



Centre For Health Economics

Health Economics News

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Welcome to the CHE Newsletter

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Do patients care about quality when choosing a general practice?

Research Team: Hugh Gravelle, Rita Santos (CHE) and Carol Propper (Imperial and Bristol)

Encouraging competition is a popular policy direction at the moment. In principle, greater competition between general practices could increase the quality of care provided. But this will work only if patients consider quality when they choose their general practice and it is often suggested that patients care only about distance when making their choices. However, in our work on patient choice of general practices we have found that only 40% of patients register with the nearest practice. Patient choices also take account of the age and gender of GPs, their country of qualification, and the quality of the practice. A 10% increase in quality, as measured by practice performance under the Quality and Outcomes Framework, is associated with a 14% increase in list size. This suggests that policies to encourage competition in GP markets could improve quality.

Full report CHE Research Paper 88 [www](http://www.york.ac.uk/che/publications)

Which NHS inequalities matter most?

The NHS has a new duty to consider reducing inequalities in the quantity, quality and outcomes of health care. But which NHS inequalities matter most to the general public? To help find out, we held a "Citizens' Panel" meeting at the King's Manor in York City Centre, on Saturday 21 September (Panel and Research team pictured below). Twenty-nine members of the public spent the day discussing the issues in small groups and filling out our survey, together with expert presentations and Q&A sessions led by the research team. The findings will feed into a three year NIHR funded project on measuring NHS performance in tackling socioeconomic health inequality, led by Richard Cookson.



Paying to irradiate? Dental x-rays and financial incentives

Research team: Martin Chalkley (CHE), Stefan Listl (University of Heidelberg), Colin Tilley (NHS Education for Scotland)

The use of x-rays is an emotive topic. All ionising radiation is potentially damaging and whilst dental x-rays



individually constitute a very low dose, they are one of the most ubiquitous sources of radiation encountered in health care. It is, therefore, important to understand what factors might contribute to their use. This study uses detailed administrative data from the National Health Service in Scotland. We observe each individual's courses of dental treatment over a six year period and in particular whether they have been given x-ray examinations. The research focuses on both (a) how the dentist is paid and (b) how the financial contribution of the patient impacts on the incidence of x-ray examinations. We find that changing a dentist's remuneration from a fixed salary to a fee per item of service (which includes a separate fee for each x-ray) increases the incidence of x-ray examinations, particularly for those patients who are exempt from charges. We cannot determine whether the use of x-rays was clinically correct or not, but these findings give rise to obvious questions as to whether variation in the incidence of x-rays induced by purely financial changes is appropriate.

For more details see: www.che.ac.uk

Carers: their health and quality of life

Research team: Cinzia Di Novi (Alan Williams Fellow), Rowena Jacobs (CHE) and Matteo Migheli (Università di Torino)

Providing informal care to close relatives impacts on health and quality of life in ways that depend on the carers geographical location and cultural and social contexts. Using a representative sample drawn from the Survey of Health, Ageing and Retirement in Europe (which provides data from 11 countries but not the UK), the research assessed whether carers and non-carers differed on self-assessed health and on a validated measure of quality of life and explored whether any regional differences exist across Europe. Overall results showed a North-South divide for both self-assessed health and quality of life. Caregivers in Northern Europe (Denmark, Sweden, and the Netherlands) and Central Europe (Austria, France, Germany, Switzerland, Belgium) rate their own health higher than non-carers while in the South (Spain, Greece and Italy) there is no significant difference. Formal care provision explains some of the differences as carers with more formal support structures rate their health as better than non-carers. For quality of life, North-South differences were also observed with caregivers in Central Europe and the South experiencing feelings of more self-realisation and pleasure, but those in Central Europe feeling less autonomous and in control. The findings show the importance of ensuring that policy should be tailored to match the needs of individual carers in their own geographical areas and cultural contexts.

