



UNIVERSITY *of York*

ANNUAL
REPORT
2015

ECONOMIC ANALYSIS
OF WORLDWIDE
REPUTE

INFORMING
POLICY AND
PRACTICE





- CHE's global reach includes course attendees and visitors to CHE and presentations and workshops given by staff.



ANNUAL
REPORT
2015

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AN ACADEMIC RESEARCH CENTRE OF
WORLDWIDE REPUTE UNDERTAKING ECONOMIC
ANALYSIS OF HEALTH AND HEALTHCARE TO
INFORM POLICY AND PRACTICE.



WELCOME



I am delighted to introduce the annual report from the Centre for Health Economics (CHE) for 2015. As ever, our research efforts have focused on topics of importance nationally and internationally, including both applied and methods based research and we have published over 100 outputs. The audiences for our research are varied and we target our outputs accordingly, ranging from Policy and Research Briefings which provide succinct summaries for decision makers; articles in journals whose readers include health economists, social scientists, clinicians, statisticians, practitioners; our own CHE Research Paper Series which began back in 1984 and now comprises over 400 papers; through to books and text-books.

This year was notable for the publication of the 4th Edition of the classic textbook, 'Methods for the Economic Evaluation of Health Care Programmes' originally published 28 years ago and affectionately known in health economics' circles as the 'Blue Book' by virtue of the colour of the covers. The CHE authors (Mike Drummond, Mark Sculpher, Karl Claxton), along with authors from McMaster University in Canada, substantially revised the previous edition (aside from the colour of course!) to reflect new methods in the field, especially in relation to the role of economic evaluation in decision-making. The latter is an area of major importance given the difficult choices faced every day by those who plan, provide, receive or pay for health care services. These are decisions about who should do what, to whom, and with what resources – they are not just of academic interest. Health economics seeks to provide the toolkit to inform and support such real-life decisions and the new book is one element of this approach.

In the same spirit, CHE's research in 2015 helped to address a wide range of policy related questions including: "how much should the NHS pay for new drugs?"; "how can supermarket price promotions be used to improve health?"; "does better quality primary care for people with serious mental illness and also for those with dementia, reduce hospital admissions?"; "how can better resource allocation decisions be made across health care, social care and public health sectors?"; "how should payment mechanisms for health care be designed?". We also evaluated the cost-effectiveness of a whole host of interventions in the UK, Europe and across the world, including topics as diverse as: physical activity in pre-schoolers in England; diagnostic strategies for coronary heart disease in the context of international clinical trials; HIV testing in Africa; and vaccination policy in Peru.

Underpinning the applied research that enables us to address important questions like those above, is an equally important stream of methods research which both ensures the robustness of our analysis and also advances the field of health economics. This year we have published on methods in areas such as valuing patients' time, patient-reported outcome measures, evaluation of complex interventions, utilising regression methods to improve the estimation of treatment effects and costs, construction of indices of co-morbidity, analysing survey responses, estimating the comparative performance of hospitals and valuing patients' time.

Given the breadth and depth of our research activities, we have taken the opportunity in this year's report to include 8 features which provide an overview of some of our research areas in a little more detail than I can do in this introduction. I hope these will be of interest to readers.

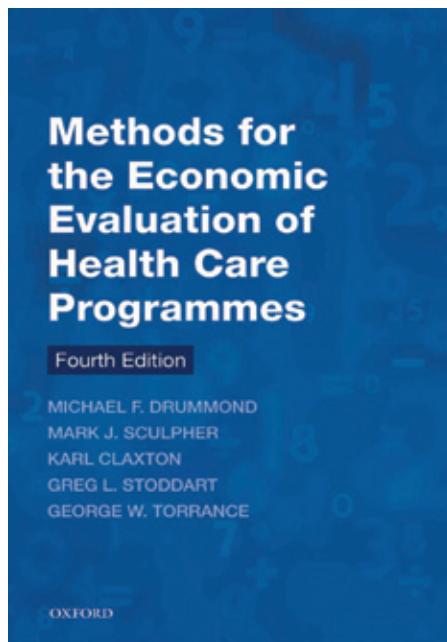
Over 330 delegates from across the world attended our short courses and workshops, including health economists, healthcare professionals and students from 37 countries. We welcomed 11 visitors from the UK, Europe and Australia and hosted our two 'Alan Williams Fellows' who hailed from Italy and Australia, recipients of the award we offer annually to support new research collaborations. We were joined in 2015 by 7 new members of staff and 3 new PhD students - the latter are researching waiting times in mental health, the evaluation of interventions in marginalised groups and methods to inform research commissioning decisions. Two staff members were awarded their PhDs and several others received accolades and honours. Of course, many more CHE staff members are involved in writing and winning new grants, completing existing projects and disseminating research all over the world. We are ably and cheerfully supported in these endeavours by our excellent support staff, one of whom, Kerry Atkinson, features in this report by virtue of contributing 25 years of dedicated service to CHE for which we are very grateful.

It has been another stimulating and productive year and I am looking forward to working alongside my colleagues in CHE in order to deliver a repeat performance in 2016!

A handwritten signature in black ink that reads 'Maria'.

Professor Maria Goddard, Director

New edition of a classic textbook



The fourth edition of the popular textbook, *Methods for the Economic Evaluation of Health Care Programmes* reflects the major changes that have occurred in the methods and application of economic evaluation in recent years. Written by **Mike Drummond, Mark Sculpher, Karl Claxton** (CHE) Greg Stoddart and George Torrance (McMaster University, Canada), the book has been thoroughly revised and updated, making it essential reading for anyone commissioning, undertaking, or using economic evaluations in health care, including health service professionals, health economists, and health care decision-makers.

The book analyses the methodological and policy challenges that face health systems in seeking to allocate resources efficiently and fairly. New chapters include 'Principles

of economic evaluation' and 'Making decisions in health care' which introduce the reader to core issues and questions about resource allocation and provide an understanding of the fundamental principles which guide decision making.

A key part of evidence-based decision making is the analysis of all the relevant evidence to make informed decisions and policy. The new chapter 'Identifying, synthesizing, and analysing evidence for economic evaluation' highlights the importance of systematic review, and how and why these methods are used. As methods of analysis continue to develop, the chapter on 'Characterizing, reporting, and interpreting uncertainty' introduces the reader to recent methods of analysis and why characterizing uncertainty matters for health decisions.

CHE staff appointed to boards

- **Andrew Street** was appointed to the NIHR board of the newly merged Health Services and Delivery Research Programme.
- **Seb Hinde** joined the PSSRU (Personal Social Services Research Unit) Unit Cost advisory panel.
- **Maria Goddard** was appointed to the York Fairness and Equality Board, a partnership of private, public and voluntary sector representatives working together to create a fairer York.
- **Andrea Manca** was appointed Deputy Chair to an NIHR Doctoral Research Fellowship funding panel.



Clockwise
from top left:
Andrew Street,
Seb Hinde,
Andrea Manca,
Maria Goddard

PhD success for staff



Nils Gutacker successfully defended his PhD thesis 'Four essays on performance measures based on patient-reported outcomes'.

Giuseppe Moscelli gained his PhD from Tor Vergata University in Rome, Italy. The PhD thesis title was 'Essays on causal inference and applied health economics'.

25 years of service award

Kerry Atkinson, administrator, achieved an award for her 25 years of service with CHE/the University.

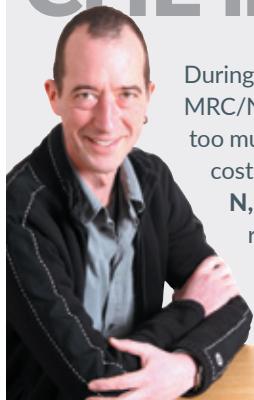




University of Lisbon award

In May, **Mike Drummond** received an honorary doctorate from the University of Lisbon. The award, Doctor Honoris Causa, was presented in a ceremony at the Lisbon School of Economics and Management.

CHE in the news



During March there was widespread coverage of the publication of MRC/NIHR funded research which suggests that the NHS is paying too much for new drugs (Methods for the estimation of the NICE cost effectiveness threshold. **Claxton K, Martin S, Soares M, Rice N, Spackman E, Hinde S**, Devlin N, Smith PC, Sculpher M.). It was reported by the Times, Telegraph, Guardian, Daily Mail, Financial Times, Independent, BMJ, BBC News Online and a host of provincial newspapers. It also made the American-Statesman (Austin, Texas) and the French Tribune. **Karl Claxton** (left) was interviewed about this research on various BBC TV and Radio stations and also by Sky News and ITN.

During 2015, **Andrew Street** commented on the York Hospital A&E crisis on BBC Radio York and was also interviewed for York Press. He featured on Stephen Nolan's BBC Radio 5 Live show, discussing the reasons for the NHS's funding deficit and how to reduce it. Andrew was also interviewed on BBC Look North and Radio York about NHS spending on agency staff.

In November, **Mark Sculpher** (right) discussed the Cancer Drugs Fund, and recent decisions to remove funding for some medicines, on the BBC's Breakfast programme.



During 2015, several CHE staff contributed articles to *The Conversation* on topics ranging from 'Health policy in each of the election manifestos' to the 'seven day NHS' and 'cutting death rates at weekends'.



On two occasions in May, **Rowena Jacobs** appeared on BBC Radio 4's *File on 4* programme 'Minding the gap: mental healthcare' which explored how mental health care was likely to be funded in the future.

Baxter Foundations prize for Health Services Research



Tony Culyer and Alan Maynard (Health Sciences) were the joint prize winners of the 2015 Baxter Foundations William B Graham prize for Health Services Research. Tony is also the recipient of the 2015 Avedis Donabedian Outcomes Research Lifetime Achievement Award.

HIV Modelling Consortium workshop

Paul Revill organised a HIV Modelling Consortium workshop that took place in March in Harare, Zimbabwe, with Ministry of Health officials from four countries (Zimbabwe, Malawi, Uganda and Kenya) and representatives from international organizations (World Health Organization, PEPFAR/CDC, Global Fund for AIDS, TB and Malaria (GFATM), Medicines Sans Frontiers). The workshop considered the results of modelling work and cost-effectiveness research and how they can inform new WHO International HIV Treatment Guidelines.

