

Dear Colleague

**GENERAL DENTAL SERVICES  
PRIMARY MEDICAL SERVICES  
GENERAL OPHTHALMIC SERVICES  
PHARMACEUTICAL SERVICES  
PAYMENT VERIFICATION PROCEDURES**

1. This letter updates and supersedes the guidance on payment verification procedures for Primary Medical Services contained in CEL 13 (2010), General Dental Services and Pharmaceutical Services contained in CEL 32 (2009) and General Ophthalmic Services contained in HDL (2005) 49.

**Summary of Changes**

Dental

- Protocol has no significant amendments.

Medical

- Inclusion of year end QOF Pre-payment guidance as Appendix C. This is a revision of the guidance issued by the Payment Verification Governance Group. It will now be issued as an appendix to the Payment Verification Protocol.
- Revision of Global Sum section. This revision provides greater detail and reflects a streamlined reporting process.
- Update of Appendix A – GMS Payment Verification Checklist, to reflect amendments.
- Minor amendments to QOF section including; submission of R15/18/20 indicators, reference to NHS Board practice review programme, reduction in minimum of random visits from two to one.
- Updates to document, system and external references

Ophthalmic

- Protocol has been amended to reflect current practise, including removing references to the Scottish Ophthalmic Reference Service.

**CEL 24 (2011)**

**October 2011**

**Addresses**

For action

Chief Executives and  
Directors of Finance,  
NHS Boards

Chief Executive, NHS  
National Services  
Scotland

For information

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Special Health Boards

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## Pharmacy

- Protocol has been amended to reflect current practice. These amendments are the removal of Public Health Service – Chlamydia Treatment and the addition of Cross Border Flow of prescriptions.
2. The updated payment verification protocol have been accepted by the Scottish Government and by Audit Scotland as providing an adequate framework to provide assurance to NHS Boards on the accuracy and validity of payments to GPs, GPs, Optometrists and Community Pharmacies made on their behalf by Practitioner Services. It is for Boards to ensure that they are content with the operation of the protocol. Copies of the updated protocol can be downloaded from the SHOW website at:

<http://www.sehd.scot.nhs.uk/publications/DC20111020payverif.pdf>

## **Actions**

3. Chief Executives are asked to:
- note the revised protocol and ensure that relevant staff within their Boards are familiar with this;
  - ensure that their Audit Committee have sight of the protocol;
  - work with Practitioner Services in ensuring implementation of the protocol;
  - note that GP practices must retain evidence to substantiate the validity of payments; and
  - note that tri-partite discussions should take place between Practitioner Services, NHSScotland Counter Fraud Services (CFS) and the relevant NHS Board where a concern relating to potential fraud arises in the course of payment verification, and that, where a tri-partite meeting is deemed necessary, this should take place within 2 weeks of the simultaneous notification of the concern to the Board and the CFS by Practitioner Services.
4. Where a family health service practitioner refuses to co-operate in the payment verification process, he or she may be in breach either of his/her contract or terms of service. In such cases, NHS Boards are asked to take appropriate action.
5. A copy of this CEL has been sent to the BMA.

Yours sincerely



**JOHN MATHESON**