

ANNUAL REPORT

Using Economic Analysis to Inform Policy
and Practice Internationally

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2022

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It has been a busy year at CHE! Our annual report for 2022 shows new and continuing projects being undertaken in the Centre and provides summaries of some completed research over the year. We have also grown, with new appointments to our research and support teams.

Compared to 2020 and 2021, the impact on our working lives in 2022 of COVID-19 and the government's response to managing the pandemic was markedly less. It has been wonderful to return to the vibrancy of an office full of colleagues, in particular on our 'CHE Days' when we have a leadership meeting, a departmental meeting, lunch and a research seminar. But we have also embraced the flexibility that home working can provide for part of the week, and hybrid working continues to work well in CHE. The enduring effects of COVID-19 on population health and health and social care systems remains a major challenge, raising important research questions. Furthermore, learning from the pandemic through research to inform policy responses to similar future events has been an important strand of CHE's research. One example is our work on the employment experiences of individuals with and without disabilities through the economic disruption associated with the pandemic (page 6). Our list of projects covers research on the impact of COVID on inequalities in health and wellbeing in the UK, the effect of the pandemic and

social distancing on violence against women in Brazil and the implications of post-COVID syndrome on patients' health-related quality of life in the UK. Ensuring our research has a demonstrable impact for public good has always been important to CHE. We report (page 4) on the results of the 2021 Research Excellence Framework (REF) which were published in 2022. This exercise is undertaken every seven years to assess the quality and impact of universities' research and the strength of their research environments. The impact of CHE's research was assessed jointly with other University of York health-related departments, and was based on seven case-studies, six of which were considered 'world leading' and was ranked 5th in the country. The REF return is a monumental task, and I am grateful to my colleagues who developed the submission. Ensuring that our research has impact and benefits beyond the academic setting is something CHE aims to build into research from the outset. An example of this is the Thanzi la Onse (Health for All) (page 5) programme where the opportunity for impact is maximised through partnerships with health and finance ministries and local public universities in Africa. Reflecting local policy priorities in determining research questions and the design and conduct of projects is an important feature of our new major NIHR-funded programme on how universal health coverage can be delivered and funded in middle-income countries with high levels of inequalities (page 4). Delivering high quality and impactful projects requires the right research tools, and our annual report shows that CHE continues to undertake methods research to improve the way we do health economics. We describe here methods development in reflecting future as well as current

opportunity costs in decision-making (page 13) and best practice in structured expert elicitation methods (page 19). Other research on methods in 2022 included health inequalities, pharmaceutical pricing and evidence synthesis. Our short courses and workshops which continued in 2022, mainly online, disseminate many of the developments in health economics methods we have previously made (page 21). As ever, all we have achieved in CHE reflects the quality of our staff and students and this is an area in which we have seen considerable change in 2022. There was sadness in the passing of two highly respected colleagues: we lost Steve Martin suddenly and unexpectedly in June and we will miss his commitment to changing the world for the better through his research; and Roy Carr-Hill who worked in CHE for 27 years before his retirement in 2011, who passed in November, and we fondly remember his sharp mind and iconoclastic approach to research. We welcomed 15 new research staff and four new PhD students, all of whom are contributing fully to life in the Centre. After long and highly productive careers, 2022 saw the retirements of Mike Drummond and Hugh Gravelle, but they remain with us as Emeritus Professors and I expect them to continue to be very active socially and academically for a while yet! Finally, I want to pay tribute to our wonderful support team. Although we miss Gill Forder who retired after 22 years in the Centre as publications manager, we have welcomed six new colleagues to the team which is central to making CHE such a supportive, friendly and productive environment. I hope you enjoy the 2022 annual review.

Mark Sculpher
Director of CHE

Researchers to investigate how to provide universal healthcare coverage to people living in absolute poverty

Researchers in York and Delhi are launching a major project to explore how to bring high quality healthcare to people around the world left behind by poverty and marginalisation.

The project, which has received £7m from the National Institute for Health and Care Research (NIHR), with additional funding from the University of York, will focus on four middle-income countries with high levels of inequality – India, South Africa, Brazil and Indonesia. The research will investigate how Universal Health Coverage (UHC) – where high quality, affordable and accessible care is provided to all people – can be financed and introduced in these countries, which are collectively home to 45% of people living in absolute poverty (which means they live on less than \$1.90 per day).

Access

Co-lead author of the study, Professor Marc Suhrcke, said: “Our study will focus on people in emerging economies who are currently deprived of access to healthcare for various reasons. This includes groups such as the working poor, informal workers, illegal immigrants and others living



under the poverty line. Working closely with international partners, we are aiming to contribute to the global debate around UHC and produce high quality research to inform policymakers, national governments, NGOs and international bodies. This research as well as knowledge and skills development on the best economic interventions and strategies – large or small – will help bring UHC closer to people suffering from a lack of access to healthcare.

Benefits

UHC is one of the *UN's sustainable development goals*, which countries around the world have committed to in order to ensure that all people can share in the benefits of economic development. There is a mounting body of evidence that UHC can deliver significant benefits both for

individuals and for economies, by improving population health and contributing to economic growth.

Vital

Co-lead author of the study, Professor Indrani Gupta from the Institute of Economic Growth in New Delhi, said: “Introducing UHC is possible and beneficial in all countries and our study will work to bring vital evidence and solutions to the individuals and organisations crucial to its implementation. We are aiming to provide vision and better understanding of what is needed to make UHC happen. Often it's a case of needing to go back to the drawing board and thinking about a country's health system as a whole rather than making fixes in siloed areas of a system.”

Professor Matthias Ruth, Pro-Vice-Chancellor for Research at the University of York added: “This project is a fantastic example of how York researchers are working closely with international partners to improve the world around us. York research is championing change and making a significant contribution to shaping a sustainable world, built on inclusivity and humanity.”

Promotion success for 2022



Dina Jankovic



Francesco Longo



Helen Weatherly



Panos Kasteridis



Anne Mason



Nils Gutacker

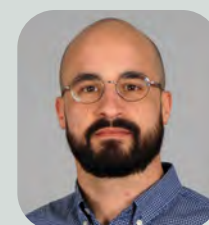


Claire Rothery



Marta Soares

PhD success for



Luis Cardoso
Fernandes



Shainur Premji



Finn McGuire

Much missed friends

CHE was saddened to learn of the death of Dr Stephen Martin in June 2022. Steve was a Research Fellow in the Department of Economics and Related Studies, but had spent many years working with the community of applied economists at the University of York, including research in health economics in collaboration with a number of colleagues in CHE. CHE was also saddened to hear of the death of Professor Roy Carr-Hill in November 2022. A former colleague in CHE for 27 years, Roy was a highly successful researcher, notably in the field of evidence-based frameworks for allocating financial resources across the NHS and inequalities in education.

The University of York is one of the *top 10 universities* in the world for its collaborative work in helping the United Nations achieve its Sustainable Development Goals (SDGs), according to a prestigious league table. An example of York's work in supporting the SDGs is the *'Thanzi la Onse'* (Health of All) project, led by CHE.



Peter Sivey contributed to 'The Conversation' – an online source of thought-provoking articles written by researchers and academics, across all disciplines, for the public in the UK and globally. In January, Peter's article 'The NHS is having its worst winter ever – and the reasons run much deeper than COVID' was featured. Earlier in the month, Peter contributed to the article 'Christmas socialising: three health experts explain how to interpret new advice.'

THE CONVERSATION

MSc Health Economics students

Ten MSc Health Economics students from the Department of Economics and Related Studies joined CHE from 13 June to 16 September 2022 for their summer placements, to carry out research and write their dissertations.

Retirements



Professor Hugh Gravelle

Professor of Economics for 25 years, Hugh Gravelle retired in March 2022 and is now Emeritus Professor in CHE.



Professor Mike Drummond

Former CHE Head of Department (December 1995 to September 2005), Mike Drummond retired in June 2022 and is now Emeritus Professor in CHE.



Gill Forder

Gill Forder retired in December 2022, after working in CHE for over 22 years.



The world-leading research undertaken by the Centre for Health Economics has been recognised in the results of the 2021 Research Excellence Framework (REF 2021). The results, which were published on 12 May 2022, indicate that, overall, 95% of research was assessed as either 'world-leading' or 'internationally excellent'. The impact of our research beyond academia in terms of benefits in areas such as public policy was particularly notable. This was reviewed based on seven case-studies, with 6/7 considered 'world leading' and a ranking of 5th in the country. CHE made a joint submission with the Department of Health Sciences, the Centre for Reviews and Dissemination and Hull York Medical School, and was ranked 9th overall in the country for Public Health, Health Services and Primary Care. When the large number of researchers who contributed to the submission (92) was considered, the submission was ranked 6th nationally.

Working during COVID-19: the impact on people with mental health disabilities

Mark Bryan¹, Andrew Bryce¹, Nigel Rice*, Jennifer Roberts¹, Cristina Sechel¹

The COVID-19 pandemic imposed major changes to the way we lived and worked as the UK entered lockdown. While lockdowns affected everybody, this research shows how they had a bigger impact on people with chronic health conditions and disabilities.

People with certain pre-existing chronic health conditions were at particular risk of serious illness or death if infected with COVID-19. Additionally, the wider effects of the pandemic, for example increased isolation and uncertainty, had a significant impact on well-being, particularly for people who already had some common mental health (MH) disorders. The lockdown measures introduced in March 2020 led to many businesses (e.g. non-essential retail, accommodation and catering services) having to stop trading altogether, while others (e.g. passenger transport and childcare) had to scale down their operations substantially. Most businesses also had to put in place protective measures and reasonable adjustments to enable people to continue to work.