PROMOTION SUCCESS

- **RICHARD COOKSON**
- **RITA FARIA**
- **LIZ GRANT**
- **NILS GUTACKER**
- **VANESSA WOOD**



WORKING WITH CLINICAL COMMISSIONING GROUPS TO IMPROVE DECISIONS IN THE NHS



Left to right: Laura Bojke, Ana Duarte, Seb Hinde, Gerry Richardson, Chris Bojke.

A new collaboration with local health care decision makers at the Vale of York Clinical Commissioning Group (VoY CCG) began this year, with CHE membership in some key groups: the clinical research and effectiveness committee, the pre-diabetes subgroup and the research subgroup. The aim of the collaboration is to improve the economic input into decisions made by the CCG around which interventions and/or services to commission (or de-commission).

After initial work exploring a range of projects that might be of interest to the CCG, three projects were selected for evaluation based on criteria such as burden of condition, feasibility of the evaluation (including the likely availability of data) and urgency of the decision.

The first is to assess the cost-effectiveness of the pilot **Care Hubs** implemented in York, Pocklington and Selby. 'Hubs' focus on reducing non-elective hospital inpatient admissions and/or length of stay at the hospital, but provide very different levels/types of care for differing communities. Exploratory analyses using Hospital Episode Statistics will be conducted to assess whether each type of hub is cost-effective. This will be based on a comparison between the predicted numbers of admissions (without the hub) versus the observed number of admissions

post implementation. The characteristics of the hubs that are potential drivers of cost-effectiveness will also be described by comparing the York hubs with their statistical neighbours.

The second project concerns the provision of **Specialist Rehabilitation Services** across the North Yorkshire, East Yorkshire and Northern Lincolnshire sub region, which has been identified by healthcare professionals working in the area as incomplete and inadequate to address patients' needs. The 2014/15 Major Trauma Peer Review also highlighted the lack of dedicated rehabilitation services for major trauma patients in all three Trusts (Hull and East Yorkshire Hospitals NHS Trust, Northern Lincolnshire and Goole NHS Foundation Trust, and York Foundation Trust), with Hull and East Yorkshire Hospitals NHS Trust providing the only specialist rehabilitation ward in the area. The aim is to explore the costs and effects of expanding this service to a larger population and assess whether this is likely to provide value for money.

The third project concerns **Health Checks**, which the NHS currently offer to all adults aged 40-74 without a pre-existing condition, the aim of which is to assess circulatory and vascular health and determine the risk of getting a disabling vascular disease. The unit cost of a health check has been estimated at around £50. Despite the potential payoffs from the health checks, current budgetary constraints may jeopardise their future provision. An analysis has been conducted to explore the cost-effectiveness of health checks and initial results suggest that they are a cost-effective allocation of limited NHS resources. Further work is currently ongoing to validate this assessment.

In previous years, Research Projects have been listed by teams but this year they have been arranged in themes to reflect the cross-cutting nature of CHE research. CHE has a broad funding base and a list of funders follows:

- **Australian Research Council**
- **Bankwest Curtin Economic Centre**
- **Bill and Melinda Gates Foundation**
- **British Heart Foundation**
- **Cancer Research UK**
- **Chief Scientist Office, Scotland**
- **Department for Communities and Local Government**
- **Department for International Development (DfID)**
- **Department of Health (DoH)**
 - **Policy Research Programme (PRP)**
 - **Policy Research Unit (PRU)**
- **Economic & Social Research Council (ESRC)**
- **European Commission**
- **German Ministry for Education and Research**
- **Health Foundation**
- **Institute for Cancer Research**
- **Italian Ministry of Health**
- **Luxembourg Institute of Health**
- **Medical Research Council (MRC)**
- **Monitor**
- **National Institute for Health Research**
 - **Central Commissioning Facility (CCF)**
 - **Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC YH)**
 - **Health Services & Delivery Research (HS & DR)**
 - **Health Technology Assessment (HTA)**
 - **NIHR Evaluation Trials and Studies Coordinating Centre Policy**
 - **Research Programme (NETSCCP)**
 - **Policy Research Programme (PRP)**
 - **Programme Grant**
 - **Public Health Research (PHR)**
 - **Public Health Research Consortium (PHRC)**
 - **Research for Patient Benefit (RfPB)**
 - **Technology Assessment Review**
- **National Institute for Health and Care Excellence (NICE)**
 - **Diagnostic Assessment Report (DAR)**
 - **Health Technology Assessment (HTA)**
 - **Multiple Technology Assessment (MTA)**
 - **Single Technology Assessment (STA)**
- **NHS England**
- **Novartis**
- **Organisation for Economic Co-operation and Development (OECD)**
- **Sheffield Teaching Hospitals NHS Foundation Trust**
- **Somerset Clinical Commissioning Group**
- **Swedish Foundation for Humanities and Social Sciences**
- **University of York**
- **The Wellcome Trust**
 - **C2D2 (Centre for Chronic Diseases and Disorders, York)**

RESEARCH PROJECTS

IN PROGRESS AND COMPLETED
IN 2015

ECONOMIC EVALUATION

A clinical and economic evaluation of screening and diagnostic tests to identify and treat women with gestational diabetes: association between maternal risk factors, glucose levels and adverse outcomes

Mark Sculpher, Susan Griffin (CHE), Martin Bland (Department of Health Sciences, York), Trevor Sheldon (Hull York Medical School)
Funder: NIHR HTA

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Apremilast for treating active psoriatic arthritis

Eleftherios Sideris, Stephen Palmer, Laura Bojke (CHE), Mark Corbett, Nerys Woolacott (CRD, York)
Funder: NIHR TAR

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Apremilast for treating moderate to severe plaque psoriasis

Sebastian Hinde, Stephen Palmer, Eldon Spackman
Funder: NIHR TAR

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ARREST - Adjunctive Rifampicin to reduce early mortality from staphylococcus aureus bacteraemia: a multi-centre, randomised, blinded, placebo trial

Marta Soares
Funder: NIHR HTA

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Assessing the value of national medical audits in supporting decisions

Mark Sculpher, Ana Duarte, Simon Walker, Stephen Palmer
Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

•••

Cost-effectiveness analysis of CEMARC II (Clinical Evaluation of MAgnetic Resonance imaging in Coronary heart disease II)

Simon Walker, Mark Sculpher
Funder: British Heart Foundation

•••

Developing an analytical framework relating to the value of implementation to inform decisions of the NICE Implementation Collaborative

Rita Faria, Simon Walker, Stephen Palmer, Mark Sculpher (CHE), Simon Dixon, Sophie Whyte (University of Sheffield)
Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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Developing the methods of economic evaluation for individualised care

Manuel Espinoza, Mark Sculpher, Andrea Manca, Karl Claxton
Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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Dinutuximab for the maintenance treatment of high risk neuroblastoma in infants, children and young people aged 12 months to 17 years

Claire Rothery, Pedro Saramago
Funder: NICE STA

Early detection to improve outcome in patients with undiagnosed psoriatic arthritis (PROMPT)

Laura Bojke, Eldon Spackman (CHE), Neil McHugh, Alison Nightingale, William Tillet, Gavin Shaddick (University of Bath), Philip Helliwell, Laura Coates, Claire Davies, Sarah Brown (University of Leeds), Jon Packham (Keele University), Catherine Smith (Guy's and St Thomas Foundation Trust)

Funder: NIHR CCF

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Economic analysis to support NHS implementation of hepatitis C drugs

Rita Faria, Beth Woods, Susan Griffin, Stephen Palmer, Mark Sculpher.

Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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Economic evaluation of the ACE Programme – diagnostic pathways in cancer

Susan Griffin, Sebastian Hinde, Mark Sculpher

Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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Economic evaluation of systemic therapies in advancing or metastatic prostate cancer using data from the STAMPEDE trial

Mark Sculpher, Beth Woods, Eleftherios Sideris

Funder: Cancer Research UK

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ELFIN: A multi-centre randomised placebo-controlled trial of prophylactic enteral supplementation with bovine lactoferrin

Gerry Richardson (Led by University of Oxford)

Funder: NIHR HTA

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EPOCH - Enhanced peri-operative care for high-risk patients trial. A stepped wedge randomised cluster trial of an intervention to improve quality of care for patients undergoing emergency laparotomy

Gerry Richardson

Funder: NIHR HS&DR NETSCC

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Establishing regional priorities to improve effectiveness and cost-effectiveness of treatment pathways for heart attack patients

Laura Bojke, Gerry Richardson, Simon Walker (CHE), Chris Gale,

Marlous Hall (University of Leeds), Rob Storey (University of Sheffield)

Funder: University of York Internal Pump Priming

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Evaluation of specialist nursing support for carers of people with dementia

Gillian Parker, Kate Gridley (SPRU, York), Helen Weatherly, Rita Faria (CHE)

Funder: NIHR HS&DR

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EVAR - Late aneurysm-related mortality up to 15 years, secondary endovascular repair late sac rupture and costs and cost-effectiveness implications in the United Kingdom.

EndoVascular Aneurysm Repair randomised controlled trials

Mark Sculpher (CHE), David Epstein (University of Granada, Spain)

Funder: NIHR HTA

Exploring and quantifying preferences towards self-management support interventions: a mixed-methods survey among individuals with long term health conditions

Andrea Manca, Gerry Richardson (CHE), Bernard van den Berg (University of Groningen), Cynthia Iglesias (Department of Health Sciences, York), Yvonne Birks (SPRU, York), Seda Erdem (University of Stirling), Peter Bower (University of Manchester)

Funder: Health Foundation

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Exploring the assessment and appraisal of regenerative medicines and cell therapy products

Stephen Palmer, Seb Hinde, (CHE), Robert Hettle (PAREXEL International)

Funder: NIHR TAR

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Facilitating patient choice in haemato-oncology

Eve Roman, Simon Crouch, Alex Smith, Debra Howell, Tracy Lightfoot, Dan Painter (Department of Health Sciences, York), Andrea Manca (CHE), Barbara Hanratty (Newcastle University)

Funder: NIHR CCF

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FAST Forward - a randomised clinical trial testing a 1-week course of curative whole breast radiotherapy against a standard 3-week schedule in terms of local cancer control and late adverse effects in women with early breast cancer

Susan Griffin

Funder: NIHR HTA

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Health economics of personalised medicine

Andrea Manca (CHE), Cynthia Iglesias (Department of Health Sciences, York)

Funder: Luxembourg Institute of Health

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High priority Cochrane Reviews in wound prevention and treatment

Marta Soares

Funder: NIHR NETSCC

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High-throughput, non-invasive prenatal testing for fetal rhesus D status in RhD-negative women not known to be sensitised to the RhD antigen: a systematic review and economic evaluation

