



NHS Counter Fraud  
August 2015  
Distance Learning.

## **COURSE CONTENT:**

- **What is NHS Fraud**
- **Types of Fraud**
- **Investigations**

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*Information for this presentation has been taken directly from NHS Counter Fraud.*

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

Dermid McCausland  
Managing Director of NHS Counter Fraud.

Fraud is behaviour that is dishonest i.e. stealing.

The Fraud Act 2006 introduced a general offence of fraud.

This term generally describes offences such as deception, forgery and misrepresentation or concealment of facts.



NHS counter fraud deal with staff and professionals who claim money for services that are not provided, more money than they are entitled to or for diverting funds to themselves. It can also involve external organisations that give false information including invoices, to claim money that they are not entitled to.

Among the most recurrent types of fraud are staff and professionals claiming money for shifts not worked, staff working whilst on sick leave in unauthorised jobs and patients falsely claiming exemption from optical, dental or pharmaceutical charges.

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.

Each NHS Trust has a Local Counter Fraud Specialist that can deal with any concerns. But the NHS counter fraud is also about preventing fraud from happening in the first place.



The aim of NHS counter fraud is to reduce fraud within the NHS to a minimum and thus releasing valuable resources for better patient care and services.

They are 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

The work that NHS counter fraud do ranges from issuing penalty notices because of patients falsely claiming prescription charges to the multi-million-pound claims against drug companies for alleged price fixing.





## NHS counter fraud seek 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

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

# A case example of **PATIENT FRAUD** is:

A patient obtained 3 prescriptions by giving false names and addresses.

She also stole a number of prescriptions from a GP surgery to obtain drugs including dihydrocodeine and tempezepam (substances that are commonly misused).

Outcome – she was sentenced to eight months' imprisonment.



**PROFESSIONAL FRAUD** includes alteration of prescriptions, claiming for work not undertaken, creation of ghost patients and fraudulent claims for out of hours visits.

Example: a pharmacist claimed payment for the NHS for dispensing a certain medication when he was in fact dispensing a lower-priced medication and pocketing the difference. He also withheld NHS prescription charges and falsified prescriptions to enable him to keep the cash belonging to the NHS. The financial gain was approximately £21,000.00

Outcome: sentenced to nine months' imprisonment.

## MANAGERS AND STAFF FRAUD

includes submitting false claims e.g. timesheet and payroll fraud, claims for non-existent employees and for IT equipment never purchased.

Example: a practice manager issued inappropriate overtime payments to herself, duplicated invoices and personally cashed business cheques, defrauding the NHS of up to £70,000.00

Outcome: sentenced to 2 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. But, 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 half years' and ordered to repay £80,000.00 and the missing items.

# How NHS Fraud is countered

## Stakeholder agreements

Cross-organisational working is one of the best ways to achieve NHS counter fraud goals. They 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. There are counter fraud agreements with regulatory and professional bodies representing over one million NHS staff and contractors.



## Local Counter Fraud Specialists

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.



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.

# WHO PAYS FOR NHS FRAUD?



# WE ALL DO

Information can be given to a confidential  
NHS Fraud and Corruption Reporting Line

**FREEPHONE 0800 028 40 60**

All calls are dealt with by trained staff and professionally investigated

PROTECTING YOUR NHS

[www.nhsbsa.nhs.uk/fraud](http://www.nhsbsa.nhs.uk/fraud)



Counter Fraud Service

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.

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.

3. Report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)



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 CF'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.



## Counter Fraud Specialists

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 CF's memorandum of understanding with the Association of Chief Police Officers and any locally agreed protocols.

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## Forensic Computing Unit

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.

