

# HSC Fraud Reference Guide

Information and definitions  
for the different types of  
fraud affecting Health and  
Social Care.



Together we can stop HSC fraud.

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## Employees

This section relates to a person working for Health and Social Care (HSC) in any capacity. This includes salaried employees, retired employees receiving a HSC pension, agency staff, trainees, and any other contractors who work for the HSC in the same manner as an employee.

### **Employee declaration**

This relates to someone working in HSC who has not told the truth on their CV or job application or has failed to tell the employer about something else relevant to employment.

### **Right to work in UK**

This relates to someone working in HSC who has used false information or false documents in their real name to support their right to work in the UK.

### **CV issues**

This relates to someone working in HSC who has deliberately provided fictitious details of qualifications, skills or experience in order to gain employment.

### **Criminal conviction**

This relates to someone working in HSC who has an undeclared criminal conviction which should have been disclosed to HSC.

### **Sickness certificate**

This relates to someone working in HSC who has used a false sickness certificate to support time taken off work.

### **Impersonating a medical professional**

This relates to someone working in HSC falsely presenting themselves as a qualified medical professional.

### **Compensation claim**

This relates to someone working in HSC who has dishonestly misrepresented a set of circumstances in order to qualify for compensation. For example, an injury at work.

## **Employee identity**

This relates to the identity of a person working in HSC and includes identity theft issues or falsified/counterfeit documents.

### **Forged documents**

This relates to genuine identity documents provided by someone working in HSC which have been adapted or altered with intent to deceive.

### **Counterfeit documents**

This relates to counterfeit identity documents provided by someone working in HSC with intent to deceive.

### **Fraudulently obtained genuine documents**

This relates to genuine documents provided by someone working in HSC, such as passports or driving licences, which have been obtained using false information.

## **Income/hours**

This relates to the income or working hours of someone working in HSC, including falsifying timesheets or taking time off sick when actually fit to work.

### **Timesheet/overtime**

This relates to entries on a timesheet which are incorrect or where the authorising signature has been falsified. This could include daily timesheets, overtime claims or any other timesheet.

### **Working when sick**

This relates to someone working in HSC who has reported sick when they are actually fit for work. For example, this could be linked to them working elsewhere during the sickness period.

### **Working elsewhere**

This relates to someone employed and being paid by HSC who undertakes paid private work on HSC time.

### **Income inflation**

This relates to someone working in HSC who has falsified income figures in order to inflate income paid as a bonus or commission or other reward based income.

### **Leave**

This relates to someone working in HSC who is taking more time off than they are entitled to by fabricating records and/or falsifying authorisation. For example, annual, carers, flexi or special leave.

### **Travel/subsistence**

This relates to someone working in HSC who is dishonestly claiming for travel, subsistence or other expenses claim they are not entitled to.

### **Recruitment process**

This relates to the recruitment process being unduly influenced by a relationship. For example, by a family member or friend serving on the interview panel.

### **Employee insider issues**

This relates to someone working in HSC who has used their access to or knowledge of HSC records/systems for personal gain or some other dishonest advantage.

### **Improper payments**

This relates to someone working in HSC who has used their knowledge or access to make illicit payments, for instance by creating bogus customer records, interfering with cheques or misusing government procurement cards.

### **Personal use**

This relates to an individual purchasing goods for their own personal use using HSC funds.

### **Business use**

This relates to HSC supplies being used for private medical work or where items are purchased using HSC funds with the intention of selling them for personal gain.

### **HSC assets**

This relates to someone working in HSC using HSC property, including data, systems, medical equipment, vehicles, consumables and supplies for a non-HSC purpose. For example, misuse of HSC postage or telecoms system, supplying HSC information to others or using HSC transport for something other than HSC business.

### **Ghost employees**

This relates to personal records being included on the payroll of individuals who are not actually employed. For example, false details have been added to payroll records or details deliberately retained after an employee has left.

### **Charity funds**

This relates to the fraudulent abuse of HSC charity funds or monies intended for charitable purposes by a HSC employee.

### **Staff collusion**

This relates to someone working in HSC who has used their position for personal gain or some other dishonest advantage.

### **Breach of procurement rules**

This relates to procurement rules not being adhered to for dishonest purposes, including issues such as contract splitting, the use of accelerated timescales, conflicts of interest and inappropriate authorisation.

### **Bribery**

This relates to the giving or receiving of an inducement, gift or hospitality to dishonestly influence the action of another.

### **Rigging tenders**

This relates to a tender specification or weighting of a tender evaluation which has been produced to dishonestly favour a particular supplier.

### **False quotes and tenders**

This relates to false quotes or tenders being produced by someone involved in the procurement process for dishonest purposes.