Susan Griffin, Pedro Saramago, Stephen Palmer

Funder: NICE DAR

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Identifying appropriate methods to incorporate concerns about health inequalities into economic evaluations of health care programme

Mark Sculpher, Susan Griffin, Richard Cookson, Miqdad Asaria

Funder: DoH PRP, PHRC

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Improving the quality of care for angina and heart attack

Miqdad Asaria, Simon Walker, Andrea Manca, Stephen Palmer, Mark Sculpher (CHE), Harry Hemingway (UCL)

Funder: NIHR

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MedtecHTA: methods for health technology assessment of medical devices, a European perspective

Mark Sculpher, Stephen Palmer, Claire Rothery, Simon Walker

Funder: European Commission

MDS-RIGHT: providing the right care to the right patient with Myelodysplastic Syndrome at the right time

Andrea Manca, Thomas Patton (CHE), Cynthia Iglesias, Alexandra Smith, Simon Crouch, Tom Johnston, Ge Yu, (Department of Health Sciences, York)

Funder: European Commission

•••

Methods of economic evaluation when interventions have costs and/or effects outside health

Susan Griffin, Simon Walker, Mark Sculpher, Rita Faria, Karl Claxton, Helen Weatherly (CHE), Bernard van den Berg (University of Groningen)

Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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Mind the risk: managing genetic risk information

Andrea Manca

Funder: Riksbanken Jubileumsfond: the Swedish Foundation for Humanities and Social Sciences

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Modelling generic preference based outcome measures - development and comparison

Andrea Manca

Funder: Medical Research Council

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MORE - Models Of Reablement Evaluation: a mixed methods evaluation of a complex intervention

Parvaneh Rabiee, Gillian Parker, Bryony Beresford, Fiona Aspinal (SPRU, York), Helen Weatherly, Rita Faria (CHE)

Funder: NIHR HS&DR

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NICE Decision Support Unit (2012-2017)

Stephen Palmer, Eldon Spackman, Claire Rothery, Marta Soares

Funder: NICE

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Opioids in heart failure

Gerry Richardson (Led by Miriam Johnson, University of Hull)

Funder: British Heart Foundation

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PREVAIL - PREventing infection using Antibiotic Impregnated Long lines

Laura Bojke, Rita Faria (CHE), Ruth Gilbert (UCL).

Funder: NIHR HTA NETSCC

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Prevalence, clinical pathway and management of chronic refractory breathlessness in primary and secondary care

Gerry Richardson

Funder: NIHR CCF

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PROMIS - An evaluation of multifunctional magnetic resonance imaging in the diagnosis and characterisation of prostate cancer

Mark Sculpher, Rita Faria, Eldon Spackman (CHE), Mark Emberton (University College London)

Funder: NIHR HTA

RESEARCH PROJECTS

IN PROGRESS AND COMPLETED
IN 2015

Psoriatic arthritis – certolizumab pegol and secukinumab (after DMARDs)

Fadi Chehadah, Stephen Palmer, Laura Bojke (CHE), Nerys Woolacott, Mark Corbett, Mousumi Biswas (CRD, York)
Funder: NICE MTA

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A Rapid Evidence synthesis of Outcomes and Care Utilisation following Self-care support for children and adolescents with long term conditions (REfOCUS): Reducing care utilisation without comprising health outcomes.

Gerry Richardson
Funder: NIHR HS&DR

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Responsive research for Department of Health in economic evaluation of health and care interventions

John Brazier (University of Sheffield), Mark Sculpher, Karl Claxton, Stephen Palmer, Nigel Rice, Helen Weatherly (CHE)
Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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Reviewing methods challenges relating to the economic evaluation of genetic services

Eldon Spackman, Sebastian Hinde, Mark Sculpher, Laura Bojke (CHE), Katherine Payne (University of Manchester)
Funder: DoH PRP (Policy Research Unit in Economic Evaluation of Health & Care Interventions)

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REVIVED - REVascularisation OF Ischaemic Ventricular Dysfunction: a randomised comparison of percutaneous coronary intervention (with optimal medical therapy) versus optimal medical therapy alone for heart failure secondary to coronary

Mark Sculpher, (led by Divaka Perera, King's College London)
Funder: NIHR HTA

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Surgical wounds healing by secondary intention: characterising and quantifying the problem and identifying effective treatments

Pedro Saramago, Marta Soares, Karl Claxton
Funder: NIHR Programme Grant

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SWIFFT - Scaphoid waist internal fixation for fractures trial: cast treatment versus surgical fixation of fractures of the scaphoid waist in adults: a multi-centre randomised controlled trial

Stephen Brealey (Department of Health Sciences, York), Gerry Richardson (CHE)
Funder: NIHR HTA

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Synthesising registry data for psoriatic arthritis: a feasibility study

Andrew Manca, Laura Bojke, Thomas Patton (CHE), Matthew Walton (CRD, York), Philip Helliwell (University of Leeds)
Funder: University of York Research Priming Fund

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The delivery of chemotherapy at home: an evidence synthesis

Alison Eastwood (CRD, York), Dawn Craig (University of Newcastle), Gerry Richardson (CHE)
Funder: NIHR HS&DR

The National Institute of Health Research (NIHR) research design service for Yorkshire & the Humber

Gerry Richardson, Susan Griffin, Rita Faria
Funder: NIHR

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Transforming community health services for children and young people who are ill: a quasi experimental evaluation (TraCCS)

Gillian Parker, Gemma Spiers, Yvonne Birks, Kate Gridley, Linda Cusworth (SPRU, York), Victoria Allgar (Hull York Medical School), Sebastian Hinde and Gerry Richardson (CHE)
Funder: NIHR NS&DR

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UK FROST – Multi-centre randomised controlled trial with economic evaluation and nested qualitative study comparing early structured physiotherapy versus manipulation under anaesthesia versus arthroscopic capsular release for patients referred to secondary care with a frozen shoulder (adhesive capsulitis)

Gerry Richardson (Led by Amar Rangan, The James Cook University Hospital)

Funder: NIHR HTA

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Vision rehabilitation services: investigating the impacts of two service models

Helen Weatherly, Pedro Saramago
Funder: NIHR SSCR

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Vortioxetine for treating major depressive episodes

James Lomas, Marta Soares, Stephen Palmer
Funder: NICE STA

HEALTH POLICY

Addressing missing data in patient-reported outcome measures (PROMs): implications for the use of PROMs for comparing provider performance

Nils Gutacker, Chris Bojke, Andrew Street (CHE), Manuel Gomes (London School of Hygiene and Tropical Medicine)

Funder: MRC and DoH PRU (Economics of Social and Health Care Research Unit)

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BRIDGE - health project (building a platform for administrative data on healthcare)

Karen Bloor (Department of Health Sciences, York), Nils Gutacker (CHE)
Funder: European Commission

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CLAHRC II - evidence based transformation in the NHS

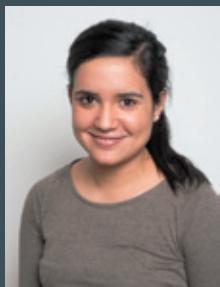
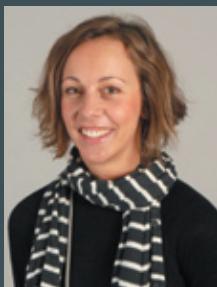
Andrew Street, Nils Gutacker, Katja Grasic (Led by Rebecca Lawton, University of Leeds and Bradford Institute for Health Research)
Funder: NIHR CLAHRC YH (Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber)

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Competition policy in other health systems and what can be learned for UK health policy

Luigi Siciliani (Department of Economics and Related Studies, York), Martin Chalkley, Hugh Gravelle (CHE)
Funder: The Health Foundation

A YEAR IN THE LIFE OF TWO PHD STUDENTS IN CHE



Left:
Idaira Rodríguez
Santana
Far left:
Dina Jankovic

DINA JANKOVIC

In 2015, the second year of my PhD, I completed two modules in the Department of Health Sciences and attended two professional courses: *Advanced Decision Analytic Modelling for Economic Evaluation* and *Indirect and Mixed Treatment Comparisons*, all of which provided background knowledge that helped formulate ideas for my PhD.

As the year progressed I began planning two chapters for my thesis. Both chapters will explore expert elicitation as a tool for characterising uncertainty in economic evaluation and health technology assessment, but the focus is distinct in each. One of the chapters will look at the methods for using elicited priors to extrapolate observed data, and the second will explore the value of expert priors, including whether they provide credible representation of uncertainty, and the factors that affect their

credibility. I have developed a theoretical framework for the chapters, and have begun planning a complex elicitation exercise that will apply the theory.

Incorporating both of these approaches into one elicitation exercise has been challenging, but at CHE, I have been in the best place to tackle the challenge. Laura Bojke my supervisor, has significant experience in the field, and her advice has been invaluable. I also presented my work to the PenTAG Health Technology Assessment team at the University of Exeter, which led to a very helpful discussion.

In 2015 I had a number of opportunities to engage more directly with research activities at CHE, developing broader experience in health economic evaluation. I also tutored at York Expert Workshops in Health Economic Evaluation and discussed a paper at the Health Economics Study Group meeting in Lancaster. The combination of these activities has been great for expanding my professional network and learning to manage multiple projects.

IDAIRA RODRÍGUEZ SANTANA

2015 was the second year of my PhD studies based at CHE. It was a busy but very rewarding year during which I managed to put into practice some of the research ideas that I developed in my first year. My initial research explores the socioeconomic and demographic differences of UK junior doctors across specialties. My supervisor, Professor Martin Chalkley, and I presented those results at a meeting with the differential attainment research group from the General Medical Council and started the process to obtain a larger-scale database that will constitute the empirical basis of my third chapter.

I have been fortunate enough to present my initial work at two international conferences: the Spanish Health Economics conference held in Granada and the Economics of the Health Care Workforce, held in Milan. Both were great experiences where I received valuable feedback from top researchers in my field and had very inspiring discussions that have influenced my work.

The Department of Economics and Related Studies at York offers PhD students the opportunity to be teaching scholars at the undergraduate level. I gave seminars in macroeconomics and economic data analysis; a challenging experience from which I learnt a lot and which helped me gain confidence in addressing large audiences.

I also took part in social activities with other PhD students from CHE and the economics department. I really enjoyed these experiences, because work shouldn't be everything in postgraduate student life!



