

Health Economics Unit

Welcome to the Spring edition of HEUnews!



As the new Head of Unit, I am delighted to introduce news of the HEU achievements since the beginning of the new year. First, I must pay tribute to my colleague Jo Coast who has been an outstanding leader of our Unit for the last three years. Fortunately, we have not lost Jo, but she has stepped aside from her role as Head of Unit, to take up an editorial role for *Social Science and Medicine*, details below. Jo remains a member of the Unit's senior management team. This new role for Jo adds richness to the strengths and experiences within the Unit.

We are delighted to welcome new staff member Phil Kinghorn who joined our team in January (see Staff news) and we are looking forward to the prospect of expanding our team further with some new posts being prepared and filled by the end of 2012 (more below). There is also information in this edition about research projects in Vulvar Cancer, Service Redesign and about the new revamped ICECAP website. The Vulvar Cancer project is one from our three applied research themes - more on these themes in the next edition.

Tracy Roberts
Head of Unit

What's new in HEU...

Increased University funding: we are delighted that the University has decided to reward HEU's recent teaching and research successes, by increasing the core posts available to the Unit from two to four. This increase in core posts both improves staff security and frees up some of our current funding, and it is extremely pleasing to have this vote of confidence from the College of Medical and Dental Sciences and the University as a whole. With the increased funding, we are likely to be advertising in the near future – watch this space!

Social Science and Medicine: we are pleased to announce that in the autumn of 2011, **Professor Joanna Coast** was invited to take over the role of Senior Editor, Health Economics, for *Social Science and Medicine*, from the retiring health economics editor, Steve Birch. Jo has been in the role since mid-January and is now starting to find her feet! *Social Science and Medicine* provides an international and interdisciplinary forum for the dissemination of social science research on health. As such it is ideally suited for reporting much of the work of health economics, particularly where it crosses disciplinary boundaries or draws on the work of other disciplines.

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Vulvar Cancer

Which is better? Giving patients a treatment that they might not need which can make them unwell for more than a year or a test that might make this treatment unnecessary but may give a result, which if wrong, would lead to the death of the patient? This type of question is being examined by **Andrew Sutton, Pelham Barton** and **Tracy Roberts** who are currently examining the cost-effectiveness of undertaking a sentinel lymph node (SLN) biopsy amongst vulvar cancer patients and comparing it to the current treatment of an inguinofemoral lymphadenectomy without testing. Squamous cell carcinoma of the vulva is a rare disease typically seen amongst older women that affects two to three per 100,000 women. Current treatment is good however the majority of women suffer extensive morbidity associated with this procedure. Moreover this extensive procedure is frequently unnecessary amongst 65-75% of women.

An alternative approach is to implement a SLN biopsy. This is a minimally invasive technique that has a much lower morbidity than IFLN. Based on the results of the SLN biopsy, an IFLN can be implemented to patients that need it, with the remainder being closely monitored over time.



Andrew Sutton

This research will incorporate a decision tree approach over a two year time horizon. The model will consider intervention related morbidity and mortality due to cancer recurrence. The outcome measures will be the most cost effective testing and treatment options based on the survival of the patients and morbidity free survival.

If this study shows that a SLN biopsy is the preferred approach, this has the potential to reduce the unnecessary suffering experienced by many women with early stage vulvar cancer who are currently given an extensive and highly morbid intervention which many of them currently do not need.

Service redesign at Birmingham Children's Hospital

The Birmingham and Black Country CLAHRC project at the Birmingham Children's Hospital (BCH) is a collaboration between it and the Universities of Birmingham and Aston in support of service redesign. **Hugh McLeod** is the health economist working as a member of its multidisciplinary research team.

The BCH project initially focused on an evaluation of its paediatric outreach clinics that have been established on a small scale in community settings, to improve access in line with the 'closer-to-home' agenda and reduce pressure on existing outpatient capacity. One of the key access issues is patients failing to attend appointments, and the reasons for this are being explored via interviews with parents of attendees and non-attendees and staff.

