

What we did in Sheffield

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Director of Public Health
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1 vision **9** priorities **68** improvement programmes **400** lives saved

Thanks to:

- LSE
 - Gwyn Bevan
 - Mara Airoidi
 - Nikos Argyris
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 - Mrunal Sridar
 - Michelle Wang

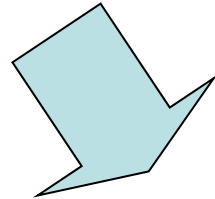
What we did in Sheffield

- Drivers:
 - Desire to understand cost effectiveness of different elements of our spending
 - Programme budgeting and marginal analysis
 - World Class Commissioning
- Feb 2009 – Health Foundation presentation
 - Isle of Wight investments
 - Can we apply to NHSS existing spend?

Priority setting in healthcare

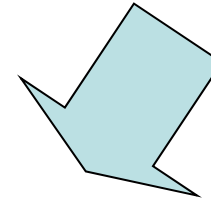
Health Economics:

Cost per Quality
Adjusted Life Year
(cost/QALY)



Pragmatic approach:

Programme Budgeting
& Marginal Analysis
(PBMA)



Decision conferencing:

Deliberative
Formal model
Make explicit use of
epidemiology, clinical
evidence, economic theory

A socio-technical approach

TECHNICAL DIMENSION

Epidemiological and clinical evidence, economic and decision theory



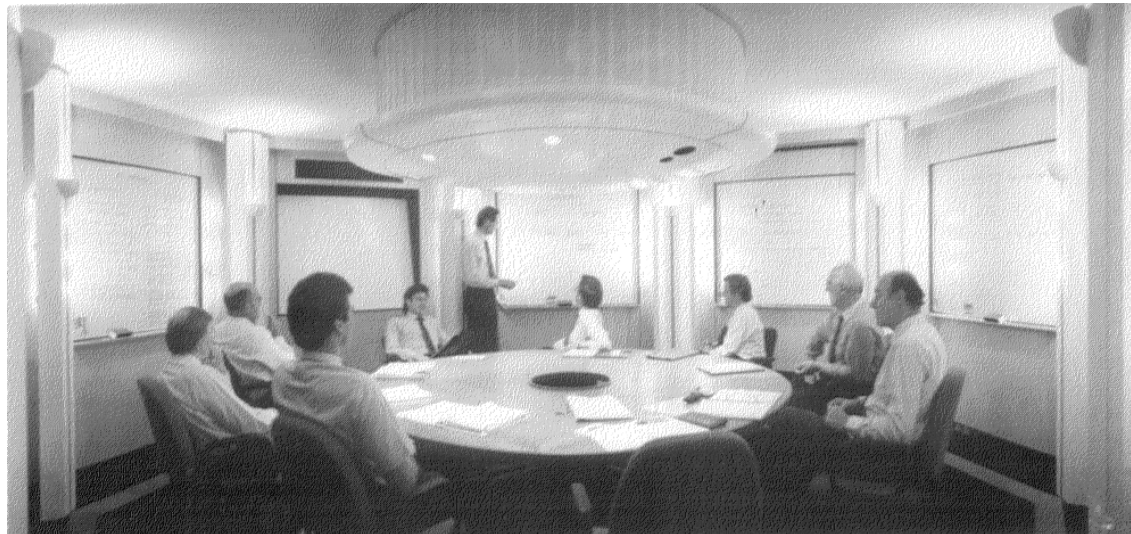
SOCIAL DIMENSION

Facilitated workshops, open and participative process

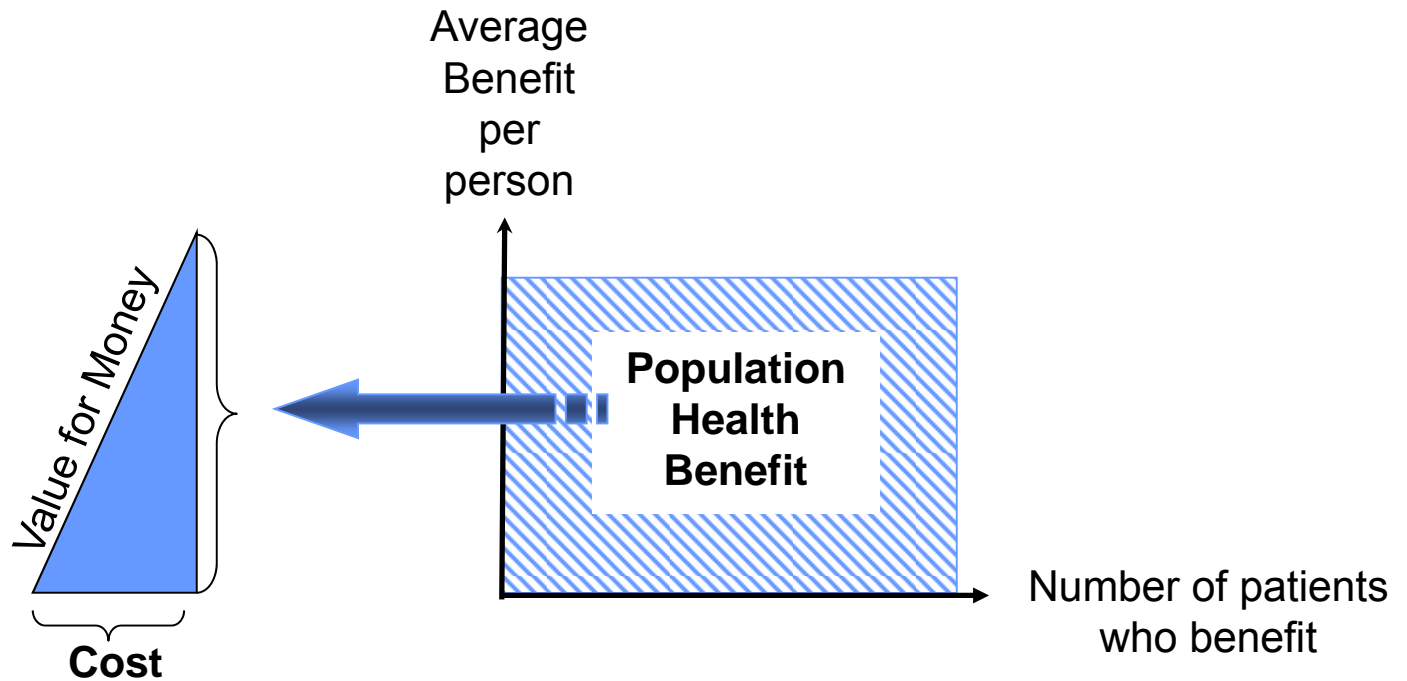


Decision conferencing

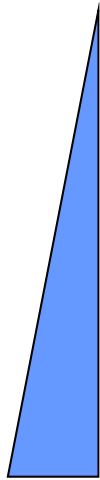
- a working meeting,
- attended by key stakeholders and
- led by an impartial facilitator who
- helps them building a formal model of the decision at hand (on the spot)



Value for money: Rectangles and Triangles



VfM = Slope

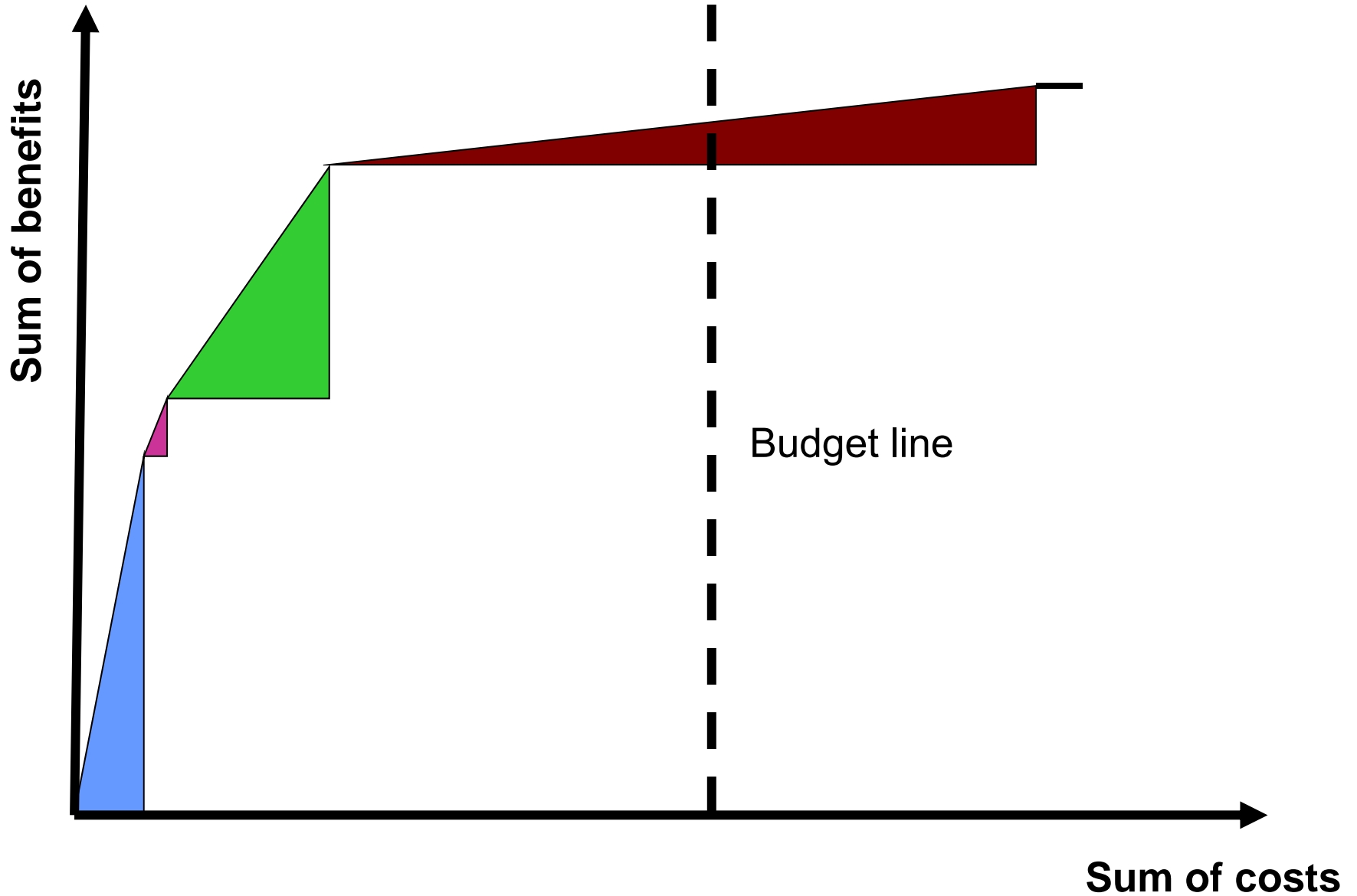


High VfM



Low VfM

Efficient frontier



Choice of subject areas

- 3 programmes for which PBMA data (07/08) showed Sheffield to have highest spend compared to comparators
- Dental
- Mental health → eating disorders
- Cancer → breast, lung and colorectal

Process

- Workshops involving all interested parties:
 - Clinicians, patients (or representatives)
 - Commissioners, providers
- Support from LSE colleagues
- Data pack collation
- 2 x decision conferences for each theme

