

Inflationary Uplift for Primary Care Public Health Services
Cllr John Howard, Cabinet Member for Adult Social Health and Public Health
October 2022
Deadline date: N/A

Cabinet portfolio holder:	Councillor John Howard, Cabinet Member for Adult Social, Health and Public Health
Responsible Director:	Jyoti Atri, Director of Public Health
Is this a Key Decision?	NO
Is this decision eligible for call-in?	YES
Does this Public report have any annex that contains exempt information?	NO
Is this a project and if so has it been registered on Verto?	NO

RECOMMENDATIONS	
<p>The Cabinet Member is recommended to approve:</p> <ul style="list-style-type: none"> • Stop smoking, NHS Health Checks and Long-Acting reversible contraception services are delivered in primary care. This CMDN seeks approval for an uplift in the price paid for each unit delivered. 	

1. PURPOSE OF THIS REPORT

- 1.1 This report is for the Cabinet Member for Adult Social Care, Health, and Public Health to consider exercising delegated authority under paragraph 3.4.3 of Part 3 of the Constitution in accordance with the terms of their portfolio at paragraph (b).

2. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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3. BACKGROUND AND KEY ISSUES

3.1 Since 2013 there have not been any inflationary uplifts for commissioned Public Health Services. A benchmarking exercise has been undertaken for the Public Health contracts through securing information from Public Health commissioners from across the East of England. In addition the COVID-19 pandemic has impacted on the capacity of GP practices to deliver public health services.

3.2 There was consistent feedback regarding high value services such as Sexual and Reproductive Health that any inflationary pressures were being held by the providers and some areas had asked providers to reduce unit costs to meet pressures. However, in view of pressures created by fuel increases the situation is being monitored. It is difficult to benchmark fixed price contracts as commissioners across from different local authorities include different elements in their service specifications.

3.3 The Public Health services provided by primary care are commissioned on a unit cost basis and this means that benchmarking is possible. This was undertaken for Long-Acting Reversible Contraception (LARCs) and Stop Smoking Services. (NHS Health Checks are addressed in another CMDN)

3.4 LARC contract unit costs are comparable to the average price for most of the different types of provision. However, for the insertion of Intrauterine Devices (IUD) the average cost is close to £100, however Peterborough has the lowest unit price in the Region at £78. It is proposed therefore to increase the unit price for each IUD inserted to £100.

3.0 Also Stop Smoking services benchmark considerably lower at £30 per completed quit compared to an average of £75 per completed quit. The unit cost for stop smoking services commissioned from Primary Care has not been increased since the contracts were established. In recent years in Peterborough GP stop smoking and community pharmacy activity has decreased considerably with only two practices providing stop smoking services. Some of this activity has been picked by the Lifestyle Service but GPs are ideally placed to provide these services in their practices and there is clear evidence that they have traction with patients in terms of engaging them in stopping smoking. However, practices are dealing with many demands and an increase in price would act as an incentive for them to re-engage with helping to smokers to quit

3.6 Although smoking rates in Peterborough have reduced considerably in recent years when compared with regional rates and with its nearest CIPFA neighbours it still has a relatively statistically significant higher rate for adults.

Table 1 : Smoking rates across all ages for Peterborough compared with national and regional rates. (OHID Fingertips)

Indicator	Period	Peterboro			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smoking prevalence age 15 years - regular smokers (SDD survey)	2018	-	-	-	-	5%	-	Insufficient number of values for a spine chart	
Smoking prevalence age 15 years - occasional smokers (SDD survey)	2018	-	-	-	-	6%	-	Insufficient number of values for a spine chart	
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	-	-	9.1%	8.9%	8.2%	14.9%		3.4%
Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	-	-	6.6%	5.7%	5.5%	11.1%		1.3%
Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	-	-	2.5%	3.2%	2.7%	7.6%		0.6%
Smoking prevalence in adults (18+) - current smokers (GPPS)	2019/20	-	-	17.0%	13.6%	14.3%	21.6%		
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	-	28,328	18.8%	13.7%	13.9%	23.4%		8.0%
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	-	152	6.6%	-	5.4%	11.1%		
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	-	209	9.1%	-	8.2%	14.9%		
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	-	-	13.3%	12.7%	12.1%	20.8%		5.5%
Smoking Prevalence in adults (18+) - ex smokers (APS) (2020 definition)	2020	-	-	27.0%	28.7%	26.3%	36.7%		
Smoking Prevalence in adults (18+) - never smoked (APS) (2020 definition)	2020	-	-	59.7%	58.6%	61.6%	83.4%		3%
Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition)	2020	-	-	24.8%	23.3%	21.4%	40.3%		7.9%

