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Weighted financial remuneration for NHS Health Checks in Nottingham

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Brief summary
Nottingham City Council introduced weighted financial remuneration to their NHS Health Check programme in 2017 through a contract variation.

Additional analysis that built on a 2015 health equity audit highlighted inequalities across the city in terms of patient access and uptake of NHS Health Checks. Working with the Local Medical Council (LMC) and primary care, a new payment structure was designed to encourage a targeted approach to NHS Health Checks, offering an enhanced payment of £35 for each NHS Health Check completed with a patient that is either on the severe mental illness or learning disability register, or had a predicted CVD risk score of ≥10%, with a payment of £6 for all other checks.

What was the timescale for the project?
The new payment system was introduced as a variation to the 2015/16 NHS Health Check contract, going live in April 2017.

What was the setting and population covered?
Nottingham has an urban population with a densely populated city area with suburban areas on the periphery. Made up of 20 wards, the population has a variety of individual population level needs. The 2011 Census shows 35% of the population as being from BME groups; and despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability. Healthy life expectancy in Nottingham is comparatively poor, coupled with CVD rates higher than national average.

What were we seeking to achieve?
The aim of introducing the tiered payment system was to address inequalities in the population, specifically targeting identified at-risk groups. Local evidence showed that the population with an estimated ≥10% risk of developing cardiovascular disease (CVD) in the next 10 years (calculated before the assessment) was more likely to have an actual ≥20% risk of developing CVD in the next 10 years compared to the assessed population (31% and 15%, respectively). There was also evidence to suggest that people with serious mental illness and learning disabilities are at greater risk and less likely to attend an assessment.

Why did we decide to take action?

Analysis that built on the 2015 health equity audit identified inequalities in access to NHS Health Checks. The population with an estimated ≥10% risk of CVD in the next 10 years, people with serious mental illness and people with learning disabilities were found to be at greater risk.

BME individuals were less likely to be invited for a check than the general population, however upon invite, were more likely to attend and were less likely to be identified as at actual ≥20% risk of developing CVD in the next 10 years compared to the assessed population (11% and 15%, respectively).

What did we do?
A contract variation was designed with the following financial remuneration structure:

Priority criteria set as: Estimated CVD risk score (of equal to or greater than 10%), learning disability or severe mental illness registration.

- NHS Health Checks completed with patients who meet one or more of the priority criteria outlined above are paid at £35.
- NHS Health Checks with patients who do not meet any of the priority criteria outlined above are paid at £6.

Primary care providers were consulted with in the design of the model. Advance notice of the new model was communicated as part of a contract variation and follow-up communications was sent prior to implementation of the new model and during the first quarter of operation.

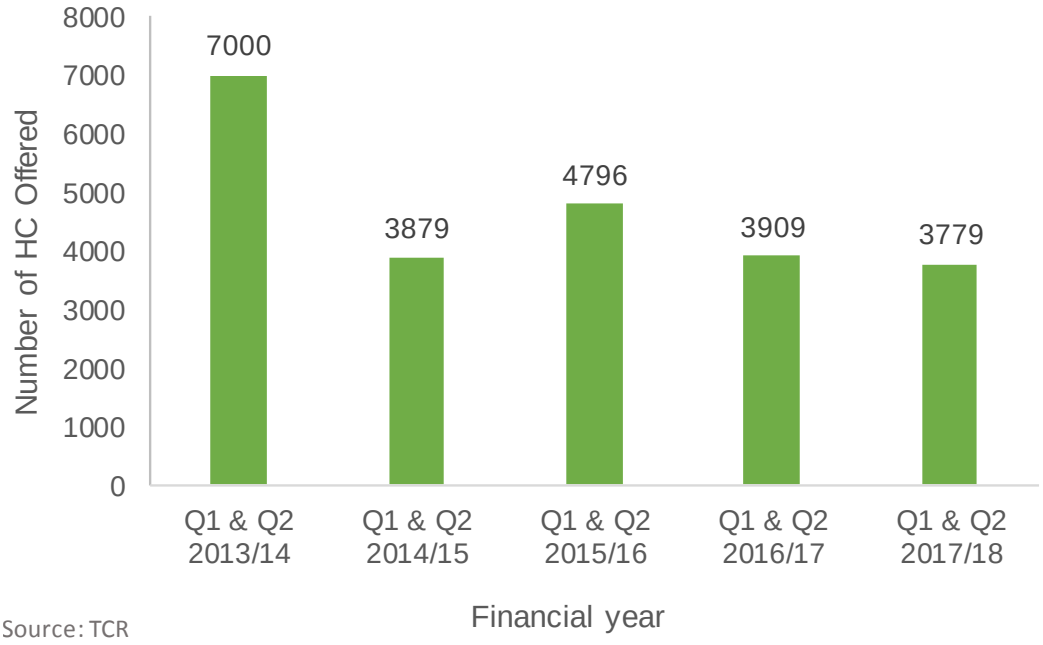
Why did we choose this approach?
Several models of priority groups and remuneration structures were explored. The options were consulted upon, with specific negotiation with the LMC, the Nottingham City Clinical Commissioning Group's (CCG) Clinical Council and Long Term Conditions Strategic Group. It was raised during the consultations that the large differential in payment amounts between priority and non-priority patients is a key motivator for GPs to target checks as intended.

