Top tips for maximising the impact of NHS Health Check commissioning

Public Health England conducted research into the use of weighted remuneration to increase the universal and targeted uptake of NHS Health Checks, to understand the relative benefits of using weighted remuneration in comparison to other payment methods. More information on the project can be found at www.healthcheck.nhs.uk. The research made the following recommendations:

1. Consider using weighted remuneration to incentivise providers of NHS Health Checks to prioritise individuals who are more likely to be at risk of cardiovascular disease

Financial incentives can be effective means to motivate general practices to target priority groups for NHS Health Checks[1]. Where used such schemes should be evaluated to review impact.

In Q1 17/18 compared to average for Q1, Hull saw a 12% increase in uptake of NHS Health Checks since introducing weighted financial remuneration to incentivise practices. When reviewing who was receiving checks, there was a 10% increase in the number of Black Minority Ethnic (BME) patients receiving a NHS Health Check and the proportion of checks completed on priority patients was greater than the general population in every quarter since the remuneration was introduced.

2. Use local population data and evidence to inform the design of any weighted remuneration structure

Public health audits (e.g. health equity audit), can be used to model the demographics/numbers that services would expect to attend NHS Health Checks, comparing these with performance can identify under-represented groups which may be suitable for prioritising. The use of evidence should be considered in the design of any remuneration structure to ensure it is evidence based.

---

1 Lee K, Rutledge M, Rouse A, Burden ACF. What methods did we use to achieve high take-up of the NHS health checks programme (NHSHCP)? Diabet Med 2013; 30:138

In Wigan, equality monitoring showed that the working age population were less likely to attend for an NHS Health Check, and aspects such as GP opening hours were acting as barriers to access. The new contract included weighted payments for patients based on age (younger patients attracted higher payments), alongside a requirement for 20% of appointments to be offered outside of 9-5 working hours to facilitate access to these under-represented groups.

3. Use procurement tools to facilitate changes to contracts

The most common time to introduce changes is a routine contract review point. However contract variations can be effectively used to introduce new remuneration structures during the contract term. Maximum remuneration can be specified in contracts to manage overall spend.

4. Work collaboratively with all interested stakeholders

Commissioner engagement with practice managers, primary care, Clinical Commissioning Groups and Local Medical Councils in the development of the remuneration structures facilitates successful implementation. Behavioural science and health psychology expertise can be used to maximise impact of remuneration structures.

In Nottingham GP feedback reflected that price, specifically the price differential between priority and non-priority groups, was a major factor on the appeal of the payment structure. Working with primary care (who provide NHS Health Checks in Nottingham) and gaining their support made the changes straightforward to implement.

5. Support and engage with providers

Information and resources that improve motivation to use weighted remuneration may be effective in implementing new commissioning arangements.

Hull utilised an open communication channel with practices when introducing the new remuneration structure, with regular dialogue on a range of topics. Training and provision of a new online mentor scheme for NHS Health Check providers was also established. The increased support benefitted both commissioner and provider to ensure that the desired outcomes were achievable.