RESEARCH PROJECTS

IN PROGRESS AND COMPLETED
IN 2015

Competition price and quality: Australian GPs

Hugh Gravelle (CHE), Melbourne Institute
Funder: Australian Research Council

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Developing an online web tool to inform patients about their likely outcome of surgery to impact on shared decision making in primary care in York

Nils Gutacker, Andrew Street
Funder: ESRC

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Developing new financing models to optimize access to regenerative medicine treatments for inherited metabolic disorders.

Anne Mason (CHE), Adrian Towse (Office of Health Economics)
Funder: Novartis

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Do active GPs improve patient outcomes and reduce cost of health care?

Mark Dusheiko
Funder: The Health Foundation

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Do PROMs influence choice of hospital?

Hugh Gravelle, Nils Gutacker, Giuseppe Moscelli (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Does quality affect patient choice of general practice?

Rita Santos, Giuseppe Moscelli, Hugh Gravelle (CHE), Carol Propper (Imperial College London)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Drivers of variation in ambulatory care sensitive condition emergency admissions, and of related mortality and health related quality of life (HRQoL) outcomes

Hugh Gravelle, Rita Santos (CHE), Stephen Martin (Department of Economics and Related Studies, York)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Evaluating the development of medical revalidation in England and its impact on organisational performance and medical practice

Nils Gutacker, Chris Bojke (CHE), Karen Bloor (Department of Health Sciences, York), Kieran Walshe (Project Lead, University of Manchester Business School)
Funder: NIHR PRP CCF

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Fast response analytical facility

Karen Bloor, Tim Doran (Department of Health Sciences, York), Yvonne Birks (SPRU, York), Andrew Street (CHE)
Funder: NIHR PRP CCF

Hospital competition and quality

Hugh Gravelle, Giuseppe Moscelli, Rita Santos (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Hospital competition and quality: a spatial-econometrics approach

Hugh Gravelle, Rita Santos (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Literature review of evidence of inappropriately met need in relation to NHS funding formulae

Maria Goddard, Martin Chalkley, Maria Jose Aragon Aragon, Hugh Gravelle, Nigel Rice
Funder: NHS England

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Location, quality and choice of hospital: evidence from England 2002/3-2012/13.

Giuseppe Moscelli, Nils Gutacker, Hugh Gravelle (CHE), Luigi Siciliani (Department of Economics and Related Studies, York).
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Measurement and analysis of NHS productivity growth

Andrew Street, Chris Bojke, Adriana Castelli, Katja Grašič, Dan Howdon, Anne Mason
Funder: NIHR PRP

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Measuring and explaining variations in general practice performance

Rita Santos
Funder: NIHR CCF (Doctoral Research Fellowship)

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NHS hospital provider productivity and variation analyses

Adriana Castelli, James Gaughan, Maria Jose Aragon Aragon, Martin Chalkley
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Paying for specialised care: making the health sector work for patients

Andrew Street, Chris Bojke, Katja Grašič
Funder: Monitor

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Production of evidence syntheses for the HS&DR programme

Andrew Street (Led by Alison Eastwood, CRD, York)
Funder: NIHR HS&DR NETSCC

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Productivity of the English and Italian health care system

Chris Bojke, Adriana Castelli, Katja Grašič, Andrew Street (CHE), Vincenzo Atella, Federico Belotti, Andrea Piano Mortari (Tor Vegata, Rome)

Funder: Italian Ministry of Health



GLOBAL HEALTH COLLABORATIONS



Alexandra Rollinger

As part of CHE's ongoing efforts to support and develop stronger connections with international organisations working in global health, 2015 saw us engage in a number of global health activities to promote the impact of CHE's research. One of these was with the Overseas Development Institute (ODI), including hosting a workshop for this year's cohort of ODI Health Fellows.

Throughout 2015, our researchers have continued to strengthen and forge new partnerships with country programmes – this has included Marc Subhrcke collaborating with Chilean Universities to investigate the effects of a recently introduced 'sugar tax', and Paul Revill and Jessica Ochalek supporting the Malawian Ministry of Health in their health sector reforms and review of the Malawian Essential Health Package.

CHE's partnership with the Overseas Development Institute (ODI) and its prestigious Fellowship Scheme has grown stronger over the last few years. The ODI Fellowship Scheme provides placements for post-graduate economists and statisticians within government agencies across more than 30 developing countries. The ODI Fellows are responsible for a wide range of work including improving planning and budgeting systems, and preparing national development plans and budgets. CHE hosted a one-day training workshop in July for the 2015 cohort of the ODI Fellowship Scheme, destined for Ministry of Health posts in Haiti, Liberia, Malawi, Mozambique, Sierra Leone, South Sudan, Thailand, and Zanzibar.

CHE researchers delivered a series of presentations introducing key themes in health economics to help prepare the Health Fellows for their future roles, as well as to inform the representatives from

the ODI's Centre for Aid and Public Expenditure (CAPE) also in attendance. These introductory sessions were particularly valuable as, owing to the Fellows' varied academic background, it was important to ensure that all possessed an understanding of the fundamental themes in health economics.

The training day was well received and its success has resulted in CHE being asked to replicate the event for the 2016 cohort of Health Fellows. It is our hope that these training days will become an annual fixture in the CHE diary.

In addition to providing preliminary guidance and training to Health Fellows, CHE researchers are also engaged with the ongoing support of Fellows currently in post. In October 2014, CHE supported a mid-term feedback meeting in Cape Town with all Health Fellows working in Africa to review their progress and provide advice to those who require additional support. It is anticipated this will be repeated in the coming months.

This partnership also offers benefits to CHE and University of York students. In November 2015, CHE invited Robin Sherbourne – Head of the ODI Fellowship Scheme – to deliver a presentation on the Fellowship Scheme to prospective University of York applicants, and to discuss the opportunities offered by the Scheme. This event received a good deal of interest and attracted a large audience of students from a range of disciplines including Health Economics, Statistics and Medicine.

In 2016 we hope to cultivate our partnership with the ODI and continue to support current and future Health Fellows, as well as to contribute towards the important ongoing work undertaken by the ODI with LMICs.

- For further information see:
www.york.ac.uk/che/news/2015/odi-training-day/
www.york.ac.uk/che/news/2015/odi-careers-event/

RESEARCH PROJECTS

IN PROGRESS AND COMPLETED
IN 2015

Provision of informal care in England: exploring geographical and cultural associations and neighbourhood characteristics to inform policy

Adriana Castelli, Bernard Van Den Berg, Rita Santos (CHE), Kate Baxter (SPRU, York), John Schofield (Department of Archaeology, York)

Funder: University of York Research Priming Fund

MENTAL HEALTH

A feasibility study to examine the suitability of the new funding approach, Payment by Results (PbR), to improve mental health services in England

Rowena Jacobs, Maria Jose Aragon Aragon, Martin Chalkley (CHE), Jan Boehnke (Hull York Medical School) Simon Gilbody (Department of Health Sciences, York) Mike Clark (LSE, London)

Funder: C2D2

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Does better quality of primary care improve outcomes for patients with serious mental illness (SMI)? An analysis of the relationship between SMI management and outcomes using the first linked data on the full patient care pathway

Rowena Jacobs, Maria Goddard, Hugh Gravelle, Nils Gutacker, Panos Kasteridis, Christoph Kronenberg, Anne Mason, Nigel Rice (CHE), Tim Doran, Simon Gilbody (Department of Health Sciences, York), Tony Kendrick (University of Southampton), Ceri Owen, Lauren Aylott (Service Users)

Funder: NIHR HS&DR

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Do higher primary care practice performance scores predict lower rates of emergency admissions for persons with serious mental illness? An analysis of secondary panel data

Rowena Jacobs, Maria Goddard, Hugh Gravelle, Nils Gutacker, Anne Mason (CHE), Simon Gilbody (Department of Health Sciences, York), Tony Kendrick (University of Southampton), June Wainwright, Lauren Aylott (Service Users)

Funder: NIHR HS&DR

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Efficiency and performance of mental health systems

Rowena Jacobs, Valerie Moran

Funder: OECD

ECONOMETRIC METHODS

Commuting and well-being in the UK

Luke Munford (University of Manchester), Nigel Rice (CHE), Jennifer Roberts (University of Sheffield)

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Exploring trends in health care expenditures over time

Jose Maria Aragon Aragon, Martin Chalkley, Daniel Howdon, Nigel Rice

Funder: DoH PRU (Economics of Social and Health Care Research Unit)

Health and wellbeing of West Australians

Paula Lorgelly, Rachel Knott (Monash University, Australia), Mark Harris (Curtin University, Australia), Nigel Rice (CHE)

Funder: Bankwest Curtin Economic Centre Research Grant

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Health care expenditures, age, proximity to death and morbidity: implications for an ageing population

Daniel Howdon, Nigel Rice

Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Health shocks and labour market transitions

Andrew Jones (Department of Economics and Related Studies, York), Nigel Rice (CHE), Francesca Zantomio (Ca' Foscari University of Venice, Italy)

Funder: Alan William's Fellowship

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Information and value based commissioning

Martin Chalkley, Maria Jose Aragon Aragon

Funder: NIHR

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Mis-reporting, adaptation and anchoring: the implications for self-assessed health

Paula Lorgelly (Monash University, Australia), Bruce Hollingsworth (University of Lancaster), Mark Harris (Curtin University, Australia), William Greene (New York University, USA), John Wildman (Newcastle University), Nigel Rice (CHE)

Funder: Australian Research Council Discovery Grant

EQUITY IN HEALTH AND HEALTH CARE

Developing indicators of change in NHS equity performance

Richard Cookson, Miqdad Asaria, Maria Goddard (CHE), Shehzad Ali (Department of Health Sciences, York), Mauro Laudicella (Imperial College London), Brian Ferguson (Public Health England), Robert Fleetcroft (University of East Anglia), Rosalind Raine, Peter Goldblatt (University College London)

Funder: NIHR HS&DR

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Health equity impacts: evaluating the impacts of organisations and interventions on social inequalities in health

Richard Cookson

Funder: NIHR, senior research fellowship

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Income inequalities, patient choice and hospital waiting time for elective care in England

Giuseppe Moscelli, Nils Gutacker, Richard Cookson (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)



ASSESSING THE COST-EFFECTIVENESS OF NEW TREATMENTS AND SERVICES



Stephen Palmer

Methodological rigour and policy impact are central to CHE's research. Our research in economic evaluation and health technology assessment (HTA) provides an important avenue to demonstrate this. A significant element of our work is undertaken as part of the Technology Assessment Reviews (TAR) programme. The TAR programme enables rapid commissioning of economic evaluations and HTAs to inform the National Institute for Health and Care Excellence (NICE).