Table 2: Peterborough adult smoking rates compared with nearest CIPFA comparators

Smoking Prevalence in adults (18+) - current smokers (APS) 2019

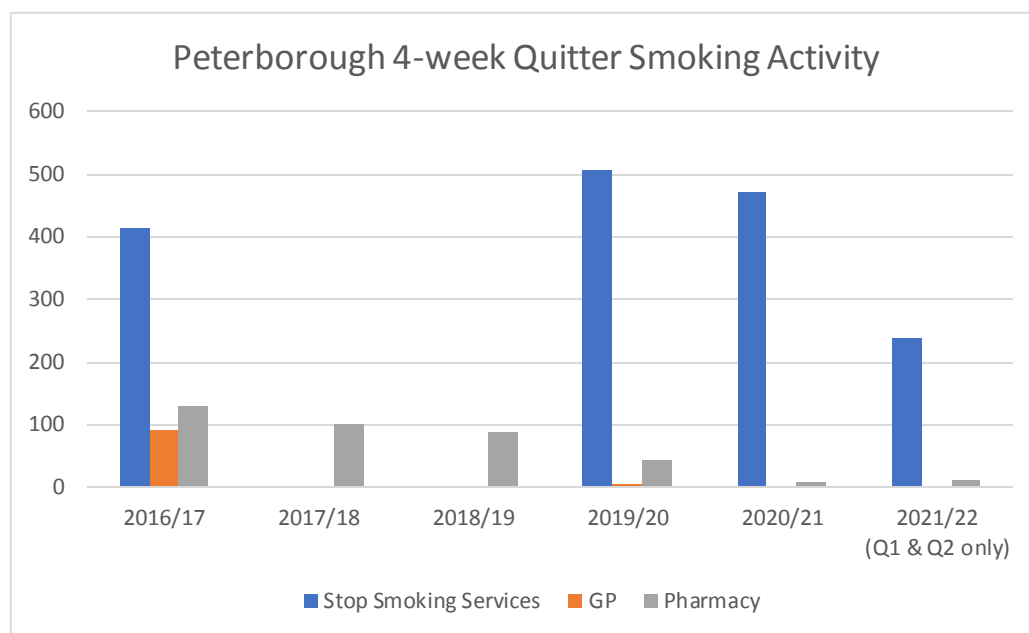
Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	6,144,703	13.9	13.6	14.1
Neighbours average	-	-	-	-	-	-
Peterborough	-	-	28,328	18.8	15.9	21.8
Oldham	-	8	31,764	17.9	15.3	20.5
Thurrock	-	1	22,753	17.5	14.9	20.2
Derby	-	4	33,045	16.7	13.9	19.6
Bradford	-	13	65,583	16.5	13.8	19.2
Bolton	-	3	34,774	15.9	13.4	18.3
Blackburn with Darwen	-	9	17,197	15.5	13.3	17.7
Telford and Wrekin	-	7	21,344	15.4	12.8	18.0
Sandwell	-	14	37,750	15.3	12.8	17.9
Rochdale	-	6	25,632	15.2	12.7	17.6
Wolverhampton	-	11	30,362	15.1	12.5	17.7
Milton Keynes	-	5	30,202	15.1	12.4	17.7
Walsall	-	12	32,551	15.0	12.2	17.8
Medway	-	15	30,036	14.1	11.2	16.9
Stockton-on-Tees	-	10	20,294	13.2	10.9	15.6
Swindon	-	2	22,505	13.1	10.7	15.5

3.7

In terms smoking quitters Table 3 shows the fall off in the number of smoking quitters in recent years. It demonstrates the marked drop in primary care activity. (20/21 and 21/22 are not comparable due to the impact of the COVID 19 pandemic)