Process

Decision conference 1: scope, start evaluation, identify gaps in knowledge

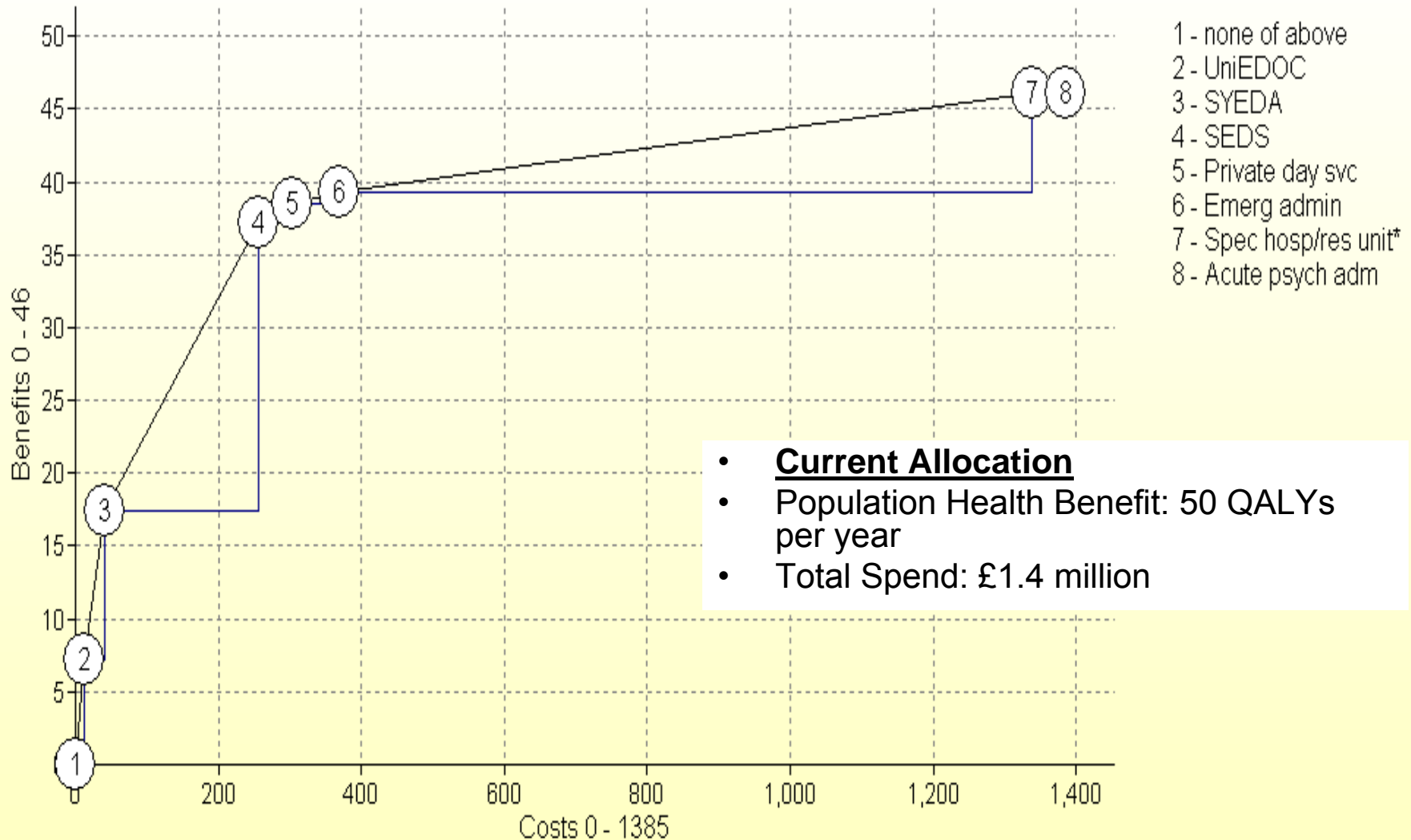
Decision conference 2: finish evaluation, do weighting, explore VfM, sensitivity analysis

Eating Disorders

- Spend reviewed: £ 1.4m
- Total spend in MH: £ 70-75m
- Data on effectiveness: few, usually not conclusive, RCTs
- Data on activity: from PCT or shared by providers
- Data on benefit: in participative workshops
- Benefit assessed over 1 year

