

[Music – Intro]

[Presenter]

Welcome to another episode of time to talk fraud. This is a very special episode because today we're talking about medical fraud, and some of the things around medical fraud, and I'm really pleased I'm genuinely quite excited to say we're joined by a couple of members of the NHS counter fraud team in Iain and Alex. Guys welcome to the pod, I do not know whether you want to give just a quick introduction about yourselves.

[Alex Rothwell]

My name is Alex, Alex Rothwell. I am the Chief Executive of the NHS Counter Fraud Authority, thank you very much for having us on the show.

[Iain Henderson]

I am Iain Henderson. I'm the Social Media Officer for the NHSCFA, since we sort of formed about five years ago now.

[Presenter]

The NHS is the UK's publicly funded healthcare service it's a big deal in the UK in many sort of polls and things like that it's often ranked the thing that makes you most proud to be British I mean that's how important it is to not just start you know medical side of things but society as well in this country so this is really exciting for us to talk through this.

Very quickly I guess a lot of people are not sure probably that there is even fraud going on in the NHS. It's a public service mostly, obviously with doctors and nurses and all of those sorts of things, so are there any sort of headlines that you can give us with regard to what fraud actually exists.

[Alex Rothwell]

We estimate that our vulnerability to fraud is around about 1.4 billion pounds.

[Presenter]

So, who's targeting this fund I mean 1.4 billion is an awful lot going around.

[Alex Rothwell]

So, I would say broadly speaking what we've done is we've categorized different types of fraud what we're looking at things like procurement commissioning, so this is primarily things involving bribery, collusion, corruption that sort of thing. False claims for services provided so it is not all about

internal fraud it's not all about staff committing fraud this is people seeking to get things like services for free that could be medication it could be treatment or as I say it could just be services

we do have staff fraud it's an enormous employer so things like income expenses pensions opportunities to get bursaries that sort of thing we get compensation claims that's another area that we see quite a bit of and of course the NHS is a government-funded body, we get some pretty complex areas relating to how payments are made to providers based on performance and contractual obligations uh and that sort of thing. But I am really keen to point out here you know I think there's a danger here that this function has a sort of, I don't know, has a kind of internal affairs feel about it. Yes, we recognize in a large organisation there are opportunities to defraud it but as I say it's not all about employees, there are lots of companies and individuals that engage with the NHS and when you've got such a big budget it's a target for fraudsters let's face it, as are other government department, that's very well documented.

I'm really keen to sort of make the point that we want to work to create a culture and an environment where fraud is prevented from happening rather than one where we are predominantly detecting and investigating.

We want to create an environment where it is harder to actually commit fraud in the first place.

We know that fraud is the most prevalent crime in the UK but it's really underreported and it's only identified if you find it. It's not always the sort of thing that you know about, it's not like if you get burgled you know you instantly when you get home that stuff has gone missing, but we think we know the extent and scale a bit it often doesn't receive funding that's commensurate with the scale of the challenge.

[Presenter]

How do you keep that communication between all of those parts because we're not talking about doctors potentially committing fraud, we might be talking about someone that's in an office that they wouldn't even necessarily think of working with the NHS.

[Alex Rothwell]

So there are over 200 clinical commissioning groups currently that are responsible for identifying local needs and they plan and buy local healthcare for local areas and they'll commission services locally and there are some centralised functions as well now that's actually going to change and this might help us a little bit because this summer we expect those commissioning groups to be reduced to 42 in total and they're going to be called integrated care boards so that is an opportunity for us to sort of slim down the challenge if you like of stakeholder engagement the premise of that broad work if you like with the commissioning groups and trusts in particular is that each organization is obligated to have a local counter fraud specialist accredited people who are trained to manage fraud in a you know particularly in a public sector uh environment and we'll work with the trusts and commissioning groups to conduct risk assessments uh proactive exercises advise on fraud help with messaging and investigate cases that that's a key part of how that service is delivered our role in the national counter fraud authority is to provide leadership and coordination of that function. now to answer your question how do you engage these with such a sort of complex environment i am absolutely committed to the concept of having a counter fraud community.

