



Centre For Health Economics

Health Economics News

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Welcome to the CHE Newsletter

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Courses and Workshops

The Centre for Health Economics (CHE) offers a programme of short courses and workshops in health economics.

More details here [www](http://www.york.ac.uk/che)



Is an ounce of prevention worth a pound of cure?

Project Team: Stephen Martin (Department of Economics and Related Studies), James Lomas, Karl Claxton (CHE)

The NHS spends about 5% of its annual budget on preventive activity with most of the remainder on treatment. However, most observers agree that prevention is better than cure and three recent government publications emphasise the importance of prevention, with calls for the proportion spent on prevention to increase to 15%, if the government's target gains in healthy life expectancy by 2035 are to be realised.

Looking at variations between local authorities in 2013, our econometric model estimates that it costs the NHS around £13,500 to improve population health by one quality-adjusted life year (QALY), while for the public health grant from local authorities it costs only £3,800.

An increase in public health expenditure is therefore more productive of health than a change in NHS healthcare expenditure, and hence the recent proposal to shift resources away from the latter and towards the former is an evidence-based one. Our cost per QALY calculations reveal that public health expenditure appears to be about three to four times more productive at the margin than healthcare expenditure. Thus Benjamin Franklin's axiom – that 'an ounce of prevention is worth a pound of cure' – is correct in this context in the sense that prevention is more productive than cure but, with 16 ounces to the pound, the adage rather exaggerates the size of this advantage.

For more details see CHE Research Paper 166: [www](http://www.york.ac.uk/che/publications)

CHE Research Fellowship

Written by Rachel Meacock, University of Manchester



I am currently just over half way through my CHE Research Fellowship, and it has been a fantastic experience so far. I spend one week each month visiting CHE, which gives me uninterrupted time to work on my Fellowship project. Having worked at the University of Manchester for nine years, the CHE Research Fellowship has been a great way of widening my network of collaborators and gaining exposure to new ways of thinking.

I am collaborating with Simon Walker, Susan Griffin, and Nils Gutacker to develop a method for estimating the impact of health policy interventions in terms of QALYs. This builds on work I started as part of my PhD, and it has been a great opportunity to take these ideas forward. My Fellowship finishes in July when I will present the results at a CHE seminar, another valuable chance to receive feedback on my ideas.

The CHE Research Fellowship has been a great experience, both professionally and personally. I hope that the collaborative relationships we are currently building will carry on long after the Fellowship ends. To anyone considering applying for the 2020 round, I would definitely recommend it.

Further details of how to apply for the 2020 Fellowship are here: [www](http://www.york.ac.uk/che)

What is the impact of a service to support carers of people with dementia?

Project Team: Francesco Longo, Rita Faria, Helen Weatherly (CHE) Kate Gridley, Gillian Parker (Social Policy Research Unit), Fiona Aspinall (UCL), Bernard van den Berg (VU University Amsterdam)

Informal unpaid carers provide essential support to enable people with dementia to remain living in the community. Caring may have a negative impact on carers' own wellbeing and health, but evidence on how best to support carers is scarce.

Admiral Nursing (AN) is the only specialist nursing service in the UK to focus on supporting carers of people with dementia.

This study explored the feasibility of collecting data from carers, who can find it difficult to be involved in research. It used a one-off survey to compare the quality of life and costs for carers with and without AN. It provides an indication of the cost-effectiveness of AN and informs future studies on support services for carers.

Carers who used AN were older and more heavily involved in caring than other carers. Taking differences across carers into account, the quality of life of carers using AN appeared slightly better than that of carers without AN. This benefit, however, may have been due by chance. The costs of the health and social care services used by both groups were similar.

The full report is here [www](#)
and Journal Article here [www](#)



Photo shows Paulette Winchester-Joseph, Deputy Clinical Lead, Admiral Nurse Dementia Helpline

Shocks to health and labour market responses

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

Health is an important determinant of labour market participation and productivity. Policy initiatives around maintaining employment opportunities, and reducing the employment gap between individuals with and without long-term health conditions relies on understanding the link between labour supply decisions and changes in health.



Employing panel data from the UK Household Longitudinal Study (UKHLS) this research investigates the labour supply response of individuals following an acute shock to their health (incidence of cancer, stroke or heart attack). We find a substantial increase in the probability of labour market exit and reduced hours and earnings following a health shock. Impacts are stronger for women, older workers, and those who experience more severe health impairments. Individuals who remain in employment display greater employer attachment than their non-shocked counterparts measured through feelings about their job.

