

## Appendix A: Detailed summary of proposed payment model for BHRUT Integrated Sexual Health Service (Oct 24 – Sept 25)

### Introduction:

- The proposed suite of activities of high value (AHV) will apply from 1st October 2024 to 30th September 2025, to be reviewed and updated prior to the start of the final year of contract extension for October 2025 to September 2026 (if taken).
- The terms of this payment model will form part of the contract extension and variation notice.

### Financial summary:

**Table 1: Description of AHVs and financial weighting**

AHV number	AHV description	Nature of outturn	Activity weighting (%)	Annual maximum available payment (Havering)
1	Increasing the number of eligible patients receiving Hepatitis B vaccination	Numerical	10.0%	£10,510.50
2	Increasing the number of eligible patients starting on HIV Pre-exposure prophylaxis (PrEP)	Numerical	10.0%	£10,510.50
3	Increasing the number of 16-25 year olds taking up Long Acting Reversible Contraception (LARC) methods	Numerical	10.0%	£10,510.50
4	Increasing equity in LARC uptake by ethnic group	Output-based	10.0%	£10,510.50
5	Delivering targeted engagement & outreach events	Numerical	7.5%	£7,882.86
6	Increasing the number of patients from vulnerable cohorts accessing the service	Numerical	15.0%	£15,765.75
7	Developing a bespoke website, branding and promotion offer	Output-based	22.5%	£23,648.63
8	Utilising flexible capacity (bank staff) to deliver evidence based ad-hoc outreach	Output-based	15.0%	£15,765.75
<b>Total</b>			<b>100%</b>	<b>£105,105</b>

## **Assessing performance and payment mechanisms:**

### ***Numerical AHVs***

For numerical AHVs 1,2,3 and 6, the provider will be able to achieve a graduated payment, reflective of the level of performance against the agreed annual targets. This is summarised in the table below:

***Table 2: Weighted payment according to performance***

<b>Achievement</b>	<b>Proportion of available payment received</b>
100%+	100%
90-99%	90%
80-90%	80%
70-80%	70%
60-70%	60%
50-60%	50%
<50%	0%

Performance against numerical AHVs 1,2,3 and 6 will be monitored and paid on a borough-by-borough basis, to ensure that necessary improvement is achieved across each of the authorities.

AHV 5 will be reimbursed on a borough-by-borough basis, with each event delivered to be paid as an equal proportion of the available funding for that AHV, up to the maximum value laid out in table 1. Impact of the events will be monitored through contract monitoring arrangements.

In the event of unforeseen or uncontrollable events which impact upon achievement of numerical AHVs, the commissioners reserve the right to apply discretion to the level of payment issued.

### ***Output-based AHVs***

AHV 4 will be paid in full in the event that there is an improvement in LARC uptake across ALL ethnic groups. Commissioners will have the discretion to determine the proportion of payment in the event that improvements in LARC uptake are seen for some, but not all ethnic groups. AHV 4 will be monitored and paid on a borough-by-borough basis, to ensure that necessary improvement is achieved across each of the authorities.

AHV 7 will be monitored as a single deliverable across the three authorities, and reimbursed equivalent to the amount spent up front by the provider to deliver these activities, up to the maximum value laid out in table 1.

AHV 8 will be monitored on a borough-by-borough basis, and reimbursed equivalent to the amount spent up front by the provider to deliver these activities, up to the maximum value laid out in table 1. The provider will gain approval from commissioners prior to delivering activity against AHV 8, to provide the necessary assurance that resources are being utilised in the spirit of the payment model.

## AHV targets:

### AHV 1 – Increasing the number of eligible patients receiving Hepatitis B vaccination

Borough	Baseline (Oct 22 – Sept 23)	Year 1 (Oct 24 –Sept 25) target
	Number of first HBV vaccinations given to eligible patients	Number of first HBV vaccinations given to eligible patients
B&D	65	84
Havering	35	49
Redbridge	30	49
<b>Total:</b>	130	182

### AHV 2 – Increasing the number of eligible patients starting on HIV Pre-exposure prophylaxis (PrEP)

Borough	Baseline (Oct 22 – Sept 23)	Year 1 (Oct 24 –Sept 25) target
	Number of PrEP starts amongst eligible patients	Number of PrEP starts amongst eligible patients
B&D	60	87
Havering	60	76
Redbridge	49	72
<b>Total:</b>	169	235

### AHV 3 – Increasing the number of 16-25 year olds taking up Long Acting Reversible Contraception (LARC) methods

Borough	Baseline (Oct 22 – Sept 23)	Year 1 (Oct 24 –Sept 25) target
	Number of patients aged 16-25 years receiving LARC method	Number of patients aged 16-25 years receiving LARC method
B&D	211	280
Havering	180	272
Redbridge	138	155
<b>Total:</b>	529	707

### AHV 4 – Increasing equity in LARC uptake by ethnic group

	% of patients accepting LARC method of all patients accessing contraception		
	<i>B&amp;D</i>	<i>Havering</i>	<i>Redbridge</i>
Asian	67%	72%	70%
Black	52%	57%	49%
Mixed	39%	66%	46%
Other/ Unknown	63%	60%	67%
White	50%	64%	60%
<b>AVERAGE</b>	<b>53%</b>	<b>63%</b>	<b>61%</b>
<i>To achieve this AHV, provider will support <b>an improvement</b> (no numerical target) in LARC uptake rates across all ethnicities with LARC uptake below the ethnicity with the highest uptake rate (Asian).</i>			

#### AHV 5 – Delivering targeted engagement & outreach events

Borough	Year 1 (Oct 24 –Sept 25) target
	Number of targeted outreach events
B&D	6
Havering	9
Redbridge	9
<b>Total:</b>	24

#### AHV 6: Increasing the number of patients from vulnerable cohorts accessing the service

Borough	Baseline (Oct 22 – Sept 23)	Year 1 (Oct 24 –Sept 25) target
	Number	Number
B&D	6,548	6,875
Havering	2,400	2,520
Redbridge	4,739	4,976
<b>Total:</b>	13,687	14,371

#### AHV 7: Developing a bespoke website, branding and promotion offer

- Provider to supply agreed deliverables, to be monitored with commissioners at contract monitoring meetings.

#### AHV 8: Utilising flexible capacity (bank staff) to deliver evidence based ad-hoc outreach

- No target associated with this AHV. Provider to request to utilise financial resource associated with this AHV 30 days in advance of any planned activities. Monitoring will include how any resource has been utilised, and a measure of impact (e.g. number of STI tests, number of consultations), again to be agreed at the point the activities are agreed. Commissioners reserve the right to withhold payment, if it is determined that activities for which financial resource is claimed have not been delivered/executed as agreed.