I am delighted to welcome two new senior members of staff to CHE.

Dr Richard Cookson joins us this month from the Department of Social Policy and Social Work, here at the University of York and will focus on developing methods for analysing the health equity outcomes of health care reforms and public health programmes and incorporating them within economic evaluation.

Professor Martin Chalkley joins us in August from the University of Dundee and is interested in the role of incentives and motivation in the delivery of health care, especially with a view to controlling costs and ensuring the delivery of high quality services.

CHE looks forward to working with such impressive new colleagues.

I am also extremely pleased that two major programmes of research are now underway at CHE, the result of successful bids to establish Policy Research Units funded through the Department of Health’s policy research programme. The establishment of the Economics of Social and Health Care Research Unit (ESHCRU) and the Economic Evaluation Policy Research Unit (EEPRU) will allow us to explore new areas of research and provide a robust evidence-base to inform policy and practice in health and social care. ESHCRU is directed by Professor Andrew Street at CHE, with collaborators from the University of Kent and the London School of Economics. EEPRU is a collaboration between CHE and the University of Sheffield, directed by Professor John Brazier (University of Sheffield) with Professor Mark Sculpher from CHE as his deputy.

Both these developments mark an exciting new chapter in CHE’s influential research and we look forward to challenging and rewarding times ahead.

Maria Goddard
Director
The impact of crisis resolution and home treatment teams on psychiatric admissions

Crisis Resolution and Home Treatment (CRHT) teams were introduced in England in 2000/01 to provide intensive home-based care for patients in crisis as an alternative to hospital treatment. The policy drive to introduce CRHTs and potentially divert resources away from existing Community Mental Health Teams was in part driven by early and geographically limited evidence on the effectiveness of CRHTs in reducing hospital admissions. Contrary to previous results however, and using national data with a more robust methodology, this research finds that the CRHT policy has had no significant effect in reducing hospital admissions. There were no significant differences in the number of admissions between providers with and without CRHTs, which raises questions about future policy developments in this area.

This paper is published in the British Journal of Psychiatry:  

Project team: Rowena Jacobs and Eliana Barrenho

Estimating the costs of specialised care

Research examining the costs associated with the provision of specialised care concludes that hospitals should receive extra payments for providing some types of specialised services. Under Payment by Results, hospitals are paid a national tariff for treating particular types of patients and the research explored whether this amount fully reflected the costs of providing care. Costs were found to be higher for patients receiving some types of specialised care. For instance, costs are 20% higher if specialised children’s services are provided and 21% higher for specialised orthopaedic services.

The study also showed large variation in costs among hospitals which cannot be explained by the provision of specialised services, nor by other patient characteristics, nor by differences in input prices. If hospitals with higher costs fail to improve their efficiency they may struggle financially in future.

For more details go to:  

Project team: Silvio Daidone and Andrew Street

New price regulation in the NHS

A robust framework is needed for the proposed new purchasing system for medicines to make sure it delivers anticipated benefits for the NHS. By 2014, a system of “value-based pricing” (VBP) will replace the current system and this fundamental change in pharmaceutical regulation offers an opportunity to base pharmaceutical pricing and access to new health technologies on sound principles, reflecting social values and the reality of a budget-constrained NHS.

However, careful specification of the scheme is required including the need for an explicit definition of value and for this to be fully reflected in an empirical estimate of the cost-effectiveness threshold. The research sets out a potential framework for VBP in the devolved NHS, as well as identifying the critical details of how the framework would be implemented.

Research report at:  

Project team: Karl Claxton and Mark Sculpher from CHE and Stuart Carroll from the Bow Group

Alan Williams Fellowships – Call for applications

CHE is pleased to be re-launching the Alan Williams Fellowships scheme. The Fellowships were first launched in 2006 as a tribute to Alan Williams and to enable health economists from anywhere in the world to spend time in York.

Applications are invited from mid-career researchers wishing to visit the Centre for Health Economics. The value of the fellowship is £5,000, intended as a contribution towards living and travel expenses associated with the visit.

