

Protecting
your NHS



Memorandum of Understanding
between the
***Professional Association
of Clinical Coders***
and the
NHS Counter Fraud Service



Professional Association of Clinical Coders



Counter Fraud Service

Contents

	Page
1. <i>Introduction</i>	1
2. <i>Role of the Professional Association of Clinical Coders – UK</i>	1
3. <i>Role of the NHS Counter Fraud Service</i>	1
4. <i>Principles for Liaison</i>	2
5. <i>Areas of possible communication between PACC-UK and the NHS CFS</i>	3
6. <i>When the PACC-UK receives a referral or a complaint</i>	4
7. <i>When the NHS CFS receives information or begins an investigation</i>	4
8. <i>Training</i>	5
9. <i>Primary Contacts</i>	5
10. <i>Review of Memorandum of Understanding</i>	5
11. <i>Disagreements</i>	5
12. <i>Signatories to the Memorandum of Understanding</i>	6

1 Introduction

- 1.1 The purpose of this Memorandum of Understanding is to facilitate liaison and co-operation between the Professional Association of Clinical Coders - UK (PACC-UK) and the NHS Counter Fraud Service (NHS CFS).

2 Role of the Professional Association of Clinical Coders - UK

- 2.1 The Professional Association of Clinical Coders (UK), PACC-UK was formed to improve the credibility and status of clinical coders and other professionals working within the clinical classifications arena in the UK. The primary objective of the Association is to help raise the profile of Clinical Coders and to promote understanding of the value of coded data.
- 2.2 Members sign up to a 'Framework for Profession Practice' or ethical code when they are admitted to the Association. This ethical code is necessary and appropriate for the clinical coding profession, because it is founded on the basis of the trust placed in the ability of its members to make objective and accurate translations of clinical terminology. The Association's Ethical Code includes three essential components:
1. Principles that are relevant to the profession and practice of clinical coding.
 2. Rules of Conduct that describe the behaviour expected of clinical coders.
 3. Practice Standards, which are practical applications and are intended to guide the ethical conduct of clinical coding practitioners.
- 2.3 The Association represents the independent identity of the clinical coding profession within the Health Informatics arena.

3 Role of the NHS Counter Fraud Service

- 3.1 The NHS CFS was established in September 1998 and has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud in the NHS in England and Wales.
- 3.2 Fraud in the NHS is unacceptable. It diverts NHS funds and resources from the care of patients and, where health professionals are involved in such offences, undermine patients' confidence and trust in those professions.

4 Principles for Liaison

- 4.1 The PACC-UK is committed to the principle that clinically coded data should conform to the appropriate classification principles and National Standard rules (as contained in the National Standard Instruction Manual and the Coding Clinics issued by the NHS Classifications Service) and that it should not in anyway be influenced by personal, political or financial imperatives.
- 4.2 The NHS CFS is committed to reducing fraud in the NHS to an absolute minimum, and to put in place arrangements to hold fraud at a minimum level permanently. Working collaboratively with the PACC-UK will ensure that allegations of suspected fraud or corruption arising as a result of any case about which the PACC-UK has received information, can be investigated.
- 4.3 The NHS CFS and the PACC-UK, despite having differing and complementary core functions, share a common goal to ensure that those who work within the NHS are professional and accountable in every aspect of their work and maintain the highest level of integrity. Both organisations will co-operate whenever possible in working to meet this common goal.
- 4.4 Both the PACC-UK and the NHS CFS hold and use sensitive information about organisations and individuals in order to perform their core functions. Both recognise the importance of confidentiality and security of this information. It is vital that such information and documentation held is, on occasions, shared between the organisations if they are to perform their functions effectively. The PACC-UK and the NHS CFS recognise that this exchange of information needs to be carried out responsibly and within the guidelines set out in this document.
- 4.5 It is understood by the NHS CFS and the PACC-UK that statutory and other constraints on the exchange of information will be fully respected, including the requirements of the Data Protection Act and the Human Rights Act.
- 4.6 The PACC-UK and the NHS CFS will hold annual review meetings to foster co-operation, exchange best practice for:
 - 4.6.1 continued liaison;
 - 4.6.2 proper and effective exchange of information;
 - 4.6.3 appropriate action taken in cases in which each party has an interest;
 - 4.6.4 effective progress reporting: and
 - 4.6.5 using communication opportunities to promote fraud to the members and the media.