Our applied work in this programme supports the role of NICE in improving outcomes for people using the NHS and other public health and social care services by ensuring national guidance is underpinned by rigorous and independent assessments of clinical effectiveness and value for money. Our broader methodological research also aims to inform the processes and methods applied by NICE and continues to evolve in response to key policy initiatives.

NICE was established in 1999, with the aim of reducing variation in access and improving the quality of NHS treatments and care. National recommendations from NICE on the use of new and existing medicines and treatments have been supported from the outset by systematic and robust assessments of clinical evidence (i.e. how well the medicine or treatment works) and economic evidence (i.e. how well the medicine or treatment works in relation to how much it costs) undertaken as part of the TAR programme. The process of systematically assessing and combining clinical and economic evidence to inform policy decisions brings economics together with other disciplines such as clinical epidemiology,

statistics and information specialists. The TAR programme at York is held jointly between CHE and the Centre for Reviews and Dissemination (CRD). Since 2000, we have produced over 50 reports for the NIHR TAR programme on a diverse range of treatments and clinical areas. Methodological and applied work informed by the TAR programme has also been disseminated at international conferences and in leading academic journals.

NICE guidance can sometimes appear controversial, particularly when access to effective new treatments or services is denied on the basis of insufficient value for money. However, NICE's success and reputation has been forged by ensuring that these decisions are based on transparent and accountable processes, underpinned by the best available evidence and analyses. An assessment of opportunity costs is also central, ensuring that the additional benefits offered by new (and more costly) technologies exceed any benefits expected to be lost or displaced elsewhere in the NHS in order to fund these new technologies. The question of how these opportunity costs should be assessed and estimated remains an important area of ongoing work for CHE, supporting policy makers nationally and internationally.

The success and impact of NICE's methods and processes have seen their remit extended to include public health and social care guidance. Growing international interest also led to the establishment of NICE International and to the International Decision Support Initiative (iDSI). Our work to inform policy makers now extends beyond the TAR programme. As a key partner in iDSI, CHE has provided input on methods development in low- and middle-income country settings. Researchers at CHE will also soon begin a new research programme, jointly with the York Health Economics Consortium (YHEC), to undertake applied and methodological work to support NICE's public health guidance.

RESEARCH PROJECTS

IN PROGRESS AND COMPLETED
IN 2015

Review and update of the Indices of Deprivation 2015 – Health Domain

Karen Bloor (Department of Health Sciences, York), Nils Gutacker, Richard Cookson (CHE), Led by OCSI, Oxford.
Funder: Department for Communities and Local Government

GLOBAL HEALTH

Addressing critical barriers to control of non-communicable disease (NCD) in low, middle and high income countries

Marc Suhrcke
Funder: ESRC, Secondary Data Analysis Programme

Anti-retroviral research for Watoto (ARROW) trial health economics project

Mark Sculpher, Paul Revill, Bernard Van Den Berg, Susan Griffin
Funder: DFID

CHAPAS 3 and BREATHER Health Economics work

Mark Sculpher, Paul Revill, Susan Griffin
Funder: European Commission

HIV modelling consortium: 4 year programme grant

Mark Sculpher, Paul Revill
Funder: Bill and Melinda Gates Foundation

HIV modelling consortium: the value of survey information in geographical targeting of HIV/AIDS interventions

Beth Woods, Claire McKenna, Karl Claxton
Funder: Bill and Melinda Gates Foundation

HIV modelling consortium: monitoring people on ART in low-income settings in sub-Saharan Africa

Paul Revill, Simon Walker
Funder: Bill and Melinda Gates Foundation

International Decision Support Initiative (IDSI): establishing priority setting instructions in developing countries

Mark Sculpher, Paul Revill, Karl Claxton (CHE), Trevor Sheldon (Hull York Medical School)
Funder: Bill and Melinda Gates Foundation and DFID

International Decision Support Initiative (IDSI) – Estimating international cost-effectiveness thresholds

Karl Claxton, Jessica Ochalek, James Lomas, Marc Suhrcke, Ryota Nakamura, Paul Revill, Mark Sculpher
Funder: Bill and Melinda Gates Foundation

Improving access to timely diagnosis for people from South Asian Communities

Bernard Van Den Berg (University of Groningen)
Funder: NIHR CCF

Modelling the effects of potentially available diagnostics for HIV programmes in order to define a series of target product profiles

Paul Revill (CHE), Andrew Phillips, Valentina Cambiano (University College London)

Funder: Bill and Melinda Gates Foundation

Opportunities within the school environment to shift the distribution of activity intensity in adolescents

Marc Suhrcke
Funder: DoH PRP

Optimising clinical care strategies and laboratory monitoring for cost-effective roll-out of antiretroviral therapy in Africa: the lab-lite project,

Paul Revill, Mark Sculpher (CHE), Bernard van den Berg (University of Groningen)
Funder: DFID

HEALTH AND SOCIAL CARE

A randomised trial of high versus low intensity training in breathing techniques for breathlessness in patients with malignant lung disease: early intervention (SOB-II)

Miriam Johnson (Hull York Medical School), Gerry Richardson (CHE), Mona Kanaan, David Torgerson (Department of Health Sciences, York)

Funder: British Heart Foundation

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Avoidable Scottish hospitalisations

Mark Dusheiko
Funder: Chief Scientist Office, Scotland

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Collaborative care in Somerset (the Symphony Project)

Andrew Street, Panos Kasteridis
Funder: The Symphony Project Board, Somerset Clinical Commissioning Group

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Higher quality primary care for people with dementia: the effects on hospital admissions, length of stay and discharge to nursing homes

Anne Mason, Panos Kasteridis, Rowena Jacobs, Maria Goddard, Rita Santos
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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Testing the bed-blocking hypothesis: delayed hospital discharges and the supply of nursing and care homes

James Gaughan, Hugh Gravelle (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

Year of care funding model for long-term conditions

Andrew Street, Anne Mason, Panos Kasteridis (CHE), Jose-Luis Fernandez (London School of Economics), Julien Forder (University of Kent)
Funder: DoH PRU (Economics of Social and Health Care Research Unit)

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York CCG collaboration

Rehabilitation: Ana Duarte, Laura Bojke, Gerry Richardson
Care hubs: Ana Duarte, Laura Bojke, Gerry Richardson, Chris Bojke
Health checks: Seb Hinde, Gerry Richardson, Laura Bojke
Funder: NIHR

PUBLIC HEALTH**A randomised controlled trial to test the clinical and cost-effectiveness of primary care referral to a commercial weight loss provider**

Marc Suhrcke
Funder: MRC

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Assessing the feasibility of implementing and evaluating a new problem solving model for patients at risk of self-harm and suicidal behaviour in prison

Gerry Richardson (Led by Amanda Perry, Department of Health Sciences, York)
Funder: NIHR RfPB

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Behaviour and health

Marc Suhrcke
Funder: DoH PRP PRU

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CAPITAL4HEALTH – Capabilities for active lifestyle

Marc Suhrcke
Funder: German Ministry for Education and Research

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Characterising patterns and changes in physical activity in older people and their determinants and consequences

Marc Suhrcke
Funder: MRC

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CLAHRC II – health economics & outcomes measurement

Mark Sculpher, Laura Bojke, Susan Griffin (CHE), Karen Bloor (Department of Health Sciences, York)
Funder: NIHR CCF

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CLAHRC 2014-15 (Sheffield) health economics and outcome measurement

Mark Sculpher, Gerry Richardson, Laura Bojke, James Lomas, Sebastian Hinde
Funder: Sheffield Teaching Hospitals NHS Foundation Trust

Commissioning public health services: the impact of the health reforms on access, health inequalities and innovation in service provision

Anne Mason, Dan Liu, (led by Linda Marks, Durham University)
Funder: DoH PRP

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Development and evaluation of very brief behaviour change interventions to reduce the risk of chronic disease in primary care (very brief intervention)

Marc Suhrcke
Funder: NIHR CCF

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Enhancing social-emotional health and wellbeing in the early years: a community-based randomised controlled trial (and economic) evaluation of the incredible years infant & toddler (0-2) parenting programmes

Tracey Bywater, Amanda Mason-Jones, Kate Pickett (Department of Health Sciences, York), Gerry Richardson (CHE), Kathleen Kiernan (SPSW, York)

Funder: NIHR PHR

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Establishing a healthy growth trajectory from birth: a randomised controlled trial of a theory-based, multi-component intervention to reduce formula milk intake and prevent excess weight gain during infancy

Marc Suhrcke
Funder: MRC

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How effective, accessible and acceptable are self-management interventions for men with long term conditions?

Paul Galdas, Simon Gilbody (Department of Health Sciences, York), Gerry Richardson (CHE)
Funder: NIHR HS&DR: NETSCC

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Transforming community health services for children and young people who are ill: a quasi-experimental evaluation

Gillian Parker, Gemma Spiers, Kate Gridley, Yvonne Birks (SPRU, York), Linda Cusworth (Social Policy & Social Work, York), Victoria Allgar (Health Sciences, York), Gerry Richardson, Sebastian Hinde (CHE)

Funder: NIHR HS&DR



Foundations
Workshop
2015

In 2015 our programme of workshops and courses, in methodological and applied topics, once again attracted delegates from around the world. We welcomed 330 people to York including health economists, health care professionals and students from 37 countries.

Details of 2016 courses are available at:
<http://www.york.ac.uk/che/courses/short/>

YORK SUMMER WORKSHOPS IN THE SOCIO ECONOMIC EVALUATION OF MEDICINES

To inform and promote understanding in key areas of quality of life assessment and health economic evaluation we offer three workshops:

- Outcome measurement and valuation for health technology assessment:**

This three-day workshop includes new material linked directly to the needs of organisations, such as NICE, which make decisions about health care delivery and funding.

Video <https://vimeo.com/157732001>

- Foundations of economic evaluation in health care:**

This five-day workshop covers all key issues in the methodology and practice of economic evaluation.

Video <https://vimeo.com/147309364>

- Advanced methods for cost-effectiveness analysis: meeting decision makers' requirements:**

A five-day workshop dealing with advanced methods in cost-effectiveness analysis for pharmaceuticals and other health care technologies.

