

YHEC & AHSN Projects: some examples

PREMS FOR VANGUARDS

Patient-reported experience measures (PREMs) are used to assist patients in the evaluation of their healthcare experience. Focusing on hospital admissions, this project sought to identify PREMs that could be used by Vanguard sites to facilitate with the evaluation of their implementation plans. A review of instruments was conducted and a scoping report gave an overview of PREMS and those available. The review concluded that there is no single PREM currently available suitable for Vanguard evaluations and recommended development of a generic PREM to be used across Vanguard sites.

GAMMACORE

gammaCore, is a non-invasive vagus nerve stimulation device used by patients with medically unexplained symptoms. The cost-effectiveness of gammaCore was calculated, using data from seven GP practices. Resource use information (doctor consultations, prescriptions, sick notes and referrals) and EQ-5D data (detailing patient reported quality of life) were derived from patient-level 'before and after' data. gammaCore was estimated to increase costs by £1,272 per person over a one year time horizon, but also increase QALYs by 0.1 (to 1 dp) per person. Therefore, an Incremental Cost Effectiveness Ratio of £13,368 per QALY was estimated.

MYDIAGNOSTICK

MyDiagnostick is a two-lead ECG recorder in the shape of a stick, which can be used in GP practices to detect an irregular heartbeat. The cost-effectiveness of MyDiagnostick was calculated by comparing with the standard method (pulse check). The cost analysis included all associated costs (e.g. cost of the test, treating AF and/or health consequences of unmanaged AF). MyDiagnostick was found to save £5.63 per patient over a 10-year time horizon (cost per patient screened was £263.00 for MyDiagnostick; £268.63 for pulse check). Savings for MyDiagnostick were associated with fewer false negatives.

FRAILITY

The Healthy Ageing Collaborative (HAC) is working with local implementation sites to evaluate interventions to identify frailty (using the eFI tool) and improve management of frailty in the patient population. YHEC and HAC are working together on a cost consequence analysis of two primary care frailty interventions: practice nurse led modified comprehensive geriatric assessment and medication review using the STOPP protocol. The before and after study is comparing health and social care resource use with a matched control group. This on-going piece of work will be completed later in 2017.



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PHYSICAL HEALTH IN SMI

People with severe mental illness should have an annual physical health check, which includes assessment of smoking, lifestyle, BMI, hypertension, glucose regulation and blood lipids (QOF requirement). An economic analysis was undertaken of two services in the region offering physical health checks. Cost included: costs of the health checks, interventions resulting from the check (e.g. weight management) and cost of complications resulting from unhealthy behaviours. Focusing on three domains combined (smoking, BMI and hypertension), £283.46 per patient was saved over a 10-year time horizon.

FALLS CALCULATOR

A falls calculator was developed for use by hospital staff to evaluate the return on investment of interventions used to reduce falls on a ward. The calculator is pre-populated with examples of interventions (e.g. signage, footwear, floor coverings) which are then tailored to their specific ward setting. Users of the tool can also add further, ward-specific, interventions to the analysis. An estimate of the ROI from a range of interventions in a typical ward, and informed by a pilot study, reported an ROI of 388%. Thus, for every £1,000 spent, the NHS is forecast to save £4,877 in one year.

SERVICE DEMAND MODEL

A provider wished to understand the potential change in demand for their services over the next ten years, to inform the development of a new service strategy. This project established a baseline position for current activity in each of the core service areas. A user-friendly demand model was developed which modelled the potential impact on future service demand, based on: demographic change (including immigration); level of deprivation; changes in incidence and prevalence of disease and urban/rural differences.

PATIENT SAFETY HUDDLES

Patient safety huddles (PSH) are a harm reduction initiative on hospital wards, where team members meet for 10 to 15 minutes to discuss and act on safety concerns. The before and after evaluation study measured rate of change in falls and cardiac arrest crash calls at ward level. The estimated reduction in risk of falls was 0.96 to 0.66 falls per week per ward, showing a return on investment (ROI) of 340%. The estimated reduction in cardiac arrest related crash calls was 0.095 to 0.054 calls per week per ward, an ROI of 239%.



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