Behavioural Science and weighting financial remuneration of the NHS Health Check

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Overview

- Introduction to behavioural insights
- Case for project and definitions
- Results and implications
- Resources
‘Behavioural Insights’
What we do

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**Analyse**
- Behavioural Analysis
- Literature review
- Systematic review

**Advise**
- Policy
- Programmes
- Communication
- Mode of delivery

**Design**
- Interventions
- Programmes

**Trial**
- RCTs
- Quasi-experimental studies
- Evaluation
- Qualitative research

**Train**
- Masterclasses
- Workshops
- Seminars

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Translation of evidence into practice
PHE and DH Collaborative Projects

Stoke on Trent RCT:
1 – invitation letter frame based on risk
2 – traditional invite
2 – telephone/verbal invite;

Bristol: Quasi-experiment of telephone outreach by a community in-reach worker vs the traditional letter invite

Salford: The effectiveness of video messages on screens in GP waiting rooms

Northamptonshire: Myth busting letter vs costs to NHS letter

Southwark (letters/texts):
12% absolute increase in uptake with best letter and both primer and reminder

Southwark (prompts):
Quasi-experiment of electronic prompts for staff to offer NHS HC

Medway letters:
13% relative increase in uptake
4% net increase in uptake
## Nuffield Council of Bioethics
### Intervention Ladder

<table>
<thead>
<tr>
<th>Level</th>
<th>Example</th>
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<tbody>
<tr>
<td>Eliminate choice</td>
<td>No smoking for minors</td>
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<tr>
<td>Restrict choice</td>
<td>No smoking in workplaces</td>
</tr>
<tr>
<td>Guide by disincentives</td>
<td>Taxes</td>
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<tr>
<td>Guide choice by incentives</td>
<td>Stop smoking during pregnancy</td>
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<tr>
<td>Guide choice by changing the default policy</td>
<td>Plain packaging</td>
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<tr>
<td>Enable choice</td>
<td>Free NRT and support</td>
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<tr>
<td>Provide information</td>
<td>Website leaflets and adverts</td>
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<tr>
<td>Do nothing</td>
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2009 Cochrane review on the financial remuneration targets in primary care found two studies, concluding that the use of target payments in the remuneration of primary care physicians was associated with improvements in outcomes, but the increase was statistically significant in only one of the two studies.

2011 RCT looking at incentivising GPs to deliver chlamydia screening, found that a small financial incentive alone did not increase uptake.

2014 Systematic review on financial incentives and behaviour change concluded that financial incentives are more effective than usual care or no intervention at encouraging individual behaviour change.

*If improving population health is the primary goal, then incentives should be designed to reflect likely health gain rather than likely workload.*
Project overview

Aim

To understand whether weighting financial remuneration to NHS Health Check providers can affect the demographics of people taking up the offer of a check compared to other types of payment.

Definition

Weighted financial remuneration for NHS Health Checks is a payment structure which is tiered, based upon pre-agreed patient definition.

For example a base payment of £20 per NHS Health Check completed by a provider, with an enhanced payment of £35 per check completed on patients from deprivation quintile 1 (most deprived).
Literature review

- Seven papers: case study (2) qualitative (2) RCT, evaluation and cross sectional (1, 1, 1)
- Very little evidence was found relating to using financial incentives and weighting of remuneration to increase uptake in priority groups of NHS Health Checks
- Recognised that certain patients require extra effort on the part of the practice, (additional staff time) and that enhanced payments may be an appropriate way to account for this
- Example of how CVD risk (using QRisk score identified during a check) can be used to based payment tiers on
Survey design

- **Behaviour**
- **Capability**
  - Psychological capability
  - Physical capability
- **Motivation**
  - Reflective motivation
  - Automatic motivation
- **Opportunity**
  - Social opportunity
  - Physical opportunity

33 psychological theories
84 theoretical constructs
14 theoretical domains

Michie et al. (2012)
Survey

Patient characteristics used to define priority: Deprivation (5) CVD risk (3) ethnicity (3)

Impact: No specific remuneration type related to increases in offers, checks, or uptake

COM-B analysis: Motivation scores were significantly greater for areas using weighted remuneration compared to areas using other methods (SE=.127, p=.005)

152 local authority commissioners surveyed
40% (62) response rate
Practice examples

- Adaptable to local population needs
- Overall vs targeted uptake
- Sufficient £ to incentivise

Brighton and Hove
Cornwall
Hull
Nottingham
Wigan

ptake

• Sufficient £ to incentivise
Unintended consequences

**Risk of practice withdrawal from contract**: Practices with few patients meeting the priority characteristics withdrawing from the NHS Health Check contract

**Risk of overspend**: Practices being highly motivated to deliver checks attracting enhanced payments, leading to commissioners needing to put a cap on maximum payment per practice

**Risk of reduced uptake**: Increased uptake in priority groups, but overall uptake of checks decreasing
Implications

• 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

• Use local population data and evidence to inform design of any weighted remuneration structure

• Use procurement tools to facilitate changes to contracts

• Work collaboratively with interested stakeholders

• Support and engage with providers

• Increase evaluation to increase evidence base

• Wider impact for commissioning of public health services
Resources will be made available from: www.healthcheck.nhs.uk
Behavioural Insights Tools

Behaviour Change Wheel

EAST

Mindspace


• 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


