Health Economics Network Scotland (HENS)

Capacity Survey

Background

The purpose of the survey was to gather information on health economics capacity within public health, health care and health policy organisations in Scotland, how this is being used and how capacity needs to be developed.

Method

The survey was uploaded onto the "survey monkey" website and an invitation to participate was sent out to groups identified as likely to have an interest in health economics and health economics evidence. These included:

- Consultants in dental public health
- Heads of academic departments
- Quality, Efficiency & Support Team (QuEST) in Scottish government
- Scottish Directors of Public Health
- Scottish health promotion managers.

The cover letter also requested that recipients forward the survey to anybody they felt could contribute. As an example, it was forwarded to Public Health Service Improvement Interest Group (PH SIIG).

The survey was available online from 13/11/15 to 13/12/15.

Results

In total, 62 people participated in the survey. Among these, 56 responded to the question on which sector they work for. Thirty nine worked for an NHS board, 8 worked in academia and, 9 worked in Government. There were no participants from the third and private sectors.

Among those that responded to the question regarding the role health economics plays in day-to-day work; 26 indicated that health economics is of interest to, but not embedded in, their work; 15 indicated that they are not

practicing health economists but regularly seek out health economics evidence; and 6 indicated that they supply health economics evidence, advice and/or training. The 6 respondents who indicated that they supply health economics advice were "gated" to the questions aimed at health economics suppliers and the rest were "gated" to questions aimed at health economics users. Thirteen respondents did not answer this question and because this was a "gated" question, these respondents were unable to continue the survey.

1. Health economics suppliers

Five out of the 6 health economics suppliers indicated that only a little of their work is about health care economics; the sixth respondent indicated that a lot of their work is about health economics. Similarly, 4 of the health economics suppliers indicated that only a little of their work is spent on health economics relating to public health issues. One 1 respondent indicated "a lot" and another indicated "none".

When asked how often their work involves working directly with decision makers to influence policy and/or practice, 4 respondents said "frequently", 1 said "sometimes" and another said "never". Four of the 6 health economics suppliers indicated that they would like to work more with decision makers to influence policy. Three of the 4 identified time, translating knowledge into practice and difficulties in engaging with decision makers as barriers to increasing the amount of work they undertake with decision makers.

Only 1 of the 6 health economics suppliers is not currently a member of HENS, although s/he is interested in becoming a member. With regard to involvement with the HENS network, 3 respondents indicated that they would like to receive HENS updates. All 6 indicated they would like to participate in HENS meetings. Five 5 respondents indicated they would like to collaborate with fellow HENS members on projects relevant to their work and to projects relevant to the work of fellow HENS members. Four respondents indicated that they would like to collaborate with fellow members on HENS test projects.

2. Health economics users

a) Health economics qualifications and CPD

Of the 41 respondents who indicated they are “health economics users”, 85% (n=35) do not have any formal qualifications in the subject. Among the remaining 6, qualifications included health economics module as part of a Master of Public Health program (n=3), a post graduate certificate in health economics (n=2) and, in the case of 1 respondent, health economics both as part of an MSc programme in Public Health and Health Services Research and also a Post-graduate certificate in Health.

Eighty five percent (n=35) of respondents indicated they would like to further develop their understanding of health economics. Ten per cent (n=4) did not wish to develop their understanding. Two people who did not answer the question were routed to the end of the survey.

Thirty three indicated how they would like to develop understanding of the subject. Key themes from their responses included:

- attending introductory courses for basic knowledge
- how to apply health economics principles and practice in their work
- developing advanced skills such as “Bayesian decision econometric modelling”

Responses are given in full in Appendix 1A at the end of this report.

b) Collaboration with Health economists

When asked “how often their work involves collaborating with academic and/or government economists, 59% of respondents (n=24) indicated “sometimes”, 29% (n=12) indicated “never” and 5% (n=2) indicated “frequently”.

c) Use of health economics evidence

When asked “how often their work relies on their understanding and/or use of health economics evidence, 68% (n=28) of respondents indicated “sometimes”, 22% (n=9) indicated “frequently and 1 respondent indicated

"never". Thirty six respondents indicated how they currently obtain health economics evidence, advice or information. A majority of respondents said they approach academics for advice. Other sources of advice include organisations such as NICE, NHS Health Scotland and Health Improvement Scotland, colleagues in NHS boards, and the internet. Full details of the responses are given in Appendix 1B.

When asked whether they are normally able to access health economics support or advice, 22% (n=9) indicated "yes", 51% of respondents (n=21) indicated "sometimes" and 17% (n=7) indicated "no". Those that responded "no" and "sometimes" were asked to identify areas where there have been gaps in accessing support or advice. Nineteen people responded and the key themes identified included:

- lack of understanding of health economics
- lack of readily available support or knowledge of where to get support
- lack of readily available evidence
- transferring knowledge into practice (particularly at the local level).

A full transcript of the responses is given in Appendix 1C.

d) HENS membership

Twenty percent of health economics users are currently members of HENS. Forty four percent (n=18) are interested in becoming members and the rest, 27% (n=11), are not interested.

On the issue of involvement with the HENS network, 26 respondents indicated that they would like to receive HENS updates. Ten indicated they would like to participate in HENS meetings, 15 respondents each indicated they would like to collaborate with fellow HENS members on projects relevant to their own work and 2 respondents indicated that they would like to collaborate on projects relevant to the work of fellow HENS members. Five respondents indicated that they would like to collaborate with fellow members on HENS test projects.

Discussion

The survey was undertaken to gather information on health economics capacity within public health, health care and health policy organisations in Scotland. It also sought to assess how health economics capacity is currently being utilised and whether capacity needs to be developed. Seventy-three respondents from the Scottish Government, academia and public health organisations participated in the survey.

