



AGENDA ITEM
2.2.3

POPULATION HEALTH & PARTNERSHIPS COMMITTEE
POST PAYMENT VERIFICATION REPORT – APRIL 2022- SEPTEMBER 2022 (FOR PRIMARY CARE ELEMENT)

Date of meeting	2 nd November 2022
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Amanda Legge – all Wales Post Payment Verification Manager
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Presented by	Sally May
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Approving Executive Sponsor	Executive Director of Finance & Procurement
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
Audit & Risk Committee	24/10/2022	NOTED

ACRONYMS	

1. SITUATION/BACKGROUND

- 1.1 The report is being presented to the Population Health and Partnerships Committee of Cwm Taf University Health Board for noting the primary care element.



- 1.2 The report was received by the Audit and Risk Committee at their meeting held on the 24th October 2022 for assurance and review by the Committee.
- 1.2 The reports details specific risks as outliers in a traffic light system, and provides the narrative for what PPV, Primary Care, Finance and Counter Fraud consider the be the best approach to support practices in improving. The reports highlight the narrative on how practices have been performing over the current Post Payment Verification (PPV) cycle, and two previous. It also demonstrates the overall performance of the UHB against the national averages. 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). Following on from 2021-2022 where we continued to face challenges associated with the COVID-19 pandemic, we effectively responded to challenges identified within Primary Care and have investigated further avenues to enhance our PPV service moving forward into 2022-2023. The decision to halt physical visits to our contractor premises was taken to protect our front-line services, whilst maintaining an excellent level of PPV, which would continue to provide Health Boards with reasonable assurance that public monies are being appropriately claimed.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

General Medical Services (GMS)

The visit plan runs on a 3-year cycle for GMS and is agreed by Health Boards. GMS was one of the services that has been conducted remotely since 2018 and we have been able to continue with our visits.

Primary Care Services (PCS) have recently transferred to a new Payments system as part of the decommissioning of the NHAIS system and the provision of data from this new system has been a difficult change for our contractors, therefore have been holding up our PPV visits. Communications have gone out to the Heads of Primary Care and others noting "a consequence of the above is that the planned PPV schedule for 2022/23 will be delayed. It was proposed that the PPV program would commence with the team contacting practices in August 2022 to schedule visits, with a view to remote access visits starting in September 2022".

During this time the PPV team been collating the evidence that the practices submit to evidence their payment claims to ensure that there are no

discrepancies in the data and have now successfully begun this years' PPV visit cycle.

General Ophthalmic Services (GOS)

The visit plan for GOS 2022-2023 has been agreed by Health Boards. We explored PPV remote access options during Covid 19 and now with full support from Optometry Wales we have begun to carry out these visits via Microsoft TEAMS which is proving successful. We are hoping to increase the number of contractor visits as we progress in this new way of working which is being encouraged by Welsh Government. As more ophthalmic contractors become electronic and the new GOS reform contract, this will drive the future of PPV in GOS. We also continue to undertake the GOS quarterly patient letter programme across Wales to provide additional elements of assurance to our Health Boards and constantly look at enhancing this service.

Pharmacy Services (GPS)

The Medicines Use Review (MUR) service ceased in March 2020, therefore stopping PPV for this service. In 2022-2023 NWSSP have conducted a pilot for two new service checks by PPV as requested by our Local Health Boards, which are the Quality and Safety Scheme and the Collaborative Working Scheme. These are going well, and we are awaiting sign off and agreement from NESMB (National Extended Services Management Board).

Other PPV work

PPV have been conducting Bonus Payment checks (as requested by Welsh Government) relating to payments claimed and made to Primary Care Health Service staff in 2021. This is near completion with just a few ad hoc remaining staff that we are awaiting evidence.

We have been working on a Dispensing Data Pilot and are now rolling out this service Nationally from October 2022.

Investigating the feasibility to begin a pilot regarding clinical waste checks. The GMS statistics worksheet now separates the routine and the revisit averages as revisits are generally higher percentages due to 100% of the claims being checked over a longer period.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Due to Covid-19 we were unsure if 'normal' PPV visits would begin again for General Ophthalmic and Pharmacy Services, but we have explored and proved concept of remote alternatives which are proving successful.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

5.1 The PHP Committee is asked to **NOTE** the Primary Care Element of the report.