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NHS WALES SHARED SERVICES PARTNERSHIP-PRIMARY CARE SERVICES (NWSSP – PCS)

POST PAYMENT VERIFICATION (PPV) PROTOCOL FOR COMMUNITY PHARMACY SERVICES

1. Purpose

- 1.1 The purpose of the Post Payment Verification (PPV) process is to provide assurance to Health Boards that the claims for payment made by Community Pharmacy Contractors are appropriate and that the delivery of the service is as defined by NHS specification and relevant legislation.
- 1.2 This document sets out the All Wales protocol agreed between NWSSP-PCS on behalf of the Health Boards and Community Pharmacy Wales (CPW). This protocol details the arrangements for access by NWSSP-PCS staff to records held at pharmacy premises, including patient records where necessary; in order to confirm that the Enhanced and Advanced Services claimed by the pharmacy have been delivered in accordance with current requirements set out in the England and Wales Drug Tariff.
- 1.3 This PPV process is effective from 1st June 2015 and will be applied to any claims submitted after 1st April 2015. If there are any claims where it was established that they were made incorrectly or raise doubt of their validity, then NWSSP-PCS will inform the Health Board and the pharmacy contractor or nominated representative.

2. Community Pharmacy Visit Arrangements

- 2.1 PCS will assess data available to form a plan of visits to community pharmacies and will then agree the plan with Health Boards. The visit dates will then be agreed by prior arrangement between NWSSP-PCS staff and the pharmacy contractor or nominated representative and usually within normal NWSSP-PCS and pharmacy staff working hours. A minimum of ten working days' notice will be provided to the pharmacy contractor and the head office if the pharmacy is a branch.
- 2.2 Confirmation of the visit arrangements will be sent to the pharmacy contractor and head office of the branch or nominated representative by NWSSP-PCS and a copy of the Authority Declaration form will be provided to the pharmacy contractor or nominated representative prior to the visit. The pharmacy contractor or nominated

representative should print a copy of this and obtain the signatures of NWSSP-PCS staff members on the date of the visit; the pharmacy premises can then keep a record of this authentication for data protection purposes. NWSSP-PCS staff will all carry identification. The pharmacy contractor will not allow access to patient identifiable information if a copy of the Authority Declaration form has not been provided and signed by PCS staff undertaking the visit or identification is not able to be produced. (*Appendix 1 – Authority Declaration form*)

- 2.3 NWSSP-PCS will select a sample of claims for which the pharmacy contractor has received payment and these claims will relate to the provision of Services. There is scope that NWSSP-PCS will look to continue the verification process with other Enhanced and Advanced services. Sample sizes may be influenced by claiming patterns that are identified on the National Electronic Claim and Audit Forms (NECAF) database or CHOOSE pharmacy system. Sample sizes will not normally exceed 25% of each claim service type that are made and a minimum of 20 claims will be verified, in the case that there are less than 20 claims available, the sample will contain all of the claims that have been submitted.
- 2.4 Pharmacy contractors can expect two staff from NWSSP-PCS to visit the premise on the agreed date and these staff members will be respectful of patient confidentiality. The visiting process will comply with the Department of Health guidelines “The Protection and Use of Patient Information”, issued on 7th March 1996 (DGM (96) 43). All visiting NWSSP-PCS staff that will be visiting pharmacy premises must carry authorised identification.
- 2.5 The pharmacy contractor or nominated representative does not need to be with NWSSP-PCS staff for the duration of the visit, unless they would specifically want to be, but they should be available to provide any assistance or responses to queries from NWSSP-PCS staff during the visit. The pharmacy contractor or nominated representative is entitled to invite a CPW representative to be present for the visit if they wish to do so.
- 2.6 Routine PPV visits should normally not exceed a two-hour duration however this may be subject to change should there be any difficulties in verifying claims during the visit process. Under normal circumstances, a routine PPV visit would not occur more than once in a year. All PCS staff will have been informed that patient safety and the smooth running of the pharmacy must not be compromised by PPV activity.
- 2.7 If during the routine visit a claim error rate of 10% or more, for the individual service types, has been reached then it will trigger a revisit from NWSSP-PCS staff within 12 months. At this re-visit, the sample will be made up of 25% of the total claims for the service type made over a two/three-year period. This is subject to change at the request of the Health Board who are able to request a further visit under different circumstances than the 10% threshold. The contractor and CPW will both be notified if this is the case.

3. PPV Checking Process

- 3.1 During the visit the PPV Team will examine:
 - records maintained by the pharmacy - to validate and evidence the service provided to patients;
 - any other relevant supporting documentation held at the Pharmacy.