## **Overpayment**

This relates to someone who is no longer employed by HSC but has knowingly retained a false credit/salary overpayment.

## **Bursary/training**

This relates to someone obtaining a HSC bursary, grant or some other funding for training as a result of not telling the truth on their application or providing false documents to support it.

## **Household arrangements**

This relates to a person who provides false information about their household income or living arrangements, including residency in the UK, in order to obtain a HSC bursary.

## **Childcare**

This relates to a person who provides false information about their responsibility for children or childcare arrangements in order to obtain a HSC bursary.

## **Identity**

This relates to a person who uses a false identity or provides false documents in support of an identity used to obtain a HSC bursary.

## **False information**

This relates to a person who provides false information including documents to support another aspect of their HSC bursary claim. For example, providing false qualifications.

## **Expenses**

This relates to a person making dishonest claims for expenses such as travel or other expenses in connection with a HSC bursary.



### **HSC pensions**

This relates to the pension of a retired HSC employee or their partner.

### **Administration**

This relates to a pension scheme which is not being administered appropriately.

### **Theft of funds**

This relates to HSC pension funds being diverted elsewhere with the intention of stealing the funds.

### **Withholding funds**

This relates to HSC pension payments which are deliberately not paid with the intention of using this money in the short, medium or long term to increase liquidity.

### **Member accounts**

This relates to a person receiving a pension who has fabricated their circumstances or failed to notify of a significant change in their circumstances.

### **Death**

This relates to deliberately failing to notify HSC of the death of a pensioner or a survivor to ensure the continuance of payment of a HSC pension.

### **Survivor**

This relates to a person in receipt of a survivor's pension who fails to notify a relevant change in circumstances to ensure continuance of payment. For example, a relevant change in circumstances would be that the survivor has re-married, impacting payments relating to pension schemes which ended prior to 1 April 2008.

### **Health**

This relates to a pensioner who has lied about their state of health in order to obtain a HSC pension.

## Practitioners

This section relates to contracted staff such as GPs, dentists, pharmacists and opticians.

### **GP/GP practice**

This relates to the activities of a GP/GP practice.

### **Diversion of global sum**

This relates to core funding payments made to general practices for essential and additional patient services which are not used for their intended purpose.

### **Treatment records/claims**

This relates to false claims made by general practices for payment of treatment or treatment targets. For example, claiming for a treatment which has not actually been provided to a patient.

### **Capitation figures**

This relates to the deliberate misrepresentation of patient list size and/or demographics by health care service providers in order to attract higher core funding.

### **False claims**

This relates to false claims by general practices for allowances, expenses or grants which are not related to patient care.

### **Prescribing**

This relates to unlawful prescribing by general practices. For example prescribing to patients who do not exist, are deceased or self-prescribing.

### **Conflicts of interest**

This relates to a general practitioner's decision making in respect of commissioning, where their judgement is suspected to be influenced or impaired by a personal interest, role or relationship. For example, where they misuse their position to further their own interests or those close to them, in order to obtain a financial gain or another type of benefit or advantage.

**Inducements**

This relates to a general practitioner asking for or accepting an inducement, gift or hospitality to influence decisions about registering, prescribing, treating or referring patients or commissioning services for patients.

**Disposal of HSC drugs**

This relates to the improper disposal of HSC drugs without authorisation or for personal gain. This includes the selling and donation of drugs or exporting of drugs overseas.

**GP practice employees**

This relates to the activities of employees at a GP practice.

**Diversion of funds**

This relates to general practice funds being diverted or stolen by a practice manager or employee (this includes pension contributions).

**Prescription**

This relates to a practice employee who has used their position to unlawfully acquire prescription medication.

**Dental practice**

This relates to the activities of a Dental practice.

**Dental contract**

This relates to work that is being undertaken under the dental contract that defines what work a dentist will do for HSC and what they will be paid.

**Dental activity**

This relates to false claims for dental activity submitted to HSC for payment which include additional claims, enhancement to claims and splitting courses of treatment.

**Patient claims**

This relates to false patient claims by a dental contractor. This includes claims submitted where the patient did not actually attend on the day, the patient never attended, the patient does not actually exist, or the patient was deceased at the time for which the treatment was claimed.

**Dental income**

This relates to private work undertaken and its impact on HSC.

**Double income**

This relates to false claims by a dental contractor submitted to HSC for payment for patients who paid privately.

## **Pharmacy**

This relates to the activities of a Community Pharmacy.

## **Dispensing/services fraud**

This relates to dispensing or other services offered at the pharmacy to patients.

### **Dispensing irregularities**

This relates to prescriptions not dispensed as claimed. For example, the pharmacist dispenses a lower quantity or strength of medication than claimed for or added an item that was not dispensed.

