



Interactive Presentation

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Protecting your NHS



Introduction

Hello, my name is Dermid McCausland, managing director of NHS Counter Fraud.

I hope you'll enjoy the various sections of this presentation, we'll focus on what the counter fraud service is, what we do, why we do it, and give you an insight as to what types of fraud we deal with in the NHS.

We all know that the majority of people who work in and use the NHS are honest, but there are a minority who will seek to defraud its valuable resources. It's important that we are all aware of the types of fraud that are committed and are not afraid to report it.

Whether you are an NHS employee, a contractor, a supplier of goods and services or a member of the public, your input is vitally important in our joint fight against fraud and corruption.

Defrauding money from the NHS deprives hospitals and patients of valuable equipment, staff and resources and ends up costing the taxpayer more money to fund the NHS.

So what do we mean by fraud? Essentially it is dishonest behaviour. In very simple terms, stealing. The types of fraud we tend to deal with are staff and professionals who claim money for services not provided, more money than they are entitled to or for diverting funds to themselves. It can and does also involve external organisations that provide false or

misleading information including invoices, to claim money that they are not entitled to. Some of these frauds can be fairly low value but quite common to those that cost the NHS hundreds of thousands of pounds.

Whilst we all know that committing fraud is wrong, it is sometimes not easy to know where to go or who to tell when we suspect that something might be wrong.

That's where our highly trained counter fraud specialists come in. Working in a professional and sensitive way our dedicated NHS staff will establish the facts – sometimes this will show that a fraud has occurred, in other cases it will establish there has been no wrong doing – it is all about finding the truth.

Additionally, each trust has a Local Counter Fraud Specialist that can deal with your concerns locally. Please find out who yours is.

But our work is not just about detecting fraud. It is essential that we prevent it from happening in the first place. That is why it is so important that fraud is reported. That way we can assess the risks for the NHS and tackle the problems that arise.

So fraud is not just a national issue; the people who count just as much are those at a local level, actually making a difference across the NHS.

By that I mean not just NHS counter fraud specialists but the other agencies, partners and stakeholders who, working together, play a key role in this work. We work in partnership and co-operation – in this way we really can make a difference.

So how can you play your part in protecting the NHS. Well, all the details are here but, to put it in a few words, talk to us, report any suspicions you might have, find out more about us – we are always happy to meet with you.

We want to work together for our mutual benefit – moving forward to a better and more secure NHS which will benefit us all in the long run.

Thank you for your time



Who we are

NHS Counter Fraud aims to reduce fraud against the NHS to a minimum. This releases valuable resources for better patient care and services.

The NHS Counter Fraud Service is responsible for:

- revising policy and processes to prevent fraud
- providing information to target action where it is needed
- identifying the nature and the scale of the problem of NHS fraud and corruption
- setting and monitoring the standards of counter fraud work.

Each NHS trust in England and local health board in Wales has a Local Counter Fraud Specialist (LCFS) assigned to it. LCFSs are supported by staff in the NHS Counter Fraud Service's regional teams, which take on the higher-value and more complex cases and provide support and advice to LCFSs on the cases they are taking forward.

What we do

Counter fraud work ranges from issuing penalty notices as a result of patients falsely claiming prescription charges to the multi-million-pound claims against drug companies for alleged price-fixing.

The NHS Counter Fraud Service seeks to:

- create an anti-fraud culture
- maximise the deterrence of fraud
- prevent fraud
- detect fraud quickly
- professionally investigate detected fraud
- apply effective penalties, including legal action
- restore money defrauded.

We cannot achieve this alone. NHS Counter Fraud has agreements with regulatory and professional bodies representing more than one million NHS staff and contractors.

Why we do it

The primary aim of NHS Counter Fraud is to reduce fraud within the NHS. This releases resources for better patient care and services.

We create an anti-fraud culture by publicising our work so that we can **raise awareness** of the issue and **deter potential fraudsters**.

By detecting and investigating the frauds that do occur, we can **recover losses**, returning money to the health service.

We also use the information we gain about the frauds that do occur to make recommendations to health bodies so that they can **introduce preventative measures** locally. We review reported system weaknesses too, to identify areas of high fraud risk and **issue national fraud prevention instructions**.

Through all of these activities, we strengthen both the ability and the resolve of the health service and all who use or work in it to achieve our primary aim: to reduce NHS fraud.

Ultimately, this **saves money**, meaning that the right funds are available for better patient care and services.



What is NHS fraud?

The Fraud Act 2006 introduced a general offence of fraud - and NHS fraud is no exception.

