

DARS-NIC-84254-J2G1Q: Centre for Health Economics - Research projects using NHS Digital datasets

Project 1 - Measurement of efficiency, effectiveness, and productivity in the delivery of health care system nationally, subnationally and among hospitals.

The purpose of this project is to produce information for the Department of Health and Social Care (DHSC) and Secretary of State for Health on efficiency, effectiveness and productivity. In the current economic climate it is particularly important that changes in efficiency and productivity can be identified and monitored. This helps ensure accountability to the public for how the annual NHS budget is spent and to identify opportunities for better use of resources devoted to the NHS. This project provides numerical answers and context for, among others, House of Commons Health Committee, the Public Accounts Committee, Public Expenditure Inquiries, and DHSC submissions in support of annual Spending Reviews. The work also contributes to the measurement of productivity of the health service in the national accounts, compiled by the Office of National Statistics.

Funder:

Department of Health and Social Care to the Policy Research Unit in the Economics of Health and Social Care Systems.

This project will use only the following data supplied under this Agreement: HES APC 1998/99-2020/21 A&E 2007/08-2017/18; Critical Care 2011/12-2020/21; Outpatient 2011/12-2020/21; PROMs 2009/10-2020/21; Civil Registration (Mortality) data 1998/99 - 2020/21; Emergency Care Dataset (ECDS) 2017/18-2020/21.

Project 2 - Evaluation of differences in the performance of health care providers in terms of the amount and cost of provision and in patient outcomes including mortality and self-reported morbidity.

The purpose of this project is to produce information for National and local decision makers, such as the Department of Health and Social Care (DHSC), Clinical Commissioning Groups (CCGs) and Local Authorities (LAs), to assist decisions regarding the provision of services that offer the greatest value for money according to the benefits achieved. Delivering appropriate, high quality, health care services to patients, in the most cost-effective way, are important priorities in any health care system. Advancing these priorities requires the analyses of such things as variations in practice and of the relationship between patient outcomes and hospital and consultant workload; which dimensions of performance are most important to patients; and the extent to which financial incentives motivate best practice. Ultimately this project informs the assessment of the most efficient and cost-effective way of delivering a particular service. This helps ensure accountability to the public for how the annual NHS budget is spent and helps to identify opportunities for better use of resources devoted to the NHS. The project is designed to develop a more systematic evidence base that will allow policymakers, providers and commissioners to develop policies to achieve efficiency targets and outcome-based commissioning, publish information on performance in formats that are most useful for the intended stakeholders, and to redeploy resources to produce more efficient mixes of services both within and across the health and social care sectors.

Funders:

- Department of Health and Social Care to the Policy Research Unit in the Economics of Health and Social Care Systems.
- National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC YH) (Ref NIHR CLARHC YH II 14653)
- NIHR Applied Research Collaboration - Yorkshire and Humber ARC (NIHR200166)
- NHS England (Ref R1790901) Economic evaluation of the Fragility Hip Fracture Best Practice Tariff.
- NIHR HS&DR (Ref DRF-2016-09-097): Doctoral Research Fellowship - "Providers' response on the Pay for Performance incentives".
- European Commission, European Training Network. "Improving Quality of Care in Europe (IQCE)", Horizon 2020 Marie Skłodowska Innovative Training Networks.

The project will use only the following data: HES APC 1989/90-2020/21 Sensitive field: Consultant Code; HES Outpatient 2002/03-2020/21; PROMs 2009/10-2020/21; Civil Registration (Deaths) 1998/99 - 2020/21.

Project 3 - Evaluation of the impacts of health care policy, organisation, finance and delivery of NHS services and quantification of differences in health care utilisation, expenditure, morbidity and mortality over time, across geographic regions, health providers, and among different patient groups.

The purpose of this project is to produce evidence to inform NHS England and the Department of Health and Social Care's decisions on resource allocation, funding models, and the design and direction of future policy regarding the health, mental health, and social care sectors, with CHE's advice and analyses being regularly sought to feed into White papers and specific government reviews.

This project includes understanding which types of budgeting, organisation, structure and contracting arrangements for health, incl. mental health, and social care services best achieves strategic goals. It also includes evaluations of payment policies (including financial incentive schemes) and changes to the organisation of services (e.g. co-location of general practitioners alongside emergency departments, mergers of providers, vertical integration of providers, care pathways) that seek to encourage good quality, cost-effective care and/or facilitate access to timely care. The main aims are to: analyse the potential for use of different organisational structures and payment mechanisms in health and social care to improve overall performance; analyse the impact that different payment policies and service configurations can have on prices, outputs, quality and outcomes; explore how the best payment systems and service configurations could be implemented in practice; and establish the effect of innovative organisational forms on costs and quality of care.