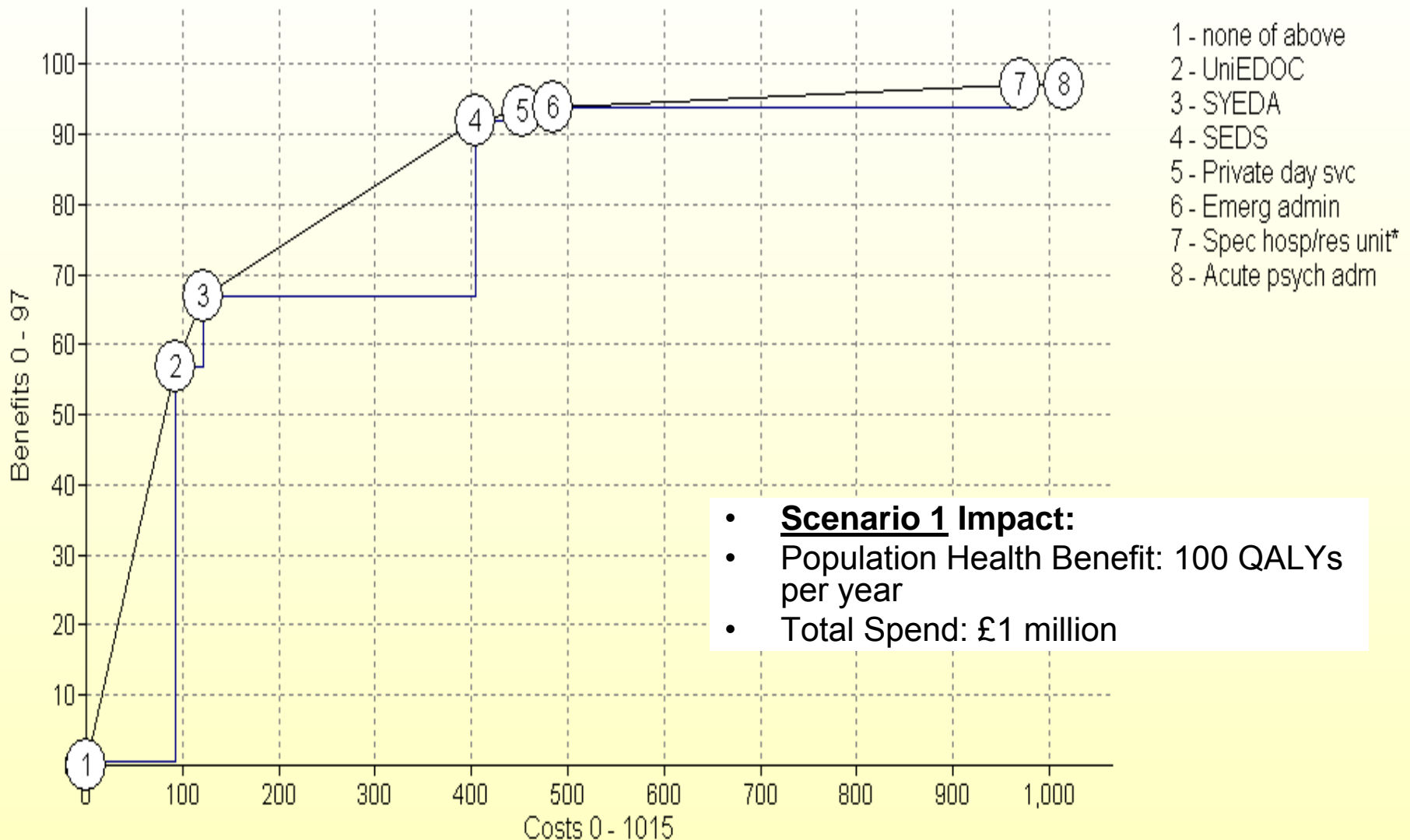
Eating Disorders - Results

Weighted Preference Values



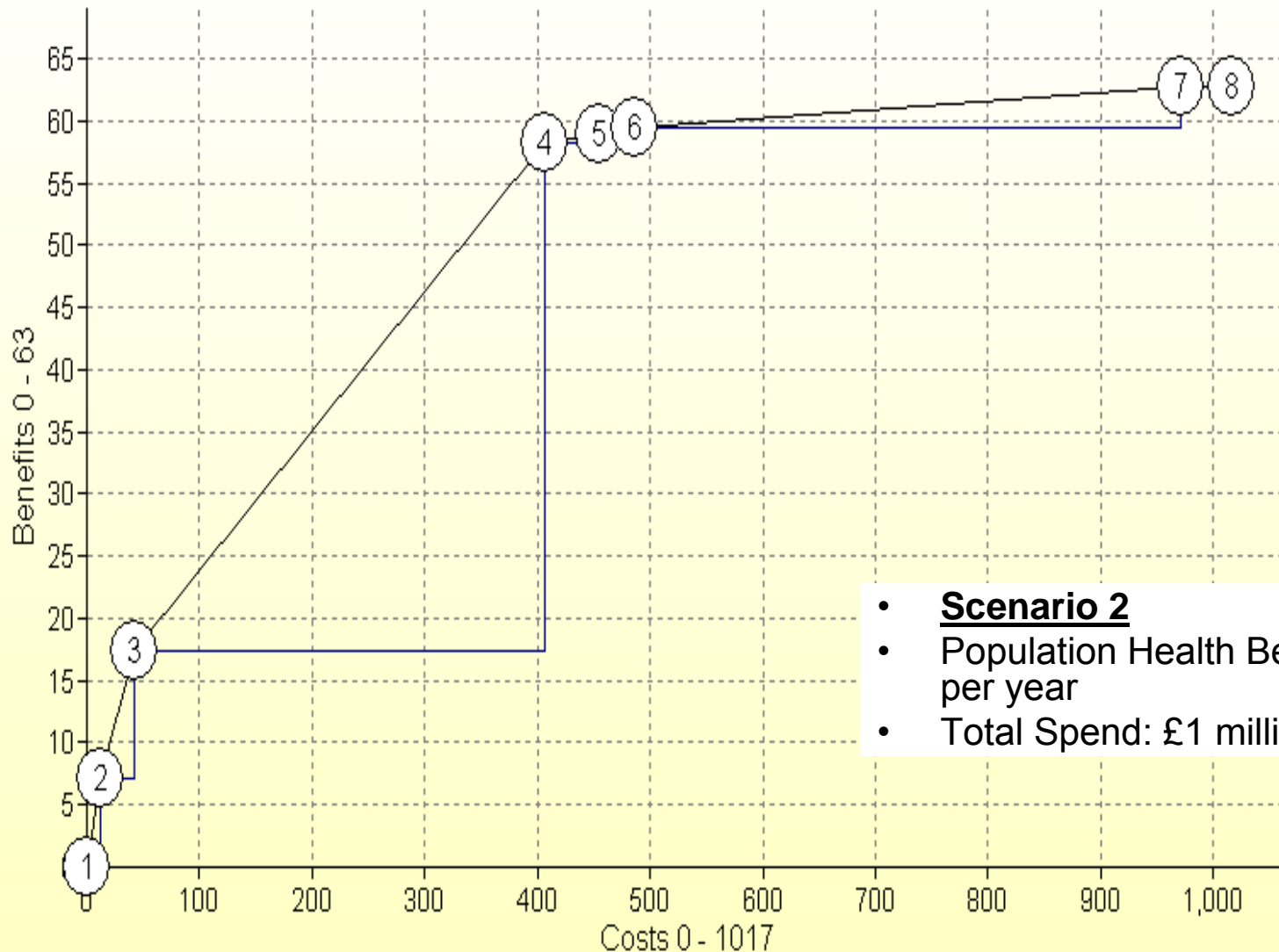
Eating Disorders - Impact

Weighted Preference Values



Eating Disorders - Impact

Weighted Preference Values



- 1 - none of above
- 2 - UniEDOC
- 3 - SYEDA
- 4 - SEDS
- 5 - Private day svc
- 6 - Emerg admin
- 7 - Spec hosp/res unit*
- 8 - Acute psych adm

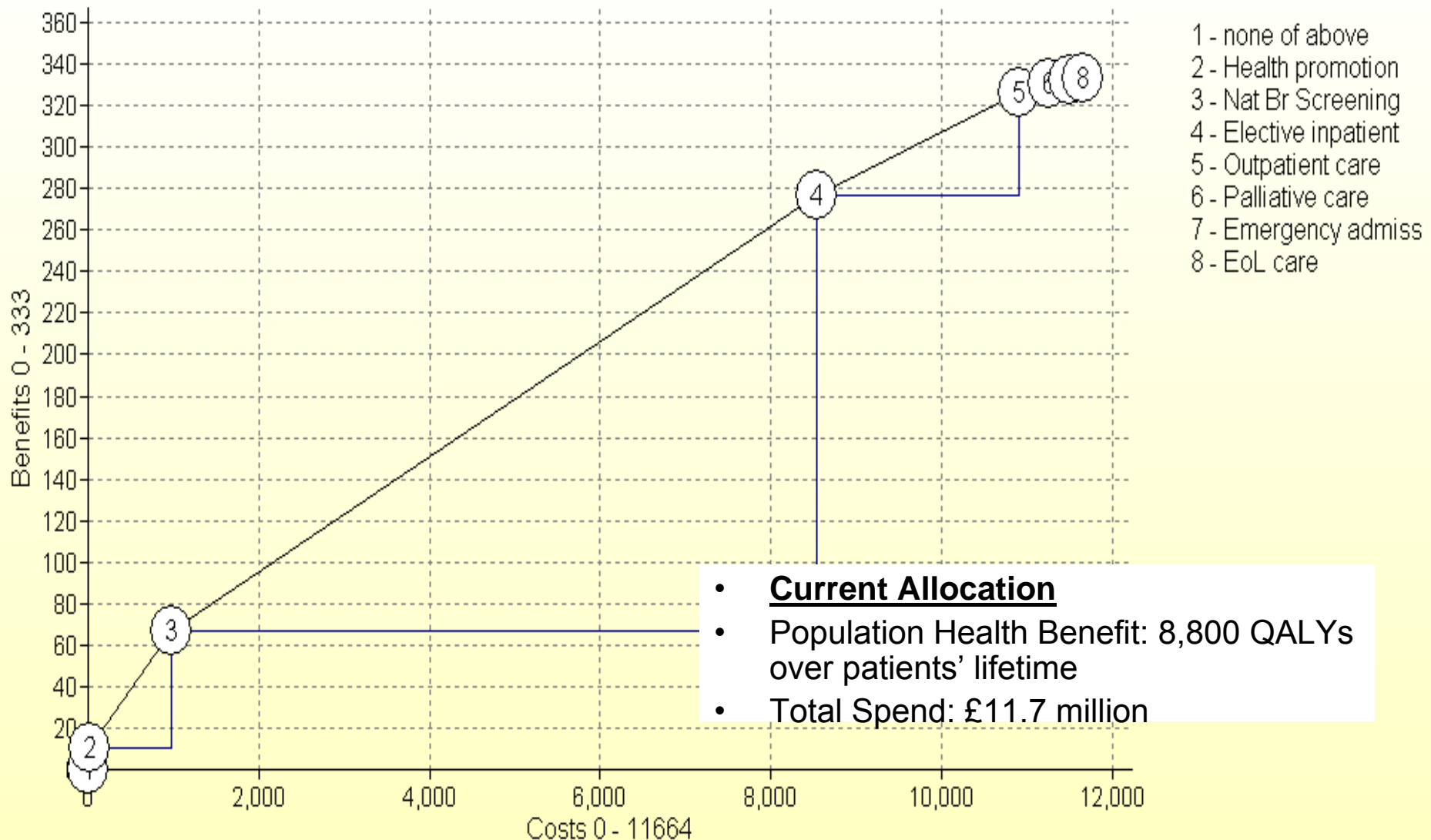
- **Scenario 2**
- Population Health Benefit: 70 QALYs per year
- Total Spend: £1 million

Cancer

- Spend reviewed: £26.6m
- Total PCT spend in cancer: £45-50m
- Feasibility: 20 interventions
- Trade-off between granularity & scope
- => 20 broad interventions
- RCTs data available on specific, not broad interventions
- Data on numbers who benefit: from data on admissions
- Data on benefit per person: participative workshop
- Benefits over the lifetime

