

NHS Rotherham Clinical Commissioning Group
LMC Liaison meeting 25th September 2017

2017-18 Post Payment Verification (PPV) Assurance work

Lead Executive:	Wendy Allott
Lead Officer:	Keely Firth / Jacqui Tuffnell
Lead GP:	Avanti Gunasekera
Purpose:	
To provide an outline of plans for PPV assurance and scope for 2017/18.	
Background:	
<p>The CCG commenced the co-commissioning of GP Primary Care with NHS England on 1st April 2015 and in the first two years has commissioned a piece of PPV work from 360 Assurance as part of its internal assurance process. The CCG continues to recognise the value in the PPV process as it raises issues which can be explored and progressed and consequently is committed to:-</p> <ul style="list-style-type: none"> (i) Supporting the Community Interest Company (CIC) to enhance the understanding of practice staff of the PPV process itself and the issues most commonly highlighted by PPV work. Funding has been provided in 2017-18 by the CCG to enable this to happen; (ii) Supporting practices to ensure their own internal business processes and income recovery are as robust as possible. 	
Analysis of key issues and of risks	
<p>Optimising the capacity and quality of Primary Care is a key facet of the overall CCG strategy and this third party assurance will assist members of the Primary Care Committee (PCC) to understand more around Primary Care capacity and any other issues with the LESs.</p> <p>The most prevalent issues highlighted by previous PPV assurance exercises centred around compliance with submission deadlines, coding and classification and an underlying need to strengthen wording in Local Enhanced Service (LES) contracts to make clear the required process and timelines for activity data submissions in future. A change to contract wording was subsequently issued, effective from 1 April 2016 and since this time the more robust contract arrangements have been applied and adhered to by both parties.</p> <p>Following a further review, the Primary Care/GP IT team are confident overall that with each LES, the required read codes and templates to collect the required data for payment are in the system for practices to use. Many practices utilise the templates to suit their practices for other purposes and have amended templates and utilised alternative codes which has led to discrepancies in the claims.</p> <p>With regards to the new payment process, from an extraction perspective there is no change for practices, practices run the reports they always have but the CCG have simplified the way the CCG is notified.</p> <p>The proposals for the 2017-18 PPV reviews are as follows;</p> <ul style="list-style-type: none"> (a) To confirm the validity of the GP Practice enhanced services for the period 1 April 2017 to 30 June 2017 for claims in the following areas: <p style="margin-left: 40px;">Minor surgery – injections</p> <p style="margin-left: 40px;">Minor surgery – Invasive</p>	

DMARDS

Case Management

Care Home Reviews

Aural care

- (b) To confirm the validity of the GP Practice's QOF Exception Reporting.
- (c) To utilise the assurance findings to improve 'counting and coding' via the CIC to practices and for the CCG to more accurately reflect forecast expenditure and core activity levels in future. In year adjustments relating to Q1 activity may be made as a result of the assurance process.
- (d) Practices will be selected at random at a LMC and CCG liaison meeting.

Conclusion

The CCG has already recognised that Practices would potentially benefit from additional support with business process including those related to income recovery and has secured £23k of Practice Manager Development funding and is in conversation with Rotherham Healthcare Connect Ltd as a delivery partner.

The CCG continues to recognise the value in the PPV process as it raises issues which can be explored and progressed. There is an opportunity for practices to improve 'counting and coding' and the CCG to more accurately reflect the actual activity and expenditure levels in future.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

N/A

Financial Implications:

PPV Assurance costs the CCG £6,000.

Human Resource Implications:

N/A

Procurement:

The value is below the quotes and tenders limit.

Recommendations:

Members are asked to support the recommendation that 360 Assurance be commissioned to undertake the work in October with initial findings reported in November.

Please note that this is an LMC paper and it is for information only for Primary Care Committee