Using data from the Labour Force Survey we compare what happened to the employment experiences of those with and without disabilities in the UK through this period of severe economic disruption, with a focus on MH disability. We show how

labour market disability gaps (e.g. the difference in employment rates for people with and without disabilities) changed from before the pandemic through successive lockdowns until late 2021.

Before the pandemic, the rate of employment for people with MH disabilities was lower than for those without MH disabilities, but the gap between the two had reduced over time. Our results show that COVID-19 temporarily interrupted the narrowing of this gap. Workers with a disability (and especially those with a MH disability) were more likely to report being away from their usual place of work (reflecting furlough) than workers without a disability before the pandemic, and this gap widened substantially after the first lockdown. Similarly, workers with disabilities were more likely to report working reduced hours for COVID-related reasons. Investigation of the underlying causes of these differences revealed that people with MH conditions were concentrated in jobs, occupations and sectors that were particularly badly affected by COVID-19. The main explanations for this were being in part-time work and working in caring, leisure and other service occupations (more likely for those with MH conditions) and being in managerial and professional occupations (where they are less likely to work).

The main effects of the pandemic on work appear to have been temporary for people with disabilities. However, the

employment gap that existed before COVID-19 remains, with those with MH conditions faring the worst. While temporary absence from work may have helped to protect vulnerable workers from the worst health effects of COVID-19, it can weaken attachment to the labour market and increase the chances that people do not return to work in the longer run. This also affects finances as absences were often accompanied by reduced pay (especially for workers with MH conditions). The concentration of workers with MH disabilities into sectors particularly sensitive to consumer demand and part-time work implies that they will always be vulnerable to economic downturns. Policies should aim to provide appropriate training for workers with MH disabilities to ensure they are ready to take advantage of opportunities to work in a restructured post-pandemic, post-Brexit economy.

This research was funded by the Health Foundation under their Social and Economic Value of Health programme, Award No 751630.

The [published version](#) of this research.

[Written evidence](#) based on early findings from this work presented to the House of Commons Work and Pensions Select Committee on the disability employment gap.

¹ Department of Economics, University of Sheffield

* Centre for Health Economics and Department of Economics and Related Studies University of York

Research projects 2022

Research projects are arranged in themes to reflect the cross-cutting nature of CHE research. CHE has a broad funding base and a list of funders follows:

CHE FUNDERS

Better Start Bradford

Bill and Melinda Gates Foundation

Biotechnology and Biological Sciences Research Council (BBSRC)

British Council –UK/China Partnership Innovation Challenge Fund

British Heart Foundation (BHF)

British Skin Foundation (BSF)

Cancer Research UK (CRUK)

Centre for Future Health (CFH)

Department for International Development (DFID)

Economic and Social Research Council (ESRC)
Impact Acceleration Account (IAA)

Engineering and Physical Sciences Research Council (EPSRC)

European and Developing Countries Clinical Trials Partnership (EDCTP)

European Commission
Innovative Medicines Initiative (IMI)
H2020 programme

EuroQol Research Foundation

Geneva University Hospitals Foundation

Global Challenges Research Fund (GCRF)

Health Foundation

Medical Research Council (MRC)
Clinical Trials Unit (CTU)

GCRF Foundation

Newton Fund

Research Councils UK (RCUK)

South African Medical Research Council (SAMRC)

UK Prevention Research Partnership

National Institute for Health and Care Research (NIHR)
Applied Research Collaboration (ARC)

Global Health Research

Health Services & Delivery Research (HS&DR)

Health Technology Assessment (HTA)
NIHR Evaluation Trials and Studies Coordinating Centre (NETSCC)
Policy Research Programme (PRP)

Programme Grants for Applied Research (PGfAR)

Public Health Research (PHR)

Research and Development (R&D) Programme

Research Capability Funding (RCF)

Research for Patient Benefit (RfPB)

Research and Innovation for Global Health Transformation (RIGHT)

School for Social Care Research (SSCR)

Technology Assessment Reviews (TARs)

NordForsk

Research Council of Norway

The World Bank

Trond Mohn Foundation and Norwegian Agency for Development Cooperation

UK Health Security Agency and Office for Health Improvement and Disparities

UK Research and Innovation (UKRI)

Wellcome

Worldwide Universities Network (WUN)

Yorkshire Cancer Research (YCR)

ECONOMIC EVALUATION

A pragmatic, multicentre, randomised controlled trial to assess the clinical and cost effectiveness of negative pressure wound therapy versus usual care for surgical wounds healing by secondary intention (SWHSI 2)
Pedro Saramago Goncalves
FUNDER: NIHR HTA

A randomised controlled trial of compression therapies for the treatment of venous leg ulcers (VenUS 6)
Marta Soares, Pedro Saramago Goncalves
FUNDER: NIHR HTA

Appraising the social distributions to guide levelling up health and wellbeing during COVID-19 recovery
Susan Griffin, Simon Walker, Helen Weatherly
FUNDER: NIHR PRP

Assessing the value of novel antimicrobials under new payment models
Mark Sculpher, Beth Woods, Laetitia Schmitt, Claire Rothery, Dina Jankovic, Laura Bojke
FUNDER: DHSC PRP EEPUR

Atopic Eczema (AE) in adults and children
Andrea Manca (CHE), Tom Patton (University of California)
FUNDER: BSF

Breathlessness RELief AT Home (BREATHE)
Susan Griffin (CHE), Victoria Allgar (Department of Health Sciences, York)
FUNDER: NIHR RfPB

British Heart Foundation – CE-MARC3
Simon Mark Walker (CHE)
FUNDER: British Heart Foundation (BHF)

Cerebral embolic protection in TAVI – A Clinical Outcome Trial
Stephen Palmer
FUNDER: BHF and NIHR

Estimating health opportunity costs for the NHS
Karl Claxton, James Lomas, Marta Soares, Mark Sculpher (CHE), Steve Martin (Department of Economics and Related Studies, York)
FUNDER: DHSC PRP EEPUR

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, Rita Faria, David Glynn, Francesco Longo
FUNDER: NIHR HTA

Going beyond health opportunity costs: exploring the potential effects of publicly funded Adult Social Care on individual net production
Francesco Longo, Karl Claxton, Anne Mason, Susan Griffin, Simon Walker, Helen Weatherly
FUNDER: DHSC PRP EEPUR and ESHCRU II

Healthcare Alliance for Resourceful Medicines Offensive against Neoplasms in Haematology (HARMONY)
Andrea Manca
FUNDER: European Commission IMI H2020 programme

HTx: Next Generation HTA
Andrea Manca, Noemi Kreif, Claire Rothery (CHE), Cynthia Iglesias, Alexandra Smith, Ge Yu (Department of Health Sciences, York)
FUNDER: European Commission H2020 programme

IMPORT LOW: Randomised trial testing intensity modulated and partial organ radiotherapy following breast conservation surgery for early breast cancer
Susan Griffin, Rita Faria, David Glynn, Francesco Longo
FUNDER: CRUK (CRUK/06/003) and DHSC

Improving the Wellbeing of people with Opioid Treated CHronic pain (I-WOTCH)
Andrea Manca (CHE), Cynthia Iglesias (Department of Health Sciences, York)
FUNDER: NIHR HTA R&D Programme

Innovate UK: Evaluation of the Active+me cardiac rehabilitation digital platform
Sebastian Hinde (CHE), Patrick Doherty (Department of Health Sciences, York), Alexander Harrison (Department of Health Sciences, York)
FUNDER: Innovate UK

Multi-indication evidence synthesis to support oncology HTA
Marta O Soares (CHE), Sofia Da Silva Dias (CHE), Stephen John Palmer (CHE), Pedro Rafael Saramago Goncalves (CHE)
FUNDER: MRC

NETSCC: TARs – Production of Technology Assessment Reviews for the NIHR

Laura Bojke, Susan Griffin, Stephen Palmer, Claire Rothery, Mark Sculpher, Marta Soares, Simon Walker, Beth Woods, Ana Duarte, Rita Faria, Pedro Saramago Goncalves
FUNDER: NIHR TARS

NICE Economic and Methodological Unit (EMU)
Helen Weatherly, Susan Griffin, Simon Walker, with colleagues from York Health Economics Consortium
FUNDER: NICE

NIHR Applied Research Collaboration – Yorkshire and Humber ARC (Health Economics, Evaluation, Equality theme)
Laura Bojke, Gerry Richardson, Sebastian Hinde, Rowena Jacobs (CHE), with colleagues from across the University of York
FUNDER: NIHR ARC

NIHR HTA – FAST Forward trial 10-year follow up
Susan Griffin (CHE), David Glynn (CHE), Francesco Longo (CHE)
FUNDER: NETSCC

NIHR i4i – Randomised controlled trial investigating the role of a cloud-based, artificial intelligent image fusion system to guide endovascular aortic repair
Stephen John Palmer (CHE)
FUNDER: NIHR-CCF

NIHR i4i – Regulatory bench-testing of a transformational heart valve: a key step toward a first-in-human trial to benefit patients aged 18-80 with one valve type
Marta O Soares (CHE)
FUNDER: NETSCC

NIHR Programme Grant: PROMPT – Early detection to improve outcome in patients with undiagnosed psoriatic arthritis
Laura Bojke (CHE), Eldon Spackman (CHE)
FUNDER: NIHR-CCF

NIHR RfPB – Reducing SteatOsis Prior to Liver Resection (RESOLVE)
Gerry Richardson (CHE)
FUNDER: NIHR-CCF

NIHR PRP – Unit Costs of Health and Social Care
Helen Louise Ann Weatherly (CHE), Adriana Castelli (CHE), Sebastian Hinde (CHE)
FUNDER: NIHR-CCF

NIHR Research Design Service (RDS)
Gerry Richardson, Susan Griffin, Sebastian Hinde
FUNDER: NIHR
PRECISE: A health economic approach to evaluate uncertain evidence in personalised medicine
FUNDER: NordForsk

Time to increase General Practitioner rewards for preventive care in mental health?

