

Primary Care Services  
Post Payment Verification Progress  
August 2021

## SITUATION

During 2020-2021, Post Payment Verification (PPV) faced significant challenges associated with the COVID19 pandemic. To respond effectively to challenges identified within Primary Care Services (PCS), Welsh Government (WG) agreed on the 19<sup>th</sup> March that PPV would be stood down and would not be reinstated until October 1<sup>st</sup>, 2020.

When our service recommenced, we were still unable to visit contractors' premises so we concentrated on General Medical Services (GMS) as these could be carried out remotely. This decision was taken to protect and maintain colleague's safety and to remove any pressure on primary care contractor's and their teams during unprecedented times.

It was also noted that during the COVID19 episode ophthalmic practices were unable to remain open to the public and PPV teams did not have the ability to undertake any visits via remote access arrangements. Taking this into account, we moved resource to enable a national roll out of a previous pilot which enabled PPV teams to contact patients directly, to confirm what ophthalmic services had been provided. Following on from the pilot, it was agreed with Local/National counter fraud colleagues and Optometry Wales that we rolled out this quarterly 'dip testing' programme across Wales.

A review of many other opportunities were considered in this time to reinstate an acceptable level of PPV within our other disciplines, which would continue to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.

Collaborative working relationships were vital in these future months to allow us to deploy longer-term PPV solutions as we moved forward with this pandemic and beyond.

## BACKGROUND

1. There are 4 PPV sites in Wales each with a Team of staff who concentrated on their own local area due to travelling to sites and geographical knowledge.
2. PPV provide assurance in all contractor disciplines, except for General Dental Services. We have now reviewed how we are able to reinstate a better level of PPV within the General Medical Services (GMS), General Ophthalmic Service (GOS) and General Pharmacy Service (GPS) as we are uncertain to when we are able to attend these premises. We have now explored the option of carrying out remote access on the two other disciplines.
3. The patient letter programme for GOS is completed quarterly.
4. We carried out physical Clinical Waste checks with our GMS and GPS services.

5. Training and assistance for our contractors were carried out in different ways prior to Covid via Physical visits and training events.

## ASSESSMENT

1. Due to the inability travel, on reinstatement An All-Wales approach was considered and rolled out concentrating on GMS only. A lot of training and knowledge sharing was completed in this time and continues, which has enabled business continuity throughout difficult times. It has also upskilled staff for an All-Wales process and improved consistency and continuity throughout.
2. We undertake our PPV for GMS by logging into the two practice GP systems, this would be impossible for GOS contractors with too many clinical systems used to enable us to gain access. In understanding this, we then looked at our Microsoft TEAMS functions and the ability to share screens and have control of the system. We are also exploring the remote checking of the Quality and Safety scheme for pharmacy by utilising the data that PCS holds.
3. The patient letter programme has now been running throughout Wales for a 12-month period. We are looking at making enhancements to these checks as discussed with our CounterFraud colleagues.
4. Not being able to physically check Clinical Waste has also been an issue. To address this problem, we have created a Self-Assessment form for GMS contractors to complete every 3 years to ensure that they are meeting their obligations in accordance with clinical waste legislation. This has been piloted by 6 GMS contractors and feedback has been collated.
5. We have looked at many ways to provide training and assistance remotely.

We have continued to provide one on one training when requested via TEAMS.

We have created a video recorded guide which is available to all GMS contractors to aid them and provide them with assistance.

We have a new 360-degree questionnaire which is emailed at the closure of every visit and we are collated all feedback and acting upon it.

We are rolling out roadshow training events via TEAMS in October/November based on individual HB trend data.

We have established a GMS All Wales working group which is run bimonthly and has representatives who attend from every HB across Wales.

We have re-established quarterly meetings with our National and local CounterFraud colleagues.

Quarterly individual HB meetings are now re-established to discuss any issues or concerns with any practices and where we can assist them.

## RECOMMENDATION

1. It is proposed that the All-Wales training continues for GMS across all 4 sites in Wales and we align this process with GOS and GPS when we are able to begin remote access visits within these disciplines.
2. The pilot for GOS remote access via TEAMS was tested and proved successful, and we are hoping to roll out this remote access and PPV visits for GOS with support from Optometry Wales by October/November 2021.  
Utilising the data that we hold in PCS we can potentially carry out the Quality and Safety Scheme checks remotely for GPS. We need to have access to the data that we hold or ensure that this can be provided by the relevant departments in a suitable timeframe.
3. The GOS patient letter programme is continuing, and the response rate is slowly increasing. It has been suggested by Counter Fraud that we check the non-responders addresses to make sure they are accurate. This will be piloted on the April-June data where we have had over 40% response rate.
4. Annual PPV Hazardous Waste Audit checks will be carried out electronically within GMS where contractors will provide relevant photographic and written evidence. These forms would be required to be completed within a 3-month timescale and sent back into Action Point and would not be obtrusive or place additional requirements on local front line service provision especially in the difficult times ongoing. It is proposed that the self-assessment arrangements as outlined in this document are introduced from October/November 2021. Acceptance testing of this arrangement will be verified prior to this date to ensure that all potential issues are resolved.
5. Training and support will continue to be provided and enhanced and regular Quarterly Roadshow events will remain throughout the future months until all enhance services have been covered off.

## ADDITIONAL

PPV department is currently defining requirements to utilise Robotic Process Automation for the creation of sample for GOS.

PPV will continue when needed and able to provide support with any other services with elements of PPV.

- Welsh Government and Patient Opening hours for GOS.
- The WECs creation of samples for PCAT and ABuHB.
- Welsh Government – Bonus Payment Verification to take place from Jan-March 2022