



Weighted financial remuneration for NHS Health Checks in Brighton and Hove

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Brief summary

Brighton and Hove City Council have designed their service specification for NHS Health Checks to encourage primary care to address health inequalities in the City.

Practices are commissioned to invite patients living in the most deprived quintile of the City first before those in other quintiles, receiving an increased payment of £35 per NHS Health Check for patients in quintile 1 and £26.50 for all others. Practices are also expected to ask patients two questions on depression and anxiety from the PHQ2 questionnaire, and receive an additional payment for making onwards referrals to health improvement services.

To improve reporting on NHS Health Checks and to allow demographic data to be accessed, a Commissioning Support Unit was commissioned to remotely access practice data and provide informed reporting on the delivery of NHS Health Checks in primary care.

What was the timescale for the project?

The remuneration system was introduced in the 2016/17 NHS Health Check service specification, which covering three years from 2016-19.

What was the setting and population covered?

Brighton and Hove are a Unitary Authority, with the NHS Health Check programme predominantly being delivered in primary care.

There are higher levels of deprivation compared to England and the South East: 45% of the population in Brighton & Hove live in the two most deprived quintiles, compared to 40% across England and 23% in the South East.

Figure 1: Proportion of the population of Brighton & Hove, the South East and England living in each IMD 2015 quintile in England, 2015



Source: Brighton & Hove City Council, Index of Multiple Deprivation 2015 ¹

The breakdown of the Brighton & Hove population falling into the age range eligible for NHS Health Checks are: 41% are aged 40-49, 31% are 50-59 and 21% are 60-69, only 7% are aged 70-74.

What were we seeking to achieve?

The aim of introducing the weighted remuneration system was to address health inequalities in the population, whilst maintaining a universal service delivery and relationships with primary care, who delivered the majority of the checks in Brighton and Hove.

Why did we decide to take action?

A premature mortality audit identified that there was a 10 year life-expectancy gap between the most and least deprived areas of the City, with links between poor mental health and areas of higher deprivation. It was felt that the use of financial incentives through weighted payments could be an effective way to change provider behaviour, targeting NHS Health Checks at the most deprived (and often harder to reach) individuals.

Public health conducted a pilot in 2015 on the new payment structure, which after showing successful results was rolled out across the City with the NHS Health Check service specification.

What did we do?

Following the success of the pilot, Public Health updated the NHS Health Check service specification for the 2016/17 refresh, introducing the following incentivised remuneration structure:

£26.50 for a standard check (quintiles 2-5)

£35 for targeted check (quintile 1)

£2 for referral to health improvement services

In addition a Commissioning Support Unit was commissioned to remotely access practice data and provide more informed reporting on the delivery of NHS health checks in primary care

Finally, as part of the transformed NHS Health Checks service a community outreach scheme was also commissioned to support practices to engage and get the most deprived population into the practices for their NHS Health Checks

Why did we choose this approach?

This approach was chosen as it encouraged practices to target their NHS Health Checks to those who were likely to be at higher risk of cardiovascular disease, whilst maintaining universal service delivery. The NHS Health Check programme is primarily delivered by primary care who are all on the same service specification; adapting this was a great opportunity to fundamentally change how the NHS Health Check programme was delivered.

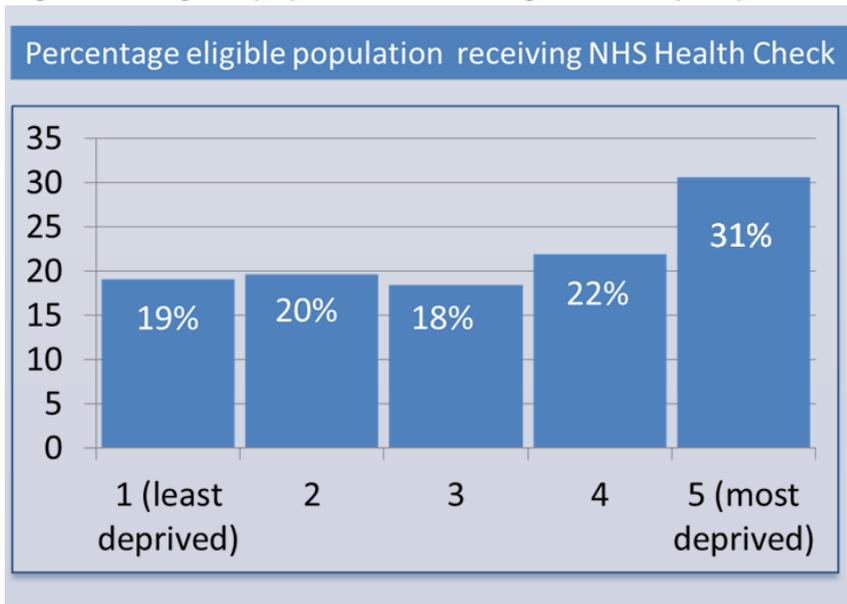
There was engagement with the Local Medical Council, primary care and the Clinical Commissioning Group in contract negotiations, and the remuneration amounts were based upon comparisons with areas of similar population demographics.

