



## Weighted financial remuneration for NHS Health Checks in Wigan

Ian Riding and Gemma Brinn

### Brief summary

Following open tendering, Wigan Council introduced weighted financial remuneration to their NHS Health Check programme in 2015 through a new four year contract with the lead GP federation.

An equality review identified that the significant proportion of NHS Health Checks were being delivered to 60-74 age group, so it was decided that incentives would be used to encourage GPs to target the under-represented age groups to attend for their NHS Health Checks.

### What was the timescale for the project?

The remuneration system was introduced in 2015, in the new four year contract for NHS Health Checks, covering 2015/16 – 2018/19.

### What was the setting and population covered?

Wigan Borough contains 14 towns; Wigan being the largest, followed by Leigh. Life expectancy is on average 2 years less than the rest of England<sup>1</sup>.

The Joint Health and Wellbeing Strategy<sup>2</sup> states the long term outcomes of Wigan including:

- There are fewer early deaths and people are staying healthier longer because they are monitoring and managing their long term health conditions effectively and have access to early diagnosis and timely interventions; and
- They have made positive changes to their lifestyle and are making the most of timely and effective rehabilitation – being helped and encouraged to lead an independent and active life.

### What were we seeking to achieve?

The aim of introducing the tiered payment system was to address inequalities in the population, specifically targeting age groups who were not attending checks.

<sup>1</sup> <https://www.wigan.gov.uk/Docs/PDF/Council/Strategies-Plans-and-Policies/Planning/Health-and-Social-Care/WiganJSNAsec1-3.pdf>

<sup>2</sup> <https://www.wigan.gov.uk/Docs/PDF/Council/Strategies-Plans-and-Policies/Joint-health-and-wellbeing-strategy.pdf>

### **Why did we decide to take action?**

Equality monitoring showed that the working age population were less likely to attend for an NHS Health Check, and it was found that aspects such as GP opening hours were acting as barriers to access. The Council are committed to early intervention and prevention so it was decided that the NHS Health Checks contract was a prime opportunity to address this.

### **What did we do?**

Wigan Council introduced an age based remuneration structure for NHS Health Checks based upon the following:

- Patients Aged 40-49 £14.50 per NHS Health Check
- Patients Aged 50-59 £13.50 per NHS Health Check
- Patients Aged 60-74 £11.00 per NHS Health Check

Practices were set targets for each age profile, of 35% for 40-49 years and 28% for 50-59 years.

The payment system uses a mixed model, with 60% block payment, the remaining 40% activity based using the weighted payments. Data reports are reviewed quarterly to monitor impact.

Practices were encouraged to change their delivery of the programme to facilitate access to younger age groups, with 20% of checks required to be delivered outside 9-5 working hours.

The delivery model also includes the GP federation delivering proactive and opportunistic NHS Health Checks within communities and targeted workplaces, to further reach the working age population.

### **Why did we choose this approach?**

It was raised during the discussion with the GP federation that the finance associated with NHS Health Checks could act as a key motivator for GPs to target checks as intended.

Wigan Council public health worked with the GP federation providing the contract to design the remuneration structure. The process of completing a check was costed (resources and staff time) and this was used to inform payment amounts to ensure that practices would not be out of pocket.

### **What was the outcome?**

Since the remuneration structure was introduced more patients in the two younger age groups have been receiving checks. The change in demographic took time to detect, potentially due to the service re-design by practices e.g. longer opening hours.

Actual activity from 16/17 was positive which saw 32% of the total NHS Health Checks delivered was to people aged 40-49 and 33% to those aged 50-59.

**What did we learn?**

Equality audits are useful in reviewing service provision to groups with protected characteristics. Patients of different ages have different access needs and services should be designed to ensure equality in access.

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 the GP Federation and gaining their support made the changes more straightforward to implement.

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

A collaborative approach between commissioner and provider is key for success.

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

Work with people that know primary care to design the remuneration that will drive behaviour; we are not the experts.

**What is happening next with this work?**

Our next steps are to focus outreach work in workplaces that predominantly employ manual or sedentary occupations, including offering mini-health checks to employees who don't meet NHS Health Check eligibility. We are also keen to explore the value of checks on people under 40 years old, exploring if even earlier intervention is possible.

**Where can people find out more?**

Wigan Council contact: Ian Riding [i.riding@wigan.gov.uk](mailto:i.riding@wigan.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](mailto:gemma.brinn@phe.gov.uk)

**Date:** 9<sup>th</sup> November 2017