Deadline for applications is 30 June 2011

Further information:  

Project team: Karl Claxton and Mark Sculpher from CHE and Stuart Carroll from the Bow Group
The NHS White Paper: An Economics Perspective

CHE/OHE Workshop

The government’s recent White Paper on the NHS ("Equity and Excellence: liberating the NHS") announced a host of important reforms for the health service over future years.

CHE organised an interactive workshop jointly with the Office of Health Economics in London on 8 December on the topic of "Equity and Excellence: Economics and Evidence?". The aim was to provide an analytical overview of the reforms and demonstrate the role of evidence arising from research undertaken by both CHE and the OHE. It was aimed mainly at key policy makers and analysts in the Department of Health and the NHS and was attended by around 40 delegates.

Presentations on key economic aspects of the reforms relating to GP commissioning, competition, productivity and efficiency were made by Nigel Rice, Hugh Gravelle, Andrew Street and Maria Goddard from CHE, as well as colleagues from the OHE.

Staff news

Dr Rowena Jacobs has been invited as an expert adviser to the Organisation for Economic Co-operation and Development (OECD) on performance measurement in mental health services.

Conference and workshop presentations

Professor Mark Sculpher spoke at a conference entitled “The Asian Symposium on Value for a QALY” held by the Korean National Evidence-based Healthcare Collaborating Agency in Seoul, South Korea in January. He also spoke at a workshop on risk sharing arrangements in the reimbursement of pharmaceuticals held by the Centre for Drug Evaluation in Taipei, Taiwan.

Courses and workshops

Analysing patient data using hospital episode statistics
14 - 15 June 2011
York Expert Workshops in the Socio Economic Evaluation of Medicines
27 June , 4 July, 11 July
More course details

New funding

NICE Technology Assessment Reviews. Steve Palmer, Mark Sculpher in collaboration with the Centre for Reviews and Dissemination. Funder: Department of Health.

Combining routinely collected data and patient outcomes to measure quality/costs ratios (PROMS). Andrew Street, Chris Bojke in collaboration with Nancy Devlin from the Office of Health Economics. Funder: NIHR-CCF.

Identifying appropriate methods to incorporate concerns about health inequalities into economic evaluation of health care programmes (Public Health Research Consortium). Mark Sculpher, Nigel Rice, Karl Claxton, Richard Cookson, Susan Griffin. Funder: NIHR-CCF.

Health Economists’ Study Group Conference

Hosted by CHE

The Centre for Health Economics was pleased to host the 2011 Winter Health Economists’ Study Group (HESG) from 5 - 7 January. HESG exists to support and promote the work of health economists in the UK and abroad. The University of York has a long history with HESG, with the organisation originally being created by economists at York and hosting conferences on several occasions.

Now in its 39th year, the conference has a distinctive workshop style that allows an emphasis on quality over quantity with an hour devoted to discussion of each paper. The range of papers reflected the current balance of work in health economics, with the largest categories being: economic evaluation; health measurement and determinants of health; and the performance and organisation of health care providers. With 80 abstract submissions covering empirical applications and methodological developments and over 120 registered participants representing universities from the UK and abroad (notably Scandinavia, USA and Singapore), policy makers (NHS, DoH) and the medical industry, the 2011 Winter HESG conference at York proved very popular and demonstrates the vibrancy of the field and the importance of HESG in developing the scientific and methodological foundations of health economics and putting academic ideas into practice. As with all HESG conferences, there was a strong presence of York health economists who greatly contributed towards the discussions and to a successful conference.


Carr-Hill R. A large-scale donor attempt to improve educational status of the poor and household income distribution; the experience of PEDC in Vietnam. International Journal of Educational Development. doi:w.2010.06.0 15.

Carr-Hill R. The poor may always be with us; but we don’t know how many there are or where they are. Journal of Health Services Research and Policy 2010;15:121-130.


Culyer AJ. Perspective and desire in comparative effectiveness research - the relative unimportance of mere preferences, the central importance of context. Pharmacoeconomics 2010;28:889-97.


