

Development of health economics resources to aid local health administrations in England to support evidence-based investment in End of Life Care – a report, tool and user guide

Julia Verne¹, Brian Ferguson¹, Andy Pring¹, Nicola Bowtell¹, Adeline Durand², Solveig Bourgeon², Alex Lam², Sarah Snyder², Gareth Harper², Mariana Dates²

National End of Life Care Intelligence Network, Public Health England¹; Optimity Advisors²

INTRODUCTION

There is great financial pressure on the National Health Service (NHS) in England and a policy to provide more care in the community than in hospitals. End of Life Care (EoLC) services compete with other healthcare services for investment. Surveys show most people prefer to be cared for and die where they normally live rather than in hospital. This would be supported by more community EoLC. It was believed that EoLC in the community was cheaper than hospital based care however, without a summary of the economic evidence or a tool to demonstrate the impact of moving resources from an economic point of view, local health commissioners had difficulty making the case for a shift in resources. **Aim:** Review the Health Economic Evidence for cost-effective commissioning for EoLC, produce an interactive tool and a user guide for the tool.

METHODS

The National End of Life Care Intelligence Network (NEoLCIN) at Public Health England (PHE) worked with the Chief Economist at PHE to scope the brief. A commercial team (Optimity Advisors) of Health Economists (HEs) were commissioned to work with the PHE team. A preliminary literature review was undertaken. A workshop was held with Palliative Care Experts, HEs, & Local Health Service Commissioners to review and provide more evidence. The HEs worked with the NEoLCIN analysts to populate the tool which was tested in workshops. The critical appraisal of the studies was based on the NICE methods guidelines.¹ Figure 1 provides a diagrammatic overview of the methods.

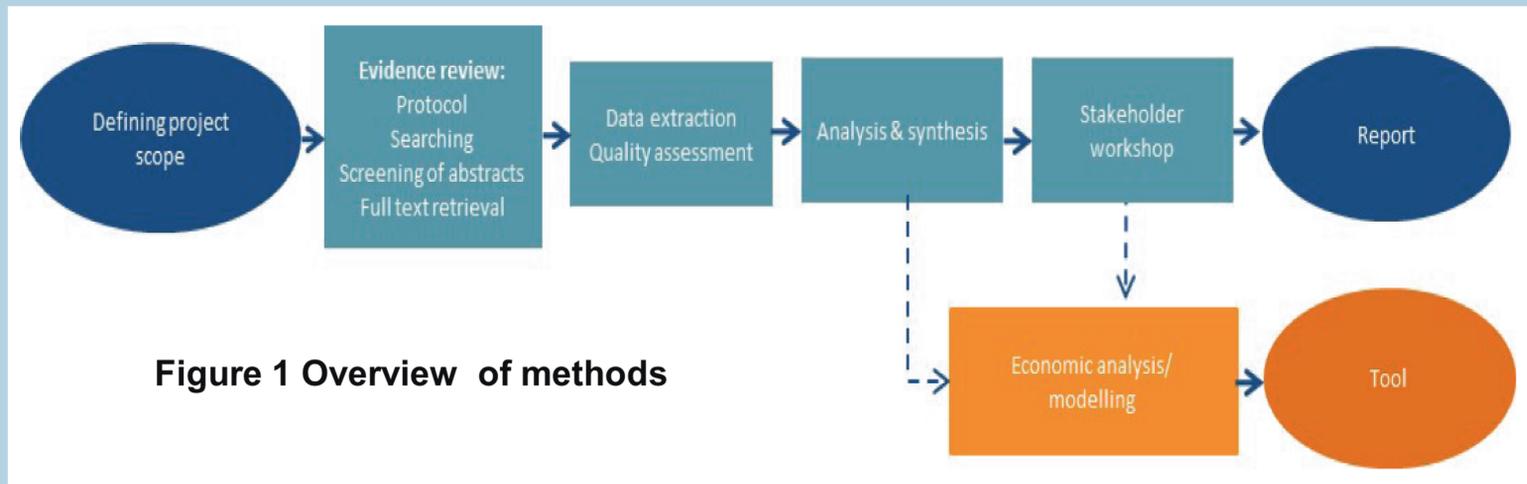


Figure 1 Overview of methods

RESULTS

A few studies were designed to assess with certainty the causality between place of care / interventions and patients' outcomes. Although none of the studies performed a robust cost-effectiveness analysis of EoLC, the evidence seem to suggest that the existing breadth of palliative and end of life care interventions in the primary, social and community care settings are potentially cost-saving or cost-effective. The evidence review was published by Public Health England in 2017.