Generally, the term describes offences such as deception, forgery, and misrepresentation or concealment of facts. The size and diversity of the health service means there is an enormous variation in the types of fraud committed.. Among the more recurrent kinds are staff and professionals claiming money for shifts not worked, patients falsely claiming exemption from optical, dental or pharmaceutical charges and staff working in unauthorised jobs while on sick leave.

Types of fraud

As these recent cases show, there is a huge variety in types of NHS fraud and the people who commit it.

Patients

Patient fraud includes wrongful claiming of exemption from fees, alteration of prescriptions and using aliases to obtain controlled drugs.

Case example: A patient obtained three prescriptions by giving false names and addresses. She also stole a number of prescriptions from a GP surgery and used them to obtain drugs including dihydrocodeine and temazepam, which are commonly misused.

Outcome: Sentenced to eight months' imprisonment.

Professionals

Includes alteration of prescriptions, claiming for work not undertaken, creation of ghost patients and fraudulent claims for out-of-hours visits.

Case example: A pharmacist claimed payment from the NHS for dispensing the cholesterol-lowering medication Simvador when he was in fact dispensing the lower-priced Simvastatin – and pocketed the difference. He also withheld NHS prescription charges and falsified prescriptions to enable him to keep cash belonging to the NHS. The financial gain was approximately £21,000.

Outcome: Sentenced to nine months' imprisonment.

Managers and staff

Involves the submission of false claims – for example, timesheet and payroll fraud, claims for non-existent employees and for IT equipment never purchased.

Case example: A practice manager issued inappropriate overtime payments to herself, duplicated invoices and personally cashed business cheques, defrauding the NHS of up to £70,000.

Outcome: Sentenced to two years' imprisonment.

Contractors and suppliers

Includes the submission of bogus invoices and fraudulent claims by appliance contractors.

Case example: A hospital engineer claimed he had requisitioned heating and engineering parts from a local engineering company, which were paid for by the trust. However, rather than the trust receiving the requisitioned parts, the company supplied the engineer with IT and electrical equipment for his own use.

Outcome: Jailed for two and a half years' and ordered to repay £80,000 and the missing items.



How we counter NHS fraud

While the majority of people who work in or use the NHS are honest, fraud does exist and is a serious issue. Fraud in the NHS, on any scale, diverts resources from patient care and services. NHS Counter Fraud aims to make people aware that all types of fraud are being tackled and all methods used to counter it.

In our work to develop an anti-fraud culture throughout the NHS, we are always looking for new ways to reach the widest possible number of staff, professionals and patients. By stressing to them not only the unacceptability of fraud, but also its serious consequences, we continue to strengthen the anti-fraud culture.

Cross-organisational working is one of the best ways to achieve our goals. We have developed close working relationships with stakeholders across the NHS and agreed and signed counter fraud charters, memorandums of understanding or protocols with a range of organisations. We have counter fraud agreements with regulatory and professional bodies representing over one million NHS staff and contractors.

At a local level, Local Counter Fraud Specialists are responsible for the delivery of counter fraud work within NHS health bodies. Strengthening the anti-fraud culture is a major part of their work. On a

day-to-day basis, this work includes:

- developing and maintaining close working relationships with all relevant parties, including NHS Counter Fraud and its internal and external stakeholders, and the health body's internal and external audit functions
- delivering presentations and other counter fraud communications to a range of audiences, including staff and professional groups.

Every year, NHS Fraud Awareness Month proves to be an extremely effective communication tool. It gives NHS Counter Fraud – and Local Counter Fraud Specialists – many opportunities to explain to staff, patients and NHS regulatory and representative bodies the role they can play in tackling fraud.

Since the first Fraud Awareness Month was held in 2003, Local Counter Fraud Specialists have organised many highly successful events at health bodies throughout England and Wales to raise fraud awareness and strengthen the anti-fraud culture.



2. The NHS Fraud and Corruption Reporting Line is a freephone number: **0800 028 40 60**. It allows NHS staff who are unsure of internal reporting procedures, or anyone who wishes to speak in confidence, to report their concerns. All calls are handled by experienced, trained staff.

Reporting

NHS Counter Fraud's primary aim is to prevent fraud from occurring in the first place. This is done in a variety of ways – from using peer pressure and publicity to implementing fraud-proofing systems and procedures.

Fraud that does occur, however, must be detected as quickly as possible, and investigated. For this to happen, everyone who works in or uses the health service must be able to report any concerns they have.

NHS employees, patient or member of the public can report NHS fraud or concerns about fraud.