The project has also played an important role in supporting the development of an 'advice and guidance' pilot that offers GPs rapid advice from a paediatric consultant about patients who would otherwise be referred to the hospital paediatric. Hugh has facilitated dialogue with the pioneers of a similar service led by a paediatrician at the Taunton and Somerset NHS Foundation Trust, and his analysis of the impact of the Somerset service has informed the approach being taken at BCH as it seeks to extend its pilot. The new service aims to allow selected patients to be managed by their GP, reduce costs for local commissioners and release capacity at BCH.

BCH is also undertaking a major initiative to redesign the emergency admissions pathway for patients referred by GPs. The objectives here are to provide more rapid assessment for these patients, via changes in practice in the A&E department and the establishment of a paediatric admissions unit, and shorter lengths of stay. Again the CLAHRC project will include a formative impact assessment to inform the Trust's development.

The BCH collaboration is making an important contribution to the overall aim of the CLAHRC programme, to improve health by undertaking applied research and supporting the translation research evidence into local NHS practice.



Hugh McLeod

Pelham's Pen

(Our regular spot penned by Dr Pelham Barton)

A mathematical modeller and a clinician applied for the same job. They were given a test to distinguish between them. Each in turn was led into a room where there was a bench with a lit gas ring, on which was a pot of boiling water, with a spoon to the right and an egg to the left. The task was to boil the egg. The mathematician picked up the egg in his left hand and the spoon in his right hand, put the egg on the spoon and used the spoon to transfer the egg into the water and boil the egg. The clinician did exactly the same, so they needed another test. This time the set-up was exactly the same except that the egg was on the right and the spoon was on the left. The clinician picked up the egg in her right hand and the spoon in her left hand and used the spoon to transfer the egg into the water and boil the egg. The mathematician picked up the egg and the spoon, swapped them over, and said "we have now reduced this to the previous problem".

Have you heard...

...about the ICECAP website?

The address for the ICECAP website has changed! The new address for the updated site is: <http://www.birmingham.ac.uk/icecap>.

The website should be a first point of call for any researcher considering using one of the ICECAP capability measures. The site provides information on the development and content of the four ICECAP measures developed to date, along with key references and details of where the measures have been translated into other languages. The four measures are:

ICECAP-A: A measure of capability for the adult population

ICECAP-O: A measure of capability for older people

CES (Carer Experience Scale): A measure of care related well-being

ICECAP-SCM: A measure of capability for use in end of life care

The measures are all conceptually linked to Amartya Sen's capability approach which defines wellbeing in terms of an individual's ability to 'do' and 'be' the things that are important in life.

You do not have to pay to include any of the measures in your study, but before doing so you should visit the website for guidance on how to register your study.

Staff news...

Welcome to **Philip Kinghorn**, who joined HEU in January and will be working with Jo Coast on an ERC funded project on the economics of end of life care. Philip comes to HEU from the University of Aberdeen (HERU), where he started his career after graduating with a PhD in Health Economics from the University of East Anglia. Philip's primary research interest relates to defining, measuring and valuing outcomes which are broader than just health. For his PhD he explored the use of the capability approach to assess quality of life in patients with chronic pain.



Billingsley Kaambwa and **Emma Frew** have recently been successful in securing a NIHR HTA PhD studentship to support further analyses within the PREDNOS trial. The trial is about estimating the clinical and cost-effectiveness of adjusting steroid treatment duration for children with nephrotic syndrome. Estimation of utility outcomes is challenging in children and the trial contains the use of the PEDsQL and the CHU9D instrument with the use of instrument mapping to estimate utilities in children as young as 2 years. Due to the uncertain nature of this data collection, the PhD will extend the trial-based analysis and explore heterogeneity in the cost-effectiveness results, within a regression framework. The successful candidate for the studentship will join the HEU in September 2014.

Seminar Series

Dates and speakers for the forthcoming **Health Economics Unit** monthly seminars are as follows:

Dates and speakers

22 March 2012
Aki Tsuchiya
(University of Sheffield)

19 April 2012
Katherine Payne
(University of Manchester)

28 June 2012
Helen Dakin
(University of Oxford)

If you would like to attend any of these seminars or would like to contribute, please contact us on our email address.