Panos Kasteridis

Preventive activities in primary care can improve health in the community. The benefits are spread across all healthcare sectors, which see reductions in health care use by patients and reductions in costs. However, General Practitioners (GPs) carry the burden of prevention and they bear the clinical and administrative costs and experience worsening time pressures.

To compensate for this extra work, preventive activities are accompanied by a financial incentive. For patients with serious mental illness in particular, general practices are reimbursed for conducting annual reviews and documenting care plans, which are important preventive services. However, the financial incentives may be small, and unless GPs benefit substantially from any resulting cost savings in the healthcare system, the delivery of preventive care relies on the motivation of GPs to devote

time to undertake these activities, in addition to seeing sick patients.

Therefore, the design of appropriate financial incentives to promote prevention in primary care requires information on the effect of prevention on both primary care costs and costs falling elsewhere in the healthcare system. Although previous research has investigated the association between “pay-for-performance” schemes in primary care and changes in utilisation in other healthcare settings, research has not explored the impact of incentive schemes on primary care use and costs. To fill this gap we focused on the population of people with serious mental illness and examined the impact of care plans and annual reviews on costs falling in primary care, as well as costs in secondary care, relating to elective and unplanned general hospital admissions, A&E attendances and for specialist mental health services.

We used data on what happened to patients across both the primary and secondary care sectors from financial years 2011 to 2013. We found that the cost reductions for

the average general practice from conducting care plans and annual reviews were £1307 and £1017 respectively. The cost savings in other parts of the healthcare system were 4.7 times larger than the savings in primary care.

The financial gain to the average practice (cost saving in the practice plus incentive payment) from care plans amounted to only 28% of the total cost reduction across all health care sectors. For annual reviews, the financial gain was a much larger 70% of the total cost reduction, mainly because of the larger incentive payment made for annual reviews.

Our findings inform prevention policies targeting patients with serious mental illness. Using a larger part of the overall savings made across the entire healthcare system to increase the rewards for conducting care plans and annual reviews in primary care could encourage GPs to undertake extra preventive care. In turn, this may produce further savings and better health outcomes for people with serious mental illness.

Funding: National Institute for Health Research HS&DR programme (project number 13/54/40)

Read the full article in Health Economics

Ride, J., Kasteridis, P., Gutacker, N., Gravelle, H., Rice, N., Mason, A., Goddard, M., Doran, T., and; Jacobs, R. (2023). Impact of prevention in primary care on costs in primary and secondary care for people with serious mental illness. *Health Economics*, 32(2), 343–355. <https://doi.org/10.1002/hec.4623>

Research Team: Jemimah Ride (University of Melbourne), Panos Kasteridis, Nils Gutacker, Hugh Gravelle, Nigel Rice, Anne Mason, Maria Goddard, Rowena Jacobs (CHE, University of York), Tim Doran (Dept of Health Sciences, University of York)

Prevalence and economic burden of medication errors in the NHS in England

Rita Faria, Mark Sculpher, Dina Jankovic (CHE), Rachel Elliott, Elizabeth Camacho (University of Manchester), Fiona Campbell, Marissa Martyn St James, Ruth Wong, Eva Kaltenthaler (University of Sheffield)
FUNDER: DHSC PRP EEPUR

PROFID: Implementation of personalised risk prediction and prevention of sudden cardiac death after myocardial infarction

Andrea Manca, Beth Woods, Vijay Gc, Alastair Bennett (CHE), Cynthia Iglesias (Department of Health Sciences, York)
FUNDER: European Commission (IMI) H2020 programme

Promoting the use of structured methods for expert elicitation into health care decision making: development of an online repository and dissemination tools

Laura Bojke, Dina Jankovic, Marta Soares
FUNDER: ESRC IAA

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

Mark Sculpher
FUNDER: NIHR HTA

Setting payment-levels and managing uncertainty within the commercial arrangements for new antibiotics

Beth Woods, James Lomas, Mark Sculpher, Karl Claxton
FUNDER: NIHR PRP EEPUR

SHIFT – A cluster randomised controlled trial to investigate the effectiveness and cost-effectiveness of a Structured Health Intervention For Truckers

Gerry Richardson, Edward Cox, Simon Walker
FUNDER: NIHR PHR

SMART- Strategies for reducing sitting time in office workers: a three arm cluster randomised controlled trial

Gerry Richardson, Edward Cox, Simon Walker
FUNDER: NIHR PHR

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

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

The cost-effectiveness of cascade testing for familial hypercholesterolaemia

Beth Woods, Pedro Saramago Goncalves, Rita Faria, Susan Griffin, Edward Cox, Mark Sculpher
FUNDER: NIHR HTA

The wearable clinic for digital care services

Andrea Manca, Vijay Gc (CHE), Cynthia Iglesias (Department of Health Sciences, York), Ibrahim Habli (Department of Computer Sciences, York)
FUNDER: EPSRC

Transforming the treatment and prevention of leprosy and buruli ulcers in low- and middle-income countries (LMICs)

Mark Sculpher, Jessica Ochalek, Naomi Gibbs
FUNDER: NIHR RIGHT

Trial of imaging and schedule in seminoma testis (TRISST)

Pedro Saramago Goncalves, Dacheng Huo, Rita Faria, Mark Sculpher
FUNDER: MRC UCL and Cancer Research UK

UK China Health and Economy Partnership

Cynthia Iglesias (Department of Health Sciences, York), Andrea Manca (CHE)
FUNDER: British Council –UK/China Partnership Innovation Challenge Fund

YCR phase II, randomised feasibility basket trial of a tailored, home-based exercise programme on disease-free survival among early stage high-risk recurring cancers in Yorkshire

Gerry Richardson (CHE)
FUNDER: Yorkshire Cancer Research (YCR)

HEALTH POLICY

Analysis of purchaser-provider contracts: modelling risk sharing and incentive implications

Martin Chalkley, Hugh Gravelle, Maria Goddard, Nils Gutacker, Nikita Jacob, Rowena Jacobs, Leonardo Koeser, Dan Liu, Rita Santos (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)
FUNDER: NIHR PRP ESHCRU II

Case-mix adjustment of PROM data at the level of health domains

Nils Gutacker (CHE), David Parkin (Office of Health Economics and City University

of London), Yuanyuan Gu (Macquarie University, Australia)
FUNDER: EuroQol Research Foundation

Drivers of demand for health care and associated activity and spending

Nigel Rice, Martin Chalkley, Nils Gutacker, Panos Kasteridis, Anne Mason, Maria Ana Matias, Rita Santos (CHE), Raphael Wittenberg (LSE)
FUNDER: NIHR PRP ESHCRU II

EQ-DAPHNIE

Nils Gutacker (CHE)
FUNDER: EuroQol Research Foundation

How did previous patients like me do?

Nils Gutacker
FUNDER: Geneva University Hospitals Foundation

Measuring NHS productivity

Adriana Castelli, Martin Chalkley, James Gaughan, Maria Ana Matias, Anastasia Arabadzhyan
FUNDER: NIHR PRP

Paying for health benefits using PROMs data

Martin Chalkley, James Gaughan, Nils Gutacker, Hugh Gravelle (CHE), Luigi Siciliani (Department of Economics and Related Studies, York)
FUNDER: NIHR PRP ESHCRU II

PREPARE 2020 – 2025 Fast response research and analytical facility

Nils Gutacker, Anne Mason (CHE), Karen Bloor, Tim Doran, Stephen Holland, Trevor Sheldon (Department of Health Sciences, York), Yvonne Birks (Social Policy Research Unit, York), in collaboration with the King's Fund
FUNDER: NIHR PRP

The Health of Places and the Health and Outcomes of Individuals in those Places

Rita Santos (CHE), Luke Munford (University of Manchester)
FUNDER: Health Foundation

MENTAL HEALTH

Assessing the quality and uptake of incentivised physical health checks for people with serious mental illness

Panos Kasteridis, Rowena Jacobs, Maria José Aragón, Luis Fernandes, Nils Gutacker (CHE), Najma Siddiqi (Department of Health Sciences).
FUNDER: NIHR PRP

Closing the GAP (CTG) Mental Health Network

Rowena Jacobs, Maria José Aragón, with colleagues from across the University of York
FUNDER: UKRI

Designing wearable digital health technologies: what do people want?

Andrea Manca

Research Team: Andrea Manca, Vijay Gc (Centre for Health Economics, University of York), Cynthia Iglesias (Department of Health Sciences, University of York), Ibrahim Habli (Computer Science, York), Niels Peek, Matthew Sperrin, Chris Taylor, Ian Buchan, Shon Lewis, John Ainsworth, Bijan Parsia, Lamiece Hassan, Alex Casson (University of Manchester)

An ageing population with more chronic healthcare problems puts pressure on healthcare systems around the world. There are many ways to help people safely self-manage their own conditions which can improve health outcomes and ease the pressure on healthcare providers. However, individuals embracing self-management need support, and one way of doing this is to use wearable digital health technologies (DHTs) such as wristwatches and smartphones that collect data from each person and send it back automatically to healthcare providers. These can give people more control over their own health, safety and well-being.

For these technologies to be successful and adopted widely, it is vital to ensure that their development involves those who will eventually be using them, so that the design takes account of their views and preferences at an early stage.

Our research explored what people with chronic kidney disease (CKD) wanted from a wearable device to help them manage their health condition. To do this we designed and conducted both focus group interviews and a survey and we found that patients' preferences vary significantly. People's views differed with respect to characteristics of the device such as its appearance, format, and the type of information it provided. Most of the



respondents favoured a small non-intrusive device that could carry out more than one task. People preferred information provided in formats other than audio, and one-third preferred information in text format. Participants were clear that they wanted a device that provided them with options for their self-management, rather than a technology that told them what to do.

