



Public Health
England

Behavioural Science and weighting financial remuneration of the NHS Health Check

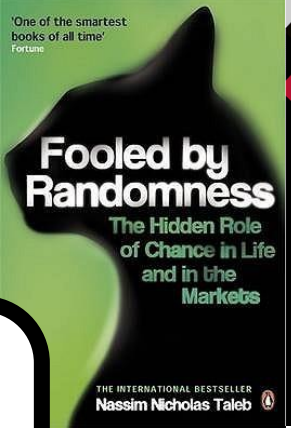
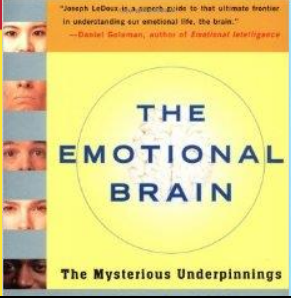
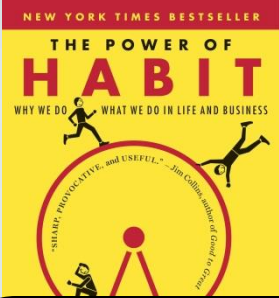
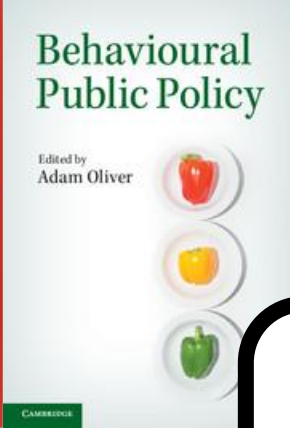
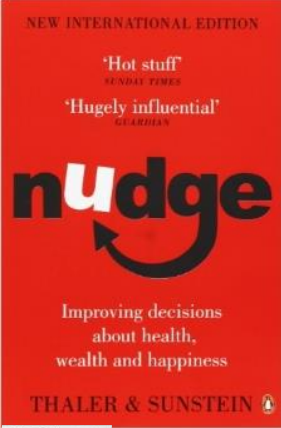
Gemma Brinn