Video <https://vimeo.com/147310423>

DECISION ANALYTIC MODELLING FOR ECONOMIC EVALUATION

To inform and promote understanding in key areas of quality of life assessment and health economic evaluation we offer three workshops:

- Foundations course:**

This two-day course provides an introduction to the principles and practice of decision analysis in economic evaluation.

- Advanced course:**

This three-day course covers the principles and practice of advanced topics including adding the dependent transition probabilities in Markov models using survival analysis and probabilistic analysis.

Both courses are run jointly between CHE, University of York and the University of Glasgow.

REGRESSION METHODS FOR HEALTH ECONOMIC EVALUATION

This three-day course (with an additional half-day Stata course if required) is intended for people currently undertaking health economic evaluations within the pharmaceutical and medical device industries, consultancy, academia or the health service who wish to learn how to use regression methods to analyse individual patient-level cost, effect and cost-effectiveness data.

ANALYSING PATIENT-LEVEL DATA USING HOSPITAL EPISODE STATISTICS (HES)

This course includes instruction on how to understand, manage and manipulate the data, construct and analyse key variables such as waiting times or length of stay and link inpatient and outpatient HES records together and to other datasets. Delegates analyse individual patient records defined as Finished Consultant Episodes, Provider Spells and Continuous Inpatient Spells, monitor emergency readmissions and aggregate data by Healthcare Resource Groups and hospitals. Evaluation of Patient Reported Outcome Measures (PROMs) and the use of data for benchmarking and policy evaluation are also covered.

HEALTH ECONOMICS BY DISTANCE LEARNING

To inform and promote understanding in key areas of quality of life assessment and health economic evaluation we offer three courses:

1 Postgraduate Certificate in Health Economics for Health Care Professionals

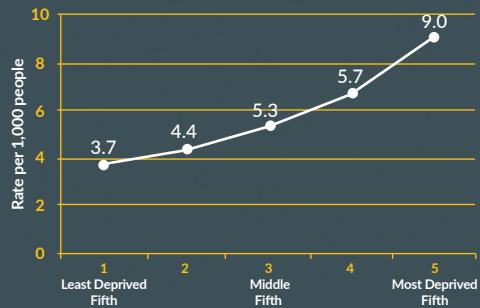
2 Postgraduate Diploma in Health Economics for Health Care Professionals

3 MSc in Economic Evaluation for Health Technology Assessment

The programmes are a collaboration between the Centre for Health Economics, the York Health Economics Consortium and the Department of Economics and Related Studies. For further details see <http://www.york.ac.uk/economics/postgrad/distance-learning/> or email carie.taylor@york.ac.uk



Kay Roxby/Shutterstock.com



UNHEALTHY LAZARUS AND THE A&E CRISIS



Left to right: Richard Cookson, Miqdad Asaria, Shehzad Ali

After Jesus restored him to life, Lazarus enjoyed a long and healthy life as a Bishop. As far as we know, he never needed a subsequent emergency hospital visit. Modern day Lazarus is less fortunate. Social and medical advances are helping people avoid premature death. But many survivors are unhealthy – and vulnerable to health emergencies requiring A&E admission.

Rising demand for A&E services is intertwined with inequality. A poor Lazarus is more likely to visit A&E than a rich Lazarus. Poorer people tend to be unhealthier survivors, at greater risk of A&E admission for long-term conditions such as heart and lung diseases, diabetes and dementia. Allowing for age and sex, people living in the most deprived fifth of neighbourhoods suffer nearly two-and-a-half times as many of these potentially preventable emergency hospitalisations as people living in the least deprived fifth.

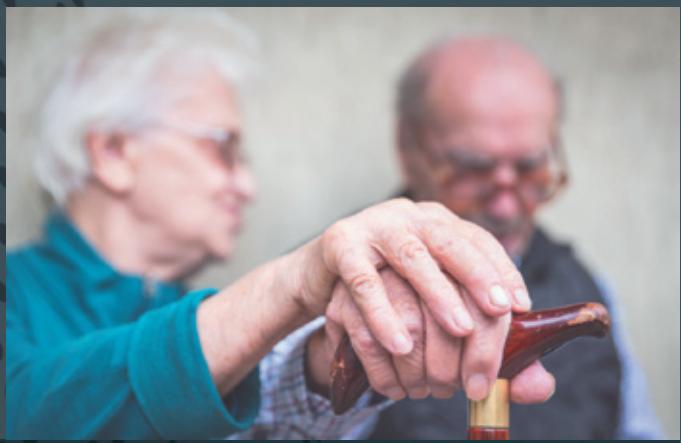
And it's not just the poor. The middle fifth of neighbourhoods experience 40% more preventable A&E admissions than the top fifth. There is a 'social gradient' in A&E admissions, whereby the further down the social spectrum you go, the greater your chances of emergency hospitalisation. As the graph shows, preventable emergency admissions would be nearly halved if everyone had the same rate of A&E admissions as the least deprived.

Preventable emergencies are putting huge pressure on the NHS. The pressures are likely to increase in future decades, as health and social care absorb an ever larger share of public expenditure due to costly new medical technology, people living longer with multiple illnesses, and wage inflation in the caring professions. The NHS needs to smarten up its act if it is to survive as a universal and comprehensive health system.

A&E pressures are partly a barometer of wider social ills, and cannot be dramatically reduced unless Britain becomes more equal. The need for wider action on inequality, however, should not be used as an excuse for inaction by the NHS on healthcare inequality. The NHS is good at providing equal access to reactive care when people suffer a health emergency. It needs to get smarter at providing proactive care to people before they suffer an emergency. The NHS is seeking to improve the co-ordination of care between specialties, between primary and hospital settings, and between health and social care, with initiatives such as the Better Care Fund and the Vanguard sites. But it has not yet addressed the inequality dimension of co-ordinated care. People at the top of society are good at caring for themselves – they have sharp elbows, good information, strong social networks, and pleasant home environments in which to recover from illness. Everyone else – including those in the middle – needs proportionately more help. To grasp this nettle, NHS staff will need better information about healthcare inequalities within their own local area.

To help provide this information, we have developed health equity indicators for the NHS. These include inequality gaps for GPs per head, primary care quality, waiting times, avoidable emergency hospitalisation, dying in hospital, and mortality amenable to healthcare. Using data from the 2000s, we found that some local NHS areas do significantly better than others at reducing local healthcare inequality gaps, and some show signs of sustained improvement over time. But we do not know how local NHS areas are currently performing on equity. Routine production of our indicators by the NHS could help researchers and managers find out which areas are performing the best on equity, and why, and learn lessons about the most cost-effective ways of delivering proactive co-ordinated care.

- For further information see:
<http://www.york.ac.uk/che/research/equity/monitoring/>



QUALITY OF PRIMARY CARE FOR DEMENTIA – WHAT ARE THE IMPACTS?



Left to right: Anne Mason, Panos Kasteridis, Maria Goddard, Rowena Jacobs, Rita Santos, Beatriz Rodriguez (CHE), Gerry McGonigal (York Hospital Trust).

Described by the Prime Minister as “one of the biggest challenges we face today”, dementia is a top policy priority. One in three people over the age of 65 will develop dementia and the annual societal costs to the UK exceed £26 billion. In the absence of curative therapies, good supportive care is vital.

Since 2006, GP practices have been rewarded for conducting an annual review for patients with dementia and their carers. In a research programme funded by the Department of Health, we find small but potentially valuable benefits are associated with better performance on the dementia review.

The Quality and Outcomes (QOF) dementia review embodies a tailored, comprehensive provision of care. Designed to address the support needs of the patient and their carer, the annual face-to-face consultation has four components: an assessment of (a) the patient's physical and mental health; (b) the carer's need for information; (c) the impact of caring on the carer; and (d) communication and coordination arrangements across sectors.

The annual dementia review could have beneficial protective effects, but this has not previously been tested. In a programme of three linked studies, we investigated whether GP practices that review relatively more of their patients have: (1) fewer unplanned hospital admissions; (2) lower risk of discharge to a care home following an acute hospital admission; and (3) shorter stays for those who are hospitalised.

The hugely detrimental impact of hospitalisation on those with dementia and their carers has been widely reported, so avoiding emergency admissions or lengthy hospital stays is of major importance. The research was a retrospective analysis of linked hospital and GP practice datasets covering 2006/07 to 2010/11. Study 1 was a GP practice analysis that tested for an impact on emergency admissions for (i) dementia, and (ii) ambulatory care sensitive conditions (ACSCs). Studies 2 and 3 employed multilevel models to utilise information from patients clustered within practices.

GP practices reviewing comparatively more of their dementia patients had fewer unplanned hospital admissions for both dementia and for ACSCs. However, the effect was small and was only observed when the analysis adjusted for potential underdiagnosis of dementia. The risk of care home placement following an acute hospital admission was slightly lower for patients from higher performing practices. The impact on length of hospital stay was mixed – it was shorter in patients who were discharged back into the community, but the effect was, once again, small.

In April 2015, the financial reward for the QOF dementia review more than doubled, reflecting the additional effort required to review newly diagnosed patients identified through hospital and practice-based incentive schemes. The review now also includes a care plan and a health check for carers. While these changes may enhance the impact of QOF in future – and our future research will explore this question – it remains unlikely that the review will substantially affect utilisation of hospital care. However, even small improvements may be valuable for individuals and carers in this large and rapidly growing group.

PEER REVIEWED

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DETERMINING VALUE FROM HEALTHCARE SPENDING: THE ROLE OF COST-EFFECTIVENESS THRESHOLDS



Left to right: Karl Claxton, James Lomas, Andrew Mirelman, Ryota Nakamura, Jessica Ochalek, Paul Revill, Mark Sculpher, Marc Suhrcke

Healthcare systems in low- and middle-income countries (LMICs) face considerable population healthcare needs with markedly fewer resources than those in high income countries. The tools of economic evaluation (e.g. cost-effectiveness analysis) can assist policy-makers in resource allocation. The central concern is whether the health gains offered by an intervention are large enough relative to its costs to warrant adoption. This requires some notion of the value that must be realised by an intervention, which is most frequently represented using a cost-effectiveness threshold.