Our analysis showed that preferences differ between individuals and this supports the case for developing a device whose features are tailored to meet the needs of different groups of patients, rather than taking a one-size-fits-all approach to its

design. Our study showed how important it is to listen to the views of future users of DHTs so that the early steps of the research and development process can reflect their preferences for different characteristics of the devices they would wear to manage their long-term health conditions.

Funding: Engineering and Physical Science Research Council (EPSRC) Project EP/P010148/1.

Further information on the Wearable Clinic project can be found at the website 'The Wearable Clinic'.

[Read the paper in the journal Technology Assessment in Healthcare.](#)

Contracting for secure mental health services

Martin Chalkley, María José Aragón, Rowena Jacobs
FUNDER: DHSC PRP EEPUR

DIADEM – Design and evaluation of interventions to improve outcomes for diabetes and depression multi-morbidity in Bangladesh and Pakistan

Rowena Jacobs, Marc Suhrcke, Simon Walker, David Glynn, Pedro Saramago Goncalves (CHE), Najma Siddiqi, Simon Gilbody, Catherine Hewitt (Department of Health Sciences, York)
FUNDER: NIHR RIGHT

DIAMONDS: Improving diabetes self-management for people with severe mental illness

Rowena Jacobs, Stephen Palmer, Simon Walker, Panos Kasteridis, Rita Santos, Francesco Fusco, Dina Jankovic (CHE), with colleagues from Department of Health Sciences, York
FUNDER: NIHR PGfAR

Efficiency, cost and quality of mental healthcare provision

Rowena Jacobs, Adriana Castelli, Maria Goddard, Hugh Gravelle, Nils Gutacker, María José Aragón, Anne Mason (CHE), with colleagues from University of Sheffield and University of Birmingham
FUNDER: Health Foundation

IMPACT: Improving outcomes in mental and physical multimorbidity in South Asia

Rowena Jacobs (CHE), with colleagues from across the University of York and partner institutions
FUNDER: NIHR Global Health Research

Improving diabetes care for people with serious mental illness (SMI)

Rowena Jacobs (CHE), with colleagues from Department of Health Sciences, York
FUNDER: Closing the Gap (CTG) Mental Health Network, UKRI

Mental Health Navigators Evaluation

Laura Bojke, Gerry Richardson, with colleagues from across the University of York
FUNDER: NIHR

MIND-ECON: The longer-term, average and distributional effects of mental health interventions and the causal impact of mental illness on economic outcomes

Rowena Jacobs, Nikita Jacob, Marc Suhrcke, Samuel Lordemus, Noemi Kreif (CHE), Andrew Mirelman (WHO), with colleagues from University of Cape Town, South Africa, and the South African Medical Research Council
FUNDER: MRC Newton Fund

Multimorbidity Among People with Serious mental illness (MAPS): Mapping disease clusters, risk factors, trajectories, service barriers and outcomes

Rowena Jacobs, Claire de Oliveira, Panos Kasteridis, Leo Koeser (CHE), with colleagues from across the University of York
FUNDER: MRC

Personalising mental health treatments for young people using machine intelligence (ProMetheUs)

Noemi Kreif, with colleagues from across the University of York
FUNDER: CFH

The HOME study: A randomised controlled trial comparing the addition of Proactive Psychological Medicine to usual care on the time spent in hospital by older acute hospital inpatients

Simon Walker, Fan Yang, Mark Sculpher (CHE), with colleagues from University of Oxford and London School of Hygiene and Tropical Medicine
FUNDER: NIHR HS&DR

The PSY-SIM model: Using real world data to inform health care policy for individuals with psychosis in England

Claire de Oliveira, Rowena Jacobs (CHE)
FUNDER: Closing the Gap (CTG) Mental Health Network, UKRI

Yorkshire and Humber ARC (Mental and Physical Multimorbidity theme)

Rowena Jacobs, Laura Bojke, Gerry Richardson, Sebastian Hinde (CHE), with colleagues from across the University of York
FUNDER: NIHR ARC

EQUITY IN HEALTH AND HEALTH CARE

Accounting for Unmet Need in Equitable Healthcare Resource Allocation

Richard Cookson, James Lomas, Katja Grasic; wider multi-institution team including Ben Barr (PI from Liverpool), Christodoulos Kypridimos, Laura Anselmi, Miqdad Asaria, Tarryn Lake, Chris Bentley, Martin O’Flaherty, Matthew Sutton
FUNDER: NIHR PRP

ActEarly – a city collaborative approach to early promotion of good health and well-being

Richard Cookson, Ieva Skarda (with numerous colleagues from other departments at York and other UK institutions)
FUNDER: UK Prevention Research Partnership (MRC)

Bergen Centre for Ethics and Priority-Setting, University of Bergen (subcontract via grants from Trond Mohn Foundation and Norwegian Agency for Development Cooperation)

Richard Cookson
FUNDER: Trond Mohn Foundation and Norwegian Agency for Development Cooperation

Decomposing the socioeconomic gradient in health-related quality of life over the life course (DeQoL-LIFE)

Nils Gutacker, James Love-Koh (CHE), Tim Doran (Department of Health Sciences, York), Simon McNamara, Paul Schneider (University of Sheffield).
FUNDER: EuroQol Research Foundation

Equity impact toolkit – Small-scale prototype development study

Richard Cookson, Fan Yang, James Love-Koh, Rita Faria, Susan Griffin
FUNDER: NICE

Evidence to support efficient and effective reduction of health inequality

Susan Griffin, Nils Gutacker, Simon Walker, Jessica Ochalek, Shainur Premji, Fan Yang
FUNDER: NIHR PRP

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

Richard Cookson (CHE), Ruth Dundas, Alastair Leyland, Anna Pearce (University of Glasgow), Ruth Gilbert, Pia Hardelid, Katie Harron (UCL), Sinead Brophy (Swansea University), Joanne Given, (Ulster University), Rachael Wood (NHS National Services Scotland)
FUNDER: UK Prevention Research Partnership (MRC)

Methods for reducing health inequalities through pricing of health services

Nils Gutacker, Luis Fernandes, David Glynn, Anne Mason, Simon Walker (CHE), Tim Doran (Department of Health Sciences, York), Luigi Siciliani (Department of Economics and Related Studies, York).
FUNDER: NIHR PRP

Re-engineering health policy for fairer decisions and better health

Richard Cookson (CHE), Tim Doran (Department of Health Sciences, York),
FUNDER: Wellcome Senior Investigator Award

Socioeconomic inequality in the impact of Covid-19

Nils Gutacker (CHE)
FUNDER: EuroQol Group

Health opportunity costs: tomorrow won’t be the same as today

Jessica Ochalek

On behalf of the research team: Jessica Ochalek, Karl Claxton (CHE, University of York), James Lomas (Department of Economics and Related Studies, University of York)

Deciding whether to fund healthcare programmes involves weighing up their expected costs and health benefits over time. Most healthcare gives rise to costs and/or health outcomes occurring in future years as well as in the current year. A vaccine, for example, may incur costs now and health benefits only years later. Committing to provide antiretroviral therapy for HIV/AIDS may also mean committing to costs now, but will produce benefits now as well as in the future.

Spending some of the budget for healthcare on one programme means that money is not available to fund other healthcare programmes. Every decision therefore has a “health opportunity cost”, which represents the health that society could have gained from using the resources involved to fund the next best alternative programme instead.

If only the current year is considered, some vaccines might appear to have no health benefit, and, in fact, negative overall net health effects as the money required to fund them would not be available to fund other healthcare programmes. Therefore, future costs, benefits and health opportunity costs need to be considered.

To account for future costs and benefits, we often use a process called discounting, which means giving less weight to them than to costs and benefits in the present, reflecting society’s preference to experience healthcare now rather than delay it until the future. Guidelines for discounting in



low- and middle-income countries (LMICs) are available (e.g., from the World Health Organization, the Bill and Melinda Gates Foundation), but do not make explicit recommendations for how future health opportunity costs should be treated. As a result, health opportunity costs are treated as growing at a constant rate or not at all.

However, health opportunity costs are likely to change over time as economic growth speeds up, slows down or even reverses, and as the burden of disease and the mix of available healthcare changes. The way in which health opportunity costs change will probably differ between countries.

Our research provides estimates of health opportunity costs over time for a range of LMICs. We apply the evidence to the analysis

of a healthcare intervention with country-specific time streams of costs, benefits and health opportunity costs in each year in which they occur, following the framework set out in our earlier research. Our results show that the application of existing guidance for economic evaluation may tend to underestimate the value of health-related projects in LMICs.

Policy-makers who make decisions on the funding of healthcare programmes need to be aware of the need to account for future health opportunity costs and how they might change over time.

Read the full article in Health Economics

Funding: Bill and Melinda Gates Foundation [OPP1165566] to University of York.

