



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 February 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	General Medical Services (GMS) Post Payment Verification Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 is the only Primary Care contractor profession subject to PPV.

##### Cefndir / Background

Following the COVID-19 pandemic, and 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

Quarter 1 (April 2021 – June 2021) reported at previous committee (24<sup>th</sup> August 2021).

Quarter 2 (July 2021 – September 2021) seventeen GMS reports were received, fifteen of which were routine visits and two were revisits.

Quarter 3 (October 2021 – December 2021) five GMS reports were received, three of which were routine visits and two were revisits.

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

- NOAC's
- Denosumab
- Treatment Room
- Minor Surgery
- Zoladex
- Learning Disability Reviews
- Warfarin

- Flu
- Hep B
- Substance Misuse
- Insulin Initiation
- Pertussis
- MMR
- Pneumo over 65
- GLP1

Of the visits in Q2, one was flagged as “Red/High Risk” due to a claim error rate of 17.10%. Of note for this visit:

- This was a routine visit
- Previous Post Payment Verification reports have been reported as low risk with claim error rates of 0.97% and 0.87% in the previous two visits.
- The sample of claims for this most recent visit was taken from April 2019 to March 2020. During this period, a total of 2,042 claims were submitted with a value of £34,645.48.
- A total of 310 claims were analysed across 13 Enhanced Services. Of these claims, 54 errors were found which represented an average error rate of 8.71%. The overall administrative error rate was 0.32% and the overall claim error rate was 17.10%.
- Following the audit, the 53 claims that were identified and fees totalling £1,124.55 have been recovered due to insufficient evidence being presented.
- Based on the error rate identified during the verification audit, it was recommended that a revisit was undertaken to further review claims due to errors found whilst sampling the Anti-Coagulation (Warfarin B), Immunisations (HPV, MenACWY and MMR), Near Patient Testing, Substance Misuse and Zoladex Enhanced Service claims.

In this case of a red/high risk visit outcome, the practice was requested to:

- Continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.
- Be mindful to ensure the accurate submission of enhanced service claims as per the specification requirements.
- Ensure that therapy, site of injection, batch number, lot number and expiry date are routinely recorded in the patient’s lifelong medical record.
- Ensure that prescriptions for Near Patient Testing are only issued when the patients have had appropriate blood tests.
- Ensure that appropriate blood tests are taken as per Enhanced Service protocol for Near Patient Testing stabilised monitoring.
- Ensure all Patients who are claimable under the NOAC enhanced service have documented in their lifelong medical record evidence of an initiation review, counselling and blood monitoring required as per the Enhanced Service protocol.

Of the visits in Q3, one was flagged as “Red/High Risk” due to a claim error rate of 35.7%. Of note for this visit:

- This was a revisit following a previous recommendation from a routine visit.
- This is now a Health Board Managed Practice so there is no financial risk as there are no external financial transactions made for Enhanced Services delivered by Managed Practices.

- Previous Post Payment Verification reports have been reported as high/medium risk with claim error rates of 15.62% and 8.7% in the previous two visits.
- A total of 95 claims were analysed across the one Enhanced Service. Of these claims, 34 errors were found which represented an average error rate of 17.89%. The overall administrative error rate was 0% and the overall claim error rate was 35.79%.
- There were no administrative errors identified during the visit.

In this case of a red/high risk visit outcome, the practice was requested to:

- Continue to develop and implement robust administrative procedures to ensure the accurate submission of Enhanced Service claims.
- Ensure that appropriate blood tests are taken as per Enhanced Service protocol for Anti-coagulation monitoring/DOAC/DOAR monitoring.
- As this was a revisit and 100% of claims were verified, it was recommended not to undertake a revisit to further review due to errors found whilst sampling the DOAC/DOAR Enhanced Service claims.
- The PPV department would normally recommend that a recovery of £3515.00 is made but as the practice is Health Board led the recovery will not be made and the PPV department recommended that the file is closed.

Summary of Visits Q1 – Q3 2021/2022					
Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
May-21	Routine	382	12	3.14%	£300.28
Jul-21	Routine	573	15	2.62%	£499.74
Apr-21	Routine	330	4	1.21%	£222.54
Jun-21	Routine	216	12	5.56%	£190.38
Jun-21	Routine	507	6	1.18%	£320.40
Jul-21	Routine	520	11	2.12%	£1,037.89
Aug-21	Routine	379	36	9.50%	£1,976.73
Sep-21	Routine	325	14	4.31%	£417.76
Jul-21	Routine	569	10	1.76%	£357.36
Jun-21	Routine	318	19	5.97%	£766.67
Oct-21	Routine	400	6	1.50%	£414.01
Dec-21	Routine	Visit file in progress			
May-21	Routine	310	53	17.10%	£1,124.55
Jul-21	Routine	351	14	3.99%	£471.62
Aug-21	Routine	440	27	6.14%	£700.59
Aug-21	Routine	497	5	1.01%	£462.22
Aug-21	Routine	353	11	3.12%	£553.02
Jul-21	Routine	408	10	2.45%	£589.78
Sep-21	Routine	273	8	2.93%	£470.72
Sep-21	Routine	Visit file in progress			
Aug-21	Routine	Visit file in progress			
May-21	Routine	673	28	4.16%	£522.14
Oct-21	Routine	248	1	0.40%	£25.84
Aug-21	Routine	275	23	8.36%	£937.13
Aug-21	Routine	Visit file in progress			

Visit 3					
Visit date	Visit type	Sample size	Claim errors	Claim error %	Recovery
Oct-21	REVISIT	95	34	35.79%	£3,515.00
Sep-31	REVISIT	Visit file in progress			
Dec-21	REVISIT	Visit file in progress			
Aug-21	REVISIT	37	1	2.70%	£110.00

The PPV Team have agreed to host a number of Practice Manager Training roadshow events to assist with learning for practices who are finding particular enhanced service claims challenging. The first specifications to be covered for Hywel Dda will be Near Patient Testing, Denosumab and Zoladex, which will be delivered on 16<sup>th</sup> March 2022 – these areas have been chosen following an analysis of errors made and trend data from each Health Board. The training sessions will be delivered remotely via TEAMS and there will be an open Q & A session after each presentation. The sessions will be recorded for those practices who are 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:

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:	6. Sustainable use of resources
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: 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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
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

<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable