



Centre For Health Economics

Health Economics News

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What can we expect to happen if the NHS changes the way it pays for emergency treatments in hospital?

Project Team: Martin Chalkley, Hugh Gravelle, Nikita Jacob, Rita Santos (CHE), Luigi Siciliani (DERS, University of York)

The previous system paid a fixed price for each patient according to the resources needed to treat them, measured by the 'Healthcare Resource Group'. It has been replaced with a system called blended payment, which gives the hospital a lump sum and then makes more limited adjustments for the number of patients it treats.

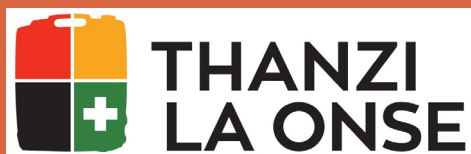
This paper sets out a framework to understand how this payment reform might affect decisions on emergency care. Using economic theory, we construct a model with two organisations - a hospital and a purchaser - who respectively influence admissions from, and attendance at, Accident and Emergency departments. These decisions are each influenced by the payment system and also interact with each other. So when the hospital admits more patients, the purchaser has an incentive to reduce attendances in order to protect its budget. Similarly, when a hospital faces a higher attendance rate, it needs to modify how it treats patients. The model is a way of understanding how these interdependent decisions are resolved and how they will be affected by the change in payment system.

We show that blended payments can be expected to lower emergency admissions to hospital, but lead to higher attendances at Accident and Emergency departments. We proceed to analyse how the way blended payments are implemented can influence the levels of admissions and attendances in an emergency care system.

Read Research Paper 187 here: [www](http://www.york.ac.uk/che)

Projecting fiscal space for health

Project Team: Priscilla Kandoole (CHE), Paulo Santos Monteiro (DERS, University of York)



Most developing countries are faced with the challenge of matching limited resources against competing priorities. Considering the macroeconomic and fiscal realities of countries in any health financing policy dialogue is thus important. Our study assessed how shocks affect the

macroeconomy and health outcomes in the short-run. A model was jointly estimated for Eswatini, Malawi, Mauritius, Zambia and Zimbabwe to understand the intertwined relationship between health expenditure and the macroeconomy. The latter included real GDP and total government expenditure whilst the former included child mortality and share of health expenditure to total expenditure. This model allowed us to identify the impacts of a government spending shock, GDP shock, health shock and external finance shock on each of the variables. Results revealed a tight link between public health spending and health outcomes, even in the short run, meaning that more spending lowers child mortality. Furthermore, evidence of rivalry for fiscal capacity across components of public spending was shown. Also, fluctuations in external financing are detrimental for health spending and consequently health outcomes. A clear policy priority is to achieve improvements in population health and robust healthcare systems. However, a holistic approach is paramount in the balance between increased resources for health alongside efficient, effective, and equitable use of those resources to achieve health sector objectives.

Further details are here www.thanzi.co.za

Unlocking data to inform public health policy and practice

Written by Seb Hinde on behalf of the research team based at University of York, University of Sheffield, University of Leeds, Sheffield City Council, Sheffield CCG, and City of York Council.

Background

In England, many health and social care services are commissioned locally, as part of which a wide range of data is collected that has the potential to be better used to inform research and effective commissioning.

What did we aim to achieve?

We set out to understand:

1. What data are available and how it can be shared.
2. How data are currently used.
3. What gaps exist between commissioners and researchers.

How did we do it?

Working collaboratively, we identified examples of data sharing, availability, and evaluation. This allowed us to explore what is important when using such data, and how data availability could be made more transparent and understandable.

What did we discover?

Local commissioners currently use and share data, such as to identify people at-risk of falling. However, it is not always clear what data exists, who has control of it, and how it can be accessed. We identified many areas where researchers and commissioners need to collaborate to improve these issues and other challenges including determining value for money, quantifying health inequalities, and reflecting budgetary realities in evaluations.

The project was funded by NIHR PHR, with in-kind support from the NIHR ARC YH.

More details here www.nihr.ac.uk



Newcomers to CHE 2022

Naomi Gibbs



I joined CHE in January 2022 having just finished my PhD in modelling the health impact of minimum unit pricing of alcohol in South Africa. Prior to this I worked in the third sector for ten years. At CHE I am very much enjoying working with great colleagues, and learning a vast amount, whilst working on two interesting projects: evaluating interventions for leprosy ulcer patients in Nepal, Nigeria and India; and modelling the health impact of waiting for elective procedures in the NHS in England.

Ivan Ochoa-Moreno

I joined CHE as a Research Fellow in July 2022. My research focuses on impact evaluation of health policies, universalisation of healthcare and lifelong impact of early-life health and development. Currently, I am involved in a project assessing inequalities in healthcare access, quality and financial risk protection of displaced Venezuelan women in Brazil. I hold a PhD in Economics and an MSc in Health Economics from the University of York.



Jinglin Wen



I joined CHE in October 2022 and my PhD research is in the field of applied microeconomics with a focus on women's safety and health. I have accumulated experience in the analysis of administrative and survey data in the UK, the US, and India by utilising the tools and methods of applied econometrics. I feel lucky I get to work at CHE in such a collegiate environment. Currently I work on several projects in the ESHCRU group relating to community diagnostics centres and waiting time inequalities of elective patients.

News from CHE

Congratulations to **Panos Kasteridis, Helen Weatherly, Nils Gutacker, Claire Rothery, Anne Mason** and **Marta Soares** who were recently promoted.



Adriana Castelli has been awarded a 2022 Visiting Professor Fellowship by Sapienza University, Rome, Italy. Adriana will be working with Ass. Professor Giorgia Marini to investigate the impact of digital technology on hospital efficiency and wider performance measures, including patient outcomes.

More news about CHE can be found on our website. www.chesthames.ac.uk

Maria Goddard was recently appointed to the Advisory Council of the UK Research Integrity Office (UKRIO).

Alastair Bennett's poster at ISPOR Europe was recognised as among the top 5% for quality and clarity (photo to the right).

See our website for full details of CHE staff presentations and visits. www.chesthames.ac.uk



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These and other CHE publications can be found on our website here: www.york.ac.uk/che

Latest CHE research papers

185 Productivity of the English National Health Service: 2019/20 update. Anastasia Arabadzhyan, Adriana Castelli, Martin Chalkley, James Gaughan, Maria Ana Matias.

186 Approaches to projecting future healthcare demand. Maria Ana Matias, Rita Santos, Panos Kasteridis, Katja Grasic, Anne Mason, Nigel Rice.

187 Payment reform, purchaser and provider decisions and the performance of emergency healthcare systems: The case of blended payment in the English NHS. Martin Chalkley, Hugh Gravelle, Nikita Jacob, Rita Santos, Luigi Siciliani.

188 The potential for payment reform to influence emergency admissions: the case of blended payment in the English NHS. Martin Chalkley, Hugh Gravelle, Nikita Jacob, Rita Santos, Luigi Siciliani.

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