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England

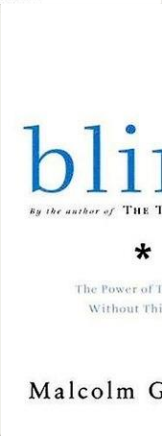
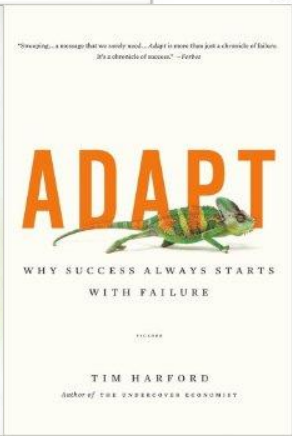
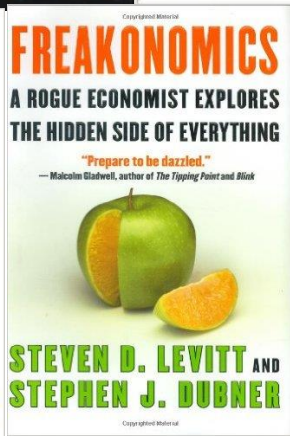
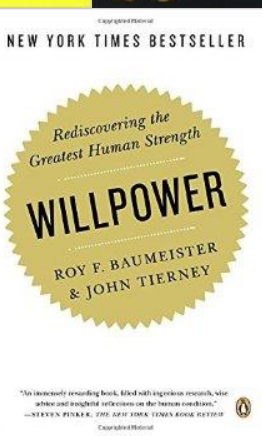
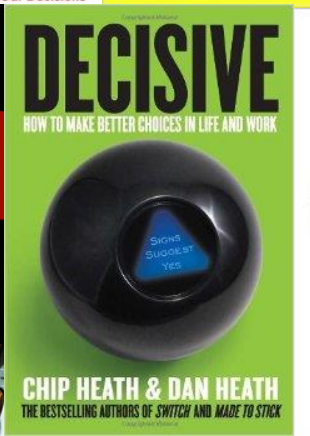
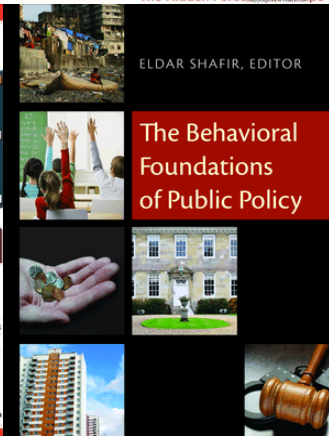
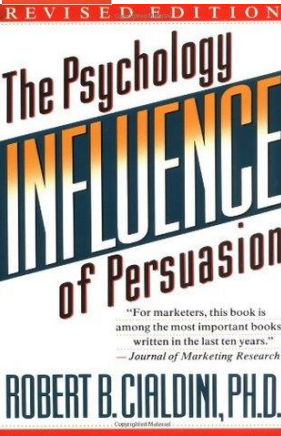
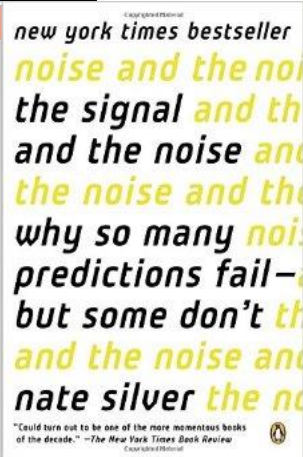
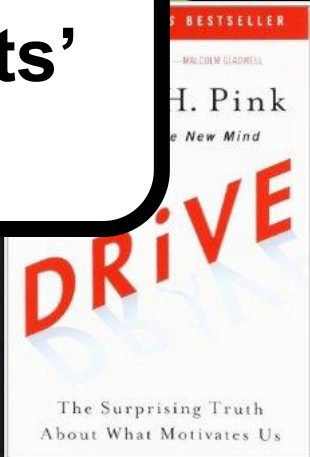
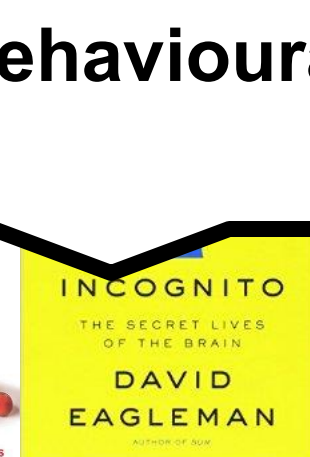
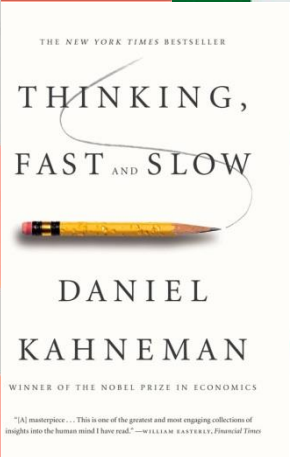


Overview

- Introduction to behavioural insights
- Case for project and definitions
- Results and implications
- Resources



'Behavioural Insights'





What we do



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

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;



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



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





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Nuffield Council of Bioethics Intervention Ladder

Example

Eliminate choice

No smoking for minors

Restrict choice

No smoking in workplaces

Guide by disincentives

Taxes

Guide choice by incentives

Stop smoking during pregnancy

Guide choice by changing the default policy

Plain packaging

Enable choice

Free NRT and support

Provide information

Website leaflets and adverts

Do nothing



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Financial incentives in public health

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.