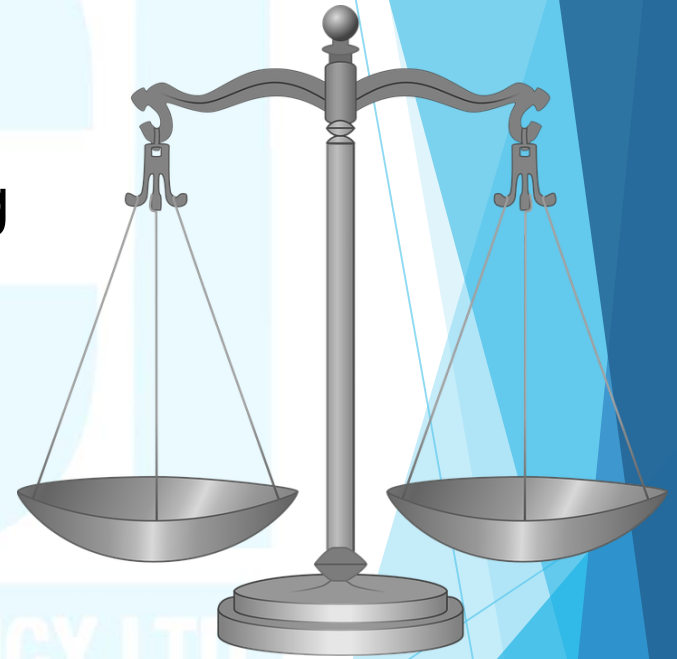
## Making sure crime doesn't pay

NHS Counter Fraud has always supported health bodies in the investigation of suspected fraud, the prosecution of offenders and the recovery of losses. Thanks to a new partnership with Capsticks, the leading national healthcare law firm, it can now help them recover sums lost to fraud through a free civil legal service. Any organisation that loses money to fraud will want to recover its losses as quickly as possible. Taking legal action, however, can itself be costly – and lengthy. There may also be the concern that, once aware of an investigation, the offender will dispose of the assets.



The new agreement between NHS Counter Fraud and Capsticks means that many more NHS bodies can now secure such outcomes for themselves. Capsticks' services include:

- an advice line provided by a team of lawyers highly experienced in helping NHS bodies to respond to fraud
- a rapid response investigation service
- full litigation service where required
- flexible funding options, including competitive rates agreed with NHS Counter Fraud, fixed fees and, where appropriate, “no-win-no-fee” arrangements.



As part of efforts to promote an anti-fraud culture throughout the NHS and to return money to patient care, civil litigation has a number of tactical advantages:

In serious cases of fraud, with a value of over £75,000–£100,000, a **freezing injunction** might prevent a perpetrator from disposing of their assets.

Civil litigation enables you to obtain **disclosure** of the evidence held by the perpetrator, sometimes even before the litigation is commenced.



Civil litigation can often lead to a **quick settlement** – especially if there is also a criminal investigation, since it can be seen by a perpetrator as a way of strengthening their mitigation. Because civil proceedings take place in public, they are an excellent means of **advertising the success of counter fraud work**, emphasising the message that ‘crime doesn’t pay’.



## 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.

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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.



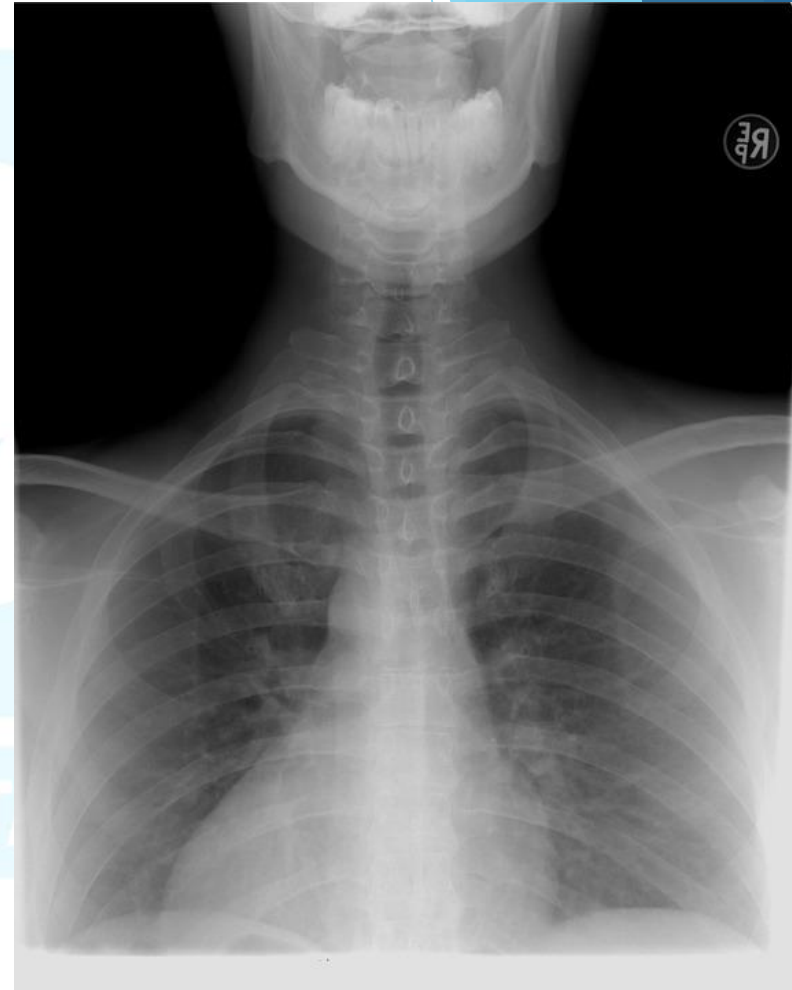
In February 2005, she had applied for an NHS student bursary, stating that she had a student Visa. She supplied a photocopy of a Zimbabwean passport showing a counterfeit Visa stamp giving leave to remain until September 2004, and a photocopy of a counterfeit Home Office letter stating that her passport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





