

Working together to fight NHS fraud



Tuesday 20th March 2018



Arun Chauhan Conference Facilitator

Government Counter Fraud Profession

SIA and NHSCFA business planning

Engaging with the wider NHS



Arun Chauhan Conference Facilitator



Mark Cheeseman Deputy Director Cabinet Office



Cabinet Office

Government Counter Fraud Profession

Mark Cheeseman Deputy Director Cabinet Office

Break 10:30 10:50





SIA & NHSCFA business planning

Structure of assessed reports







Allows for:

- The assessment of a range of thematic areas alongside each other
- Assessment of capability and capacity in relation to thematic area
- Prioritisation of resources through a transparent and informed decision making process

MoRiLE Matrix

MoRiLE Matrix

	Harm					Likelihood				Risk	Organisational Position						
<u>Thematic</u> <u>Area</u>	Individual	Community	Public Expectation	Environmental	Financial	Organisational	Org Economic	Total Harm Score	Frequency	volume	Confidence Score	Total Likelihood score		Capacity	Capability	Total OP Score	OP Grading
Dwelling Burglary	1	1	1	0	1	1	1	6	2	1	1	4	24	0	0	0	14.4
Aggravated Burglary	4	2	2	0	2	2	1	13	0.5	2	2	4.5	58.5	0	1	1	35.1
Modern Slavery	4	4	8	0	2	4	4	26	0.5	3	3	6.5	169	3	2	5	169
CSE	4	2	8	0	0	4	4	22	1	0.5	3	4.5	99	3	3	6	198
Dwelling Burglary	1	1	1	0	1	1	1	6	2	2	1	5	30	0	0	0	18
Aggravated Burglary	4	2	2	0	2	2	1	13	0.5	2	2	4.5	58.5	0	1	1	35.1
Modern Slavery	4	4	8	0	2	4	4	26	0.5	2	3	5.5	143	3	2	5	143
CSE	4	2	8	0	0	4	4	22	1	1	3	5	110	3	3	6	220
Dwelling Burglary	1	1	1	0	1	1	1	6	2	1	1	4	24	0	0	0	14.4
Aggravated Burglary	4	2	2	0	2	2	1	13	0.5	3	2	5.5	71.5	0	1	1	42.9
Modern Slavery	4	4	8	0	2	4	4	26	0.5	3	3	6.5	169	3	2	5	169
CSE	4	2	8	0	0	4	4	22	1	3	3	7	154	3	3	6	308

MoRiLE Outcomes

Dental Contractor Fraud			Commu Pharmace Contractor	eutical		Optical Contractor Fraud		
Confidence	Estimated annual value		Confidence	Estimated annual value		Confidence	Estimated annual value	
Almost certain			Almost certain			Almost certain		
Highly likely	£73.2m		Highly likely		-			
Probable	£20.6m	81	Probable	£100m		Highly likely		
Realistic probability	£26.9m		Realistic probability			Probable Realistic probability	£48m	
Total	£120.7m		Total	£100m		Total	£48m	

Intelligence Requirement

 Represents a series of intelligence gaps, or questions that need to be answered

 Dynamic document that focuses not only on the priority areas, but other identified threat areas



Strategic Intelligence Assessment

- Purpose and Function
- Provide a strategic context to understand emerging threats
- Identify, where possible cross cutting themes
- Provide early warning of the need to develop new capabilities and priorities
- Using MoRiLE, provides risk based assessment and scoring of key threats

Control Strategy

- Sets our and communicates the priorities for the NHSCFA
- Provide management with a framework to implement decisions on prioritising the allocation of resources
- Details the long term priorities for Prevention, Intelligence and Enforcement



Structure of assessed reports





Fraud in relation to Help with Health costs (patient charge evasion)

Organisational Objectives 2018-19

Driving improvements in standards of counter fraud work across the NHS

Control Strategy outcomes Pharmaceutical contractor fraud (supply of bulk blank prescriptions)

Procurement and Commissioning fraud; threats associated with post contract invoice manipulation

Fraud in relation to Help with Health costs (patient charge evasion)