These results are particularly pertinent given concerns about population ageing, the need to prolong working lives, and recent policies to limit the fiscal burden of social security provision and the need to promote the labour market inclusion of disabled individuals.

Published version of the paper is here: [www](#)

Funding: This work originated through a visit to CHE by Francesca Zantomio under the [CHE Research Fellowship scheme](#).

Festival of Social Science: War and Peace engagement event

Written by Kay Fountain

The War and Peace project team were delighted to take part in the ESRC Festival of Social Science in November 2019, designed to promote social sciences to a wide audience, including the general public. 'Building peace, improving health: an evening event with perspectives from Colombia' showcased some of the project's findings so far and included short films, an interactive map of Colombia showing conflict events and initiatives, and a timeline of the conflict. The evening also included a panel discussion involving members of the project team from both the University of York and the Universidad de los Andes, a British journalist based in Bogota, a Colombian visual artist and a representative from the Colombian Ministry of Health.

The War and Peace research project focuses on the consequences for health and health systems of long-term conflict. The project's conclusions, due later in 2020, will support evidence-based health policy recommendations in Colombia and other conflict-affected countries.

More details here [www](#)

Why are there long waits at English emergency departments?

Project Team: James Gaughan, Panos Kasteridis, Anne Mason (CHE) Andrew Street (LSE)

Long waiting times in hospital Accident and Emergency (A&E) departments are a concern for patients, hospitals, and policy makers. To try to minimise the number of long waits, there is a target that 95% of patients should be admitted, discharged or transferred within four hours of arriving at an A&E. Reports of long waits regularly make national headlines, especially in recent years when the target has been repeatedly breached.

Our study investigates the drivers of two type of long waits: overall waits and waits following a decision to admit ('trolley waits'). We use weekly data from 2011/12 to 2015/16 and adjust for a range of supply and demand factors including patient demographics, A&E staffing and hospital bed occupancy. Our analysis extends previous work by modelling potential drivers jointly rather than individually.

Higher rates of overall and trolley waits are linked to higher patient age, more patients leaving without being treated, higher death rates and higher bed occupancy rates. Minor injury units are associated with long overall waits but not with trolley waits. However, substantial variation between hospitals remains after accounting for these factors. Further investigation of providers with unusually good or poor performance may provide additional insights.

Further information here www.chest.ac.uk



Staff news



Congratulations to **Claire de Oliveira** who was elected to the iHEA Board of Directors in December

2019 and **Vanessa King**, who recently achieved promotion success.



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CHE hosted a visit from a Japanese delegation on February 18 2020. The delegation comprised of officials from the Ministry of Health and Welfare (MHW), the National Institute of Public Health and university-based researchers. They visited UK academic groups and the National Institute for Health and Care Excellence (NICE) to gain an understanding of how academic centres like CHE and the Centre for Reviews and Dissemination at the University of York support

the activities of NICE's Technology Appraisal process.



See our website for full details of CHE staff [presentations and visits](#).

CORONAVIRUS INFORMATION:

The current issues with Covid-19 have produced a fast-moving, changing situation which is challenging the organisation of many events internationally. In the light of these circumstances, we have come to the reluctant conclusion that we must cancel our Spring Short Courses. With respect to our various short courses held during the summer, we are continuing to monitor the situation closely and this information will be updated should it be necessary for us to postpone these to later in the year.

Please refer to each specific course for further coronavirus information here. www.chest.ac.uk

We apologise for any inconvenience caused in these extraordinary circumstances, and we look forward to continuing to provide our short course offerings to you in the future.

New funding

Accountability for informal urban equity hub

Sumit Mazumdar

Funder: MRC GCRF
2019 - 2024

Harnessing cross-country administrative data to evaluate national policy impacts on maternal, infant and child health and health inequalities-MatCHNet

Richard Cookson

Funder: MRC
2019 - 2023

Policy Research Unit in cancer awareness, screening and early diagnosis

Mark Sculpher

Funder: NIHR PRU
2019 - 2023

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Latest CHE research papers

171 Productivity of the English National Health Service: 2017/18 update. Adriana Castelli, Martin Chalkley, James Gaughan, Idaira Rodriguez Santana.

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