

Generating evidence to inform,
difficult decisions:
building capacity through
investment and partnership

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Making difficult decisions

- Generation and mobilization of information
 - Evaluation of outcomes, costs, etc, of treatments through trials and other studies
 - Assessment of available information to support decision
 - Cost-effectiveness (through systematic reviews, models etc)
 - Epidemiology (incidence and severity of conditions; potential extent of use, and population health gain)
 - Other impacts/issues (financial costs; staffing and training needs; logistical requirements/impacts; societal considerations)
- Making decisions
 - Appraisal of information from assessments to reach decision in context of
 - Agreed criteria
 - Comparisons/thresholds
 - Common sense/political reality/public acceptability
- Implementation/dissemination of direction/guidance
- Monitoring and evaluation

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Quality

- To support difficult decisions that will withstand challenge, the generation and analysis of supporting information should
- Follow recognised best practice and of internationally recognised quality
 - Be transparent and freely available
 - Be, and be seen to be, independent of all parties with an interest in the outcome of the decision

Overview

- History of decision making in the NHS
- Arrangements to provide decision makers with the information, tools and skills they need
- Investment and partnerships

Decision making in the NHS

- 1980s: application of explicit decision analysis and health economic techniques to high profile/cost issues in
 - Department of Health
 - Regional Health Authorities
 - District Health Authorities
- 1990s: purchaser-provider split
 - purchasers (Health Authorities) expected to prioritise expenditure and drive efficiency to maximise health gain
 - Regional Health Authorities and Department of Health responsible for wider service configuration, specialist services and national screening programmes
- 2000s: National Institute for Clinical Excellence
 - NICE Guidance on some interventions/conditions
 - Purchasers, providers and DH still responsible for decisions in other areas

Information, tools and skills

- Long-standing, internationally recognised capacity and activity in UK universities and medical schools in
 - Clinical trials
 - Epidemiology
 - Public Health
 - Health Services Research
- This initial analytic base has been further strengthened and expanded from the 1980s onwards

1980s

- DH core funding for
 - Brunel - Health Economics Research Group (Buxton)
 - York – Centre for Health Economics (Williams, Maynard); MA in Health Economics
- Economics and Operational Research Division in DH (Smee)
- OR and HE skills recruited in some health authorities
- York Health Economics Consortium established, initially to respond to demand from northern health authorities
- MRC continues to fund pragmatic trials and HSR and begins to encourage inclusion of health economic analysis
- DH funds Perinatal Epidemiology Unit (Chalmers) and production of Effective Care in Pregnancy and Childhood
- DH supports London meeting of International Society for Technology Assessment in Health Care (ISTAHC)

1990s

- New R&D Strategy for NHS expands NHS support for health services research and seeks to focus it on the needs of decision makers in the NHS. This leads to support for range of information, tools and other support for purchasers and other decision makers
- Cochrane Collaboration: UK Cochrane Centre, Cochrane Database, Clinical Evidence, etc
 - Centre for Reviews and Dissemination: Effective Health Care Bulletins, etc
 - Regional Centres/Groups, eg ARIF at Birmingham; Sheffield; Oxford
 - NHS HTA Programme: pragmatic trials and systematic reviews targeted on needs of decision makers, plus methods development; explicit decision not to create an “agency” but to draw on range of expertise to meet needs of range of decision makers
 - UK plays active role in creation of International Network of Agencies for Health Technology Assessment (INAHTA) and projects to explore collaboration in HTA across Europe; NHS supports Edinburgh meeting of ISTAHC

2000s

- NICE establishes Appraisal Committee(s), drawing on expertise in universities
- NICE commissions appraisal reports from a number of university groups
- Further development of NHS HTA Programme, responding (in part) to needs of NICE; continues to fund trials as well as systematic reviews; response-mode added
- Formation of NHS National Institute for Health Research (NIHR) and rationalisation with MRC: NIHR responsible for trials, MRC for methodological development
- Recruitment of (more) university trained health economists by industry to prepare NICE submissions
- UK leads founding of Health Technology Assessment International (HTAi) and the HTAi Policy Forum, with explicit focus on promoting dialogue with industry

Investment

- Success of the system depends on long-term investment in
 - Skilled people - in universities, decision making bodies and industry
 - Centres with capacity to respond to ad hoc demands for information and analysis
 - Methodological development
 - Information on epidemiology and outcomes
 - Systems to collate, deliver and interpret information and analysis to decision makers
 - Collaboration with similar efforts around the world
- Investment must be managed to ensure that resulting information, analysis and advice is of internationally recognised quality

Partnership

Success also depends on understanding and partnership between

- Decision makers and those providing information and analysis – NICE, industry and university groups
- Those providing information and analysis and those funding it – DH/NHS/NICE and universities
- Government, NHS, industry and the public

Government, NHS and Industry

- Historic tendency for NHS to see industry as the enemy (despite role of industry in developing and providing effective treatments)
- DH has dual role – ensuring value for money for NHS spending, and promoting the UK pharmaceutical and medical devices industries
- Former leads to focus on cost-effectiveness; latter addressed through Pharmaceutical Price Regulation System (PPRS)
- Significant developments since 1997:
 - Creation of NICE
 - Pharmaceutical Industry Competitiveness Task Force (PICTF) 2002
 - Bio-industry and Growth Team (BIGT) 2004
 - Cooksey Report 2006
 - Creation of Office of Life Sciences in DIUS
 - BIGT2R Report 2009