



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	General Medical Services (GMS) Post Payment Verification (PPV) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Tracey Huggins, Head of General Medical Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper provides an updated position on GMS as this is only Primary Care contractor profession currently subject to PPV.

Cefndir / Background

Following the COVID-19 pandemic and temporary suspension of PPV work in line with the GMS Contract relaxation, the service has now resumed with a full remote inspection schedule.

Asesiad / Assessment

Quarter 1 (April 2021 – June 2021), Quarter 2 (July 2021-Sept 2021) and Quarter 3 (October 2021 – December 2021) reported at previous committee.

Quarter 4 (January 2022 – March 2022) nine GMS reports were received following remote visits to nine different Practices, two of which were routine visits and seven were revisits.

Each PPV visit checked sample claims per Practice for the following services, where claimed:

- Warfarin B
- Minor Surgery (Excisions and Injections)
- Treatment Room
- Contraception
- Denosumab
- Pertussis
- Zoladex
- Substance Misuse
- Flu
- Near Patient Testing
- NOAC (Monitoring and Initiation)

- Learning Disability Reviews

Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
Feb-22	Routine	779	23	2.95%	£993.90
Jan-22	Routine	415	16	3.86%	£288.73

Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
Jan-22	REVISIT	238	56	23.53%	£3,650.54
Feb-22	REVISIT	2381	101	4.24%	£2,042.02
Jan-22	REVISIT	18	7	38.89%	£519.59
Feb-22	REVISIT	17	5	29.41%	£454.00
Feb-22	REVISIT	44	0	0.00%	£0.00
Feb-22	REVISIT	1591	238	14.96%	£23,102.27
Jan-22	REVISIT	3233	575	17.79%	£6,276.68

Summary and Actions Taken

Practice A (23.53% Error Rate)

The sample date range for this inspection was April 2018 to February 2020 - As per the protocol, for each Enhanced Service, a sample 100% of claims were analysed, for a revisit, for accuracy.

Three areas of concern were checked. There was a 0% error rate for the 8 Denosumab claims that were made but further claim errors were identified with Minor Surgery Excisions (22 out of 76 were claimed incorrectly) and Substance Misuse Claims (16 out of 77 were claimed incorrectly).

The practice has been reminded that the removal of Skin Tags or Seborrhic Keratosis (unless on certain parts of the body) and curettage are not claimable activity within the Minor Surgery Local Enhanced Service.

Following notification that the Practice should continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims, they have reviewed their claiming procedures to ensure that these errors are not repeated and are confident in their new process.

Practice B (38.89% Error Rate)

The sample date range for this inspection was April 2018 to March 2020 - As per the protocol, for each Enhanced Service, a sample 100% of claims were analysed, for a revisit, for accuracy.

Two areas of concern were checked. There was a 25% error rate for the Denosumab claims that were made (2 out of 8 were claimed incorrectly) and a 50% error rate for Minor Surgery (5 out of 10 were claimed incorrectly).

The Denosumab errors were caused by incorrect claiming when administered by the Community Nursing Team rather than undertaken in Practice. The Searches used to identify this activity will be amended to exclude these in future claims.

The practice has been reminded that the removal of Skin Tags or Seborrhic Keratosis (unless on certain parts of the body) are not claimable activity within the Minor Surgery Local Enhanced Service.

Practice C (29.41% Error Rate)

The sample date range for this inspection was April 2017 to March 2020 - As per the protocol, for each Enhanced Service, a sample 100% of claims were analysed, for a revisit, for accuracy.

Three areas of concern were checked. There was a 0% error rate for the 4 Novel Anticoagulants (NOAC) Claims that were made. There was a 25% error rate for the Denosumab claims that were made (1 out of 4 were claimed incorrectly) and a 44.44% error rate for Learning Disability Reviews (4 out of 9 were claimed incorrectly).

The Practice has been made aware of the following requirements and to ensure that:

The therapy, site of injection, batch number, lot number and expiry date are routinely recorded in the patient's lifelong medical record.

They continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims are made as per the specification requirements.

Practice D (14.96% Error Rate)

The sample date range for this inspection was April 2018 to March 2020 - As per the protocol, for each Enhanced Service, a sample 100% of claims were analysed, for a revisit, for accuracy.

Four areas of concern were checked. There was a 76.67% error rate for the Contraceptive service (23 out of 30 were claimed incorrectly), a 1.98% error rate for Flu (24 out of 1212 were claimed incorrectly), a 10% error rate for Minor Surgery (9 out of 90 were claimed incorrectly) and a 70.27% error rate for NOAC initiations (182 out of 259 were claimed incorrectly)

The Practice has been made aware of the following requirements and to ensure that:

Batch Numbers and expiry dates were not included in the patient's lifelong medical record for Flu under 65 At Risk

Therapy, batch number, lot number and expiry date are routinely recorded in the patient's lifelong medical record.

When submitting a claim for NOAC Initiation that all the required tests have been carried out and recorded in the patient's lifelong medical record, as outlined in the specification.

These very high error rates over a number of years have been attributed to historic poor claiming processes in the practice. A new Practice Manager has been appointed and has been unable to verify the accuracy of the claims as new searches do not match historic ones and the Practice has accepted that this large reclaim is necessary due to incorrect claiming. In addition to this overclaiming, the Practice has indicated that there may well be a level of underclaiming too. The GMS Statement of Financial Entitlement (SFE) states that the practice has up to 6 years from the date that the activity was undertaken to claim under the relevant Enhanced Service specification.

The Primary Care Team have visited this practice on a number of occasions to discuss sustainability concerns and the Head of GMS has visited the practice on 2 separate occasions to review the claiming processes with the new Practice Manager.

Practice E (17.79% Error Rate)

The sample date range for this inspection was April 2017 to March 2020 - As per the protocol, for each Enhanced Service, a sample 100% of claims were analysed, for a revisit, for accuracy.

Five areas of concern were checked. There was a 0% error rate for the 4 Substance Misuse Claims that were made. There was a 21.43% error rate for Denosumab (3 out of 14 were claimed incorrectly), a 8.7% error rate for Learning Disability Reviews (6 out of 69 were claimed incorrectly), a 17.7% error rate for Near Patient Testing (544 out of 3074 were claimed incorrectly), a 30.56% error rate for NOAC's (22 out of 72 were claimed incorrectly)

The Practice has been made aware of the following requirements and to ensure that:

Therapy, site of injection, batch number, lot number and expiry date are routinely recorded in the patient's lifelong medical record.

Prescriptions for Near Patient Testing are only issued when the patients have had appropriate blood tests.

Appropriate blood tests are taken as per Enhanced Service protocol for Near Patient Testing stabilised monitoring.

Accurate submission of enhanced service claims as per the specification requirements.

The PPV Team have hosted a number of Practice Manager Training roadshow events to assist Practices to better understand and improve the Enhanced services claim process. The first specifications which have been covered for Hywel Dda were Near Patient Testing, Denosumab and Zoladex with sessions being successfully delivered on 16th March 2022 and recorded for those Practices who were unable to attend.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the contents of this report

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.</p> <p>3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.</p> <p>3.15 Receive an assurance on Post Payment Verification Audits through quarterly reporting to the Committee.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	NOACs - Novel Oral Anti-Coagulants Denosumab – osteoporosis medication Zoladex – medication for breast cancer, prostate cancer or endometriosis Flu – Influenza Hep B – Hepatitis B Pertussis – whooping cough MMR – Measles, Mumps and Rubella GLP1 – Glucagon-like Peptide-1 HPV – Human Papillomavirus MenACWY – vaccine to protect against Meningococcal bacteria A, C, W and Y DOAC – Direct Oral Anti-Coagulants DOAR – Direct Oral Anticoagulation Review
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	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
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable

**Cydraddoldeb:
Equality:**

Not applicable