There is actually a global counter fraud community you know. I've been working in counter fraud for some time and I've met people all over the world who are absolutely passionate about dealing with fraud and I think just that in itself belonging to that community is something that we can all capitalise on.

[Presenter]

With your talks about prevention as well, does that mean you're looking at the reasons why people might be committing fraud against or in the NHS, and starting to discuss that from that level?

[Alex Rothwell]

I think the big thing for me is the you need to understand what the enablers of fraud are. We could easily have zero fraud but we couldn't then easily live our lives and go about our business or have innovative financial solutions or quite frankly be able to do very much with this incredible technology that we have at our disposal, so we always recognise that there is a balance and a trade-off in any environment.

I'm not talking specifically about the NHS here, there's a trade-off in determining what your tolerance to fraud is I think sometimes the thing that gets lost is the impact of when fraud occurs and I've seen this first hand in a law enforcement environment. You know we've moved from a situation perhaps 10 or 15 years ago where fraud was fundamentally seen as something that only really happened in companies or businesses to something that now affects millions of citizens and the personal impact that can have on individuals.

I've seen first-hand and I remember an incredibly moving video that a Fraud Prevention Officer had taken a few years ago of a gentleman who'd lost his life savings and he had grown up as a child in the war and had survived the Blitz, but his house had been destroyed every single thing in there, and he compared the impact of this fraud to the day when he came home and found that his entire house had been destroyed and there was nothing left. So, it's really moving understanding the enablers is critical because then you can start to focus on you know the things that you need to address to make it harder and there are business decisions to be made there as well.

[Presenter]

One of your points as well was about cutting all fraud, I mean we can reflect that on our side we can cut all fraud by just stopping all card payments. It doesn't solve everything, it is that payoff and like you say it's a business at the end of the day.

[Alex Rothwell]

One of the biggest shifts that we've seen I would say over the over the last 10 years or so is that digitalisation of services and the way that you could reach into people's lives through communication technology, massive changes. There is not a single solution, and you know we spoke about sort of tackling enablers, we often hear the phrase in the fraud environment "you can't investigate your way out of fraud", prevention is absolutely the most effective way to address it.

Let's stop it happening, we know that criminals and criminal organisations often don't care about the sort of things that we're talking about here, or they wouldn't be criminals in the first place if they did quite frankly, but there is a spectrum isn't there and I recognise that so I think we do a lot of messaging and our current campaign that's in developments is along the lines of 'are you bothered' are you bothered that this is taking money away from key services that are being delivered? I know you wanted to come in Iain.

[Iain Henderson]

I was just going to sort of back you up on that and say that some of our messaging if you look back from the very early days you know we've used things like do you know NHS fraud costs sort of the equivalent of 5000 ambulances or about 40 000 staff nurses and things like that.

I think this is the trouble we are dealing with, there are criminals of different scopes, you know some sort may dabble and think we're only claiming let's say 100 pounds of something you know from a particular fraud. Others will be going much bigger and I think the trouble is they don't see it as potentially it's money owned by an individual, because if you look at it where it is owned by an individual, as in a romance fraud, they you know they will say anything to get the money off the person and literally break their hearts which then does ironically link back to us because they often come to the NHS for care, you know be it mental health or well-being.

So, yeah, it is, I'd love to get more messages personally to the fraudsters and what motivates people you know some of the cases we've had in the past. One recently was motivated by gambling they stole from the NHS to fund their gambling and you're thinking okay well is there something there? Where did that go wrong? Where could we have put, or the Trust, or the organisation could have put safety things in and say you know look you need to seek help you've got a gambling problem. Don't steal from the NHS, that will not help you at all, it's going to make your situation worse.

So, yeah we do sometimes direct our messaging to them, it's just difficult because I'm not sure some of them have enough heart to actually care because we also go on the other side and say well you do realise if you do get found guilty you go to prison we will come after your pensions, you know we can we can look at these things, you can lose your professional standing if you are an internal member of staff with a qualification, you know, we can literally sort of once you've been caught. But prevention is better than cure you know, so that is the thing and it's very appropriate to the NHS really.