A software provider manages the NHS Health Check data and it was possible to amend the contract to capture additional data, supporting the monitoring of the programme and payment procedures, which take place quarterly.

What was the outcome?
Modelling undertaken during the design of the approach suggested that approximately 28% of the eligible population would meet one or more of the prioritisation criteria. In the first six months of the new model, 25% of NHS Health Checks completed were done so with patients who met the prioritisation criteria.

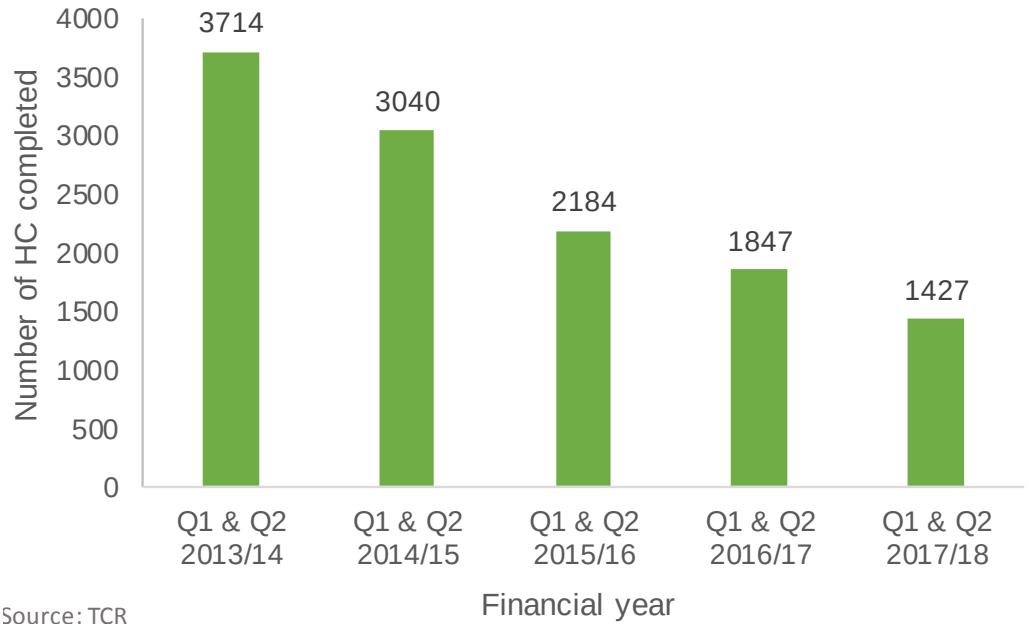
Figures 1 and 2 compare the first six months of the new model with the first six months of the previous four years. The volume of invitations has reduced over time yet is comparable to performance in the previous year. The volume of NHS Health Checks completed has reduced over the course of the five-year cycle. The reduction in the volume of NHS Health Checks completed despite a comparable volume of invitations sent may be explained by the targeting of harder to reach populations.

Figure 1: Offers by financial year



Source: TCR

Figure 2: Checks complete by financial year



Source: TCR

What did we learn?
It is important to have a proposed model that is evidence based, with accompanying detailed information on the eligible population and defined priority groups.

The consultation process is key, making sure that the providers are engaged and part of the design process helps to implement new ways of doing things. Working with primary care (who provide NHS Health Checks in Nottingham) and gaining their support makes the

changes more straightforward and this will hopefully increase the impact of the remuneration structure.

Ongoing monitoring to assess provider performance and population impact is essential to ensure the programme is fulfilling its aim. Regular reviews of the data (often monthly) ensures that commissioners are aware of programme delivery and can work closely with practices to resolve issues early and provide support as required.

Introduction of the payment system was straightforward in practical terms, and the paperwork process was straightforward within the local authority.

What is the single most important one line of advice which we can give to others starting a similar project?
Getting providers on board early is essential; 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.

What is happening next with this work?
Data from the first two quarters is being analysed to assess impact of the payment structure on delivery and population coverage of NHS Health Checks. No decisions have been made on whether the NHS Health Check contract will continue to use weighted payments, pending the results from this analysis over the next year.

Nottingham City Council public health remain dedicated to reducing inequalities identified in the health equity audit, so in principle this targeted approach to NHS Health Checks is a positive step forward. However, targeted approaches must be balanced against PHE's mandate and performance targets of the programme.

Where can people find out more?
Nottingham City Council contact: Caroline Keenan Caroline.Keenan@nottinghamcity.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

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