Lazaros Andronis has just returned from a six-week visit to the Centre for Clinical Epidemiology and Evaluation (C2E2) of the University of British Columbia. The purpose of the visit was two-fold: to present work undertaken in the context of his NIHR funded doctoral project, and to explore the scope for research collaborations with C2E2 in the area of the economics of health care research. The visit was productive and Lazaros came back with useful feedback on his project and intriguing ideas for future research collaborations with colleagues in Canada.



Capacity building news...

HEU's doctoral programme

Until 2009, the Unit's doctoral programme focused entirely on the supervision of staff members studying part time for their PhD. Since 2009, there has been a change of focus with the aim of building a thriving doctoral programme for full-time students in health economics (although we continue to retain a focus on doctoral work in developing our current staff). In moving forwards with this aim, the Unit has actively sought opportunities for increasing funding for full time doctoral students. Since 2009, the Unit has been awarded one NIHR Doctoral Fellowship, two competitive school studentships, one MRC trials hub studentship, three studentships associated with research grants, and one studentship funded by Keele University. Applications are currently in for further NIHR and University funded studentships. Our current cohort of full-time students numbers eight (see them below), with at least one further student anticipated to start in the autumn. Students are studying a diverse range of topics related to the methodological research programmes from implementation of the capability approach through development of condition-specific outcome assessments, to modelling methodology. Our doctoral students greatly enhance the intellectual life of the Unit, and can benefit from the extensive opportunities available at Birmingham. For information contact our doctoral lead Dr Emma Frew (e.frew@bham.ac.uk).



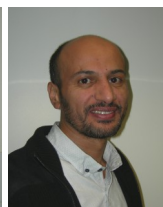
Lazaros Andronis



Alastair Canaway



Samantha Husbands



Mohammed Kashm



Thomas Keeley



Jesse Kigozi



Paul Mitchell



Sabina Sanghera

MSc Health Economics & Health Policy and associated short courses:

The MSc HEHP is ideal for new graduates hoping to pursue a career in health economics or for those currently working in the health care sector who wish to develop skills in health economics. The course explores the key principles and theories upon which health economics is based as well as developing practical skills for the conduct of empirical work. It provides a programme of carefully developed modules, with a number also provided as individual short courses:

- Introduction to Health Economics
- Policy and Economics of Health Care Delivery
- Economic Evaluation in Health Care
- Modelling for Health Economics

To learn more about the MSc or about the short courses visit: www.birmingham.ac.uk/students/courses/postgraduate/taught/med/health-economics-policy.aspx or contact Helen Evans on 0121 414 7694 or email: healthconomics@contacts.bham.ac.uk

Selected recent publications

Canaway A, Frew E. Measuring preference based quality of life in children aged 6-7 years: A comparison of the performance of CHU-9D and EQ-5D-Y. The WAVES pilot study. *Quality of Life Research*, 2012. DOI 10.1007/s11136-012-0119-5

Coast J, Al-Janabi H, Sutton E, Horrocks S, Vosper J, Swancutt D, Flynn T. Using qualitative methods for attribute development for discrete choice experiments: issues and recommendations. *Health Economics*. Online first: DOI: 10.1002/hec.1739

Kaambwa B, Billingham C, Bryan S. Mapping utility scores from the Barthel Index. *European Journal of Health Economics*. Online first: DOI: 10.1007/s10198-011-0364-5

Roberts TE, Barton PM, Auguste PE, Middleton LJ, Furmston AT, Ewer AK. Pulse oximetry as a screening test for congenital heart defects in newborn infants: a cost-effectiveness analysis. *Archives of Disease in Childhood*, 2012, DOI: 10.1136/archdischild-2011-300564

Sutton E, Coast J. Choice is a small word with a huge meaning: Older people and decision-making at the end-of-life. *Policy and Politics*. Online first: DOI: 10.1332/147084411X581916

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