3.2 The PPV Team will also check that:

- there is satisfactory understanding and application of the provisions set out in the England and Wales Drug Tariff;
- there is an adequate internal control system in place to ensure the accuracy of claims.

3.3 The PPV Team will strive to:

- ensure that any queries raised on the day are discussed with the pharmacy contractor or nominated representative where it is practicable to do so.
- provide advice to pharmacy staff where it is required or asked for during the course of the discussion at the end of the visit.

4. Confidentiality and Disclosure of Information

4.1 Any NWSSP-PCS staff that are required to access pharmacy patient records in order to verify claims will request access on the clear understanding that proper confidentiality safeguards are observed and the claim cannot be verified without access to patient details. They will also take account of the Code of Practice on Confidentiality and Disclosure of Information.

4.2 NWSSP-PCS staff may have an organisation purchased encrypted scanner, camera or mobile phone with camera capability with them during the visit, which will be encrypted for security purposes. This enables NWSSP-PCS staff to photograph any evidence as deemed necessary by the NWSSP-PCS staff. If the NWSSP-PCS staff have photographed any patient identifiable information, they are bound by patient confidentiality and data protection legislation to ensure the integrity of that patient record detail. This information would be uploaded onto the NWSSP-PCS systems on return to the office and removed from the camera or mobile phone. All photographic evidence will be transferred onto SSP computer systems and removed from the encrypted device following the visit. Once it is no longer required it will also be removed from the SSP systems.

4.3 Access to data held by pharmacies will be carried out in accordance with the requirements of the current data protection legislation, related statutory requirements and good practice guidance from National Assembly for Wales. Post Payment Verification falls under current data protection legislation and can undertake the process under these particular points from General Data Protection Regulations;

- *Article 6 (1) (b) : processing is necessary for the performance of a contract which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract*
- *Article 6 (1) (e) : processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller*
- *Article 9 (2) (g) : processing is necessary for reasons of substantial public interest, on the basis of union or member state law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject*

5. Outcome of the Verification Process

- 5.1 After the visit process has been completed a confidential written report will be sent within 28 days of the visit to the pharmacy contractor or nominated representative and the branch of the group/company that was visited for an opportunity to comment on the findings and submit any supporting information for queries if required. The pharmacy contractor or nominated representative will have a further 28 days, from the postal date or date that the communication was sent, to return a signed copy of the report and any evidence being submitted to the NWSSP-PCS. Once the 28 days have elapsed, the NWSSP-PCS will forward a final report to the Health Board, even if the pharmacy contractor or nominated representative has failed to respond to the report.
- 5.2 Within the report the NWSSP-PCS staff will identify any administrative errors that were discovered as part of the visit process, however, these types of errors will not be recovered. Administrative errors will be identified to the Health Board as part of the report to ensure that appropriate action is taken to promote best practice and patient safety with accuracy of the patient record.
- 5.3 Where it has been established that claims have been submitted erroneously or there are any doubts of their validity, the NWSSP-PCS PPV Team will inform the Health Board, as they have the final say on all decisions, and the pharmacy contractor or nominated representative and will then recommend one or more of the following actions to the Health Board;

Action 1 – Making a recovery of an identified numerical value and closure of the visit file.

Action 2 – Making a recovery of an identified numerical value and arranging a revisit to the pharmacy premises within the next 12 months to undertake a substantive review of claims (this would be a two/three-year sample period of claims).
- 5.4 Where the NWSSP-PCS staff are dissatisfied with the evidence or explanation for erroneous claims the matter will be referred to the Health Board for appropriate remedial action.
- 5.5 If the NWSSP-PCS PPV Team suspect any claims to be of a fraudulent nature they will contact the Local Counter Fraud Service (LCFS) to determine the most appropriate action. The LCFS team reserve the right to contact all appropriate parties including the Director of Finance to discuss the matter and any further action.

6. Co-operation of Practices

- 6.1 This protocol is designed to support collaborative working arrangements and build trust between the Health Boards, NWSSP-PCS and community pharmacies and to allow the PPV visits to be informative and constructive for all parties involved.

- 6.2 Should the pharmacy contractor or nominated representative refuse to co-operate with the NWSSP-PCS in any way then the NWSSP-PCS staff will contact the Health Board and seek their help to resolve any problems as quickly and amicably as possible. The Health Board also has the opportunity to contact CPW for advice and/or assistance.
- 6.3 Upon completion of the verification process there is opportunity for the practice if they are dissatisfied with the outcome to use the PPV Team appeals process (see appendix 1). This outlines the process the contractor needs to take in order to have the case reviewed under regulation.