[Alex Rothwell]

And I think in any organisation where there are a lot of significant amounts of money in the system will be vulnerable to fraud, and that's why we say you know there will always be fraud.

[Presenter]

Hypothetically, and I'll stress hypothetically here of course, how would you guys commit fraud? What would be your go-to, just so we can cross that off and let people know if they want to commit it, we already know how it's done.

[Alex Rothwell]

There is no way I am going to sit here and tell you how to commit fraud against the NHS. So to sort of flip your question around a little bit one thing that we think is critical is that whenever a new policy or process is introduced it should always have a fraud risk assessment associated with it what's the likelihood of fraud happening because and it's not necessarily going to be overnight because as people start to find out a bit people will test those vulnerabilities and they'll keep testing and they'll learn from others they'll, share information, they'll collaborate, just doing all of the things that we like to do until they get to a point where they can exploit the vulnerability effectively, yeah and then and then we start to close off the vulnerability and then they're looking for something else. so, it's a continuous process isn't it.

[Iain Henderson]

this is a great question anyway because I must admit when I'm sort of doing presentations and things I'll often say to people who are not from a fraud background, I say okay, imagine your household flat and say you're locked out how do you get in and the user comes oh yeah do this I climb on the bin at the back and you open the small window and you go right here's a thought when you go home why don't you lock that window put some locks on it put lights on or whatever and they've been out the back that's it yeah absolutely and they translate it then all right so if you're putting in, as Alex said, a new policy or whatever take that to pieces find the weaknesses before you implement it and then hopefully no problems you know so no fraud or you know whatever you're looking for bribery or corruption which obviously are the other things we look for. So, yeah, absolutely just sit calm and get people in you know that are specialists and don't pretend to be a fraud expert. Now I am not sure there is such a thing because fraud is so dynamic, it changes. Yeah, just stop for a moment and take a close look at it under a microscope.

[Presenter]

Definitely, and that's the point of what we're trying to achieve all of us in our respective roles and what we're trying to do is to get people to think about it themselves to get them to take those perspectives and think about how they can help on an individual level and on a business level to prevent these things from ever happening.

[Iain Henderson]

We are trying, we've got a million pairs of eyes in the NHS, our staff that is. So, we're just trying to train their eyes up now, so they'll look for these things as well.

[Presenter]

There are places to report this.

[Iain Henderson]

We can either point people to their Local Counter Fraud Specialists they can speak to them directly if they want to do it face to face, usually they just need to get hold of them. They can do it through our Crime Stoppers number which is 0800 028 40 60 - and obviously, it's free fun and 24/7 or yeah absolutely look for the report fraud button on our website and that'll track us down as well.

[Presenter]

Amazing, thank you for that and thank you so much for joining us today. So, as Iain says there's places to report this, cfa.nhs.uk is the website for the NHS Counter Fraud Authority if anyone wants to go there. Iain is there anywhere else people can get hold of you guys particularly?

[Iain Henderson]

Well, we've got Facebook and Twitter, we've had both for a while and we've now just set up an Instagram account as well so we sort of like say that's part of the education process really just to say and we're very um we're very keen on sharing other agencies as well so you'll see things on there obviously cyber is a big threat at the moment not just to the NHS but to everybody so yeah we also do generic um sort of fraud prevention advice as well so yeah come and find us online.

[Alex Rothwell]

And internally Iain, NHS staff can speak to their local council fraud specialist.

[Iain Henderson]

Absolutely yeah, we really encourage that because it's doing it over a phone to anybody really yeah but if you can just chat to your LCFS as they call them. That is the acronyms we work with in the NHS, there are shed loads of acronyms so we've done well today I think not to use many, but yeah local counter fraud specialists and they can sort of like say they'll answer a lot of questions for them.

[Presenter]

Amazing, thank you very much, and thank you very much everyone for listening.

[Music – Outro]