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Developing integrated care in South Somerset: the Symphony project

Since the inception of the NHS, an ever-present challenge has been to improve integration of care within the health care system and with social care. Many people have complex and ongoing care needs and require support from multiple agencies and various professionals. But care is often fragmented and uncoordinated, with no one agency taking overall responsibility, so it is often left to individuals and their families to negotiate the system as best they can.

To help address this, **Andrew Street and Panos Kasteridis** are working with [South Somerset's Symphony project](#). This is designed to establish greater collaboration between primary, community, acute and social care, particularly for people with complex conditions. CHE's role includes examining patterns of health and social utilisation and costs for the local population, to identify which groups of people would most benefit from better integrated care and what organisational and budgetary arrangements need to be put in place to support this. These arrangements will then be subject to evaluation in the future.

An overview of the integration plans in Somerset appeared in the *Health Service Journal* in August 2013.

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Alan Williams Fellowship Awards

Congratulations to Peter Sivey, from the University of Melbourne, and Mikael Svensson, from Karlstad University, who have been awarded Alan Williams Fellowships. Applications were invited from researchers wishing to visit the Centre for Health Economics and the University of York.

Peter Sivey's research project will be 'Estimating the relationship between emergency department waiting times and demand'. Mikael Svensson's research topic will be 'Out-of-pocket payments in health care - how does it affect health care utilization?'

The value of the Fellowships is £5,000 intended as a contribution towards living and travel expenses associated with the visit. 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.

Conferences and workshop presentations

Rowena Jacobs gave an invited talk on 'The impact of crisis resolution and home treatment teams on psychiatric admission rates in England' to the North Essex Partnership NHS Foundation Trust in April. She presented a paper at the 11th Workshop on Costs and Assessment in Psychiatry in Venice in March entitled 'Is higher primary care quality associated with lower hospital admissions for people with serious mental illness?' She was an invited discussant at the same conference on a session on 'Depression'. Dr Jacobs also gave an invited lecture on 'Payment by Results (PbR) for mental health services' for the Andrew Sims Centre in Leeds.

Richard Cookson gave a talk on 'Reducing financial risk' at a WHO working group meeting on fairness on the path to universal coverage, Harvard Centre for Population and Development, Boston, 20-21 April. He also gave an invited talk on 'Using administrative data in health economics – an illustrative study of hospital competition and inequality', at the Public Economics UK Conference, 18-19 June, sponsored by the ESRC, CAGE and Warwick University.

In June, several members of staff, including **Nils Gutacker, Katja Grasic, Panos Kasteridis, Christoph Kronenberg, James Gaughan, Thomas Patton and Hugh Gravelle**, attended the summer meeting of the Health Economics Study Group in Warwick and presented a number of papers.

At the International Health Economics Association (iHEA) 9th World Congress held in Sydney in July, **Mike Drummond** was involved in a number of conference sessions. He presented three papers including: 'Adapting Economic Evaluation to Meet Changing Policy Needs: The Case of NICE in the UK' and 'The Growth of Value-Based Pricing in Europe: Opportunities for Price Discrimination?' He also presented papers at workshops organized by the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Australian Chapter (in Brisbane, 16 July) and the ISPOR New Zealand Chapter (in Auckland, 20 July).

Andrew Street was appointed Chair of the Welsh Health Economics Support Service

Advisory Group, served on the Norwegian Research Council's Health and Care Services Board, and served on the scientific committee of the 33rd Spanish Health Economics Conference, at which he and **Nils Gutacker** gave presentations.

On 6-8 August **Tony Culyer** chaired a workshop on behalf of NICE International on Global Diplomacy, Universal Coverage and Health Care Priority-setting at the Rockefeller Foundation Center in Bellagio, Italy.

In September, **Mark Sculpher** and **Pedro Saramago** taught a 3-day course on Advanced Decision Analytic Modelling for Economic Evaluation in Santiago, Chile, funded by ISPOR Chile chapter. They also taught a pre-conference short course on the same topic and gave a workshop on Using Evidence Elicited from Experts in Decision Making at the 4th Latin American ISPOR conference in Buenos Aires, Argentina.