Table 3: Peterborough Stop Smoking Services' Activity



- 3.8 Therefore, in view of the continued high adult smoking rates, relatively low-cost unit price and the lack of uplifts it is proposed to increase payments to £75 for every completed quit if verified by a carbon monoxide monitor and £50 for a self-reported quit. (Return on investment analysis for every £1 spent is £3 saved – whole system savings PHE Sheffield Modelling Tool). Validation through carbon monoxide monitoring is the gold standard in terms of quality and quit rate achieved by a service.
- 3.9 The impact of the COVID-19 pandemic on the capacity of GP practices has had the most acute impact upon NHS Health Checks activity. The pressures on primary care are ongoing and activity levels are likely to be suppressed for some time to come.
- 3.10 NHS Health Checks are one of Local Authority mandated Public Health Services. They are an important component of locally led public health prevention services and play a vitally important role in the prevention of Cardiovascular Disease. (CVD). It is important that we increase the number of NHS Health Checks undertaken in Peterborough if we are to reduce the level of CVD risk in the population and improve health outcomes.
- 3.11 The NHS Health Check aims to identify behavioural and clinical risks for CVD. They are offered to people without pre-existing disease aged between 40 and 74, free of charge, every 5 years. The results are used to raise awareness and support individuals to make behaviour changes and, where appropriate, access clinical management to help them reduce their risk of a heart attack, diabetes, stroke, respiratory disease and some forms of dementia and cancer in the next 10 years. Studies indicate that the reduction in the risk of CVD along with Body Mass Index (BMI), smoking prevalence and cholesterol levels is a consequence of both improved clinical management and lifestyle behaviour interventions. Participants are assessed for both unhealthy lifestyle behaviours along with clinical markers that indicate a high risk of developing CVD and other conditions. Those assessed as having a high risk of disease are referred for lifestyle behaviour support and/or clinical treatment to their GP. Locally referrals are made to the commissioned Lifestyle Behaviour Service, LA services and voluntary sector services for advice and support for lifestyle behaviours.

3.12 There are different delivery models but nationally 93% of NHS Health Checks are undertaken by General Practice (GP). Nationally 27% of LAs commission community outreach and 19%, pharmacies. Although these usually complement GP provision. The high proportion of NHS Health Checks provided by GPs reflects the Health Check pathway which requires collaboration between the LA commissioners and GP practices. It includes an invitation process that is based on practice patient lists, the actual Health Check and clinical follow up when needed, along with referral to support for behaviour change. Any commissioning arrangements must reflect the GP ownership of patient data and their responsibility for any clinical interventions.

3.13 In the outreach situations Health Checks are opportunistic and based on age with the outcomes being sent to GP practices. In Peterborough there is a mixed service delivery model with 87% of the annual target lying with GP practices and 13% with the LA commissioned Lifestyle Behaviour Service which provides outreach opportunistic NHS Health Checks. The outreach service targets harder to reach communities reflecting the evidence that these groups are more likely to respond to this approach.

3.14 Recent economic modelling found that by 2040 the current NHS Health Check is likely to reduce absolute health inequalities and is estimated to achieve a return on investment (ROI) of £2.93 for every £1 spent from a societal perspective, compared to no programme.

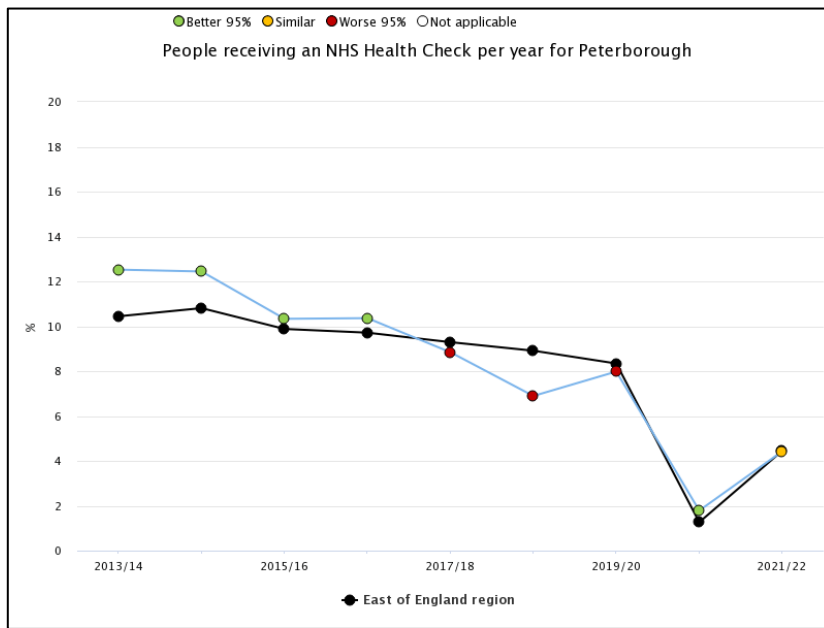
3.15 NHS Health Check activity had decreased from 2017/18 and prior to the pandemic negotiations with GP leaders were underway to address this underperformance. NHS Health Checks operate on a 5-year rolling programme with the eligible population divided into an annual target. Table 1 compares the percentage of the Peterborough eligible population who received an NHS Health Check since 2017/18 with other areas in the East of England and nationally. All areas have experienced the impact of COVID-19 on their delivery of NHS Health Checks.

