



Weighted financial remuneration for NHS Health Checks in Hull

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Brief summary

Hull City Council introduced weighted financial remuneration to their NHS Health Check programme in 2016 for GPs and Pharmacies delivering the programme. This was part of a new NHS Health Check mixed model delivering various strands of risk assessment activity within GP Practice and Pharmacy, Community Outreach and Workplaces. It was identified that there was a poor conversion rate between invitations and checks, and certain high risk groups were under represented in those who had an NHS Health Check. The new payment system was designed to offer greater payment for completed NHS Health Checks for patients in priority groups, defined as an identified common mental illness (CMI), in a minority ethnic group or come from one of the eight most deprived Wards of the City (based on Index of Multiple Deprivation 2015 for Lower Super Output Areas in Hull)

What was the timescale for the project?

The new payment system was introduced as part of the re-procurement of NHS Health Check contract, going live October 2016.

What was the setting and population covered?

Hull is an urban population, which has a below average life expectancy compared to the England average. Hull has high levels of deprivation. In general, compared to national averages, Hull has a higher unemployment rate, more poor housing and residents qualified to a lower level. Based on the Index of Multiple Deprivation 2015 score, Hull is the 3rd most deprived local authority in England with 17 of Hull's 23 wards amongst the most deprived 20% nationally.

What were we seeking to achieve?

Ensuring a high percentage of those offered an NHS Health Check then take up the offer is critical to optimising the clinical and cost effectiveness of the programme. Some GP practices were happy to issue invitations but we wanted to increase drive to complete checks. We were seeking to address this and incentivise performance, aiming to increase reach to eligible patients with the highest health needs where the greatest benefits can be gained in order to tackle health inequalities.

Why did we decide to take action?

The previous NHS Health Check contract was up for review, and introducing the weighted payment system brought the principles of NHS Health Check provision in line with the stop smoking service, which has key performance indicators as a means to target services to priority populations.

We also knew the eight most deprived wards in Hull were under represented in those presenting for checks. BME populations were also under-represented; with 5% of the Hull population aged 40-74 years is non-white British, but less than 1% of those receiving checks were from BME groups. We wanted to address this inequity in delivery.

What did we do?

In the development of the contract we consulted with providers, partners, stakeholders and wider partners. We defined the priority groups as follows:

Priority characteristics: CMI (common mental illness); Ethnicity; Deprivation with the eight most deprived Wards of the City (based on Index of Multiple Deprivation 2015 for Lower Super Output Areas in Hull)

Payment per NHS Health Check of £20. Additional payment per check of £10 if patient is in one of the above priority groups.

Data is fed directly from practices to public health, with review and payment made on a quarterly basis. With pharmacies, data is fed back to public health through the use of PharmOutcomes.

Communication with providers was regular through the introduction of the new payment structure. Public health held training events on NHS Health Checks, which provided the opener for conversation and discussion of the topic. A more open communication channel with practices was utilised, with more regular dialogue on a range of topics e.g. training needs, equipment, consumables etc. Training and provision of a new online mentor scheme for NHS Health Check providers was also established.

Why did we choose this approach?

Performance is incentivised to increase reach to eligible patients with the highest health needs where the greatest benefits can be gained.

In the design of the new payment system we wanted the non-priority rate to come in under the amount of previous flat rate being paid for NHS Health Checks, with the incentive taking the payment over this, thus acting a true financial incentive. The amounts were set with consideration of regional and national benchmarked figures.

Papers were presented to NHS Hull CCG for discussion, before being presented to NHS Hull CCG Council of Members, LMC and LPC.

What was the outcome?

Following the introduction of the new payment system, Hull has seen a number of new practices sign up to deliver NHS Health Checks, in areas where there was a large eligible proportion of their patient list for NHS Health Checks. A small number of practices withdrew

from the NHS Health Check contract; these were practices who had previously only provided invites for NHS Health Checks, not delivering checks themselves (the common practice was to redirect patients to a pharmacy for their NHS Health Checks).

Overall we have seen a general decrease in invite rates, but an increased trend in completed checks and overall take up. We have seen a 12% increase in the number of people having a check in Q1 and Q2 of 2017-18 compared to the average number of people having a check in Q1 and Q2 of the past four years.

When looking more in detail at who is receiving checks, with the new payment system there has been an increase in the number of priority patients receiving a NHS Health Check.

These improvements in completed checks and take up are staged in the context of 60% overall budget reduction since 13/14, so we are encouraged by the early findings showing that the changes are making the desired impact.

Table 1: Offers, completed checks and take up during implementation of weighted remuneration in Hull

		Offers (invites) (number and proportion)	Completed checks (number and proportion)	Take up (number and proportion)	Demographic info e.g. Priority group (proportion of check priority / non-priority group)
Previous payment system	Q1 16/17	1589 3.11%	565 1.11%	35.56%	48.85% / 51.15%
	Q2 16/17	1646 3.22%	493 0.96%	29.95%	51.32% / 48.68%
New payment system	Q3 16/17	2455 4.80%	349 0.68%	14.22%	74.50% / 25.50%
	Q4 16/17	2970 5.81%	788 1.54%	26.53%	60.28% / 39.72%
	Q1 17/18	1385 2.70%	818 1.59%	59.06%	60.41% / 39.59%
	Q2 17/18	1599 3.12%	860 1.68%	53.78%	60.58% / 39.42%

What did we learn?

Good communication is the foundation to success - have conversations early as possible!

Spend time speaking with providers and engage with them as much as possible, and be as open as you can. By engaging early and getting providers to participate in discussions progress isn't slowed down waiting for key decision points.

Use data, intelligence and consultation. When consulting with stakeholders take comments on board and refine the specification (within reason!). We learnt to be adaptable and realistic, taking on board comments, feeding back responses and using data to illustrate the rationale for the decisions made.

Look for innovation and creative solutions to optimize resources as financial challenges increase.

Try and look ahead when planning the timescale to implement change. Contract renewal dates need to be known well in advance to allow sufficient planning time. Our contracts are valid until April 2018 and planning is already underway to see how we move forward into next financial year.

What is the single most important one line of advice which we can give to others starting a similar project?

Don't work in isolation. Setting a new specification without dialogue and communication is unlikely to have a positive impact

What is happening next with this work?

Looking ahead, we plan to continue to use weighted remuneration as part of the NHS Health Check programme, using a priority group model.

In order to evaluate the impact of the payment structure we will be looking at more qualitative and quantitative data over the next year, the outputs of which will inform the next contract refresh.

Where can people find out more?

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For research on the topic of using weighted financial remuneration for NHS Health Checks: Gemma Brinn, Public Health Specialty Registrar, gemma.brinn@phe.gov.uk

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