In early October, **Pedro Saramago** received the prize for best podium presentation at the 13th Portuguese National Health Economics Conferences in Braga, Portugal. The presented work on 'Network meta-analysis of (individual patient) time to event data alongside (aggregate) count data' had been carried out together with **Ling-Hsiang Chuang** and **Marta Soares**.

New funding

The delivery of chemotherapy at home: an evidence synthesis

Gerry Richardson (Collaborating with the Centre for Reviews and Dissemination, University of York)
1 March 2012 - 30 April 2014
Funder: NIHR HS&DR

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

Gerry Richardson (Collaborating with Health Sciences Department, University of York)
1 June 2013 - 30 May 2014
Funder: NIHR HS&DR

Scaphoid Waist Internal Fixation for Fractures Trial (SWIFFT)

Gerry Richardson (Collaborating with University Hospitals of Leicester NHS Trust)
1 April 2013 - 30 Sept 2017
Funder: NIHR HTA

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

Mark Sculpher (Collaborating with Kings College London)
1 June 2013 - 30 Nov 2018
Funder: NIHR HTA

A clinical and economic evaluation of screening and diagnostic tests to identify and treat women with gestational diabetes: association between material risk factors, glucose levels, and adverse outcomes
Mark Sculpher (Collaborating with Bradford Teaching Hospitals NHS Trust)
1 June 2013 - 31 May 2015
Funder: NIHR HTA

Pre-schoolers in the playground (PIP) - a cluster randomised controlled trial of physical activity intervention for children aged 18 months - 4 years
Gerry Richardson (Collaborating with Health Sciences, University of York)
1 Sept 2013 - 30 June 2014
Funder: NIHR PHR

Bringing Information and Guided Help Together (BRIGHT)
Gerry Richardson & Eldon Spackman (Collaborating with the University of Manchester)
1 June 2013 - 30 Sept 2013
Funder: NIHR CLAHRC

Courses and workshops

Analysing patient-level data using hospital episode statistics (HES)
26-28 November 2013

Regression methods for health economic evaluation
Half-day introduction: 17 March 2014
Full course: 18-20 March 2014

Decision analytic modelling for economic evaluation
Foundations course: 31 March-1 April 2014
Advanced course: 2-4 April 2014

York Expert Workshops in the socio economic evaluation of medicines
Quality of Life Workshop: TBC
Foundations Workshop: 30 June-4 July 2014
Advanced Workshop: 7-11 July 2014

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Latest CHE Research Papers

CHERP84

The quality of life of female informal caregivers: from Scandinavia to the Mediterranean Sea - Cinzia Di Novi, **Rowena Jacobs** and Matteo Migheli. [www](http://www.york.ac.uk/che)

CHERP85

Choice of contracts for quality in health care: evidence from the British NHS – Eleonora Fichera, **Hugh Gravelle**, Mario Pezzino and Matt Sutton. [www](http://www.york.ac.uk/che)

CHERP86

Long term care provision, hospital length of stay and discharge destination for hip fracture and stroke patients - **James Gaughan**, **Hugh Gravelle**, **Rita Santos** and **Luigi Siciliani**. [www](http://www.york.ac.uk/che)

CHERP87

NHS Productivity from 2004/5 to 2010/11 – **Chris Bojke**, **Adriana Castelli**, **Katja Grasic**, **Andrew Street** and **Padraic Ward**. [www](http://www.york.ac.uk/che)

CHERP88

Does quality affect patients' choice of doctor? Evidence from the UK – **Rita Santos**, **Hugh Gravelle** and Carol Propper. [www](http://www.york.ac.uk/che)

CHERP89

Competition, prices, and quality in the market for physician consultations - **Hugh Gravelle**, **Anthony Scott**, **Peter Sivey** and **Jongsay Yong**. [www](http://www.york.ac.uk/che)

CHERP90

Attributing a monetary value to patients' time: A contingent valuation approach - **Bernard van den Berg**, **Amiram Gafni** and **France Portrait**. [www](http://www.york.ac.uk/che)