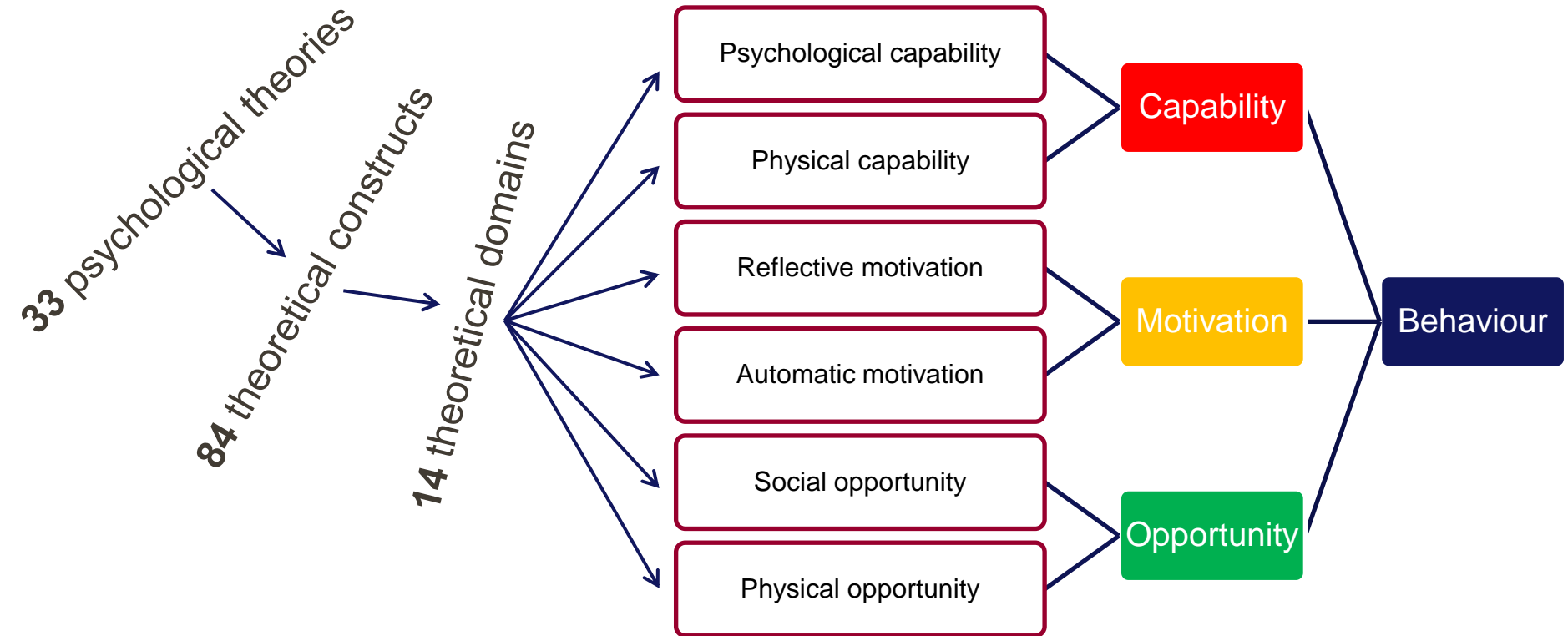
Definition

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).