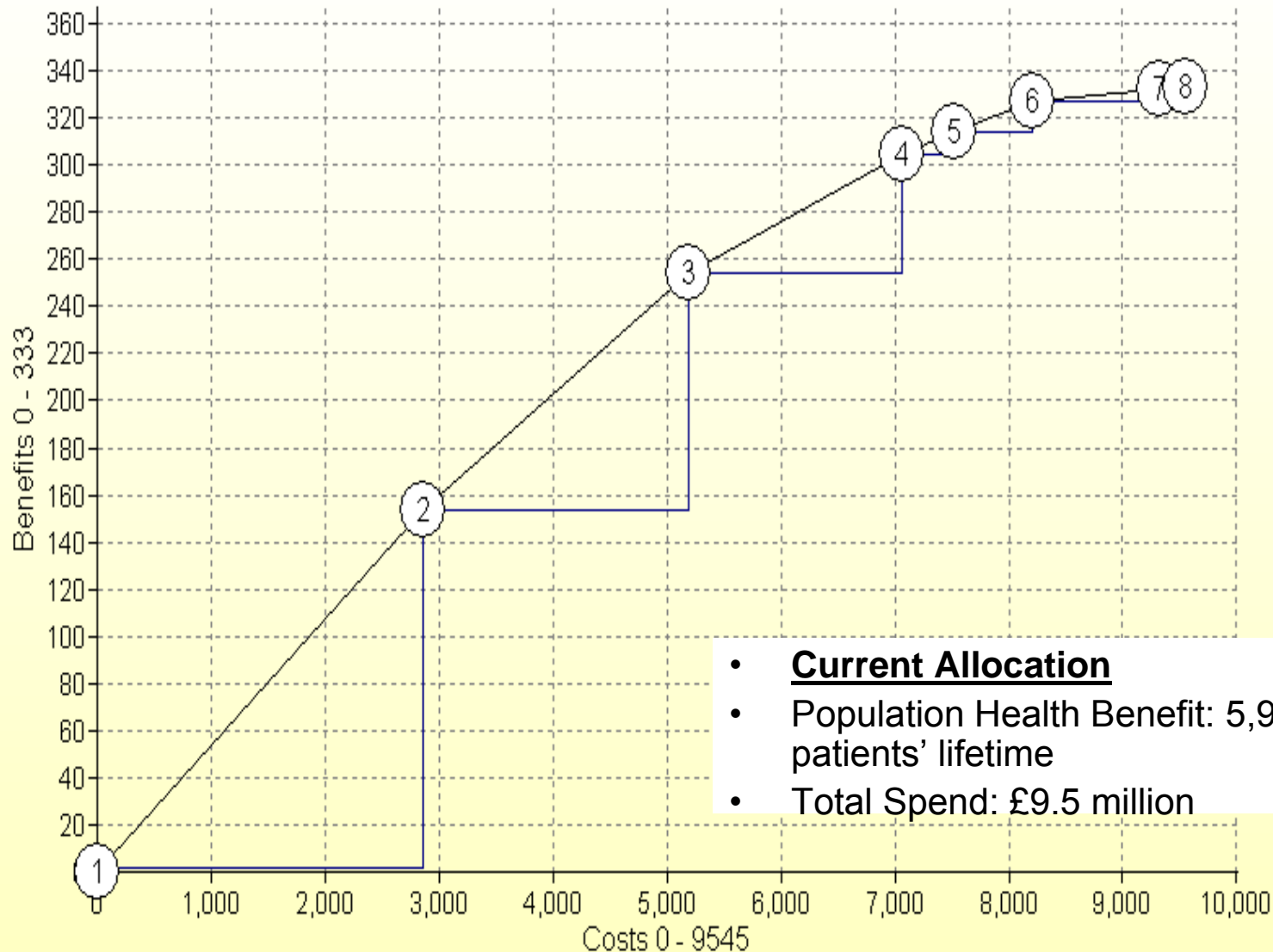
Breast Cancer - Results

Weighted Preference Values



Colorectal Cancer - Results

Weighted Preference Values

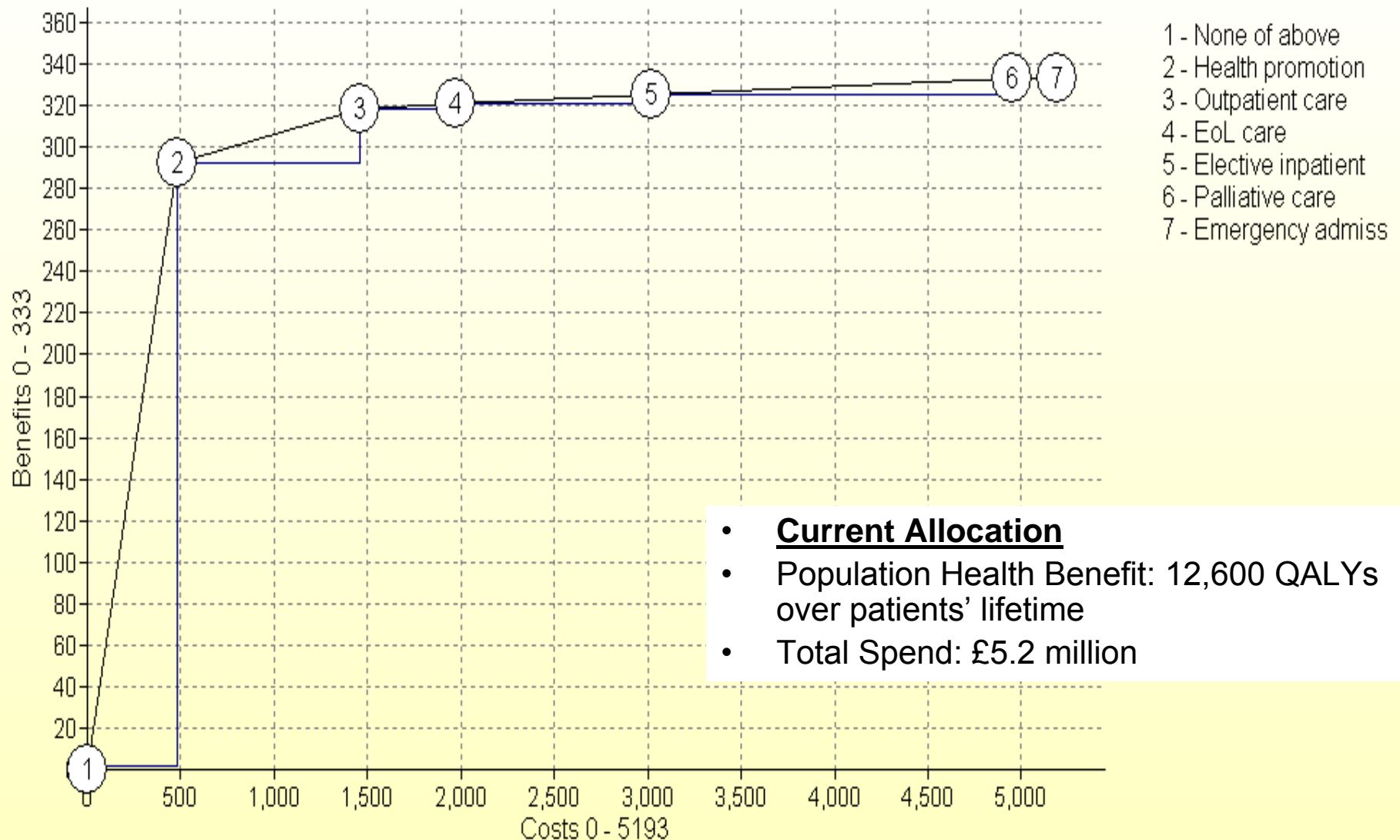


- 1 - None of above
- 2 - Prim Care involvem
- 3 - elective inpatient
- 4 - outpatient care
- 5 - Bowel screening
- 6 - Palliative care
- 7 - Emergency admiss
- 8 - EoL care

- **Current Allocation**