1. They can contact their Local Counter Fraud Specialist. All those engaged in counter fraud investigations within the NHS are required to hold the university-accredited qualification of Accredited Counter Fraud Specialist. At a local level, Local Counter Fraud Specialists are responsible for counter fraud work in NHS health bodies and every trust has a fully trained and accredited member of staff fulfilling this role.



Investigations

NHS Counter Fraud (NHS CF) investigates all allegations of fraud, to either prove or disprove that an offence has taken place. It employs counter fraud specialists in regional teams across England and Wales who investigate frauds with a potential value of £15,000–£75,000.

Lower-value frauds are investigated by Local Counter Fraud Specialists in health bodies, with support and advice from NHS CF. Frauds in excess of £75,000 and those that cross regional boundaries are investigated by NHS CFS's Operational Support Team. Counter fraud specialists in this team have additional surveillance training.

The use of covert surveillance techniques is a well-established method of obtaining evidence to support investigations into alleged fraud. NHS CF has responsibility for carrying out covert surveillance for fraud cases for all NHS bodies.

Whether employed directly by NHS CF or in health bodies, all NHS counter fraud specialists conduct their investigations to ensure that the widest possible range of sanctions remains available. If the evidence gathered shows that fraud has occurred, it is used to prosecute the offender and recover the money defrauded so that it can be returned to the NHS.

It is not unusual for different types of proceeding to overlap – for example, an employee who is being investigated or prosecuted may also be the subject of disciplinary proceedings by their employer arising from the same overall facts.

If an investigation requires police assistance or referral to the Crown Prosecution Service, the investigating officer will liaise with the police in accordance with the NHS CFS's memorandum of understanding with the Association of Chief Police Officers and any locally agreed protocols.

NHS CF has a Forensic Computing Unit which makes use of information systems and technology to counter fraud. Traditionally, digital evidence meant computer hard drives. However, there is now a wealth of items which can be used to store data and, hence, provide evidence. The Forensic Computing Unit recovers all types of digital evidence for use in criminal, civil and disciplinary proceedings.



Radiography student's 7-year lie

Felista Peters had no right to reside, work or study in the UK when she applied for her NHS-funded degree course. She secured her place in diagnostic radiography at the University of the West of England (UWE) using a British passport she had fraudulently obtained with a false birth certificate.

After a joint investigation by the NHS Counter Fraud Service (NHS CFS) and UK Border Agency, Peters was sent to prison for 19 months. Her student bursary and university education had resulted in a direct loss to the NHS of nearly £35,000.

The judge at Bristol Crown Court said the offences were extremely serious and that Peters had "for seven years led the life of a lie."

UWE did not award a BSc in Diagnostic Imaging to Peters and she was not registered by the Health Professions Council.

Devon HR manager lied to get work

A woman from Lymington repeatedly defrauded Devon Primary Care Trust in six attempts to obtain employment. After an NHS Counter Fraud Service (NHS CFS) investigation, she pleaded guilty to fraud.

Kerrie Devine was a Human Resources Manager at East Devon PCT when the Trust was dissolved and Devon PCT formed. When staff were required to submit expressions of interest in the new posts, she made various dishonest applications, and reiterated the lies to her manager.

Devine falsely claimed to be completing a Chartered Institute of Personnel and Development course, to have an HR degree from Oxford Brookes University and to hold other marketing and HR qualifications. She was suspended before her expressions of interest were considered.

Case successes

Mental health nurse jailed for fraud

The NHS was conned out of more than £72,000 when a mental health nurse from Essex used false documents to gain an NHS bursary, training and work.

Ipaishe Charuma, from Chadwell Heath, was sentenced at Snaresbrook Crown Court to 18 months' imprisonment for six fraud-related offences. This followed an investigation by the NHS Counter Fraud Service.

Despite having been refused leave to remain, Charuma began a mental health nursing diploma course at Thames Valley University. She later earned £51,895.71 nursing at Central and North West London NHS Foundation Trust, until she was dismissed in 2009.

In February 2005, she had applied for an NHS student bursary, stating that she had a student Visa. She supplied a photocopy of a Zimbabwean passport showing a counterfeit Visa stamp giving leave to remain until September 2004, and a photocopy of a counterfeit Home Office letter stating that her passport had an extension. As a result of her fraudulent application, she was paid £20,886.98 in bursaries.

Nurse faked ambulance job application

A nurse from Pontypridd who faked his application to get a job at Great Western Ambulance Service as an Emergency Care Practitioner (ECP) pleaded guilty to fraud after an investigation supported by the NHS Counter Fraud Service.

Lee Sutherland's job application contained false claims about his qualifications, professional grade and work experience. His false claim to hold a Diploma in Critical Care was crucial to his employment in the post.