Cost-effectiveness thresholds should be based on estimates of the forgone benefit associated with alternative priorities which consequently cannot be implemented as a result of the commitment of resources to an intervention. However, thresholds that have historically been applied to inform resource allocation decisions in LMICs, particularly those previously posited by the World Health Organization (WHO) which equate to between 1 and 3 times a country's gross domestic product per capita, are not based upon this kind of assessment. They fail to acknowledge that interventions should only be deemed cost-effective if they generate more health benefits than they forgo as a result of limited resources being unavailable for other priorities – i.e. the perennial economic problem of whether the benefits outweigh the opportunity costs.

CHE researchers have helped to clarify the role of cost-effectiveness thresholds in health policy deliberations and suggested what thresholds may more reasonably reflect the realities of resource constraints. So far, they have explored and clarified alternative conceptual bases underlying the choice of cost-effectiveness thresholds. In particular, cost-effectiveness thresholds reflecting health opportunity costs, resulting from

'supply side' constraints in the ability of a healthcare system to generate health improvement, have been sharply contrasted with various 'demand side' expressions of the value of health. The danger of thresholds conceived only from the demand-side is that there is no guarantee they will reflect health opportunity costs and therefore their use risks reducing, rather than improving, population health.

As central measures of value in healthcare systems, cost-effectiveness thresholds conceived from the supply side can inform a wide range of health sector investment decisions related to the choice of clinical interventions, procedures or programmes, and also other activities with ultimate propensity to affect population health. Moreover, thresholds based upon the reality of resource constraints facilitate understanding of the value of committing resources to healthcare as compared to other sectoral priorities. As such, they may contribute to holding global and local decision-makers to account by enabling informed reflection on the adequacy and justice of current healthcare funding arrangements.

Until very recently, few empirically estimated supply-side cost-effectiveness thresholds existed, with the notable exception of the Claxton et al (2015) study for the United Kingdom National Health Service. CHE researchers have now taken a first step in the direction of estimating supply-side cost-effectiveness thresholds for a much wider range of countries, including LMICs. Estimates produced suggest that thresholds representing health opportunity costs are far below the range previously posited by the WHO. Researchers assessed the impact of health care expenditures on mortality using cross-country panel data and found the estimates are unstable and sensitive to changes in the data. The research also suggests improvements in the quality of data available and further advances in methodological design would be valuable, some of which has already been started by CHE researchers.

- For further information see:
<http://www.york.ac.uk/che/research/global-health/cost-effectiveness-thresholds/>

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107 Health care expenditures, age, proximity to death and morbidity: implications for an ageing population – **Howdon D**, **Rice N**.

108 Cost analysis of the legal declaratory relief requirement for withdrawing clinically assisted nutrition and hydration (CANH) from patients in the permanent vegetative state (PVS) in England and Wales – Formby A, **Cookson R**, Halliday S.

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109 Country-level cost-effectiveness thresholds: initial estimates and the need for further research – **Woods B**, **Revill P**, **Sculpher M**, **Claxton K**.

•••

110 Productivity of the English NHS: 2012/13 update – **Bojke C**, **Castelli A**, **Grašč K**, **Street A**.

•••

111 Do patients choose hospitals that improve their health? – **Gutacker N**, **Siciliani L**, **Moscelli G**, **Gravelle H**.

•••

112 Socioeconomic inequality of access to healthcare: does patients' choice explain the gradient? Evidence from the English NHS – **Moscelli G**, **Siciliani L**, **Gutacker N**, **Cookson R**.

•••

113 The impact of primary care quality on inpatient length of stay for people with dementia: An analysis by discharge destination – **Kasteridis P**, **Goddard M**, **Jacobs R**, **Santos R**, **Mason A**.

•••

114 Waiting time prioritisation: evidence from England – **Cookson R**, **Gutacker N**, **Siciliani L**.

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115 Multidimensional performance assessment using dominance criteria – **Gutacker N**, **Street A**.

•••

116 Choosing and booking – and attending? Impact of an electronic booking system on outpatient referrals and non-attendances – **Dusheiko M**, **Gravelle H**.

•••

117 Hospital trusts productivity in the English NHS: uncovering possible drivers of productivity variations – **Aragon MJ**, **Castelli A**, **Gaughan J**.

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118 How much should be paid for prescribed specialised services? **Bojke C**, **Grašč K**, **Street A**.

•••

119 The socioeconomic and demographic characteristics of United Kingdom junior doctors in training across specialities – **Rodríguez-Santana I**, **Chalkley M**.

•••

120 Efficiency, equity and equality in health and health care – **Culyer AJ**.

•••

121 Cost-effectiveness thresholds in health care: a bookshelf guide to their meaning and use – **Culyer AJ**.

•••

122 Cost per DALY averted thresholds for low- and middle-income countries: evidence from cross country data – **Ochalek J**, **Lomas J**, **Claxton K**.



PATIENT CHOICE IN THE NHS



Left to right: Hugh Gravelle, Nils Gutacker, Giuseppe Moscelli, Rita Santos, Luigi Siciliani

In many healthcare systems policy changes have been introduced to remove restrictions on choice of provider by patients. One argument for such policies is that they will encourage providers to compete for patients by raising their quality. But this requires that patients take account of quality when choosing their provider and that they do not just choose their closest or otherwise most convenient provider. Our research in both primary and secondary care suggests strongly that patients are more likely to choose a provider the higher is its quality.

Perhaps the single most important choice made by a patient in the NHS is their choice of general practice, which they visit on average six times a year. In work with Carol Propper (Imperial College) we looked at the practices chosen by over 3 million patients in the East Midlands. Whilst distance is clearly important (40% are registered with their nearest practice), patients were more likely to choose practices with better performance in the Quality and Outcomes Framework. We found that a one standard deviation increase in clinical quality would increase practice size by around 17%.

In another study we examined choices by patients who change practice without changing their address. These patients are likely to be better informed about local practices than people who have

relocated. We found that the rate at which patients leave a practice without changing their address is greater the worse the quality of the practice. Conversely the rate at which people join a practice without changing their address is greater the higher the quality.

In the hospital sector we have examined choice of provider by patients for elective hip replacements over the period 2002/3 to 2012/13, a period spanning the introduction in 2006 of a right to be offered a choice of at least four providers and, from 2008, the right to choose any qualified provider. Over this period the proportion of patients bypassing their nearest provider increased from 25% to 50% and patients became more likely to choose providers with higher quality or lower waiting times.

Quality measures based on the change in the Oxford Hip Score reported by patients have been available since 2009/10. In a separate study, we found that not only was choice of provider influenced by the Oxford Hip Score based measure but that demand was more sensitive to this measure than to cruder quality measures such as the mortality rate or the emergency readmission rate.

Our studies show that patients have a choice of provider – they do not just go to the nearest hospital or general practice – and in exercising that choice they are not choosing at random: providers with higher quality will attract more patients.

- For further information see:
<http://www.york.ac.uk/che/research/health-policy/organisation-and-structure-of-health-systems/>

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Sculpher M. Societal perspective in economic evaluation: Easier said than done? Seminar, University of Manchester, Manchester, UK. June 2015.

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Sculpher M. Challenges and proposals for uncertainty evaluation of medical devices: a case study. International Health Economics Association Congress, Milan, Italy. July 2015.

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Sculpher M. Estimating international cost-effectiveness thresholds to reflect opportunity costs. Issues Panel, International Society for Pharmacoeconomics and Outcomes Research, Santiago, Chile. September 2015.

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Sculpher M. Supporting decisions with evidence: Why we need decision analytic models. Seminar, Norwegian Knowledge Centre for the Health Services, Oslo, Norway. October 2015.

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Sculpher M. Clinical trials: Nice to have but don't rely on them. Symposium International Society for Pharmacoeconomics and Outcomes Research, Milan, Italy. November 2015.

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Sculpher M. Quality-Adjusted Life Years (QALYs) – Help or hindrance in supporting health care decision making? Issues Panel, International Society for Pharmacoeconomics and Outcomes Research, Milan, Italy. November 2015.

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Sculpher M. Uncertainty and value of information analysis. Conference for FP7 EU project: Methods for Health Technology Assessment of Medical Devices: a European Perspective, Milan, Italy. November 2015.

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Street A. Analysis of the costs of specialised hospital care. Specialised and Complex Care Advisory Group Meeting, Monitor, NHE England and Department of Health, Leeds, UK. May 2015.

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Street A. What impact does hospital treatment have on health status? Keynote address. 14th Portuguese National Conference on Health Economics, Lisbon, Portugal. October 2015.

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Weatherly H. Methods considerations in the economic evaluation of health and social care interventions. University of Brunel, Middlesex, UK. December 2015.

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HONORARY FELLOWS AND VISITORS

PROFESSORS, FELLOWS AND VISITORS

HONORARY PROFESSORS

- **Roy Carr-Hill**
September 2011–August 2015
•••
- **Nancy Devlin**
August 2009–August 2015
•••
- **Peter C Smith**
January 2011–January 2017
•••

HONORARY VISITING FELLOWS

- **Marco Barbieri**
February 2013–January 2016
•••
- **David Epstein**
February 2011–January 2017
•••
- **Manuel Espinoza**
February 2015–January 2018
•••
- **Jon Sussex**
June 2014–July 2017

VISITORS TO CHE DURING 2015

- **Henk Broekhuizen**
University of Twente
October–December 2015
•••
- **Geert Frederix**
Utrecht University
October–December 2015
•••
- **Mark Harris**
Curtin University, Australia
June 2015
•••
- **Robert Hettle**
PAREXEL International
April–October 2015
•••
- **David Johnston**
Monash University, Australia
May 2015

- **Rachel Knott**
Monash University, Australia
June 2015
•••
- **Javier Mar Medina**
Alto Deba Hospital, Arrasate-Mondragón, Spain
August 2015
•••
- **Luz María Peña-Longobardo**
University of Castilla-La Mancha, Spain
September 2014–January 2015
•••
- **Anna-Theresa Renner**
Gesundheit Osterreich and the Center for Health and Migration in Austria
April–June 2015
•••
- **Tony Scott**
The University of Melbourne, Australia
July 2015
•••
- **Elizaveta Sopina**
University of Southern Denmark
March 2015

PAST FELLOWS

- **Hossein Afzali**
April–June 2015
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- **Francesca Zantomio**
November 2014–January 2015
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- **Mikael Svensson**
April–June 2014
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- **Peter Sivey**
April–June 2014
•••
- **Line Kongstad**
November 2012–February 2013
•••
- **Cinzia Di Novi**
November 2011–April 2012
•••
- **Rena Conti**
May–June 2009
•••
- **Anirban Basu**
April–June 2008
•••
- **Ismo Linnosmaa**
Feb–July 2008
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- **Matteo Galizzi**
2007 & 2008
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- **Giuliana de Luca**
August–December 2007
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- **Aleksandra Torbica**
June–September 2007
•••
- **Victor Zarate**
January–April 2007

ALAN WILLIAMS FELLOWS

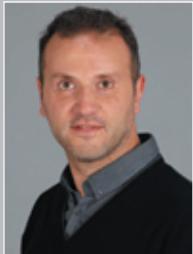
The Alan Williams Fellowships scheme was first launched in 2006 as a tribute to Professor Alan Williams and to enable health economists from anywhere in the world to spend time at the Centre for Health Economics in York, UK.