The **End of Life Care health economics commissioning tool enables stakeholders** to (see Figure 3):

- see evidence on the cost and impact of interventions and services for patients at the end of their lives

- explore the cost implications and potential trade-offs of moving end of life care away from acute care to primary, community or social care settings (see figure 4)
- estimate the return on investment (ROI) and impact of interventions in for specific interventions that have been effective elsewhere

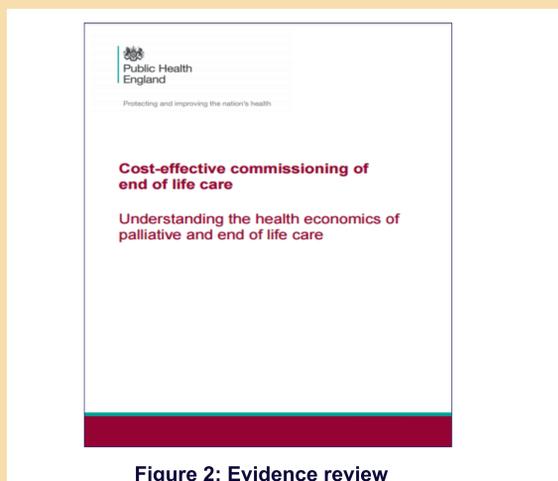


Figure 2: Evidence review



Figure 3: End of Life Care health economics commissioning tool

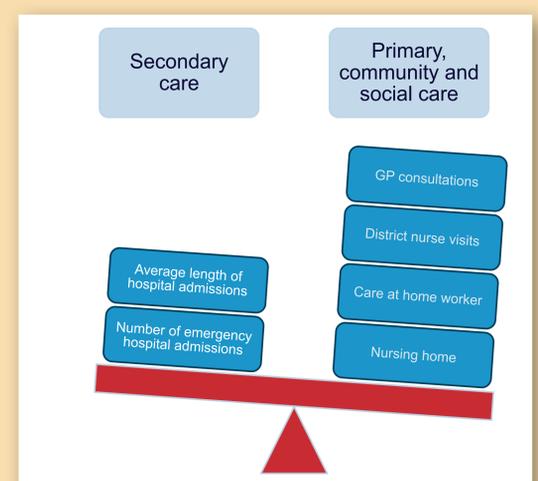


Figure 4. Example of activity and cost shifting analysis from secondary care to primary, community and social care

CONCLUSIONS

- While the economic evidence base is not as strong as might be hoped it does strongly suggest there is a case for a shift in resources towards community based EoLC.
- Theoretically, this could represent significant savings from moving end of life care from hospitals to the community setting.
- The EoLC economic tool has been designed to give some indication to commissioners on the consequences of shifting expenditure between these two settings.
- Its accessible design is helping commissioners to explore the potential locally for moving care from one setting to another – for example from acute hospitals to care homes or district nursing. They can also explore the cost implications of these service redesign.
- The tool is being actively used by Clinical Commissioning Groups and Strategic Transformation Partnerships to inform important service configuration changes.

FUTURE DIRECTIONS

- Personal Health Budgets² were introduced in October 2014.
- These are an amount of money given to support the healthcare needs of individuals. This is typically used to fund interventions that enable the recipient to be cared for in their community. These include - therapies, personal cares and equipment.
- NHSE and the Department of Health and Social Care are currently running a public consultation on the legal rights to have budgets.
- It is anticipated that this expansion of personal health budgets will give people more choice around who provides their care, where their care is provided and their preferred place of death.
- Importantly, this could change the balance of power with respect to the economics of EoLC – shifting financial choice to the individual.

ACKNOWLEDGEMENTS

1. Professor Brian Ferguson, Chief Economist, Public Health England.
2. Optimity Advisors - optimityadvisors.com

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