Tracing causes of inequalities in health and well-being: analysis of rich longitudinal data

Nils Gutacker
FUNDER: Research Council of Norway via University of Tromsø

UKRI GNCA Extension to R20791: The longer term, average and distributional effects of mental health interventions and the causal impact of mental illness on economic outcomes

Rowena Jacobs (CHE), Nikita Jacob (CHE), Noemi Kreif (CHE)
FUNDER: EPSRC

GLOBAL HEALTH

ARISE: Accountability for Informal Urban Equity

Sumit Mazumdar (CHE), Helen Elsey (Department of Health Sciences, York)
FUNDER: ESRC GCRF

Breather Plus Trial

Simon Walker, Paul Revill
FUNDER: EDCTP

Children with HIV in Africa – pharmacokinetics and acceptability of simple antiretroviral regimens (CHAPAS 4)

Paul Revill, Jessica Ochalek, Beth Woods, Alex Rollinger
FUNDER: EDCTP

COVID-19, social distancing and violence against women in Brazil (BRAVE)

Rodrigo Moreno-Serra, Noemi Kreif, Samuel Lordemus
FUNDER: UKRI GCRF/Newton Fund

ESRC IAA: Early Career Researcher Impact Fellowship (Thanzi Programme)

Paul Revill (CHE)
FUNDER: ESRC

FCDO – Malawi

Paul Revill (CHE), Martin John Chalkley (CHE), Mark Sculpher (CHE), Simon Mark Walker (CHE)
FUNDER: Foreign, Commonwealth and Development Office (FCDO)

Global Fund – Health System Strengthening: national dialogues with Ministries of Finance and Health

Paul Revill (CHE), Karl Philip Claxton (CHE), Sakshi Mohan (CHE), Jessica Marie Ochalek (CHE), Mark Sculpher (CHE), Simon Mark Walker (CHE), Paulos Santos Monteiro (Department of Economics and Related Studies, York)
FUNDER: The Global Fund to Fight Aids, Tuberculosis and Malaria

GNCA Award: GNCA Thanzi Programme (R1866401 Thanzi la Onse)

Paul Revill (CHE), Sakshi Mohan (CHE), Rodrigo Moreno Serra (CHE), Wiktorja Tafesse (CHE), Helen Louise Ann Weatherly (CHE)
FUNDER: EPSRC

HIV modelling consortium: 4 year programme grant

Mark Sculpher, Paul Revill, Claire Rothery, Karl Claxton, Beth Woods
FUNDER: Bill and Melinda Gates Foundation

Implementing Post-discharge Malaria Chemoprevention (PMC) to reduce child mortality and morbidity among children with severe anaemia

Susan Griffin (CHE)
FUNDER: Research Council of Norway

Informing health resource allocation decisions: models of interdisciplinary research emphasising local engagement and policy impact

Paul Revill, James Love Koh, Alex Rollinger
FUNDER: Worldwide Universities Network (WUN)

Maximising the impact of York research on conflict and health in Colombia through timely evidence for policy, knowledge exchange and local partnerships

Rodrigo Moreno-Serra
FUNDER: ESRC IAA

National and regional policies to improve food environments, obesity and cardiovascular health in Peru: A community-based systems and modelling approach

Marc Suhrcke (CHE), Andrew Mirelman (WHO)
FUNDER: BBSRC

NIHR GHRUG – Equitable Access to Quality Health Care for Injured People in Four Low or Middle Income Countries: Equi-injury

Laura Bojke (CHE)
FUNDER: NETSCC

NIHR global health research group on Global Health Economics and Economics (GHE2)

Marc Suhrcke, Rodrigo Moreno-Serra, Noemi Kreif, Sumit Mazumdar, Mark Sculpher, Paul Revill, Stephen Palmer, Martin Chalkley, Nigel Rice, Richard Cookson (CHE), Andrew Mirelman (WHO). With PRICELESS SA, Wits University School of Public Health (South Africa). Foundation Economic Research Institute (FIPE), University of São Paulo (Brazil). Center for Health Economics and Policy Studies (CHEPS), Universitas Indonesia (Indonesia)
FUNDER: NIHR Global Health Research

NIHR Global HPSR – Health System Fragmentation on Universal Health Coverage in Brazil, Colombia, Mexico and India

Rodrigo Moreno Serra (CHE), Sumit Mazumdar (CHE), Marc Suhrcke (CHE)
FUNDER: NETSCC

Redressing gendered health inequalities of displaced women and girls in contexts of protracted crisis in Central and South America

Rodrigo Moreno-Serra, Cristobal Cuadrado (CHE), Jean Grugel (Department of Politics, York)
FUNDER: ESRC

Refugees in Africa ClusTer (REACT): humanitarian health policy, gender and health economics

Paul Revill, Mark Sculpher, Wiktorja Tafesse
FUNDER: EPSRC

SHINE: Shorter treatment for minimal TB in children

James Love-Koh, Paul Revill, Simon Walker
FUNDER: MRC CTU

Short intensive anti-tuberculosis and anti-thrombosis treatment for children with tuberculous meningitis

Simon Walker, Paul Revill
FUNDER: MRC

Tailoring health policies to improve outcomes using machine learning, causal inference and operations research methods

Noemi Kreif, Julia Hatamyar
FUNDER: MRC

Thanzi la Onse (Health of All): Frameworks and analysis to ensure value for money health care – developing theory, changing practice

Mark Sculpher, Paul Revill, Martin Chalkley, Alex Rollinger, Steph Richards, Sakshi Mohan, Beth Woods, Simon Walker, Peter C Smith, Susan Griffin, Wiktorja Tafesse, Marc Suhrcke, (CHE). With the Department of Politics, University of York. Department of Health Sciences, University of York. Overseas Development Institute (ODI). Center for Global Development (CGD). Imperial College London. University College London. College of Medicine, University of Malawi. MRC/UVRI & LSHTM Uganda Research Unit on AIDS
FUNDER: MRC GCRF, RCUK

Uganda EQ-5D-5L valuation study

Fan Yang, Susan Griffin, Mark Sculpher (CHE), Kenneth Katumba (MRC/UVRI & LSHTM Uganda Research Unit, Uganda)
FUNDER: Euroqol Group

Is bigger better in primary care?



Rita Santos

On behalf of the Research Team: Hugh Gravelle and Rita Santos (Centre for Health Economics, University of York) and Dan Liu (Centre for Health Economics Research and Evaluation, University of Technology Sydney).

General practices vary in terms of the number of patients to whom they provide health care. In England, there has been a trend to having fewer but bigger GP practices in primary care. Larger practices may be able to provide more responsive services and achieve better health outcomes than smaller practices due to the way in which they are organised, although evidence so far is mixed. Since April 2019, GP practices have been required to join a Primary Care Network (PCN) which provides care for between

35,000 – 50,000 patients.

The idea is that PCNs allow GP practices to achieve some of the gains from being larger through collaboration with other local practices, rather than by formal mergers.

Our research investigated the relationship between practice size, patient satisfaction and clinical quality to see if PCNs are likely to achieve the expected benefits for patients. We used a larger dataset and improved methods compared with previous research.

We found that patients from bigger GP practices reported worse satisfaction than patients from smaller practices with the opening hours of the practice and with the care they received. They were also less likely to report being able to see their preferred GP and less likely to recommend their practice to others. We also found that bigger GP practices did not always achieve better health outcomes than smaller practices. Larger practices had lower scores

for routine measures of quality of care and also lower rates for prescribing of generic medicines, which are less costly for the NHS. However, the larger practices did better than smaller ones in terms of preventing emergency hospital admissions for health problems that can be managed in primary care and having lower antibiotic prescribing rates.

This research suggests that, overall, there is no evidence that bigger practices provide better care to their patients. It means that the benefits of policies to encourage larger practices will depend on the judgements about whether the value of improved performance on some aspects of care outweighs worse performance on other features of care.

Read the full article in Social Science & Medicine

Funding: The National Institute for Health and Care Research (NIHR) Policy Research Programme (reference 103/0001).

ViiV Healthcare – D3 Study
Paul Revill (CHE), Simon Mark Walker (CHE)
FUNDER: ViiV HEALTHCARE LIMITED

War and Peace: the health and health system consequences of conflict in Colombia
Rodrigo Moreno-Serra, Noemi Kreif, Marc Suhrcke, Samuel Lordemus (CHE), Andrew Mirelman (WHO), Nina Caspersen (Department of Politics, York), Bayard Roberts (London School of Hygiene and Tropical Medicine). With Universidad de los Andes, Colombia.
FUNDER: MRC/ESRC/DFID/Wellcome

Wellcome Trust – Thanzi La Mawa: Integrated Analysis Of Health System Capabilities
Martin John Chalkley (CHE), Paul Revill (CHE)
FUNDER: Wellcome Trust

HEALTH AND SOCIAL CARE

Adult social care partnership: Using co-production methods to build and evaluate a regional capacity-building network to facilitate greater understanding use and production of research in adult social care
Helen Weatherly (CHE), Yvonne Birks, Kate Baxter, Mark Wilberforce (Social Policy Research Unit, York)
FUNDER: NIHR HS&DR
Better Start Bradford Innovation Hub
Phase 2 Gerry Richardson, Laura Bojke, Sebastian Hinde (CHE), Kate Pickett, Karen Bloor, Tracey Bywater (Department of Health Sciences, York),
FUNDER: Better Start Bradford

ENHANCE – End of Life Care for Infants, Children and Young People: a mixed methods evaluation of current practice in the United Kingdom
Helen Weatherly, Sebastian Hinde (CHE), and colleagues in Department of Health Sciences, York
FUNDER: NIHR HSDR

ESSENCE – Examining the economic case for a range of adult social care interventions
Helen Weatherly
FUNDER: NIHR SSCR

Evaluating the life-course health impact of a city-wide system approach to improve air quality in Bradford, UK: A quasi-experimental study with implementation and process evaluation.
Laura Bojke, Simon Walker (CHE), Kate Pickett (Department of Health Sciences, York)
FUNDER: NIHR PHR

NIHR SSCR – Developing Research Leaders Award in Adult Social Care
Helen Louise Weatherly (CHE)
FUNDER: NIHR-SSCR

PACT – Partnerships at Care Transition: Improving patient experience and safety
Gerry Richardson
FUNDER: NIHR PGfAR

Scoping exercise for a model to evaluate the clinical and cost effectiveness of newborn screening for hypoxaemia using pulse oximetry
Laura Bojke, Susan Griffin
FUNDER: PHE

Yorkshire lung cancer screening
Sebastian Hinde, Mark Sculpher
FUNDER: Yorkshire Cancer Research

