

NHS Rotherham Clinical Commissioning Group

Operational Executive – 21 December 2018

Strategic Clinical Executive – Date

Primary Care Sub Committee – 2 January 2019

Audit and Quality Assurance Committee 8 January 2019

Primary Care Committee – 16 January 2019

Clinical Commissioning Group Governing Body - Date

2018/19 Post Payment Verification (PPV) Assurance work

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Keely Firth, Deputy Chief Finance Officer
Lead GP:	Dr Avanthi Gunasekera, SCE GP lead for Primary Care
Purpose:	
To note the findings of the Post Payment Verification (PPV) assurance work commissioned during 2018/19 and note the recommendations arising.	
Background:	
<p>The CCG has been co-commissioning GP Primary Care with NHS England since 1st April 2015 and has commissioned 360 Assurance to undertake Post Payment Verification (PPV) reviews in each year for the following reasons:</p> <p>(a) To provide assurance to the CCG that claims submitted by practices for a selection of enhanced services accurately reflect the levels of service being provided;</p> <p>(b) To support practices in ensuring that they are accurately claiming for all services being provided and to provide training as part of the visits around the accuracy of the reports that they are using and identifying potential underclaims as well as overclaims.</p> <p>A further tranche of PPV work was commissioned during 2018/19, the details of which are discussed below.</p>	
Analysis of key issues and of risks	
<p>The CCG objectives for the 2018/19 PPV reviews were agreed with 360 Assurance as follows;</p> <p>(a) To confirm the validity of the GP Practice enhanced services for the period 1 April 2018 to 30 June 2018 (i.e. 3 months) by confirming services had actually been provided for claims in the following areas:</p> <ul style="list-style-type: none">• Aural Care• Case Management• Prostate Specific Antigen (PSA)• Transgender• Extended Access (NHSE commissioned) <p>(b) To confirm the validity of the GP Practice's QOF Exception Reporting.</p> <p>A total of six Practices were reported on.</p> <p>Regarding part (a) above, two types of testing methodology are used by 360 Assurance; full</p>	



records testing (where volumes are low and all records can be examined) and sample testing where there are high volumes of records. Where sample testing is used results are extrapolated to represent 100% of all records therefore representing a 'synthetic metric' to some extent.

A summary of results is included below, along with a table indicating which are actual and which are extrapolated results.

TOTAL (underclaim) / overclaim							
Name	Aural Care	Case Mgmt	Prostate Specific Antigen (PSA)	Trans-gender	TOTAL	Extended Access	QOF Exception Reporting
	£s	£s	£s	£s	£s		
The Stag Medical Centre	0.0	(430.0)	0.0	0	(430.0)	No recommendations	No recommendations
High St Surgery	96.0	(900.0)	72.0	30.01	(702.0)	Analysis of the appointments booked identified that the practice has a shortfall of 50 appointments over the 3 month period.	No recommendations
Rawmarsh Health Centre	0.0	(150.0)	(24.0)	0.0	(174.0)	Analysis of the appointments booked identified that the practice is providing in excess at a rate of 1 hour per week.	No recommendations
Shakespeare Rd Surgery	0.0	(300.0)	24.0	0.0	(276.0)	Analysis of the appointments booked for the period under review identified that there was a shortfall of 17 appointments	No recommendations
Gateway Primary Care	14.4	470.0	0.0	0.0	484.4	Generally providing Extended Access in line with what has been agreed - with a minor shortfall	No recommendations
Queens Medical Centre	(21.6)	(390.0)	(16.0)	0.0	(427.6)	No appointments booked for the Extended Hours sessions in the quarter under review.	No recommendations
	88.8	(1,700.0)	56.0	30.0	(1,525.2)		
Name	Aural Care	Case Mgmt	Prostate Specific Antigen (PSA)	Trans-gender			
The Stag Medical Centre	Sample	Sample	Sample	Actual			
High St Surgery	Sample	Sample	Actual	Actual			
Rawmarsh Health Centre	Actual	Actual	Sample	Actual			
Shakespeare Rd Surgery	Actual	Sample	Actual	n/a			
Gateway Primary Care	Actual	Sample	Actual	Actual			
Queens Medical Centre	Actual	Actual	Actual	n/a			

The 2018/19 PPV reports highlight areas of potential under and over claiming for each of the five practices visited. Two key findings from these visits identified the following:

1. Case management – practices were inclined to under record the all three areas of this enhanced service, namely New Care Plans, Review of Care Plans and Over 75 Years Health Checks.
2. Extended Access – the extent to which practices were providing the contracted hours varied across the PPV sample. This is commissioned by NHSE therefore the findings from this exercise have been shared with NHSE colleagues.
3. GP practices QOF exception reporting was found to be well managed and well organised

and satisfactory.

The overall findings suggest a risk for GP Practices themselves with regard to internal data capture and reporting systems.

Conclusion

The occurrence of differences in recording and claiming has significantly improved since the start of the PPV programme four years ago which is very positive and suggests that the process of verification and subsequent communication to practices has contributed to improvements.

As per the agreed 2018/19 PPV process, adjustments to Q1 activity data submissions may be made by Practices in order to rectify / recover the financial position with regard to the Q1 identified under and over-claims. The expectation is that Practices correct their claims processes at source beyond Q1.

It should be noted that this review has only looked at claims for the first quarter of 2018/19 and practice reports were finalised between October and December 2018, so there is potential for unidentified over claims in quarters 2, 3 and 4 which have not been identified during the course of these reviews.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

N/A

Financial Implications:

PPV Assurance costs the CCG £7,599 for six Practices.

That as a result of the PPV work, Practices improve 'counting and coding' and CCG expenditure more accurately reflects actual activity levels (both up and down) in future.

Human Resource Implications:

N/A

Procurement:

N/A

Data Protection Impact Assessment:

Not required. No personal data involved in this paper.

Approval history:

N/A

Recommendations:

Primary Care Committee are asked to note the improvements identified in recording and claiming and acknowledge that the Practices have adjusted Q1 claims for the reasons outlined.

Primary Care Committee are asked to support the continuation of the PPV programme to support Practices to improve their internal business processes and achieve appropriate income recovery.

Paper is for noting.