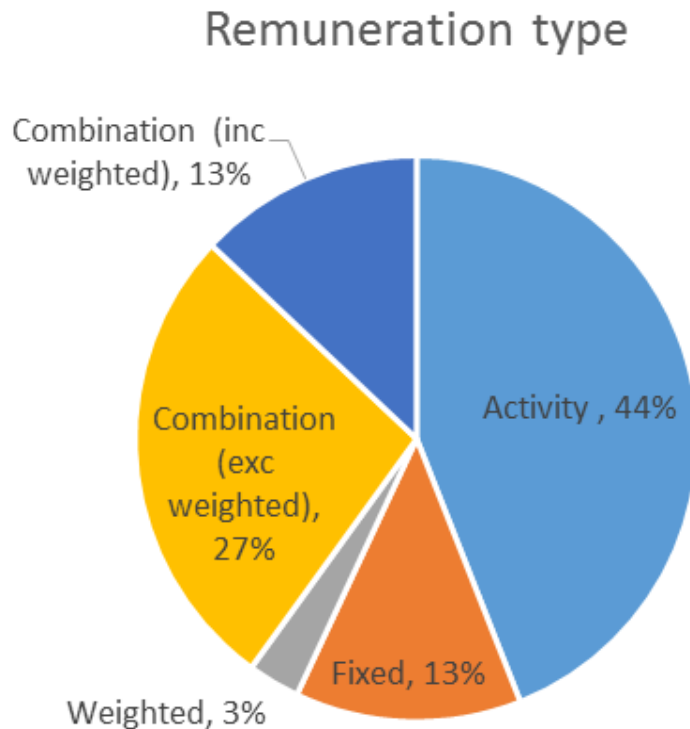


Survey design





Survey



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

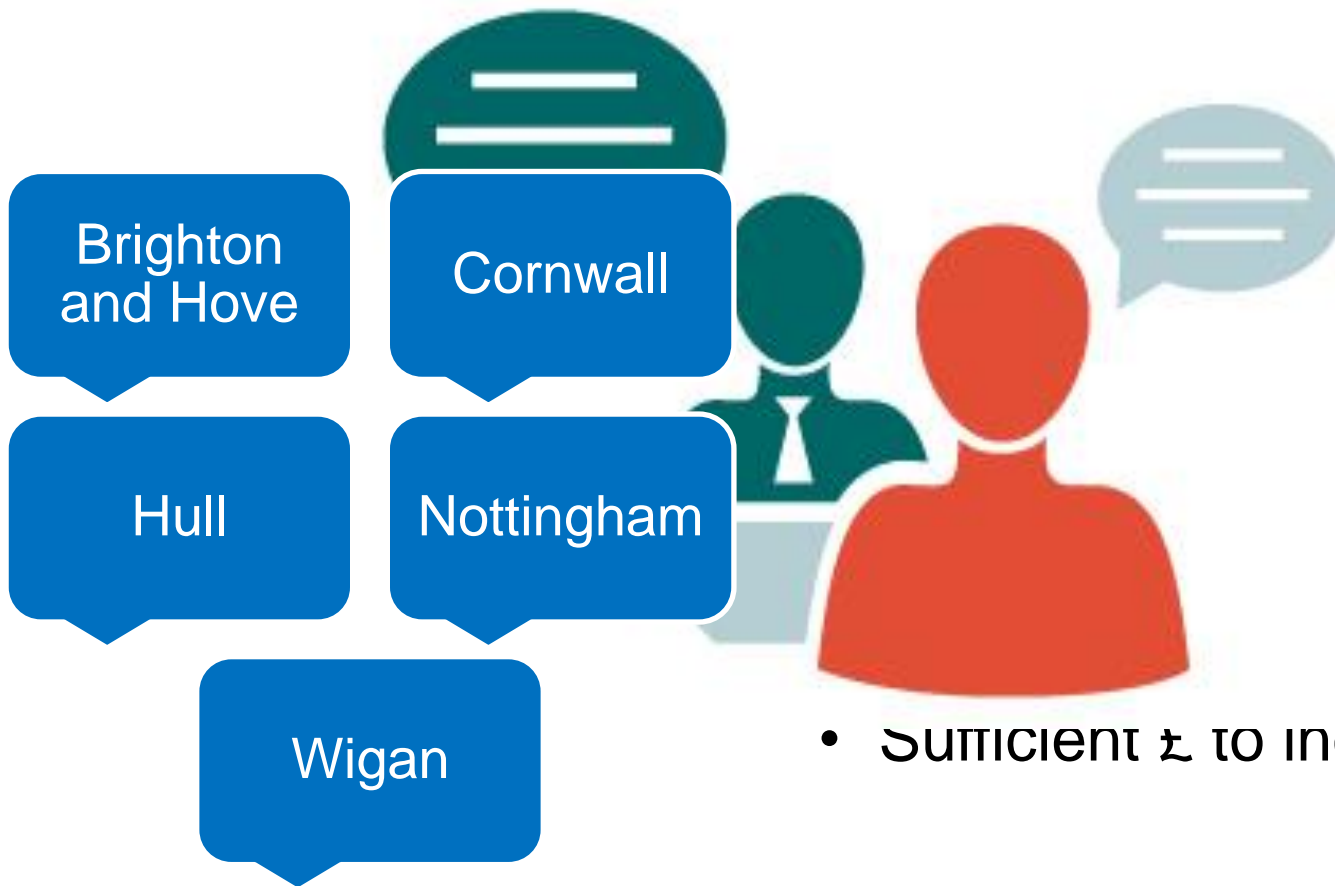
Impact: No specific remuneration type related to increases in offers, checks, or uptake

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



ptake

- Sufficient £ to incentivise



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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

Public Health England
Protecting and improving the nation's health

Practice Example: NHS Health Checks

The template is for submissions to the Public Health England Public Health Practice Examples collection. Sub-questions are for guidance only and are not mandatory.

