

CHE Research Summary 4

Time to increase General Practitioner rewards for preventive care in mental health?

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Preventive activities in primary care can improve health in the community. The benefits are spread across all healthcare sectors, which see reductions in health care use by patients and reductions in costs. However, General Practitioners (GPs) carry the burden of prevention and they bear the clinical and administrative costs and experience worsening time pressures.

To compensate for this extra work, preventive activities are accompanied by a financial incentive. For patients with serious mental illness in particular, general practices are reimbursed for conducting annual reviews and documenting care plans, which are important preventive services. However, the financial incentives may be small, and unless GPs benefit substantially from any resulting cost savings in the healthcare system, the delivery of preventive care relies on the motivation of GPs to devote time to undertake these activities, in addition to seeing sick patients.

Therefore, the design of appropriate financial incentives to promote prevention in primary care requires information on the effect of prevention on both primary care costs and costs falling elsewhere in the healthcare system. Although previous research has investigated the association between “pay-for-performance” schemes in primary care and changes in utilisation in other healthcare settings, research has not

explored the impact of incentive schemes on primary care use and costs. To fill this gap we focused on the population of people with serious mental illness and examined the impact of care plans and annual reviews on costs falling in primary care, as well as costs in secondary care, relating to elective and unplanned general hospital admissions, A&E attendances and for specialist mental health services.

We used data on what happened to patients across both the primary and secondary care sectors from financial years 2011 to 2013. We found that the cost reductions for the average general practice from conducting care plans and annual reviews were £1307 and £1017 respectively. The cost savings in other parts of the healthcare system were 4.7 times larger than the savings in primary care.

The financial gain to the average practice (cost saving in the practice plus incentive payment) from care plans amounted to only 28% of the total cost reduction across all health care sectors. For annual reviews, the financial gain was a much larger 70% of the total cost reduction, mainly because of the larger incentive payment made for annual reviews.

Our findings inform prevention policies targeting patients with serious mental illness. Using a larger part of the overall savings made across the entire healthcare system to increase the rewards for conducting care plans and annual reviews in primary care could encourage GPs to undertake extra preventive care. In turn, this may produce further savings and better health outcomes for people with serious mental illness.

[Read the full article.](#)

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