Funders:

- Department of Health and Social Care to the Policy Research Unit in the Economics of Health and Social Care Systems.
- NIHR HS&DR 10/1011/22 and NIHR HS&DR 13/54/40: Relationships between quality of primary care and secondary care outcomes for people with mental illness.
- Wellcome Trust [ref: 105624] through the Centre for Chronic Diseases and Disorders (C2D2) at the University of York: Finance and organisation of mental health services.
- Health Foundation [ref: 57151] Efficiency, cost and quality of mental healthcare provision.

- NIHR HS&DR (Ref DRF/2014-07-055): Doctoral Research Fellowship - Measuring & explaining variations in general practice performance.
- NIHR HS&DR (Ref 15/145/06): General Practitioners and Emergency Departments (GPED): Efficient Models of Care.

The project will use only the following data: HES APC 1998/99-2020/21; A&E 2007/08-2017/18; Outpatient 2002/03-2020/21; PROMs 2009/10-2020/21; Emergency Care Dataset 2017/18-2020/21; MHMDS 2011/12-2013/14; MHLDS 2014/15-2015/16; MHSDS 2016/17-2020/21; Civil Registration (Deaths) 1998/99-2020/21; HES APC Sensitive Psychiatric Fields: Detention category (DETNCAT), Legal group of patient (psychiatric) (LEGALGPC), Legal status classification (LEGLSTAT).

Project 4 - Investigation of inequalities in access, outcomes, and costs of health services in England.

The purpose of this project is to produce information that NHS England and Clinical Commissioning Groups will use to address the NHS duty under the Health and Social Care Act 2012 to consider reducing health inequalities, and that Public Health England, Local Authorities and a variety of other public and third sector organisations will use to inform decision making and quality assurance around health and social care and wider public policies with impacts on health. CHE has developed new methods of local health equity monitoring for health care quality assurance, which NHS England adopted in 2016. In collaboration with colleagues at the Department of Health Sciences, University of York, and analysts at NHS England, CHE will refine and use these methods and related measures to monitor the progress of national and local NHS organisations in reducing inequalities in healthcare access and outcomes, to gain insight into the determinants of inequalities and which local areas show sustained improvements and deteriorations in health inequality and why, and to evaluate the equity impacts of local new models of care and other health policies. The work will also assist the ONS to conduct distributional analyses of NHS spending for use in constructing statistics about in-kind social transfers.

The work for the Department of Health and Social Care will investigate why providers respond differently to policy incentives and quantify the associated impact on inequalities in care quality and/or access, including how these change over time.

Funders:

- NIHR TCC (Ref SRF-2013-06-015) Health equity impacts: evaluating the impacts of organisations and interventions on social inequalities in health.
- Wellcome Trust. 'Re-Engineering Health Policy Research for Fairer Decisions and Better Health'.
- Department of Health to the Policy Research Unit in the Economics of Health and Social Care Systems
- NIHR Policy Research Programme (grant number PR-X06-1014-22005), Partnership for Responsive Policy Analysis and Research (PREPARE), a collaboration between the University of York and the King's Fund.
- NIHR Policy Research Programme (grant number NIHR200417), Evidence to support efficient and effective reduction of health inequality.

The project will use only the following data: HES APC 1989/90-2020/21; A&E 2007/08-2017/18; Outpatient 2002/03-2020/21; Critical Care 2011/12-2020/21; PROMs 2009/10-2020/21; Civil Registration (Deaths) 1998/99-2020/21; Emergency Care Dataset 2017/18-2020/21.

Project 5 - Evaluation of the interface between the different sectors of the health care system, including the effects of quality and access of primary care on patient use and outcomes in secondary care; and the relationship between long term care, social care and secondary care utilisation.

It has long been understood that health and social care services frequently provide treatment and care for the same individuals, so ensuring that these are joined up or well co-ordinated has been an important and long-standing policy objective. In practice, however, both the services and approaches to monitoring these have developed separately, with potential implications for the efficiency and effectiveness of both health and social care. The purpose of this project is to produce evidence that will be used by the Department of Health and Social Care and commissioners to inform discharge arrangements and the design of integrated care arrangements and to identify opportunities for substitution of different types of health and social care services. CHE has also developed an online web tool to inform patients about their likely outcome of surgery to impact on shared decision making in primary care in York.

Funder:

- Department of Health and Social Care to the Policy Research Unit in the Economics of Health and Social Care Systems

The project will use only the following data: HES APC 1989/90-2020/21; A&E 2007/08-2017/18; Emergency Care Dataset 2017/18-2020/21; MHMDS 2011/12-2013/14; MHLDS 2014/15-2015/16; MHSDS 2016/17 - 2017/18; Outpatient 2002/03-2020/21; Critical Care 2011/12-2020/21, PROMs 2009/10-2020/21; Civil Registration (Deaths) 1998/99-2020/21.