



Freedom of Information Request: Our Reference CTMUHB_385_25

You asked:

Under the Freedom of Information Act 2000, I would like to request the following information regarding childhood immunisation claims (Item of Service payments) submitted as part of the nationally directed Enhanced Services (DES) or any local Enhanced Services (LES) relating to childhood vaccinations:

Request:

- 1. Since April 2021, how many GP practices within your Health Board area have submitted childhood vaccination claims (e.g. for MMR, 6-in-1, etc) after the official submission deadline?**

Since April 2021, 8 GP practices requested a review of late childhood vaccination claims.

- 2. Of those late claims:**

- a) How many were accepted and paid in full**

All claims were accepted and paid in full.

- b) How many were rejected**

N/A.

- c) How many were appealed, and what were the outcomes**

N/A.

- 3. If any late claims were accepted, please outline:**

- a) The circumstances or grounds under which they were approved**

Late claims are reviewed on a case-by-case basis. Practices are asked to outline why the late claims occurred and if applicable what corrective measures will be put in place to prevent future occurrence of late claiming.

The circumstances under which they were approved include read-code errors, human error, staffing issues, practice merge, system errors etc.

- b) Whether your Health Board applies any formal or informal discretion policy for late claim submissions.**

The Health Board will apply discretion on a case-by-case basis taking into consideration the reasons for late claim submissions and any pressures on budgets when deciding to honour these claims, or not.

However, the Statement of Financial Entitlements does have the following clause:

Time limitation for claiming payments

19.12 - (1) Payments are only payable if claimed before the end of the period of six years beginning with the date on which they could first have fallen due (albeit that the due date has changed pursuant to paragraph 19.5).

(2) Sub-paragraph (1) does not apply to any claims for payments which fall due under a provision of this SFE in respect of which an alternative timing limit for making claims for such payments is imposed unless, in the opinion of the LHB, exceptional circumstances exist which make it reasonable for that time limit to be disapplied.

4. Does your Health Board have a specific written policy or guidance covering how late Enhanced Service claims (especially childhood vaccinations) are managed, including appeal procedures? Can you provide a copy?

Generally, the Health Board does not accept late claim payments that are more than two years old due to financial pressures and implications to the financial year budgets. They are usually considered on a year-by-year basis.

The Health Board would need to take account of the financial impact on practice income should late claims be rejected, particularly if they are high value claims and risk destabilising the delivery of General Medical Services.

In terms of appeals procedures, Dispute Resolution is a clause included in the General Medical Services Contract.