Table 1: East of England : People receiving an NHS Health Check 2017/18 Q1- 2021/22 Q2 (% of eligible population)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	4,172,449	26.3	26.3	26.3
East of England region	-	527,318	29.4	29.3	29.5
Essex	-	156,396	35.8	35.7	36.0
Suffolk	-	73,372	32.9	32.7	33.1
Thurrock	-	11,083	27.9	27.5	28.4
Cambridgeshire	-	52,083	27.6	27.4	27.8
Luton	-	14,442	27.3	26.9	27.7
Southend-on-Sea	-	14,432	26.7	26.3	27.1
Central Bedfordshire	-	22,722	26.5	26.2	26.8
Norfolk	-	69,490	26.4	26.2	26.6
Peterborough	-	14,103	26.3	25.9	26.7
Hertfordshire	-	90,842	26.3	26.1	26.4
Bedford	-	8,353	16.6	16.3	17.0

Table 2 describes impact of the pandemic upon the NHS Health Check activity during the two years of the pandemic in Peterborough. It indicates that NHS Health Check activity had been falling since 2013/14, however there is some indication that activity had started to recover from the impact of the pandemic

Table 2 Trend: People receiving an NHS Health Check in Peterborough (OHID Fingertips



3.16 Current unit price in Peterborough for an NHS Health Check is £23. In terms of Benchmarking, the East of England unit price range is £20-£40 per Health Check. (East of England Health Check Commissioner Survey July 2021). Also, at the initiation of the NHS Health Checks Programme the Department of Health modelled costs at £23.70 per Health Check.

3.17 It is also proposed that incentives payments are made to increase NHS Health Check activity as meeting NHS Health Checks targets is challenging and they are key to preventing cardiovascular disease.

4. CONSULTATION

4.1 Consultation has been undertaken with the Local Medical Committee which represents all GP practices.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 Financial impact

The cost of increasing the unit price for each IUD inserted will be
 Average annual activity 577
 Current unit cost £78 x 577 = £45,006
 Proposed unit cost £100 = £57,700
Increased cost = £12,694

The cost of increasing the unit price for stop smoking support will be
 Planned annual activity (primary care) 363
 Current unit cost £30 per completed quit
 Proposed unit costs are

- £75 for every completed quit if verified by a carbon monoxide monitor
- £50 for a self-reported quit.

Increased cost £11,830

The cost of incentivising NHS Health Check activity is

- 100% of practices achieve targets = £93,000 + 10% = £9,300
- Twenty-five percent exceed target by more than 10% = £23,250 + 15% = £3,487

Increased costs = £12,787

Proposals for the allocation of the uplift in the Public Health Grant have been developed. All costs described here have been accounted for in the proposals.

6. REASON FOR THE RECOMMENDATION

6.1 The reason for these uplifts are

- There has not been any increase in primary care payments since the LA took on commissioning the services.
- The payments benchmark low in comparison to other areas
- To mitigate the impact of COVID on GP practice delivery
- NHS Health Checks and Stop Smoking targets are not being achieved - improvements are critical as in Peterborough there are very high rates of cardiovascular disease and other poor health outcomes.

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1
- The alternative is to commission additional activity from the Lifestyle Services, but this would not secure the enough Health Checks as there is reliance on GP data
 - Also, there is evidence that GPs are effective in influencing smokers to make a quit attempt

8. IMPLICATIONS

8.1 Legal Implications

In Peterborough, each GP practice has an individual contract and any amendments to the unit price will be reflected in these contracts.

8.2 Equalities Implications

- The service will continue to be universal.
- However, target stop smoking rates are set for practices based on their known smoking and cardiovascular disease rates.

8.3 Carbon Impact Assessment

This project will have a neutral impact on both the council's and city's carbon emissions and its environment. This is because the project is to increase the unit price paid for Public Health services provided by primary care but not to change the service provided.

9. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED

9.1 None

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985) and The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Office for Health Improvement and Disparities [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

10.1 None.

11. APPENDICES

11.1 None.