1) **Title (word count 65 characters with spaces) and author**
Weighted financial remuneration for NHS Health Checks in Nottingham. Caroline Keenan and Gemma Brinn

2) **Brief summary [Word limit: 140 characters with spaces]**
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 £5 for all other checks.

3) **What was the timescale for the project? [Word limit: 20]**
The new payment system was introduced as a variation to the 2015/16 NHS Health Check contract, going live in April 2017.

4) **What was the setting and population covered? [Word limit: 100]**
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.

5) **What were we seeking to achieve? [Word limit: 100]**

Public Health England

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 CVD

Financial incentives can be effective means to motivate general practices to target priority groups for NHS Health Checks¹. Where used such schemes should be evaluated to review impact.

In Q3 2018 compared to average for Q3, Hull saw a 32% 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-performing groups which may be suitable for prioritising. Emerging evidence should be considered in the design of any remuneration structure to ensure it is evidence based.

1 Robinson S. 1.5% boost uptake of enhanced health check. 6th General Practitioner 2018;13-12

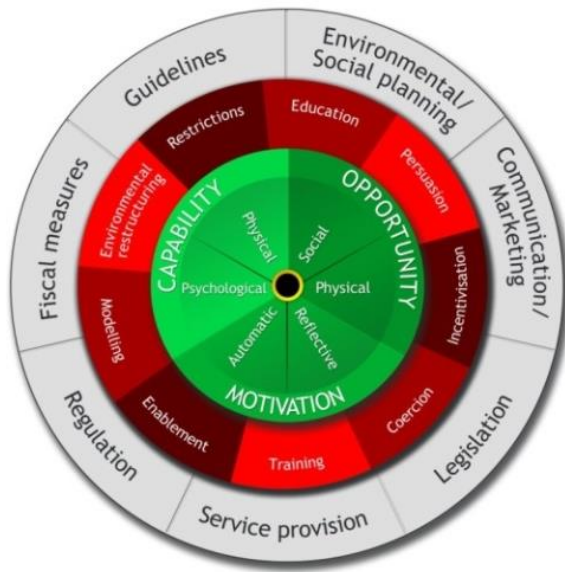
NHS Health Check commissioning:
Review of commissioners current and potential use of weighted financial remuneration

January 2018

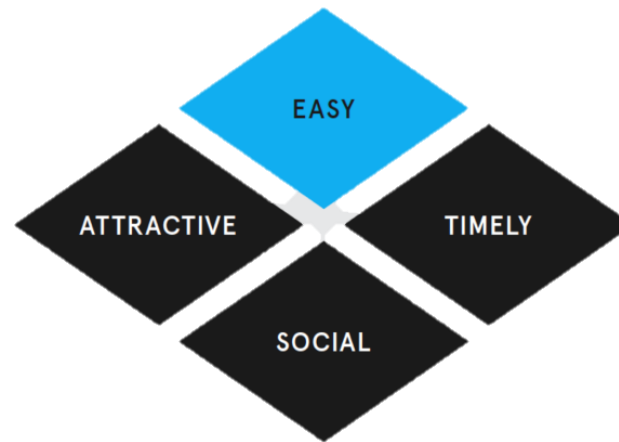
Resources will be made available from: www.healthcheck.nhs.uk



Behavioural Insights Tools



Behaviour Change Wheel



EAST

MINDSPACE	
Messenger	We are heavily influenced by who communicates information
Incentives	Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	We are strongly influenced by what others do
Defaults	We 'go with the flow' of pre-set options
Salience	Our attention is drawn to what is novel and seems relevant to us
Priming	Our acts are often influenced by sub-conscious cues
Affect	Our emotional associations can powerfully shape our actions
Commitment	We seek to be consistent with our public promises, and reciprocate acts
Ego	We act in ways that make us feel better about ourselves

Mindspace



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