## 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 Lympstone 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.



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## 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).



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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.



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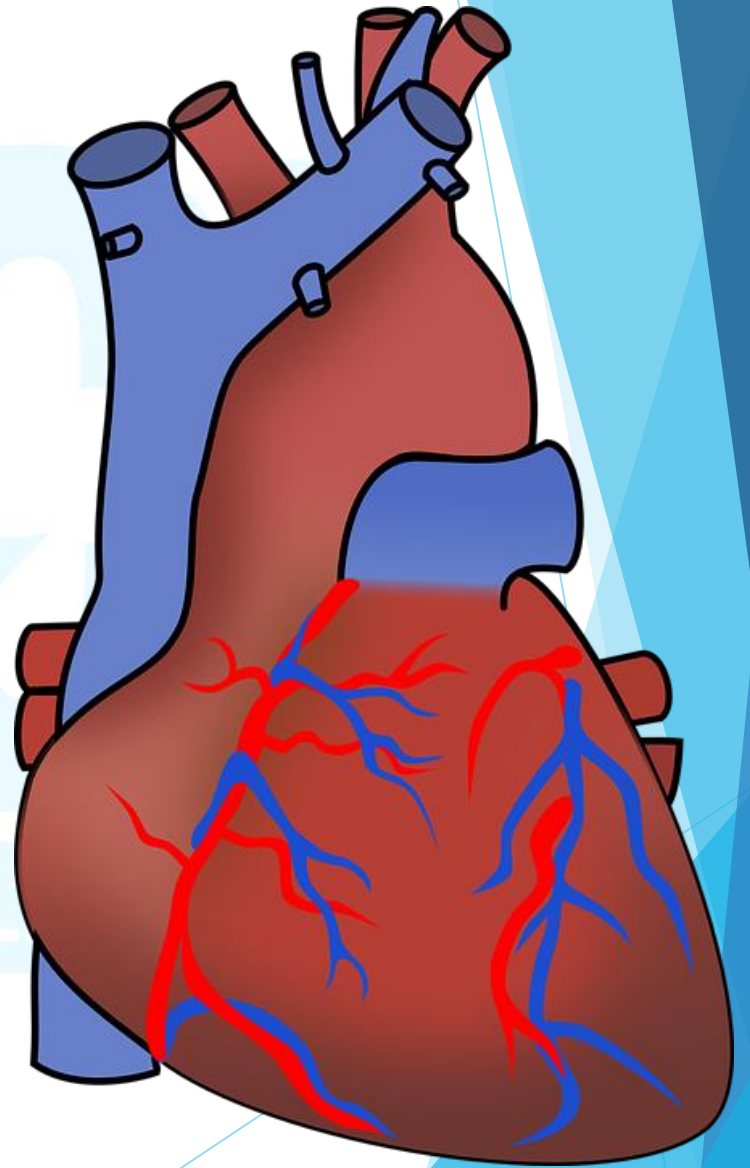


She was exposed when a new practice manager spotted the shortfall. While suspended and on bail, Ellis then made dishonest insurance claims, saying she had been off work through illness, and forged her practice manager's signature.



## **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.



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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.



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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.

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