PUBLIC HEALTH

Evaluation of Coenzyme Q10 in chronic heart failure
Claire Rothery
FUNDER: NIHR HTA

EuroQol – Population health and health inequalities in China
Nils Gutacker
FUNDER: Euroqol Group

HRQol in POST-COVID syndrome patients in the UK: exploring EQ-5D in a new and emerging chronic condition
Nils Gutacker (CHE)
FUNDER: Euroqol Group

NIHR PHR The Feasibility, Effectiveness and Cost-Effectiveness of a Clinical Violence Prevention Team Based in the Emergency Department in Reducing Emergency Healthcare Utilisation
Simon Mark Walker (CHE)
FUNDER: NETSCC

NIHR PHR – Which health visiting models in England are most promising for mitigating the harms of maternal related Adverse Child Experiences (ACES)?
Helen Louise Weatherly (CHE), Aimee Fox (CHE), Dina Jankovic (CHE)
FUNDER: NETSCC

The role of different diets in children who are gastrostomy fed
Gerry Richardson (CHE), Lorna Fraser, Catherine Hewitt, Jo Taylor (Department of Health Sciences, York), Bryony Beresford (Social Policy Research Unit, York)
FUNDER: NIHR HTA

UKRI MRC Long-Term Modelling Tools for Adolescent Mental Health and Wellbeing Research
Richard Andrew Cookson (CHE), Rowena Jacobs (CHE), Ieva Skarda (CHE), Paul Alexander Tiffin
FUNDER: MRC

STARTED IN 2022

Scaling-up Care for Perinatal Depression through Technological Enhancements to the ‘Thinking Healthy Programme’. ENHANCE trial.
Tao Chen (CHE)
FUNDER: MRC

NIHR RIGHT: Rwanda912: Use of an innovative electronic communications platform to improve pre-hospital transport of injured people in Rwanda
Laura Bojke (CHE), Iain Bate, Simon Gerasimou, Peter Nightingale Department of Computer Science, York
FUNDER: NIHR-CCF

NIHR GHURU – Health financing for UHC in challenging times: leaving no-one behind
Susan Griffin (CHE), Noemi Kreif (CHE), Sumit Mazumdar (CHE), Rodrigo Moreno Serra (CHE), Paul Revill (CHE), Simon Mark Walker (CHE)
FUNDER: NETSCC

NIHR HTA – Clinical effectiveness and safety, cost-effectiveness and acceptability of starting lipid-modifying therapy in children with familial hypercholesterolaemia at different ages and cholesterol thresholds
Beth Woods (CHE), Rita Faria (CHE), Alexis Llewellyn
FUNDER: NETSCC

NIHR HTA – (RaCeR 2) Clinical And Cost-effectiveness Of Early Patient-directed Rehabilitation Versus Standard Rehabilitation After Surgical Repair Of The Rotator Cuff Of The Shoulder: With Integrated Quintet Recruitment Intervention
Andrea Manca (CHE), Vijay Singh Gc (CHE)
FUNDER: NETSCC

Does it matter how we finance healthcare systems?

Jacopo Gabani

Research Team: Jacopo Gabani, Sumit Mazumdar, Marc Suhrcke (Centre for Health Economics, University of York).



In many countries in the world, governments are considering reforming their health financing systems – the way in which they collect and spend funds for healthcare. This is especially the case in low- and middle-income countries (LMICs) as they try to make progress towards universal health coverage (UHC) which aims to ensure populations receive the healthcare they need without suffering financial hardship.

Funds that pay for healthcare services can come from government taxes, contributions from individuals and employers through both social and private health insurance, or from people paying directly with their own money. Health financing schemes then spend these funds. Each source of funding differs in terms of the contribution made by citizens. Government funding is a

non-contributory health financing scheme (i.e., individuals can use healthcare services based on their residence or citizenship, regardless of contributions). Compulsory or social health insurance (SHI) is a contributory health financing scheme (i.e., only individuals who paid a contribution to the insurance scheme can use healthcare services). Finally, out-of-pocket (OOP) funding does not involve prepaid contributions at all, as individuals just pay for the healthcare services they need.

We used data from 124 countries between 2000 and 2017 to investigate how changes in the type of health care financing system funding affected health system outcomes. The outcomes included the extent of healthcare service coverage, life expectancy and the risk of having to make catastrophic health expenses. We

first classified each country and year by the “predominant” health financing system operating at the time: non-contributory government financing, contributory SHI, or OOP. We then explored the effect on the health system outcomes of transitioning from OOP-predominant to SHI- or government financing-predominant health financing systems.

While we cannot account for all the potential biases in our analysis, we found it likely that transitions from OOP-dominant to government-financed systems improved most outcomes as compared to transitions to SHI systems. Transitions to government financing increased life expectancy by 1.3 years and reduced mortality in children under 5 years old by 8.7%. It also reduced the chance of incurring catastrophic health expenditure by 3.3 percentage points. These results were significantly better than when countries moved towards SHI funding. This may be because SHI is more expensive to implement and does not always cover all citizens, especially in LMICs where many people work in the informal sector rather than having formal employment. Policymakers should therefore be cautious about relying too much on contributory SHI financing to reach universal health coverage goals.

Read the article in the journal [Health Economics](#).

Funding: The Alan Maynard PhD Studentship in the Centre for Health Economics.

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Creating open-access resources for undertaking expert elicitation in healthcare decision-making

Laura Bojke

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Making informed decisions about healthcare interventions relies on good quality evidence about a range of factors such as long-term health outcomes and costs. However, sometimes elements of this evidence base are missing because the specific topic area is less well-developed e.g. diagnostics, medical devices, early access to medicines scheme or public health; or the evidence is of limited use because it is flawed, contradictory or less relevant.

In these situations, structured expert elicitation can provide valuable additional information to supplement health and care decision-making (see Box 1). Elicitation is the process of transforming the knowledge of experts into quantifiable measures. While the use of expert elicitation in healthcare decision-making has increased in recent years, the methods used vary widely and there are no published guidelines for analysts to follow.

Our research has developed guidance for structured expert elicitation to inform healthcare decision-making. The National Institute for Health and Care Excellence in England and Wales and the Canadian Agency for Drugs and Technologies in Health have integrated this guidance into their methods for health technology assessment. However, there are still barriers to the use of elicitation in formal decision-making processes. We surveyed members of the International Pharmacoeconomics and Outcomes Research community and found that one of the biggest

Why is SEE valuable in healthcare decision-making?

- Global trends are leading to higher **uncertainty** at the point of decision making
- Recognised as a **preferred method** where empirical evidence is lacking^{1,2}
- Minimises known **biases** associated with expert judgements³
- Can be used **longitudinally** to predict clinical outcomes⁴
- Provides **bounds to uncertainty** for key clinical or economic parameters³

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1 NICE Technology Evaluation Manual
2 CADTH Guidelines for the Economic Evaluation of Health Technologies: Canada
3 Bojke et al (2021). Developing a reference protocol for structured expert elicitation in health-care decision-making: a mixed-methods study. *Health Technology Assessment* (Winchester, England), 25(37), 1
4 Cope et al. Integrating expert opinion with clinical trial data to extrapolate long-term survival: a case study of CAR-T therapy for children and young adults with relapsed or refractory acute lymphoblastic leukemia. *BMC medical research methodology* 19.1 (2019): 1-11

barriers is a lack of accessible resources for conducting structured expert elicitation. To help overcome this obstacle, we developed the STEER (Structured Expert Elicitation Resources) project to produce resources that help analysts and decision-makers to use the elicitation guidance in practice. Along with stakeholders, including academic and consultancy analysts, we have produced materials that cover the entire structured expert elicitation (SEE) process from the design to reporting stage. This includes (1) an overview and a practical guide for conducting SEE in healthcare, (2) adaptable tools for building bespoke SEE exercises, (3) training materials for experts taking part in SEE, (4) resources used in previous SEE exercises, and (5) examples

of published SEE in healthcare decision-making. The materials cover practical considerations such as timelines, skills requirements, and administrative requirements, such as contracting with experts and writing consent forms. The use of off-the-shelf resources can streamline the structured expert elicitation process whilst maintaining the robustness required for healthcare decision-making.

Read the full article in *Society for Decision Making*
The *STEER resources* are available on the CHE website
The materials were developed as a collaboration between CHE which co-authored the original *protocol for structured expert elicitation (SEE)* funded by the Medical Research Council (MR/NO28511/1-HEE) and *Lumarity*, a healthcare consultancy company.

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The continuing impact of the Covid-19 pandemic throughout 2022 meant that uncertainty remained around CHE's face-to-face short courses and workshops, especially those attracting an international audience.

Following the success of our 2020 and 2021 York Online Workshops in Health Economic Evaluation, we decided to repeat these workshops online again in the autumn.

In addition, we co-hosted (alongside London School of Hygiene and Tropical Medicine) a further running of the online Decision Modelling for Health Economic Evaluation course in the spring.

However, 2022 did see a welcome return of some face-to-face courses – the three-day Analysing Patient Level Data Using Hospital Statistics (HES) course, plus a new two-day workshop on the Mental Health Services Data Set (MHSDS).

Face-to-face short courses that remained postponed in 2022 included:

- Outcomes Measurement and Valuation for Health Technology Assessment York Summer Workshop
- Statistical Methods in Economic Evaluation for Health Technology Assessment – Foundations and Advanced Courses

York Online Workshops in Health Economic Evaluation

These online workshops included a mix of recorded lectures, participant exercises, discussion forums, and live question and answer sessions. We welcomed participants from 23 countries

across the globe, from academia, pharmaceutical and medical device companies, consultancy, health systems, government and health technology assessment organisations.

