



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 August 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Primary Care Post Payment Verification
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

Following a previous paper which outlined the Post Payment Verification (PPV), process which operates across all four Independent Contractors, this paper provides an updated position on General Medical Services as this was the only Contractor profession subject to PPV during the review period.

Cefndir / Background

General Medical Services

Following the COVID-19 pandemic, temporary suspension of Post Payment Verification work in line with the GMS Contract relaxation, the service has now resumed with a full visiting schedule.

Asesiad / Assessment

During Quarter 1 (April 2021 – June 2021) seven GMS reports were received and closed; this comprised three Initial Reports and four Final Reports. Each PPV visit checked sample claims per Practice for the following services, where claimed:

- Warfarin A/B,
- Care Homes,
- Contraceptive Services,
- Denosumab,
- DOACs,
- Flu vaccinations,
- GLP 1 & Insulin,
- Hep A/B,
- Immunisations,
- Learning Disabilities,
- Minor Surgery,

- Near Patient Testing,
- Pertussis,
- Syrian Refugees,
- Substance Misuse,
- Treatment Room, and
- Gonadorelins,

The individual Practice reports set out the following issues:

April 2021

Practice	Total Sampled	Claim Errors	Error %
Practice A	330	4	1.21%

May 2021

Practice	Total Sampled	Claim Errors	Error %
Practice B	382	13	3.4%
Practice C	310	53	17.10%
Practice D	673	28	4.16%

June 2021

Practice	Total Sampled	Claim Errors	Error %
Practice E	216	12	5.55%
Practice F	507	6	1.18%

UHB Claim error % Ave	5%	
Apr to Jun 2021 recovery amount	£2,189.63	

One Practice, Practice C, has been flagged as red in terms of risk with the following breakdown and will now receive a full revisit:

- Anti-coagulation Monitoring - Warfarin B (31.82%)
- Immunisations (14.81%)
- Near Patient Testing (43.90%)
- Substance Misuse (68.18%)
- Zoladex (22.73%)

In addition to financial scrutiny, the PPV reports also highlight record keeping errors and omissions which are all followed up by appropriate Primary Care staff. Nursing record keeping is followed up by the Primary Care Nursing Advisory Team and administrative errors are followed up by Primary Care Service Managers or the Head of GMS. This has resulted in demonstrable quality improvement.

The GMS and Community Pharmacy Quality and Safety Committee will continue to receive a report at each meeting summarising any PPV visits, final reports and recommendations made in the preceding quarter.

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	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. 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. 3.15 Receive an assurance on Post Payment Verification Audits through quarterly reporting to the Committee.
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:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / 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