### **Dispensing counterfeit medicines**

This relates to the dispensing of counterfeit medicines; counterfeit medicines are not approved for use in the UK by the Medicines and Healthcare Products Regulatory Agency.

### **Dispensing reissued medicines**

This relates to the improper reissue of out of date, redundant or split pack medicines by a pharmacist to another patient.

### **Ghost patients**

This relates to false claims made by pharmacists for patients who did not attend on the day, had never attended, do not exist or were deceased at time the treatment was claimed.

### **Double income**

This relates to false claims submitted by a pharmacy to HSC in respect of HSC patients who have already paid HSC charge themselves.

### **Patient services**

This relates to false claims made by a pharmacy for payment in respect of patient services, which includes Medicines Use Reviews, Appliance Use Reviews, smoking cessation etc.

### **Abuse of contract**

This relates to HSC paid work undertaken by a pharmacist that contravenes the terms of the contract between the pharmacy and HSC.

### **Contract balancing**

This relates to prescriptions dispensed at one pharmacy, submitted for payment under the details of another pharmacy in order to generate a greater net profit.

### **Parallel imports/exports**

This relates to HSC medicines being sold abroad to generate profit, or non HSC medicines being sourced from overseas at lower cost, by pharmacies.

### **False claims**

This relates to false claims by pharmacies for allowances, expenses, payments or grants not directly related to the care of specific patients.

### **Market abuse**

This relates to untrue or misleading information or actions intended to artificially manipulate the market for gain.

### **Supply limitation**

This relates to the deliberate restriction of the supply of drugs in an attempt to increase the unit price.

### **Price fixing**

This relates to individuals involved in HSC supply chain agreeing to fix the price that a particular drug or groups of drugs will be sold to HSC.

### **Patent**

This relates to pharmaceutical companies increasing patent length of a particular medicine to prevent competition from generic drug manufacturers. This creates market dominance and unfair pricing, to the detriment of HSC.

**Inflated costs**

This relates to the inflation of fees, allowances and reimbursements claimed under the Drug Tariff by a pharmacy. This would include claims for specials, branded substitution and out of pocket expenses.

## **Opticians**

This relates to claiming and/or dispensing of an ophthalmic practice including the provision of domiciliary services.

### **Enhanced claims**

This relates to false or enhanced claims submitted to HSC by optical practices. For example, claiming higher voucher values or increasing the number of items actually dispensed, i.e. claiming for two pairs of glasses when only one was issued.

### **False claims**

This relates to false patient claims including claims submitted by optical practices. This includes claims submitted where the patient did not actually attend on the day, the patient never attended, the patient does not actually exist, or the patient was deceased at the time for which the treatment was claimed.

### **Double income**

This relates to false claims submitted by an optical practice to HSC for HSC patients who in fact paid privately.

### **Testing/dispensing**

This relates to dispensing and testing of optical equipment, including unnecessary early recall of patients, dispensing without clinical justification and the dispensing of optical devices and lenses.



## Patient/Service User

This relates to someone obtaining treatment, services or medication from HSC. It may relate to someone using HSC to obtain medical, dental, ophthalmic or pharmacy services.

### Patient charge evasion

This relates to someone who is dishonestly evading payment for chargeable HSC costs.

### Dental

This relates to someone who is evading payment for dental treatment by deliberately misrepresenting their circumstances.

### Ophthalmic

This relates to someone who is evading payment for ophthalmic services by deliberately misrepresenting their circumstances.

### Registration details

This relates to someone who has used false information about themselves in order to register for HSC services.

### Registered identity false

This relates to someone who has used the identity of another person for the purposes of registering as a HSC patient to access HSC services.

### Registration address false

This relates to someone who has registered for HSC services using an address where they are not a resident.

## **Misuse of prescriptions**

This relates to prescriptions that have been forged, stolen, altered or used by someone other than the named patient.

### **Stolen**

This relates to stolen prescriptions.

### **Altered/amended**

This relates to a genuine prescription that has been falsified in some manner by adding or changing something on it.

### **Counterfeit**

This relates to counterfeit prescriptions produced with intent to deceive.

### **Used by someone else**

This relates to prescriptions used by someone other than the intended patient.

### **Multi-registration**

This relates to someone registering at different practices using their own identity or an alias, to obtain excess HSC medication or services.

### **Obtained for another**

This relates to HSC medication obtained for a HSC patient being provided to someone else, including selling, exchanging or sending abroad.

### **Lost**

This relates to a HSC prescription form being reported as lost by a patient.

## **Travel costs**

This relates to someone who is claiming HSC funding for travel to hospital which they are not entitled to.

### **Social care funding**

This relates to someone who has used false information about themselves in order to access social care funding or services.