Advanced Methods for Cost-Effectiveness Analysis: Meeting Decision-Makers Requirements

Our online Advanced Workshop ran for just over 4 weeks, from 11 November to 14 December, and was attended by 46 participants. This workshop covered more advanced analytical techniques, including evidence synthesis, uncertainty, value of information analysis, and building a decision analytic model. <https://youtu.be/fFYCjTXaPq4>

Workshops participants were able to access to revisit and view the study materials until early January 2023.

Online Courses in Decision Modelling for Health Economic Evaluation

Decision analytic modelling is used internationally as a means of estimating the costs, outcomes, and cost-effectiveness of different interventions and programmes in health care and public health. In particular, these methods are often employed to assess the value of new pharmaceuticals as a basis for health systems to determine whether they should be funded.

233 people from 38 countries participated in our 2022 online

courses in Decision Modelling for Health Economic Evaluation, held in conjunction with LSHTM and facilitated by Open Audience.

Foundations of Economic Evaluation in Health Care

Our online Foundations Workshop ran for just over 4 weeks from 29 September to 28 October, and was attended by 45 participants. This workshop covered the main design features of evaluation studies, how to handle cost data, and how to analyse economic data alongside clinical studies. <https://youtu.be/YMyc4739ufE>

Analysing Patient-Level Data Using Hospital Episode Statistics (HES)

This course signified the comeback of our face-to-face courses after over two years. Hosted in-person on the University campus over three days from 29 June to 1 July, the Analysing Patient-Level Data course attracted 29 participants. Taught by academics with extensive experience in using HES for a wide range of outputs, this intensive workshop introduces participants to HES data and teaches them how to handle, manipulate and begin to analyse these very large datasets.

Mental Health Services Data Set (MHSDS)

We ran this workshop for the first time, and in-person, over two days on 27 and 28 June, attracting 18 participants. The workshop covers how the MHSDS data are collected, its data structure and how to manipulate it, how to identify patient groups, analyse key variables, the costing of mental health services, and the limitations of the data.

"I like the **flexibility** of courses. You can attend the sessions anytime you want to..."

"**Clear delivery**, explanations and slides from all lecturers"

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BOOK CHAPTERS

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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**. https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP185_NHS_update2019_2020.pdf

186 Approaches to projecting future healthcare demand. **Maria Ana Matias, Rita Santos, Panos Kasteridis, Katja Grasic, Anne Mason, Nigel Rice** https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP186_projecting_healthcare_demand.pdf

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 https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP187_payment_reform_healthcare_systems.pdf

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. https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP188_payment_reform_blended.pdf

189 Health insurance system fragmentation and COVID-19 mortality: Evidence from in Peru.

Misael Anaya-Montes, Hugh Gravelle. https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP189health_insurance_system_peru_covid19.pdf

Jacopo Gabani Unpacking the impact of team-based primary healthcare policies via mediation analysis: the case of the Brazil family health strategy. *Health Econometrics and Data Group seminar, Department of Economics and Related Studies, University of York, York, UK*. January 2022.

Paul Revill Health in Africa:resource modelling for global health. *YorkTalks, University of York, York, UK*. January 2022.

Peter Sivey COVID-19 and unmet need for end-of-life cancer care. *HESG conference, University of Leeds, Leeds, UK*. January 2022.

Maria Goddard and Rowena Jacobs hosted a British Council leadership coaching session for Russian female early career researchers. *Online*. February 2022.

Naomi Gibbs hosted two online networking events aimed to facilitate international collaboration between health economists interested in equity and economic evaluation, specifically related to developing early career researcher networks. *Equity Informative Economic Evaluation Special Interest Group, part of the international Health Economics Association (iHEA)*. March 2022.

Rowena Jacobs The impact of Covid-19 on mental health inpatient activity in England. *Fifteenth Workshop on Costs and Assessment in Psychiatry, Venice, Italy*. March 2022.

Rowena Jacobs The impact of mental health status on employment, income, and out of pocket payments for healthcare. *Fifteenth Workshop on Costs and Assessment in Psychiatry, Venice, Italy*. March 2022.

Claire de Oliveira The PSY-SIM model: using real world data to inform health care policy for individuals with psychosis. *Fifteenth Workshop on Costs and Assessment in Psychiatry, Venice, Italy*. March 2022.

Mark Sculpher (plus others) Can health technology assessment deal with innovative technologies? *Training course for officials at the Ministry of Health in Brazil*. March 2022.

Mark Sculpher and **Susan Griffin** What types of economics research does NIHR need? *NIHR Roundtable Event, University of Manchester, UK*. March 2022.

Wiktora Tafesse The relationship between healthcare ownership and the demand for health services in Malawi’ (joint paper with **Martin Chalkley**) *African Health Economics Association 2022 Biennial Scientific Conference (online)*. March 2022.

Wiktoria Tafesse Health Economics in Low- and Middle-Income countries. *Glasgow Economic Forum. University of Glasgow, Glasgow, UK. March 2022.*

James Gaughan Does containing costs reduce hospital quality? *Glasgow Health Economics Seminar Series. April 2022.*

Vijay Gc Sustainability of community-based health promotion interventions on maternity and neonatal care in Nepal: Findings from ten-year controlled, non-randomised study. *Britain Nepal Academic Council (BNAC) 19th Nepal Study Days, The Institute of Social and Cultural Anthropology, University of Oxford, Oxford, UK. April 2022.*

Nils Gutacker attended the Wennberg International Collaborative in Lucerne, Switzerland, and the EuroQol Academy meeting in Noordwijk, Netherlands. *April 2022.*

Yingying Zhang, Alastair Bennett, Vijay Gc, Noemi Kreif and Andrea Manca The group gave six presentations in total including a summary of the progress with work package (WP2) and case study activities, their methods work and an introductory talk on causal machine learning for HTA. Alastair and Yingying both won the Award for the Best Showcase in Generalizability and Transferability. *The 3rd General Assembly of the H2020 EC-funded project HTx, Budapest, Hungary. April 2022.*

Vijay GC Cost Effectiveness Analysis of Emerging Therapies/Technologies and **Susan Griffin** Dealing with Disability in Health Technology Assessment. *ISPOR 2022. May 2022.*

Andrea Manca Target trial emulation methods for the analysis of real-world data to support HTA decisions: a case study. *NICE Technical Forum. May 2022.*

Claire Rothery Health Economics for NICE Decision Making. *Department of Health and Social Care, Science, Research and Evidence Branch Away Day. May 2022.*

Marta Soares Sharing of information in evidence synthesis to support health care decision making. *University College London, UK. May 2022.*

Nils Gutacker Learning by doing in health care: lessons from the COVID-19 pandemic. *Summer HESG meeting, Sheffield University, Sheffield, UK. June 2022.*

Rowena Jacobs The efficiency, cost and quality of mental healthcare provision in the English NHS. *NHS England Policy seminar, Venice, Italy. June 2022.*

Maria Ana Matias (work with **Rita Santos, Luigi Siciliani, Peter Sivey**) Socioeconomic inequalities in waiting times, access and health for breast cancer. *Summer HESG meeting, Sheffield University, Sheffield, UK. June 2022.*

Rodrigo Moreno-Serra Health expenditures among displaced Venezuelan women in Brazil. *Academic Council on the United Nations System (ACUNS) Annual Meeting. (Remote meeting). June 2022.*

Rodrigo Moreno-Serra Conflict and health (economics). *Open to Health (O2H) Health Crises Resilience Certificate, European University Institute School of Transnational Governance, Florence, Italy. June 2022*

Peter Sivey. COVID-19 and unmet need for end-of-life cancer care. *CINCH Research Centre, University of Duisberg-Essen, Germany. June 2022.*

Simon Walker Fit for purpose novel payment models to increase patient access to cell and gene therapies: Let’s work together and A lifecycle approach to HTA: The role of implementation alongside economic evaluation. *HTAi 2022, Utrecht, The Netherlands. June 2022.*

Helen Weatherly ESSENCE, Economics of Social Care Compendium: A summary. *The Curiosity Partnership – Adult Social Care Research Festival. June 2022.*

Helen Weatherly Health Economics in Social Care Research. *NIHR Research Design Service, South West and University of Exeter, UK. June 2022.*

HLA Weatherly, S Hinde 1065 Consultant led Specialist paediatric palliative care team provision in the UK: the ENHANCE Study on end-of-life care for children. *RCPCH 2022 The Royal College of Paediatrics and Child Health, Liverpool, UK. June 2022.*

Vijay GC The role of decision analytic models in the health economic evaluation. *Patan Academy of Health Science, Nepal. July 2022.*

Nils Gutacker Inequality in quality-adjusted life expectancy by educational attainment in Norway. *EuHEA 2022 conference, Oslo, Norway. July 2022.*

Sebastian Hinde Health inequality in economic evaluation and local decision making: same term, different meaning? *HSR UK Conference, University of Sheffield, UK. July 2022.*

Sebastian Hinde Making funding applications more competitive, Ensuring that Patients and Inclusivity are at the Heart of Grant Proposals. *HSR UK Conference, University of Sheffield, Sheffield, UK. July 2022.*

Francesco Longo More long-term care for better health care and vice versa: investigating the mortality effects of interactions between these public sectors. *EuHEA 2022 conference, Oslo, Norway. July 2022.*

Francesco Longo Is extending eligibility for public long-term care better than investing more in existing users in England? *EuHEA 2022 conference, Oslo, Norway. July 2022.*

Paul Revill Re-envisioning health infrastructure in post-pandemic India: drawing from international lessons to ensure value from spending on health. *Kautilya Economic Conclave, New Delhi, India. July 2022.*

Rita Santos Health Facility Quality Peer Effects: Are financial incentives necessary? (work with Finn McGuire, **Noemi Kreif**, Nick Stacey, Ijeoma Edoka, **Peter Smith**) *Third Spatial Health Economics Workshop, Università Ca’ Foscari Venice, Italy. July 2022.*