7. Feedback and Assistance

- 7.1 Any feedback from contractors is welcomed by the NWSSP-PCS staff and we have built a mechanism to capture this. Following a visit, contractors are encouraged to fill out the survey with their feedback for NWSSP-PCS staff to review.

<https://NHSWalesSharedServicesPartnership.surveyi.com/NWSSPPostPaymentVerificationSurvey>

- 7.2 NWSSP-PCS staff have created a helpful guide in the form of a 'frequently asked questions' document for contractors to be able to utilise to their benefit. This is stored at the hyperlink;

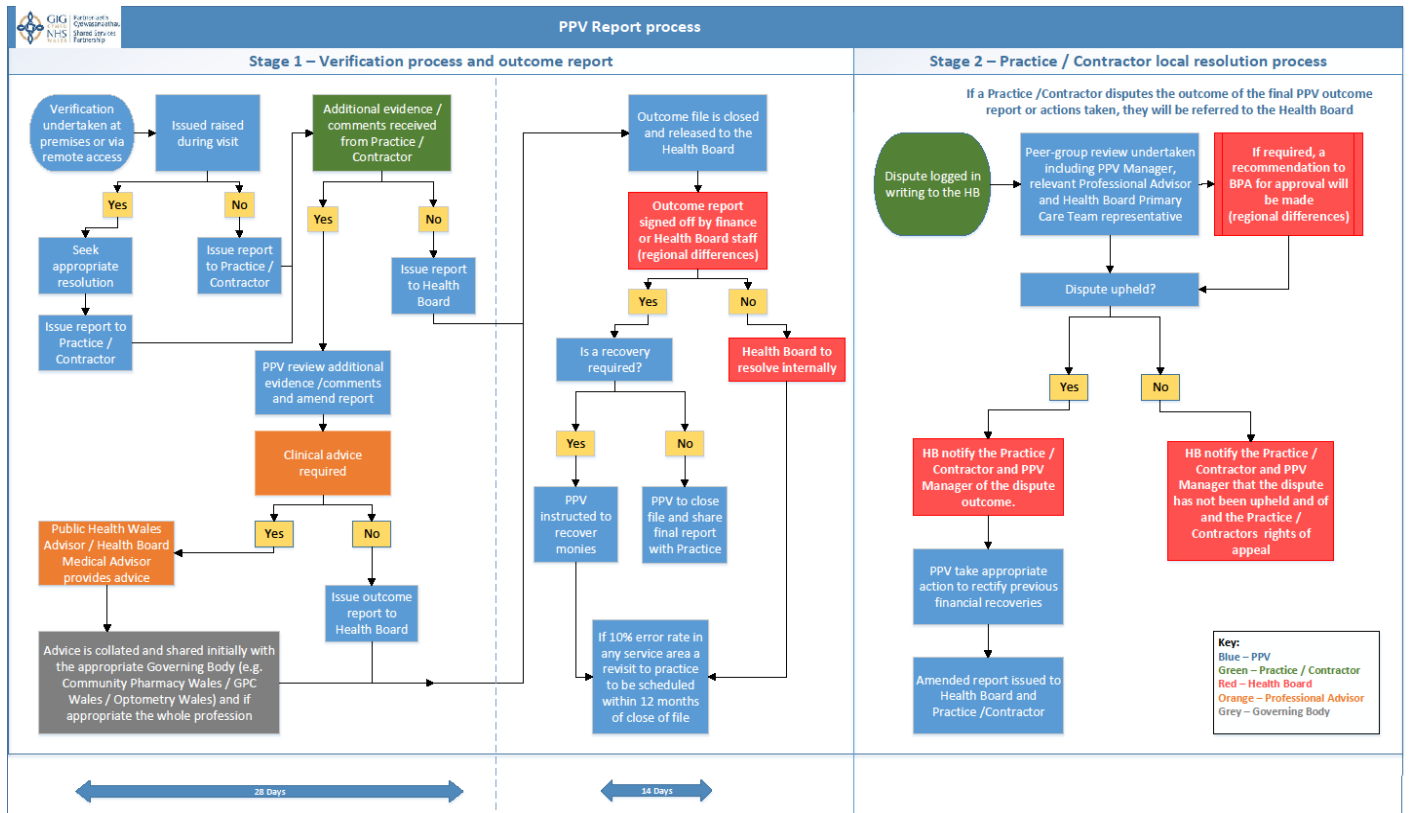
<http://www.primarycareservices.wales.nhs.uk/ppv>

8. Operation of this Protocol

- 8.1 Any queries relating to this protocol can be directed to:

Mr Scott Lavender, All Wales Post Payment Verification Manager, NWSSP-Primary Care Services

Appendix 1



Appendix 2



Access to Confidential Patient Information – Authority Declaration

I confirm that I _____ (enter full name)

am authorised in writing by _____ (enter HB details)

to enter community pharmacies in the area of the Health Board for the purpose of ascertaining whether the pharmacy is complying with the terms of service; and / or to audit, monitor and analyse the provision made by the pharmacy providing NHS contractual services for patient care and treatment, and the management by the pharmacy of the Advanced Services he or she provides.