### **Deprivation of assets**

This relates to someone who has made a gift or transfer of assets to a third party, usually a relative, to avoid or reduce their liability to pay for care.

### **Direct Payments**

This relates to someone who has misused payments made to a care recipient. This can be the intended recipient, their family or a person entrusted to manage these payments.

### **Undeclared savings**

This relates to someone who has concealed their capital or hidden additional money from assessors to obtain funding they are not entitled to receive.

### **Compensation**

This relates to someone who has lied or provided false information in order to claim compensation from HSC.

## Supplier

This relates to a person/organisation providing goods/services to HSC. This can include contractors (individuals or companies), suppliers, or other organisations.

### **Contractor collusion**

This relates to an agreement between contractors to divide a market, set prices, limit production, or other opportunities. This can involve kickbacks and misrepresentation of the relationship between the colluding parties.

### **Bid rigging/market division**

This relates to a pre-agreement amongst suppliers as to who will bid, how much they will bid and what they will bid for. For example, a supplier obtaining contracts at uncompetitive prices to the disadvantage of the HSC.

### **Price fixing**

This relates to individuals involved in a procurement process conspiring to agree the price that a particular product, works or service will be sold to the HSC.

### **Production/supply limitation**

This relates to goods or services being deliberately restricted by suppliers in an attempt to increase the price charged to the HSC.

### **Post contract**

This relates to issues such as overpayments to contractors through false or duplicate invoicing, payments for substandard work or work not completed under contract terms.

### **False Invoices**

This relates to a supplier submitting false invoices for dishonest purposes in order to bill the HSC for goods or services not supplied.

**Inflated invoices**

This relates to suppliers submitting false invoices for dishonest purposes that do not accurately reflect the goods or services provided or contracted to the HSC. This would include erroneous VAT charges.

**Duplicate invoices**

This relates to a supplier submitting more than one invoice for the same product or service for dishonest purposes.

**Concealed substitution**

This relates to a contractor making an unexpected change to a contract, work done, or goods and services supplied and attempting to conceal this change for dishonest purposes.

**False validation**

This relates to a contractor who has dishonestly presented information certifying that work done meets agreed standards.

**Variations**

This relates to a supplier who has changed the price, completion dates or requirements of a contract for dishonest purposes.

**Mis-selling**

This relates to the deliberate, reckless, or negligent sale of products/services where the contract is either misrepresented, or the product or service is unsuitable or non-existent.

**Contract terms/charges**

This relates to the HSC being misled in entering into a contract or being charged for products or services they have not agreed to for dishonest purposes. For example, where suppliers seek to enter into contracts with HSC staff who do not hold proper authority and cannot reasonably understand terms and charges.

**Product non-existent/underdeveloped**

This relates to the HSC being misled to purchase products or services from a supplier, where the products are wholly underdeveloped or non-existent. For example, to obtain initial payments.

## External Third Parties

This section relates to a person or organisation not linked to HSC but trying to gain financially from it. This would include a third party making unsolicited requests for payment from HSC or cyber security related activity.

### Payment Diversion fraud

This relates to someone outside the HSC attempting or succeeding in extracting payments from within the HSC.

### Mandate fraud

This relates to a fraudulent request being made to the HSC by a third party requesting a change of bank account details in respect of a HSC supplier. With the intention to divert payments made by standing order, direct debit or bank transfer for dishonest purposes.

### Unsolicited requests

This relates to a request for payment from the HSC by a third party where no contract or payment obligation exists. For example, this includes publishing fraud, business directory fraud, other mass marketing frauds and office supply scams.

### Cyber Attacks

This relates to someone outside the HSC attempting or succeeding in extracting payments from within the HSC. Cyber threats emanate from a wide range of offenders from opportunist criminals to sophisticated organised crime groups.

### Social Engineering

Social engineering is the term used for a broad range of malicious activities accomplished through human interactions. It uses manipulation to trick users into making security mistakes or giving away sensitive information.

**Passwords**

Cyber criminals can get access to your account by using software to guess your password or by trying to trick you into disclosing your password through scams. Creating strong, separate passwords and storing them safely is a good way to protect yourself online.

**Malicious websites**

A malicious website is a site that attempts to install malware onto your device. They often look like legitimate websites. Phishing emails can contain links to malicious websites.

**Malware**

Malware (malicious software) is used by criminals to disrupt computer operations and access confidential information. Malware can be installed into your computer through clicking a link in an email, opening an attachment to an email, or by downloading software from a malicious source.

## **REPORT HSC FRAUD**

If you have a concern about fraud within Health and Social Care  
please call the HSC Fraud Reporting Line on

**0800 096 33 96**

or report online at

**[cfs.hscni.net](https://cfs.hscni.net)**



**Together we can stop HSC fraud.**

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