5 Areas of possible communication between PACC-UK and the NHS CFS

- 5.1 Areas of possible communication between the NHS CFS and PACC-UK include:
- 5.2 Sharing of expertise and experience in the development of investigative methodologies
 - 5.2.1 It is intended that regular meetings will take place between directors or nominated representatives of PACC-UK and counterparts at the NHS CFS in relation to fitness to practice and registration. These meetings may involve discussion about particular cases (anonymised if appropriate) and the two organisations may be able to share information about approaches to investigation which have been successful in particular circumstances or about useful contacts within other organisations.
- 5.3 Discussions about the strategy / policy of each organization
 - 5.3.1 Similarly, the regular meetings between the organisations will provide an opportunity to discuss strategic and policy developments which may impact on each others' work. Whilst it is not possible to predict all future developments which may be of mutual interest, it is clear that when either organisation is reviewing disclosure policies, for example, discussion will be valuable.
- 5.4 Discussions about individuals
 - 5.4.1 Whilst PACC-UK and the NHS CFS have very distinct roles, it is clear that there is an overlap where there are allegations of dishonesty or fraudulent activity. Where this kind of issue is at stake, it is expected that information and documentation will be exchanged between the two organisations in order to allow both to carry out their core functions.

6 *When the PACC-UK receives a referral or a complaint*

- 6.1 PACC-UK investigations can be triggered by complaints (from members of the public), referrals (from NHS and other public bodies, including overseas regulators or investigatory bodies), or by information received from other sources (e.g. from press monitoring).
- 6.2 Where there are allegations against an individual, the NHS CFS will be informed if they relate to fraud, corruption or theft.
- 6.3 Also, in cases where there are other allegations of dishonesty or criminality, the PACC-UK will consider whether to disclose relevant information and documentation to the NHS CFS. Whether such disclosure takes place will depend on the circumstances of the case. The seriousness of the allegations would be taken into account, as would the relevance of the allegations to the core function of the NHS CFS.
- 6.4 In cases where members of the PACC-UK are in doubt as to whether a case should be disclosed to the NHS CFS, the PACC-UK will be able to rely on the fact that if the specified NHS CFS staff indicate that they wish to receive full disclosure, this will be on the basis that it is essential for the NHS CFS's core purpose, and so is in the public interest.
- 6.5 The PACC-UK will be alert to the fact that allegations may emerge as an investigation proceeds. In such cases, they will ensure that relevant information is passed to the NHS CFS.

7 *When the NHS CFS receives information or begins an investigation*

- 7.1 Where the NHS CFS is aware that during or following an investigation clear evidence exists that an individual has been involved in fraud, corruption or theft, the PACC-UK will be informed for consideration as to whether Fitness to Practise procedures should be invoked.
- 7.2 In cases where the NHS CFS staff are in doubt as to whether a case should be disclosed to PACC-UK, they will make contact to discuss the matter. Any discussions at this stage will be anonymised. The NHS CFS staff will be able to rely on the fact that if the specified PACC-UK members indicate that they wish to receive full disclosure, this will be on the basis that that is essential for the PACC-UK's core purpose, and so is in the public interest.
- 7.3 In cases where an investigation has concluded that there was no fraudulent activity, but indicates there may be concerns about the activities of an individual, the information may be passed to the PACC-UK depending on the seriousness of the allegations and their relevance to PACC-UK's core function.

- 7.4 When information is disclosed to the PACC-UK there will be a discussion in advance about the timing of any action that PACC-UK may consider appropriate, including disclosure of the case to the employer. The PACC-UK will respect any request to delay action which may compromise any current investigation. The NHS CFS recognises that action may need to be taken by PACC-UK where this is immediately necessary for the protection of patients.
- 7.5 In these cases, PACC-UK's primary concern will be patient safety. The PACC-UK will take whatever action is appropriate in the interests of protecting patients.

8 *Training*

- 8.1 PACC-UK and the NHS CFS will consider the scope for training on matters of common interest and, in particular, will provide training which enables the PACC-UK to develop a better understanding of fraud in the NHS.

9 *Primary Contacts*

- 9.1 The primary contacts will be responsible for seeking to develop good working relationships between the PACC-UK and the NHS CFS, resolving any disagreements and ensuring that this MOU is implemented to the fullest extent possible. The primary contacts will be responsible for keeping this MOU up to date at each annual meeting. Additional contacts are listed in (Appendix 1: Additional contacts)
- 9.1.1 for PACC-UK, MPACC, Director
- 9.1.2 for CFS, Head of Operations

10 *Review of Memorandum of Understanding*

- 10.1 This MOU will be reviewed by the PACC-UK and the NHS CFS jointly at least once each year.

11 *Disagreements*

- 11.1 Any problems which arise as a consequence of this MOU should, so far as possible, be resolved between the PACC-UK and the NHS CFS.

12 *Signatories to the Memorandum of Understanding*

..... Date: TBC

Dermid McCausland

Managing Director (Acting)

NHS Counter Fraud Service



Counter Fraud Service

..... Date: TBC

Sue Eve-Jones

Managing Director

The Professional Association of Clinical Coders UK

