

# 5% Random In Depth QOF Visits

## Draft Process

9<sup>th</sup> March 2005

National guidance states that 5% of contractors will be subject to a random counter-fraud check. This has now been clarified to emphasise the quality assurance role of these visits. Counter fraud will not be running this process in this PCT but are central to the development of the process.

The selection should be truly random and Contractors and PCTs should both bear in mind that being picked for a counter-fraud check does not imply any suspicion. If a PCT does have suspicions of fraud about a particular contractor, it should pursue these through the normal procedures. It is recommended that the random check takes place annually early in the financial year and is completed by June each year.

Although National Guidance is provided, PCTs are expected to develop their own detailed guidance locally.

### 1. Practice Selection

5% of practices selected for visit by drawing names from a hat at the Primary Care Sub-Group with LMC presence.

### 2. Arrange Team

A team comprising the QOF Lead and data analyst or audit facilitator from a neighbouring PCT run the process.

### 3. Provide Information

The team are given a selection of information:

- The practice QOF Report
- All grade A evidence submitted
- Information from QMAS on a selection of indicators chosen by Counter Fraud specialists
- Practice given the option of providing all grade B and C evidence to cut down on visiting requirements *or*
- Practice funded to copy and submit all grade B and C evidence.

### 4. Analyse Data

Each team analyse data individually looking at:

- high or low prevalence rates, compared to PCT or national average
- very high or low levels of exception reporting
- very high or low levels of achievement, compared to the contractor's aspiration, or PCT or national average
- any substantial discrepancies between the annual QOF review report and the achievement claim

The teams then meet up to discuss data interpretation and ensure a standard process takes place.

## 5. Visit

Each practice then has a short non threatening visit (where this is required)

- QOF Lead will run process and ensure all written evidence has been implemented in the practice
- Audit / Information Facilitator runs simple audits using the QOF Assessor CD.
- Practice then asked questions regarding the visit process, exceptions, prevalence and achievement.

## 4. Write Report

A report will then be written.

Any suspicions of fraudulent behaviour by the practice or the QOF Review Team will be passed directly to the Counter Fraud Team.

In all other situations a report will be sent to both the practice and the PCT.

## 5. Practice Refusal to Participate

For discussion

### Key Issues for discussion:

Q1. If the QOF CD is not fully functional, or the practice will not allow it's use how are patient records accessed to verify claims?

*Option 1 – PCT seeks consent from a random selection of the practices population*

*Option 2 – Practice funded to gain consent from a set percentage of patients on each clinical register*

Q3. How should practice refusal to participate be treated?

*Option 1 - Practice team arrange to meet the review team in the presence of the LMC with all Grade B evidence and print outs of all data requested from their practice system.*

*Option 2 - Refusal to participate taken as evidence of concealing fraud and counter fraud informed.*

*This Draft has been developed from national guidance:*

<http://www.dh.gov.uk/assetRoot/04/08/28/60/04082860.pdf>