- Population Health Benefit: 5,900 QALYs over patients' lifetime
- Total Spend: £9.5 million

Lung Cancer - Results

Weighted Preference Values

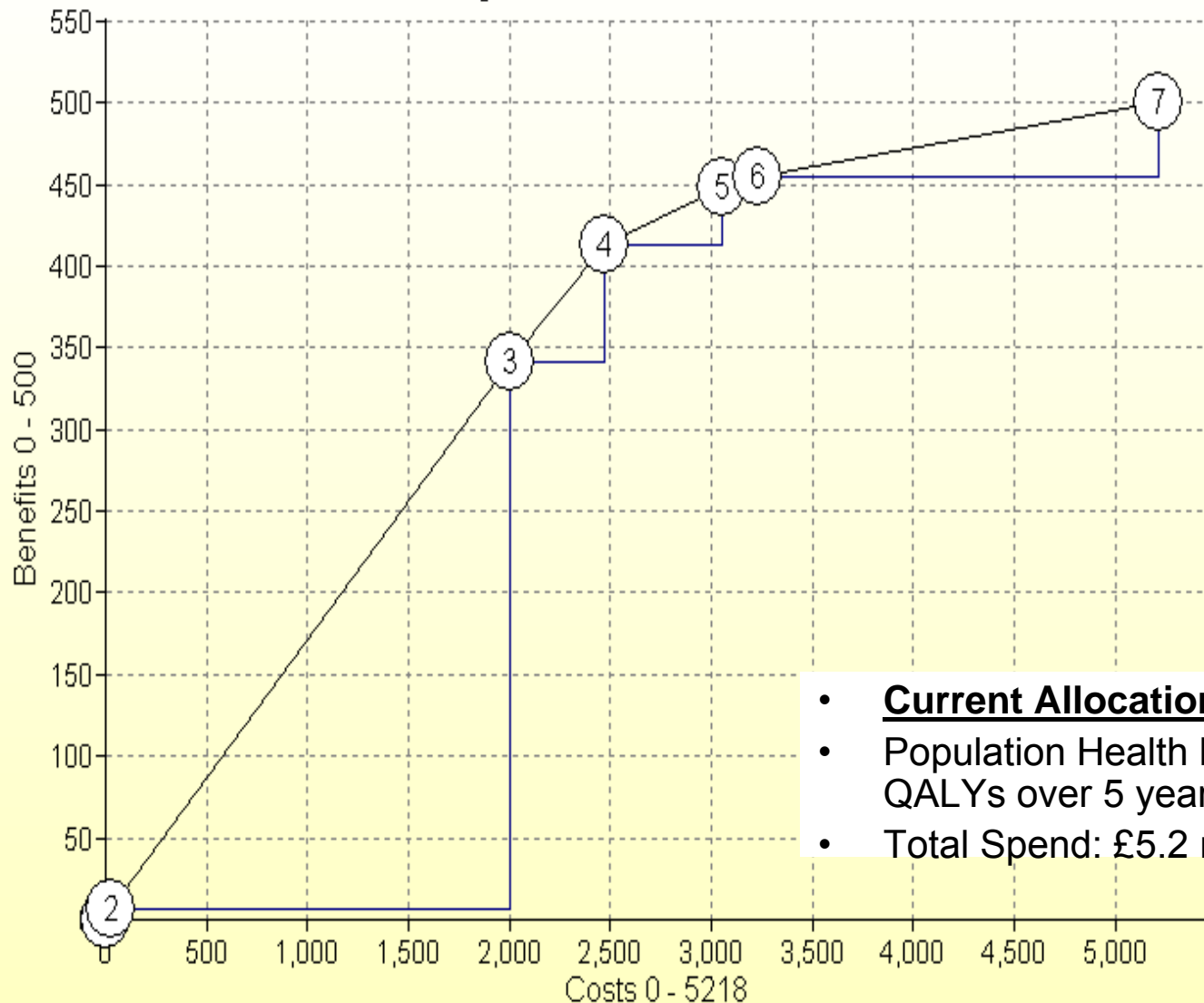


Dentistry

- Spend reviewed: £25.3m
- Total PCT spend in dentistry: £30m
- Data on UDAs / double-counting/ missing data
- No. who benefit from data on clinical activity
- Benefit per person: participative workshop
- Benefit over 5 years

