working Group meetings with Primary Care Managers and PPV representatives to support discussion and agreement on matters relating to the consistent national application of the programme. These meetings continue to provide valuable opportunities for collaboration and shared learning.

Training and Development

PPV training continues to be delivered to Health Boards and contractors as required. The team also provides tailored one-to-one support where requested, particularly for new practice staff working within primary care settings.

Data and Reporting

PPV data analysts are currently developing a suite of dashboards to enhance management information and reporting. These dashboards will provide additional insight and are intended to support future committee reporting requirements.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- **NOTE** the contents of the Post Payment Verification Mid-Year Report 2026/27
- **TAKE ASSURANCE** from the contents of the report

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall wellbeing
Model Cymdeithasol ar gyfer Iechyd a Llesiant : (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing : (<i>complete for strategic change and/or significant service changes</i>)	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Evidence is collated based on claims submitted by contractors of a specific sample period.
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	To promote value for money by deterring and preventing fraud and loss.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

Gweithlu: Workforce:	Not Applicable
Tegwch Iechyd: Health Equity:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Audit Report - April to September 2026 = Hywel Dda University Health Board

General Medical Services (GMS)	H DUHB							ALL WALES				
	Visit Type	HB Annual Visits Due	No. In progress	No. Recoveries	Value of recoveries	Value of Duplicate Recoveries	Total Recoveries	All Wales Visits Due	All Wales No. in progress	All Wales Value of Recoveries	All Wales Value of Duplicate Recoveries	All Wales Total Recoveries
GMS 2025 - 2026	Combined		15				£19,324.75		156			£228,801.68
GMS 2026-2027	Routine	14	8	14	£153.21	£378.50	£531.71	95	63	£15,071.29	£15,939.72	£31,011.01
	Revisit	20	8	86	£1,412.91	£0.00	£1,412.91	169	65	£74,722.65	£683.20	£75,405.85
	TOTAL	34	16	100	£1,566.12	£378.50	£1,944.62	264	128	£89,793.94	£16,622.92	£106,416.86

General Ophthalmic Services (GOS)	H DUHB					ALL WALES		
	Visit Type	Annual Visits Planned	No. In progress	No. Recoveries	Value of recoveries	All Wales visits due	All Wales No. in progress	All Wales Value of Recoveries
GOS 2025-2026	Combined		19		£3,437.92		138	£20,003.35
GOS 2026-2027	Routine	18	9	24	£738.38	145	104	£3,188.45
	Revisit	10	4	7	£84.98	64	13	£1,732.86
	TOTAL	28	13	31	£823.36	209	117	£4,921.31

General Pharmacy Services (GPS)	H DUHB					ALL WALES			
	Visit Type	Annual Visits Planned	No. In progress	No. Recoveries	Value of recoveries	All Wales visits due	All Wales No. in progress	No. Recoveries	All Wales Value of Recoveries
GPS 2025 - 2026	Combined		31		£2,219.84		232		£44,803.70
GPS 2026 - 2027	Routine	37		0	£0.00	281	0	0	£0.00
Due to commence in Quarter 3 of 2026/27	TOTAL	37							

New Recovery process					
	Quarter Period	Amount of Dispensing GP Practices	Value of Recoveries	All Wales Dispensing GP Practices	All Wales Value of Recoveries
DISPENSING 2025-2026	Quarter 1 & 2 2025/26 (Apr to Sep 2025)	5	£237.13	61	£42,478.77
Dispensing GP practices should not dispense to patients who live within 1.6 kms / 1 mile from a Local Community Pharmacy					

GMS Summary												
PRACTICE	Routine or Revisit	Overall Sample size	Claim errors	Error % recovery	Value of recovery	Value of Duplicate recovery	Total recovery	Breakdown of Recoveries and individual services with 10% or more error rate			Advisory Notes	
Practice 1	Revisit							In progress			• The planned visits were sent to the HB for 2026/27 Visit Plan. These are subject to change due to ad hoc visits or closures/mergers. • All closed visit files have been authorised by the Health Board GMS team with any concerns/issues being addressed. • The duplicate amount of recovery is due to the practice submitting certain additional claims for the same patient more than once. This is a new audit check by PPV and feedback and lessons learnt are being shared to reduce these errors. • The Health Board have been advised of each recovery made in a detailed report and where necessary the Health Board will follow up directly with the practice/Local Counter Fraud regarding any concerns. • PPV work collaboratively with Health Board managers and Local Counter Fraud to assist with any concerns that may arise. • Training/support is given to practices by PPV after their visit when requested. • Revisits are taking longer than expected due to 100% check of claims, which is expected to have higher claim error rates when checking 100% of claims. • Revisits are triggered when the claim error % is 10% or over on any individual service in the routine visit sample, it is not based off the % recovery as a whole. • Recovery % is based off the sample total and the claim errors made. The recovery % may look higher due to a smaller amount of claims being sampled.	
Practice 2	Routine							In progress				
Practice 3	Revisit							In progress				
Practice 4	Routine							In progress				
Practice 5	Revisit	993	84	8.46%	£1,235.73	£0.00	£1,235.73	Immunisations and NPT				
Practice 6	Routine	226	7	3.10%	£90.35	£158.50	£248.85	Gonadorelin and Immunisations. Duplicate recoveries on Covid, Flu, Gonadorelin, Immunisations and RSV.				
Practice 7	Revisit	6	2	33.33%	£177.18	£0.00	£177.18	Minor Surgery				
Practice 8	Routine	478	7	1.46%	£62.86	£220.00	£282.86	Immunisations, Insulin and RSV. Duplicate recoveries on Covid, Gonadorelin, Flu, Immunisations and RSV				
Practice 9	Revisit							In progress				
Practice 10	Routine							In progress				
Practice 11	Revisit							In progress				
Practice 12	Routine							In progress				
Practice 13	Revisit							In progress				
Practice 14	Routine							In progress				
Practice 15	Revisit							In progress				
Practice 16	Routine							In progress				

GOS Summary												
PRACTICE	Routine or Revisit	Overall Sample size	Claim errors	Error % recovery	Value of recovery			Breakdown of Recoveries and individual services with 10% or more error rate			Advisory Notes	
Practice 1	Routine	103	12	11.65%	£328.44			GOS 4 and WGOS 5 claims			• The planned visits were sent to the HB for 2026/27 Visit Plan. Numbers are subject to change due to ad hoc visits or closures/mergers. • As contractors are transitioning to electronic records, remote access and physical visits are progressing well	
Practice 2	Routine	103	1	9.97%	£54.23			Claim recovery under 10% per service				
Practice 3	Routine	103	3	2.91%	£24.56			Claim recovery under 10% per service				
Practice 4	Revisit							In progress				
Practice 5	Routine	103	1	0.97%	£46.27			Claim recovery under 10% per service				
Practice 6	Routine	103	0	0.00%	£0.00			All claims verified				
Practice 7	Routine	103	0	0.00%	£0.00			All claims verified				
Practice 8	Routine	103	4	3.88%	£130.61			Claim recovery under 10% per service				
Practice 9	Routine	103	3	2.91%	£154.27			EHEW claims				
Practice 10	Revisit							In progress				
Practice 11	Routine	103	0	0.00%	£0.00			All claims verified				
Practice 12	Revisit	8	2	25.00%	£46.52			GOS 4 claims				
Practice 13	Revisit	300	5	1.67%	£38.46			Claim recovery under 10% per service				