As an ECP, Sutherland was expected to be the 'first responder' who takes charge at an emergency before a doctor arrives. But when he applied, he had no experience either as a paramedic or in emergency nursing. He submitted a further false application to Cardiff and Vale NHS Trust.

Sutherland cost the NHS almost £47,000 in fraudulent earnings and national insurance, pension and training costs. He was fined £2,000 and ordered to pay £800 towards costs.

Prison for Lincolnshire GP practice worker

A clerk who stole nearly £40,000 from the GP practice in Long Sutton where she worked was convicted after being investigated by the NHS Counter Fraud Service (NHS CFS).

Louise Mary Ellis of Moulton, Spalding, was sentenced to 18 months' imprisonment at Lincoln Crown Court. Between 2001 and 2007, she stole £39,951 from Sutton Medical Group GP Practice. She only banked some of the takings, including money from patient prescriptions.

She was exposed when a new practice manager spotted the shortfall. While suspended and on bail, Ellis then made dishonest insurance claims, saying she had

been off work through illness, and forged her practice manager's signature.

Heart locum faces deportation

A medical locum who used a false Visa stamp to get work as a cardiology technician at Boston Pilgrim Hospital was sent to prison for 16 months after an NHS Counter Fraud Service investigation.

At Nottingham Crown Court, Akinjide Akinleye pleaded guilty to seven charges relating to the falsified passport that he showed to job agencies. He was recommended for deportation and served with a £50,000 confiscation order.

He showed the locum agency a Nigerian passport containing a false Visa, indicating indefinite leave to remain in the UK. This was not the case and Akinleye was therefore not entitled to work.

Allan Carter, Head of Operations at the NHS Counter Fraud Service, said: "This sentence has a deterrent effect on others who might contemplate dishonesty when applying for jobs with the NHS."

The investigation was assisted by a joint UK Border Agency/Nottinghamshire Police crime team.



Facts and Figures

- The 2010/11 NHS budget for England and Wales is £112 billion.
- 319 accredited Local Counter Fraud Specialists in the NHS, providing local counter fraud provision to health bodies in England.
- The NHS CFS has counter fraud agreements with regulatory and professional bodies representing more than one million NHS staff and contractors.
- We have almost 20 memorandums of understanding signed with other agencies.



Quiz

1. When should allegations of fraud be referred to NHS Counter Fraud for further investigation?

- A – only when you are sure a fraud has taken place
- B - If you have any concerns or suspicions, you can report to NHS Counter Fraud
- C – Only if it is a very serious and organised fraud
- D – Once you've completed your investigations

Answer is B

2. How can you report a suspicion of fraud?

- A – Call the Fraud and Corruption Reporting Line, or inform a Local Counter Fraud Specialist (LCFS)
- B – Investigate yourself
- C – Accuse the person
- D - All of the above

Answer is A

3. How many counter fraud regional teams are there covering England and Wales?

- A – None
- B – Ten
- C - Nine
- D - Four

Answer is C

4. Which of the following statements is correct?

1. Legislation requires that all Local Counter Fraud Specialists in NHS health bodies:

- A – Report directly to the Police
- B – Refer all weaknesses in any fraud-related systems directly to the Audit Commission
- C – Are accredited by the Counter Fraud

Professional Accreditation Board

D – All of the above. Answer is C

5. If you are aged 60 or over, are you entitled to:

- A – Free NHS prescriptions, free NHS dental treatment, free NHS sight tests for NHS glasses
- B – Free NHS prescriptions and dental treatment only
- C – Free NHS prescriptions and sight tests only
- D – None of the above. Answer is C

6. What percentage of prosecutions undertaken has NHS Counter fraud been successful?

- A – 78%
- B – 64%
- C – 96%
- D - 82%

7. What is the FCRL number?

Answer is Freephone 0800 028 40 60

8. What year was the Counter Fraud service set up?

- A – 1972
 - B – 1998
 - C – 1960
 - D - 2009
- Answer is B

9. Is telling lies on your application form to get a job a fraud?

- A – No if the information is more than 10 years old
 - B – only if it isn't relevant to your application
 - C – It maybe and any suspicions should be made to Counter Fraud
 - D - Everybody does it
- Answer is c

10. NHS Counter Fraud has memorandums of understanding with:

- A – the Association of Chief Police Officers, Monitor, the General Medical Council and the Audit Commission
- B – the Association of Chief Police Officers, Monitor, the General Medical Council and the National Audit Office
- C – the Ambulance Association, the General Medical Council and the Audit Commission
- D – the Ambulance Association, the General Dental Council and the Audit Commission.

Answer is A