Secondary Care - Results

Weighted Preference Values

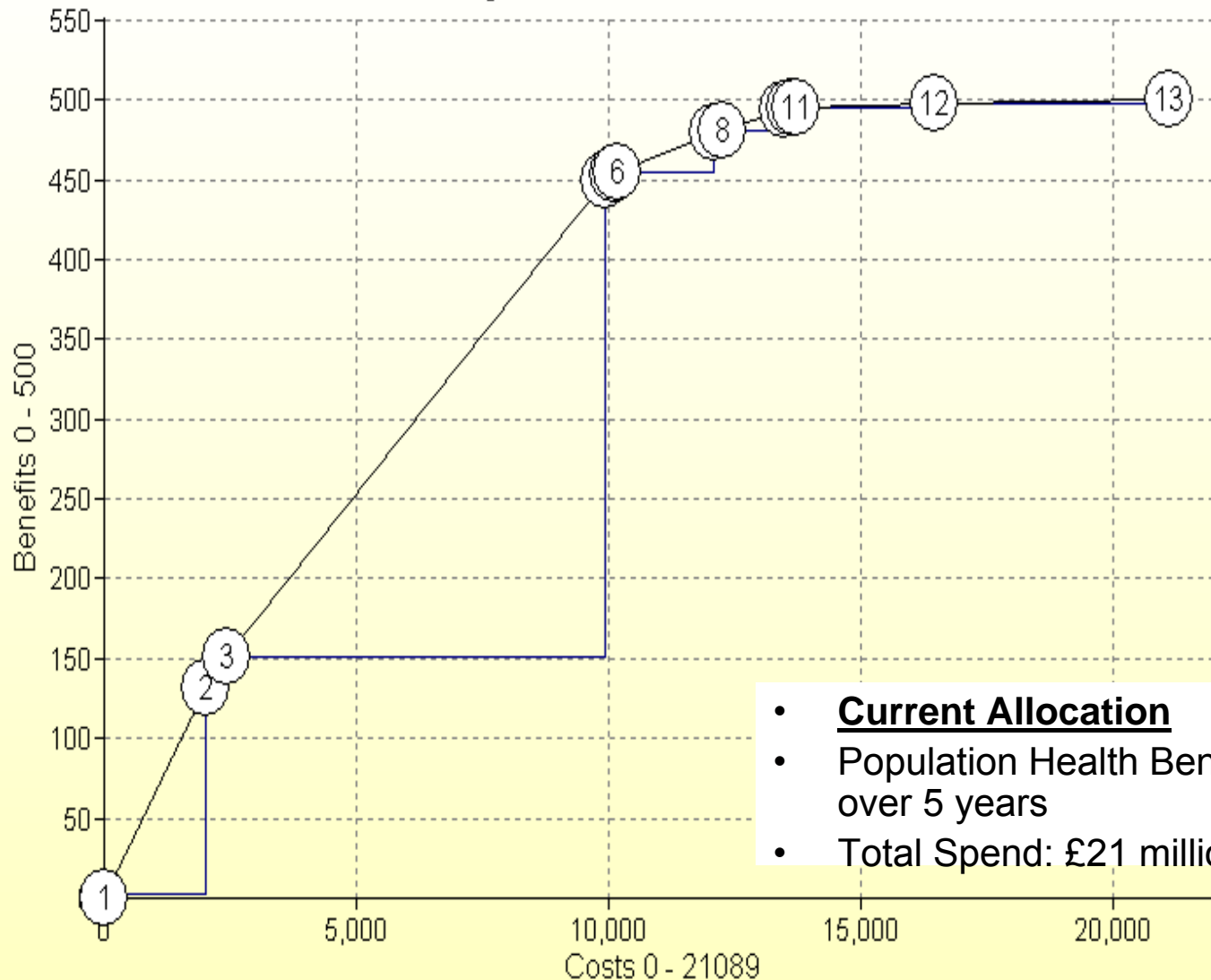


- 1 - do nothing
- 2 - Paediatric Maxillofacial surgery
- 3 - Oral Surgery
- 4 - Maxillo facial surgery
- 5 - Paediatric dentistry
- 6 - Dental medicine
- 7 - Restorative dentistry

- **Current Allocation**
- Population Health Benefit: 32,000 QALYs over 5 years
- Total Spend: £5.2 million

Primary Care - Results

Weighted Preference Values



- 1 - do nothing
- 2 - Extractions
- 3 - Endodontics
- 4 - Permanent fillings
- 5 - Bridges fitted
- 6 - Partial metal dentures (SDA)
- 7 - Acrylic dentures
- 8 - Inlays
- 9 - Crowns
- 10 - Fissure sealants
- 11 - Veneers
- 12 - Orthodontics (primary care)
- 13 - Scale and polish in band 1

- **Current Allocation**
- Population Health Benefit: 320,000 QALYs over 5 years
- Total Spend: £21 million

Where next?

- Analysis, of itself, changes little
- Time consuming process, especially if done thoroughly
- Challenge is in picking up the results and making changes



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