I require the responsible pharmacist of _____ (enter pharmacy business name)

at _____ (enter pharmacy address)

to allow me access to information, including patient identifiable information such as patient medication records and records made of Enhanced and Advanced Pharmaceutical Services provided by the pharmacy, for the purposes mentioned above.

I confirm that:-

- I have been asked to produce written evidence of my authorisation, and have done so;
- I am bound by a duty of confidentiality and understand that breach of that duty of confidentiality could lead to action being taken against me including prosecution and / or referral to a professional regulator;
- any confidential information obtained will not be used for purposes other than those set out above;
- any confidential information (including sensitive personal information relating to patients) provided to me will not be disclosed by me to any other person unless I have legal authority to do so.

Signature _____ Date _____

Appendix 3

IMPORTANT NOTICE TO PATIENTS

PLEASE NOTE THAT AS IN MANY OTHER AREAS OF ACTIVITY FUNDED FROM THE PUBLIC PURSE, THE NATIONAL HEALTH SERVICE IN WALES REQUIRES ALL PRACTICES TO ENABLE ACCESS TO RECORDS HELD HERE TO ENSURE THAT THE PAYMENTS IT MAKES ON BEHALF OF TAXPAYERS TO US ARE ACCURATE AND NO FRAUD HAS TAKEN PLACE.

THE NATIONAL HEALTH SERVICE CARRIES OUT PERIODIC CHECKS ON OCCASIONS AND ACCESSES DATA FROM RECORDS HELD HERE TO DISCHARGE ITS RESPONSIBILITIES. THIS ACCESS IS CARRIED OUT IN ACCORDANCE WITH DATA PROTECTION LEGISLATION, RELATED STATUTORY REQUIREMENTS AND GOOD PRACTICE GUIDANCE FROM THE WELSH GOVERNMENT. ALL MEMBERS OF NHS STAFF INVOLVED HAVE SIGNED A CONFIDENTIALITY AGREEMENT COVERING PATIENT AND PERSONAL INFORMATION AND UNDERGO TRAINING.

IF YOU NEED TO KNOW MORE ABOUT THESE CHECKS OR IF YOU HAVE ANY ENQUIRIES ON THE INFORMATION GIVEN IN THIS NOTICE, THESE SHOULD BE MADE TO YOUR HEALTH BOARD. PHARMACY STAFF WILL BE ABLE TO GIVE YOU APPROPRIATE CONTACT DETAILS.



HYSBYSIAD PWYSIG I GLEIFION

NODER, FEL YMHOB MAES ARALL SY'N CAEL EI GYLLIDO GAN ARIAN CYHOEDDUS, FOD GWASANAETH IECHYD GWLADOL CYMRU YN MYNNU BOD POB PRACTIS YN SICRHAU BOD COFNODION SY'N CAEL EU CADW YMA AR GAEL I'W GWELD. NOD HYNNY YW SICRHAU BOD Y TALIADAU MAE'N EU GWNEUD I NI AR RAN TRETH DALWYR YN GYWIR.

MAE'R GWASANAETH IECHYD GWLADOL YN CYNNAL GWIRIADAU YN ACHLYSUROL AC MAE'N MYNNU GWELD COFNODION SY'N CAEL EU CADW YMA I GYFLAWNI'I DDYLETSWYDDAU. GWEIR HYN YN UNOL Â DEDDF DIOGELU DATA 1998, GOFYNION RHEOLIADAU STATUDOL CYSYLLTIEDIG A CHANLLAWIAU YMARFER DA GAN LYWODRAETH CYMRU. MAE POB AELOD O STAFF Y GIG SY'N RHAN O HYN WEDI LLOFNODI CYTUNDEB CYFRINACHEDD SY'N CWMPASU GWYBODAETH BERSONOL A GWYBODAETH AM GLEIFION.

OS OES UNRHYW YMHOLIADAU GENNYCH AM Y WYBODAETH AR YR HYSBYSIAD HWN, DYLECH HOLI'CH BWRDD IECHYD LLEOL. BYDD STAFF YN Y DDERBYNFA YN GALLU RHOI MANYLION CYSWLLT PRIODOL ICHI.