In 2015, Rohan Sweeney from Monash University was awarded a Fellowship and will visit CHE in 2016. His research project will be 'Do health SWAs increase crowding out of recipient government health expenditures?

RESEARCH STAFF

- **Maria Goddard**
Professor and Director of CHE
•••
- **Shehzad Ali**
Research Fellow
•••
- **Maria Jose Aragon**
Research Fellow
•••
- **Miqdad Asaria**
Research Fellow
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- **Chris Bojke**
Senior Research Fellow
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- **Laura Bojke**
Senior Research Fellow
•••
- **Adriana Castelli**
Research Fellow
•••
- **Martin Chalkley**
Professor
•••
- **Fadi Chehadah**
Research Fellow
•••
- **Karl Claxton**
Professor
•••
- **Richard Cookson**
Professor
•••
- **Edward Cox**
Research Fellow
•••
- **Tony Culyer**
Internal Affiliate
•••
- **Michael Drummond**
Professor
- **Ana Duarte**
Research Fellow
•••
- **Mark Dusheiko**
Senior Research Fellow
•••
- **Rita Faria**
Research Fellow
•••
- **James Gaughan**
Research Fellow
•••
- **Katja Grašič**
Research Fellow
•••
- **Hugh Gravelle**
Professor
•••
- **Susan Griffin**
Senior Research Fellow
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- **Nils Gutacker**
Research Fellow
•••
- **Sebastian Hinde**
Research Fellow
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- **Dan Howdon**
Research Fellow
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- **Cynthia Iglesias**
Internal Affiliate
•••
- **Rowena Jacobs**
Professor
•••
- **Andrew Jones**
Internal Affiliate
•••
- **Panos Kasteridis**
Research Fellow
- **Christoph Kronenberg**
Research Fellow
•••
- **Dan Lin**
Research Fellow
•••
- **James Lomas**
Research Fellow
•••
- **Andrea Manca**
Professor
•••
- **Anne Mason**
Senior Research Fellow
•••
- **Andrew Mirelman**
Research Fellow
•••
- **Giuseppe Moscelli**
Research Fellow
•••
- **Ryota Nakamura**
Research Fellow
•••
- **Jessica Ochalek**
Research Fellow
•••
- **Stephen Palmer**
Professor
•••
- **Thomas Patton**
Research Fellow
•••
- **Paul Revill**
Research Fellow
•••
- **Nigel Rice**
Professor
•••
- **Gerry Richardson**
Senior Research Fellow
- **Claire Rothery**
Senior Research Fellow
•••
- **Rita Santos**
Research Fellow
•••
- **Pedro Saramago Goncalves**
Research Fellow
•••
- **Mark Sculpher**
Professor
•••
- **Luigi Siciliani**
Internal Affiliate
•••
- **Eleftherios Sideris**
Research Fellow
•••
- **Marta Soares**
Senior Research Fellow
•••
- **Eldon Spackman**
Research Fellow
•••
- **Andrew Street**
Professor
•••
- **Marc Suhrcke**
Professor
•••
- **Bernard van Den Berg**
Reader
•••
- **Simon Walker**
Research Fellow
•••
- **Helen Weatherly**
Senior Research Fellow
•••
- **Beth Woods**
Research Fellow

NEW RESEARCH STAFF



Fadi Chehadah

Research Fellow

Fadi began working at the Centre for Health Economics in July 2015 on an internship, when undertaking his dissertation to

complete the MSc in Health Economics and Decision Modelling from the School of Health And Related Research (Scharr), at the University of Sheffield. He joined the Team for Economic Evaluation and Health Technology Assessment (TEEHTA) in November 2015. His previous academic background is in pharmacy and pharmaceutical chemistry, with a BSc from the University of Damascus. He has had extensive experience in pharmacy, pharmaceutical businesses and the health industry across the Middle East. His primary interests are in the areas of complex survival analysis, competing risks and decision analytic modelling.



Dan Howdon

Research Fellow

Dan joined the Health Policy team in August 2015. Prior to joining CHE, Dan held positions as Teaching Fellow in Economics at the

University of York and, subsequently, at University College London's School of Slavonic and East European Studies. He holds a BA in Economics and Politics from Durham University and an MSc in Health Economics and a PhD in Economics from the University of York. His PhD, supervised by Andrew Jones and Nigel Rice, focused on longitudinal analysis of health and healthcare data, covering topics ranging from equity in health outcomes, relationships between smoking and ill-health, and healthcare costs in old age.



Dan Liu

Research Fellow

Dan Liu is a Research Fellow in the Health Policy Team. She joined the team in February 2015. Dan holds a Masters Degree in

Economics from Shanghai University of Finance and Economics in 2011 and is currently enrolled as a PhD candidate in Economics at Università Cattolica del Sacro Cuore, Italy. Dan has experience working as an external consultant at the World Health Organization. Current research includes evaluating the effects of GP competition on quality; a project led by Durham University investigating the impacts of the public health reforms; and the incentive mechanism for chronic disease management in China.



Edward Cox

Research Fellow

Edward is undertaking the NIHR Research Methods Fellowship which comprises affiliation with the Team for Economic

Evaluation and Health Technology Assessment (TEEHTA) and being a Health Economics Masters student. He joined CHE in September 2015 holding a BSc in Economics from Lancaster University.



Christoph Kronenberg

Research Fellow

Christoph is a research fellow in the Health Policy Team. He joined the

Centre for Health Economics in 2012 as a PhD student. Christoph holds a Bachelor International Economics and Business Economics from Erasmus University Rotterdam and an MSc in Health Economics from the University of York. He also completed part of his studies at the Universidade Nova de Lisboa (Lisbon, Portugal). Christoph's research focuses on mental health, currently analysing whether better quality of primary care influences admissions and health outcomes for people with serious mental illness using linked administrative data covering the full patient care pathway. As part of his PhD he also looks at determinants of mental health (human capital, wages) and state dependence in mental health.

PhD STUDENTS

- **Estela Capelas Barbosa**
● ...
- **Chen Chen**
● ...
- **David Glynn**
● ...
- **Dina Jankovic**
● ...
- **James Love-Koh**
● ...
- **Valerie Moran**
● ...
- **Francesco Ramponi**
● ...
- **Anika Reichart**
● ...
- **Idaira Rodríguez Santana**
● ...
- **Irene Sanchez**

NEW PhD STUDENTS



David Glynn

David is a PhD student affiliated with the Team for Economic Evaluation and Health Technology Assessment (TEEHTA). He

is conducting research on the practical application of value of information methods to research commissioning decisions under the supervision of Claire Rothery (nee McKenna) and Karl Claxton. As part of this project he is developing a free to access computer program to support the application of value of information in decision making. Prior to joining CHE, David held positions with NICE and the National Collaborating Center for Mental Health. He holds a Master of Pharmacy from the Robert Gordon University and Master of Health Economics from the University of Aberdeen.



Anika Reichart

Anika joined CHE in September 2015 as a PhD student affiliated with the Health Policy team. She is conducting research in the area of waiting

times in mental health in England under the supervision of Rowena Jacobs. Prior to joining CHE, Anika held positions at the Institute of Applied Health Services Research in Berlin and the Wilhelm Loehe University in Fuerth, Germany. Here she gained research experience in the field of health economic evaluation and modelling, integrated care concepts and health workforce planning.

RESEARCH FELLOWS ALSO REGISTERED FOR A PhD



Francesco Ramponi

Francesco is a PhD student at the Centre for Health Economics and he is supervised by Gerry Richardson. The focus of

his research is on evaluating cost-effectiveness of interventions in marginalised groups, where cross-sectoral and cross-temporal concerns assume particular relevance. Francesco holds a BSc in Economics from the University of Trieste, Italy, and a MSc in Economics and Public Finance from the University of Padua, Italy. Prior to joining CHE, he was research fellow in Health Economics at the International Renal Research Institute of Vicenza (IRRIV), Italy, and he worked as an intern in a pharmaceutical consulting company in Turin, Italy.

Thomas Patton

● ...

James Gaughan

● ...

Rita Santos

● ...

Christoph Kronenberg

● ...

Ronan Mahon

● ...

Dan Liu

ADMINISTRATIVE AND SUPPORT STAFF

- **Kerry Atkinson**
Administrator
•••
- **Linda Baillie**
Administrator
•••
- **Louise Campbell**
Administrator
•••
- **Gill Forder**
Publications Administrator
•••
- **John Galloway**
Computer Support Officer
•••
- **Liz Grant**
Finance and Research
Support Officer
•••
- **Ruth Helstrip**
Project Coordinator

- **Vanessa King**
Administrator and
Assistant to the Director
•••
- **Cheri Mussell**
Finance and Research Support Officer
•••
- **Gillian Robinson**
Administrator
•••
- **Alexandra Rollinger**
Project Coordinator
•••
- **Frances Sharp**
Publications Manager
•••
- **Trish Smith**
Centre Manager
•••
- **Vanessa Wood**
Finance and Research
Support Coordinator

NEW ADMINISTRATIVE AND SUPPORT STAFF



Cheri Mussell

Cheri is covering maternity leave for CHE's finance and research support officer, assisting with the day to day finances for the Centre. She also deals with the finances for all TEEHTA research projects/grants. Cheri has worked at the University of York since March 2000.



**Alexandra
Rollinger**

Alex is Project Coordinator for CHE's Global Health Team. She is responsible for providing support to team members in their work to develop and apply economic evaluation and analysis methods to healthcare problems in low- and middle-income countries. Upon graduating from York in 2013 with a BA(Hons) in English Language and Linguistics, Alex worked as a Research Executive for an independent research consultancy in Harrogate, specialising in the UK skills and education arena.



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