Rita Santos Impact of mergers on GP practice quality. *Spatial Health Economics workshop at the Ca’ Foscari University of Venice, Italy. July 2022*

Rita Santos Impact of mergers on GP practice quality. *European Health Economics Workshop, Ispra, Italy. July 20*

Helen Weatherly Conducting economic evaluations in children at the end of their lives: Are we there yet? *HSR UK conference, University of Sheffield, Sheffield, UK. July 2022.*

Weatherly H The cost of informal care in the last year of life: A Health Survey for England study. *Abstract ID: OA07:02 Abstract type: Oral Abstract Abstracts from the 12th World Research Congress of the European Association for Palliative Care July 2022.*

Vijay Gc An economic evaluation alongside a pilot study of early Tissue Doppler Evaluation of Diastolic Dysfunction in Emergency Department Non-ST Elevation Acute Coronary Syndrome. *Birat Nepal Medical Trust, Nepal, Kathmandu. August 2022.*

Nils Gutacker chaired a workshop on the role of patient-reported outcome measures in shared decision-making and also discussed a paper on the relationship between GP practice characteristics and patients’ health-related quality of life. *39th EuroQol Plenary, Chicago, U.S.A. September 2022.*

Nils Gutacker presented work on equity-sensitive pricing of health services to policymakers at the *NIHR Health Inequality Research Initiative meeting, September 2022.*

Francesco Longo Going beyond health opportunity costs: exploring the potential effects of publicly funded Adult Social Care on individual net production. *ESHCRU meeting, London School of Economics and Political Science, London, UK. September 2022.*

Helen Weatherly Economic evaluation of adult social care interventions: Reflections on lessons from three studies. *6th International Long-Term Care Policy Network (ILPN) Conference 2022, London School of Economics and Political Science, London, UK. September 2022.*

David Glynn Integrating machine learning estimates of heterogeneous treatment effects and decision modelling. *2022 Society for Medical Decision Making, Seattle, U.S.A. October 2022.*

David Glynn Methods to quantify the importance of parameters for model updating and distributional adaptation. *2022 Society for Medical Decision Making, Seattle, U.S.A. October 2022.*

Noemi Krief and David Glynn Learning optimal treatment rules using machine learning. Hybrid presentation at *Center for Health Decision Science, Harvard T.H Chan School of Public Health, Boston, U.S.A. October 2022.*

Noemi Kreif and Julia Hatamyar presented a Machine Learning for Causal Inference Workshop at the *Norwegian Research Centre (NORCE) in Bergen, Norway. October 2022.*

Noemi Krief and Jessica Ochalek A supply side cost-effectiveness threshold for Indonesia. Invited by the Directorate of Pharmaceutical Production and Distribution, Ministry of Health, Indonesia at the *workshop Benchmark on Cost-Effectiveness Threshold Measurement, Indonesia. October 2022.*

Francesco Longo More long-term care for better health care and vice versa: investigating the mortality effects of interactions between these public sectors. *Public Economics Conference organised by the Croatian Institute of Public Finance, held virtually October 2022.*

Maria Ana Matias, Adriana Castelli and James Gaughan Specialty Level productivity: the case of English NHS Trusts Paediatric Department at the Department of Health and Social Care (Leeds). *Dissemination and stakeholder engagement event with the Department of Health & Social Care and National Health Service, UK. October 2022.*

Shainur Premji Methodological considerations for measuring the intergenerational spillover effects related to maternal postpartum depression screening. *2022 Society for Medical Decision Making, Seattle, U.S.A. October 2022.*

Shainur Premji, Simon Walker and Susan Griffin A value-based framework for assessing the wider societal impacts and distributional effects of net production for patients. *2022 Society for Medical Decision Making, Seattle, U.S.A. October 2022.*

Paul Revill presented a 1-day course in health economics at the National Institute for Health in Islamabad, Pakistan. This followed the launch of a new University of York and Aga Khan University led NIHR Centre for NCD and mental health research in Pakistan and Afghanistan. *October 2022.*

Alex Rollinger Developing interdisciplinary and international collaborations. *York Researcher Festival, University of York, York, UK. October 2022.*

Mark Sculpher Policy responses to antimicrobial resistance: how much should we pay for new antimicrobials? *University of British Columbia, Vancouver, Canada. October 2022.*

Mark Sculpher, Susan Griffin and Simon Walker Striving for a societal perspective for economic evaluation: how to capture wider benefits, costs falling on different payers and account for impacts on inequality. *Society of Medical Decision Making, October 2022.*

Alastair Bennett – Target trial emulation (TTE) for real world data analyses to support HTA decisions. *ISPOR Euro 2022 conference, Vienna, Austria. November 2022.*

Alastair Bennett, Noemi Kreif, Andrea Manca and Yingying Zhang, led a methodological workshop as part of the *H2020 EC-funded project HTx*, which was held in York, UK on 22-23 November 2022. The workshop was attended by 25 project partners, from several EU countries. The group gave six lectures including an introduction to causal inference (Andrea), methods to adjust for observed confounding (Noemi) and their uses in HTA (Andrea), focusing on two specific methods, namely Target Trial Emulation (Alastair) and Longitudinal Targeted Maximum Likelihood Estimation (Yingying). Noemi also talked about challenges and opportunities of estimating individualised treatment effects using machine learning methods, while Alastair gave a tutorial (and led an exercise) on Target Trial Emulation. *Part of the H2020 EC-funded project HTx, which was held in York, UK. November 2022.*

Adriana Castelli Emergency readmissions: is 30-day the optimal time interval to capture hospital quality of care? *Department of Economics, School of Economics and Trade, Hunan University, Changsha City, Hunan, China. November 2022.*

Adriana Castelli Health system performance assessment: insights into the four health system functions. *Department of Economics, School of Economics and Trade, Hunan University, Changsha City, Hunan, China. November 2022.*

James Gaughan Does containing costs reduce hospital quality? *Sheffield Applied Econometrics Group Seminar Series. November 2022.*

Nils Gutacker Using patient-reported outcome measures to incentivise value-based health care: a cautionary tale from England. *Macquarie University, Australia. November 2022.*

Nils Gutacker Financial incentives and prescribing behaviour in primary care. *Macquarie University, Australia. November 2022.*

Rodrigo Moreno-Serra Healthcare access and expenditures among Venezuelan migrant women in Brazil. *Brazilian Public Health Association (ABRASCO), Salvador, Brazil. November 2022.*

Mark Sculpher Meeting the challenge of multiple objectives and constraints in health systems: the case of environmental costs. *ISPOR Euro 2022 conference, Vienna, Austria. November 2022.*

Peter Sivey. COVID-19 and unmet need for end-of-life cancer care. *Bocconi University, Milan, Italy. November 2022.*

Beth Woods Estimating the value of novel antimicrobials. *NICE Technical Forum. November 2022.*

Yingying Zhang Estimating the causal effect of early use of erythropoietic stimulating agents in intermediate-1 to low-risk MDS patients: An application of the longitudinal targeted maximum likelihood estimation. *ISPOR Euro 2022 conference, Vienna, Austria. November 2022.*

Yingying Zhang A review of methods for estimating individual treatment effect from real world data for use in Health Technology Assessment: Separating hype from reality. *ISPOR Euro 2022 conference, Vienna, Austria. November 2022.*

Naomi Gibbs Suggested methodology for economic evaluation of self-help groups affecting health and other outcomes. *Economic evaluation of interventions for health with cross sectoral effects, December 2022.*

Nils Gutacker Learning-by-doing in health care: Lessons from Covid-19. *Monash University, Australia. December 2022.*

Jessica Ochalek Economic evaluation of self-help group interventions for health in LMICs: a scoping review. *Economic evaluation of interventions for health with cross sectoral effects, December 2022.*

Mark Sculpher, Jessica Ochalek and Naomi Gibbs organised a workshop: Economic evaluation of interventions for health with cross sectoral effects. *Online, December 2022.*

New Research Staff



Zecharias Anteneh
Research Fellow



Dacheng Huo
Research Fellow



Andrea Salas Ortiz
Research Fellow



Tao Chen
Research Fellow



Akseer Hussain
Research Fellow



Alfredo Palacios
Research Fellow



Carlos Chivardi
Research Fellow



Priscilla Kandoole
Research Fellow



Jinglin Wen
Research Fellow



Minyue Gao
Research Fellow



Roje Layne
Research Fellow



Anqian Zhou
Research Fellow



Naomi Gibbs
Research Fellow



Misael Anaya Montes
Research Fellow



Iván Ochoa Moreno
Research Fellow

New PhD students



Newton Chagoma



Pandell Damun



Ulises Garay



Neelam Kalita

PhD student



Pete Murphy

My journey to joining CHE as a PhD student was a relatively short one that involved me crossing the stairwell in Alcuin A block. Having completed my MSc in York, I worked at CRD for a number of years prior to starting my PhD. The work at CRD often involved close collaboration with CHE meaning I had already experienced the wealth of knowledge and expertise as well as the collaborative and friendly environment that is so widely associated with CHE. In the early stages of my PhD I took advantage of this by having as many chats over a coffee as my increasing caffeine tolerance would allow. In part this was to make and solidify relationships throughout the department from fellow PhD students to Professors. It also served as an invaluable opportunity to develop research ideas from the breadth of expertise in economic evaluation.

My PhD topic is focussed on the economic evaluation of early childhood interventions. My research has involved the consideration of methods to incorporate health equity and wider costs and outcomes to help identify solutions to the evaluation of these interventions. It was upon presenting my research at external presentations and conferences that it became so abundantly clear that the ideas developed in CHE really are at the forefront health economics research. The knowledge and relationships developed in CHE serve as a fantastic foundation for a PhD and beyond.

PhD students

Kristina Aluzaite

Carlos Balmaceda

Jacopo Gabani

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