

NHS Circular:
PCA(M)09

Health and Social Care Integration Directorate
Primary Care Division



LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

Dear Colleague

2014/15 GENERAL MEDICAL SERVICES CONTRACT: ARRANGEMENTS FOR POST PAYMENT VERIFICATION

Summary

1. This Circular provides guidance on the arrangements for post payment verification for the 264 Quality and Outcomes Framework Points transferred to the Global Sum as part of the 2014/15 General Medical Services Contract in Scotland.
2. This Circular should be read in line with the [CEL 11\(2014\)](#) Revised Payment Verification Protocols issued in July 2014.
3. The Scottish Statement of Financial Entitlements for 2014/15 will be issued when finalised.
4. This Circular has been agreed with the Scottish General Practitioners Committee of the British Medical Association.

Action

5. NHS Boards are requested to bring this Circular to the attention of all GP contractors.

Yours sincerely

David Thomson
Deputy Director, Primary Care Division

13 August 2014

Addresses

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GMS Contract Agreement 2014/15 Transfer of 264 QOF Points and Services to core services Post Payment Verification.

The current Post Payment Verification (PPV) arrangements provide assurance to NHS Boards that the payments made within the GMS Contract are appropriate and in line with the contractual requirements.

There are two streams of PPV: one which focuses on the global sum, enhanced services and the second which focuses on QOF.

Global Sum/ Enhanced Services

The PPV arrangements for the Global Sum relates to the delivery of essential and additional services, and includes the Organisational Core Standard Payment (Annex D of the SFE) - 77 QOF Points transferred in 2013/14 and will include the Clinical Core Standard Payment 264 QOF Points transferred in 2014/15. The focus of this PPV process is on accuracy of the practice list and of patient data held within the patient clinical record. In addition there is a review of Enhanced Services provided.

The PPV arrangements for QOF points transferred in 2013/14 sets out three areas around records, education and management with agreed criteria, and a process for recovery where a practice fails to deliver against those standards (Section 3 of the SFE).

Clinical Core Standard Payment 2014/15 QOF point transfer

The 264 QOF points transferred as part of the 2014/15 GMS Contract Agreement is different from the transfer in 2013/14, and the decision on whether or not it is appropriate to provide a particular service to a patient in these areas is taken by the GP, usually in conjunction with the patient, and is based on clinical judgement rather than simply whether the action was previously required to achieve a QOF indicator.

The expectation is that for the clinical areas transferred via the Clinical Core Standard Payment in 2014/15, that these services will continue to be provided, where it is considered clinically appropriate, as above, and suitably recorded in the patient's clinical record. There will be no specific PPV arrangements aligned to previous QOF indicators and levels of assurance will be based on the clinical process detailed within the patient's clinical record.

The clear policy intent is to support GPs to make appropriate clinical decisions utilising their professionalism, and there is not any specific verification of payment related to these areas. However if it appears that there is a systematic failure to provide any of the transferred services, this may require recourse to a formal review of the clinical decision making recorded within the patient file; a process that is not part of the PV system.

QOF

For QOF, PV focuses on the achievement of the QOF Points, and the evidence to justify that payment, taking account of exception reporting where appropriate. This information is reviewed within QOF calculator and additional evidence of the provision of service may be sought during practice visits to support the payments.