- Deliver a landscape review report of historical and ongoing projects by health sector stakeholders that impact patient charge evasion. This report will outline opportunities to mitigate the risk of fraud in this area. Engage and influence the Digitising Exemption Checking Project to recommend fraud prevention digital solutions around patient charge evasion.
- Establish where possible an accurate picture of the actual losses and types of charge evasion in relation to prescriptions.
- Produce a Statement of Solutions with recommendations for preventing fraud in patient charge evasion categories to NHS England and DHSC. Recommendations will include measures to increase financial controls to reduce losses to fraud, which if implemented by the risk owner, will reduce the losses to fraud by 50%.
- Develop a programme of disruption initiatives and campaigns aimed at increasing awareness and understanding by the public and NHS staff of patient charge evasion by 5%.

Pharmaceutical contractor fraud (supply of bulk blank prescriptions)

- Production of a thematic intelligence assessment outlining the key weakness and areas open to abuse of fraud in the production and supply of bulk blank prescriptions, with the aim of providing a probable figure of fraud due to drugs being obtained by the use of illicitly obtained prescriptions.
- Production of a statement of solutions to key stakeholders, focused on actions to reduce opportunities for fraud to occur in the supply chain of blank bulk prescriptions, which if implemented by the risk owner, will reduce the losses to fraud by 50%.
- Deliver a communications and stakeholder engagement campaign to increase disruption activity around pharmaceutical contractor fraud, primarily the supply of bulk blank prescriptions by 5%.

Procurement & Commissioning fraud; threats associated with post contract invoice manipulation

- Collect and analyse invoice data from key stakeholders and identify trends patterns relating to suspicious or potentially fraudulent activity.
- Collect and analyse data from finance and procurement professionals across the NHS, to identify system weaknesses relating to post contract invoice manipulation.
- Engage with finance and procurement professionals to better understand the threat risks encountered.
- Disseminate and discuss the results of the pilot exercise with NHS Shared Business Services and NHS organisations involved to inform the development of solutions.
- Update, disseminate and promote guidance on the prevention and detection of invoice fraud NHS Professionals and local counter fraud specialists.
- Deliver a plan for a programme of fraud prevention and disruption activity in response to objective eight for implementation in 2019-2020

Driving improvements in standards of counter fraud work across the NHS. Part 1

- Deliver a targeted research and evaluation exercise to identify key requirements, information needs, perceptions of the counter fraud framework, opportunities and challenges within the provision of counter fraud activity across the NHS and produce a report identifying targeted action that will facilitate effective local counter fraud work.
- Deliver an evaluation of current impact, deliverables, standards and effectiveness of counter fraud activity across the NHS to identify where value can be added to facilitate improvement. Deliver an action plan to bring about improvements in local counter fraud work.
- Develop and deliver a clear strategy for the digital platforms upon which counter fraud services within the NHS can be enabled. Provide an improved case management system achieving that delivers a 10% increase in both usage and user satisfaction. Deliver Increase compliance with standards relating to investigation work. Review and improve the platform to enable sector access to information and guidance that delivers a 10% increase in user activity to access information.

Driving improvements in standards of counter fraud work across the NHS. Part 2

- Develop and establish targeted local engagement and communication through:
- Establishment of an engagement group led by a CFA board representative
- NHSCFA engagement with 100% of all established LCFS fora
- Engage with 100% of all LCFS and LCFS services providers during 2018-19
- Establishment of a quarterly local counter fraud newsletter
- Wider counter fraud engagement to over 7000 NHS contacts

Breakout session

 What can you do to contribute to the picture of losses to fraud detailed in the SIA?

 How can you and your team contribute to the business plan objectives?

Richard Hampton

Head of Intelligence and Fraud Prevention

Gillian Dalton

Intelligence and Research Manager

Gillian Wright Organisational Development Lead



Richard Rippin Head of Operations



Business Services Authority



Counter Fraud Authority

c Health and



Medicines & Healthcai products Regulatory Agency

Health Education England

Fertilisation & Engaging With only With the wider NHS Medicines Richard Rippin Head of Operations

Health Research Authority



Q&A Session Sue Frith, NHSCFA Board, DHSC AFU



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Thank you & goodbye



Safe Trip Home