What was the outcome?

The public health team commissioned the local Commissioning Support Unit to run quarterly reports, providing regular data to review performance through data on invites and checks, as well as patient demographics. A health equity audit was completed in 2016 using the Commissioning Support Unit reports, which has shown that although activity has not dramatically changed, more checks are being delivered to people living in the most deprived quintiles of the City.

There is an opportunity as part of the practice manager's forum for practices to review their annual delivery, with reports, infographics and graphs provided directly to practice managers by public health. This peer comparison encourages greater motivation and challenge practices to achieve good levels of uptake.

Figure 2: Eligible population receiving checks by deprivation quintile (2016)



Source: Brighton & Hove NHS Health Checks data; NHS Digital, Number of patients registered at a GP Practice – October 2015 ²; Nomis. Ethnic group by age, Census 2011 ³; Brighton & Hove City Council, Index of Multiple Deprivation 2015 ⁴

What did we learn?

Commissioning the Commissioning Support Unit to provide data reports is a highly valuable exercise and enables the public health team to regularly monitor performance of the NHS Health Check programme and ensure the targeted population is being engaged. Crude invite and take up data was not sufficient to review programme performance and this enhanced data enables commissioners to be better informed of service outcomes.

The data reports when shared with practices on an annual basis encourage a healthy peer review, inspiring local competition between practices and contributing to improved service design and delivery. It has been really important to continually support and engage practices, reminding, training, and keeping them enthused about the NHS Health Check programme.

The completion of a Health Equity Audit informed public health of the effectiveness of the incentivised payment method in targeting and reaching the most deprived population in the City.

The use of a commissioned community outreach service was effective to support practices to engage patients living in the most deprived quintiles of the City and support them to access their NHS Health Checks at the practice

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

Regular monitoring and feedback between commissioner and provider of NHS Health Checks is essential for continued improvement in performance.

What is happening next with this work?

The recommendations from the Health Equity Audit will be implemented, alongside the continued roll out of the Diabetes Prevention programme in Brighton and Hove.

With budget restraints being faced by public health there is a potential that restrictions against the NHS Health Check service will be introduced, however the payment structure will not change, with the continued use of weighted remuneration to incentivise practices to deliver NHS Health Checks to those living in the most deprived areas of the City.

There has not been analysis of the resultant QRisk scores of checks, which may form part of future work to assess the effectiveness of this targeting approach in identifying those at highest risk of cardiovascular disease.

Where can people find out more?

Brighton and Hove Council contact: Tory Lawrence Victoria.lawrence@brighton-hove.gov.uk

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

Date: 3rd November 2017

¹ Brighton & Hove Public Health Intelligence Team, Index of Multiple Deprivation 2015: Brighton & Hove, <https://infogr.am/3640126c-35cd-43a3-b368-e819880eacbc> [accessed 20/12/16]

² NHS Digital (2015) Number of Patients Registered at a GP Practice – October 2015: CCG, <http://content.digital.nhs.uk/article/2021/Website-Search?productid=19077&q=Numbers+of+Patients+Registered+at+a+GP+Practice&sort=Relevance&size=10&page=1&area=both#top> [accessed 20/12/16]

³ Nomis. Ethnic group by age, Census 2011 [accessed 3/2/17]

⁴ Brighton & Hove Public Health Intelligence Team, Index of Multiple Deprivation 2015: Brighton & Hove, <https://infogr.am/3640126c-35cd-43a3-b368-e819880eacbc> [accessed 20/12/16]