Suppliers of evidence

The number of suppliers of evidence responding to the survey was small so further work to explore their views would be useful. Those that did respond said that they frequently work with decision makers to influence policy and practice, but that they would like to do it more. Barriers they identified to engaging with decision makers included time, translating knowledge into practice and difficulties in engagement.

Users of evidence

For health economics users one of the main issues raised was lack of knowledge and understanding of health economics. Users do access health economics evidence and apply it in their work in a variety of ways. A majority said that they 'sometimes' or 'frequently' make use of economics evidence. There was, however, general agreement that users need to develop their knowledge and understanding of health economics and have a better awareness of where to look, and who to contact, for health economics evidence. Transferring knowledge into practice (particularly at the local level) is mentioned by both users and suppliers as an area where more work is needed.

In general, the results of the survey suggest that there is room for improving the use of health economics evidence in public health decision making in Scotland. There was widespread agreement among "users" and "suppliers" that the Health Economics Network Scotland (HENS) can play a role in addressing the issues raised in the survey. Potential next steps for the

network include further work to build understanding of health economics, to enable decision makers to “ask the right questions” in economic terms, and to help both suppliers and users of economics evidence translate knowledge into practice, particularly at the local level.

The HENS workplan for 2015-16 will address the themes raised in the survey, including the need to widen the network, to build understanding of the potential for economics to inform current policy and practice, and to encourage and support knowledge translation.

APPENDIX 1A: Text responses on "ways to develop understanding of health economics".

- *"Basic training for those not primarily using Health Economics on a day-to-day basis".*
- *"E-learning courses leading to qualifications".*
- *"Have a level of understanding that I could confidently use in my day to day work to make more informed decisions".*
- *"Better understanding to positively impact on my day to day work".*
- *""Basic course perhaps which could include help in finding evidence to support planning in health improvement and public health"".*
- *"Understand principles and practice and how I can apply to my work in public health."*
- *"Better understanding of methodology and its application to regional planning work programmes".*
- *"How to apply the theory to practice to inform service development and delivery".*
- *"It's a highly technical subject and if time permitted I'd quite like to learn more about it. However I'm not convinced that it is centrally relevant to my own work".*
- *"Update on Bayesian decision econometric modelling".*
- *"Working in a remote area where healthcare is relatively expensive to resource, and the economies of scale do not apply, we are acutely conscious of the need for health economics to inform our daily decision-making".*
- *"Better understanding of novel methods".*
- *"Practical Advice".*
- *"By taking part in the HENS training opportunities recently mentioned".*
- *"How to embed health economics data in decision-making processes in NHS Boards and similar settings".*
- *"Would like more training on health economic principles and practice".*
- *"Practical understanding of economic terminology. How economic analysis can be incorporated into evaluations. Case studies. Practical*

tools for explaining the value and usage of health economics in demonstrating financial and social value".

- *"So I can: (1) critically appraise HE papers/reports (2) so I can more easily determine when it might be useful to answer a research questions with some HE research".*
- *"Practical applications".*
- *"Applied health economics workshops perhaps".*
- *"A basic understanding of it and how it can be useful in a public health context".*
- *"Further my understanding of economic assessment/analysis, cost-benefit, SROI".*
- *"I took a couple of courses in the US when I was completing a PhD, but it was several years ago and refreshing my knowledge would be good."*
- *"An appreciation of recent development in HE".*
- *"How best to use information to support Health improvement work and complex programmes".*
- *"To develop skills in working out cost benefit of prevention services in health".*
- *"It would be useful to better understand how health economics can and should link into strategic planning at a local service area level with a view to informing change in service delivery models."*
- *"The use of health economics in making decisions in the service setting".*
- *"New developments in applied health economics".*
- *"Specialist study days - on line linking through VC".*
- *"Increased awareness of tools and technique to help me in my management role".*
- *"Practical tools that can be applied to assess health economics of interventions for the health and social care partnership - to inform decision making for strategic planning".*

APPENDIX 1B: Text responses on "source of health economics advice or information"

- *"Colleague in department"*
- *"internet- HERU, York, HTNA, NICE"*
- *"Haven't done so"*
- *"Athens/other academic sites"*
- *"Health intelligence colleagues"*
- *"NHS Ayrshire and Arran have a resource which the region has tapped into. Have also engaged with health economists at HIS"*
- *"For heath economic information - academic/evidence-base websites and/or the Health Economics Research Unit (HERU) at the University of Aberdeen. For health economic advice - HERU"*
- *"HERU colleagues at the University of Aberdeen. "*
- *"academic institutions"*
- *"Web"*
- *"Glasgow University."*
- *"Other Universities i.e., Glasgow and Edinburgh Universities."*
- *"I replied no to the previous question but think that is partly because I don't know enough about it and that it would feature more often if I had a greater understanding and knew where to go."*
- *""Health Improvement Scotland. NHS Health Scotland""*
- *"We have commissioned health economic appraisals using our usual commissioning routes. We have worked with health economists from Glasgow Uni"*
- *"contacts at one of the Glasgow universities"*
- *""Internet. Contacts at Yunus Centre, GCU""*
- *"Written reports/papers."*
- *"Glasgow University"*
- *"Academic partners"*
- *"A colleague that I know has studied it."*
- *"Academic experts"*
- *"academics"*

- *“Health Services Research Unit or to colleagues in other universities”*
- *“internal sources ”*
- *“When conducting a review of a specialist or screening service for the purposes of forward planning. We use health economics assistance with options appraisal. We also use health economic approaches to assessing the cost/benefits of new genetic tests.”*
- *“Local NHS Board”*
- *“I depend on my local service improvement colleagues and Public Health service to signpost to relevant information and to circulate relevant publications as and when they are available.”*
- *“HERU”*
- *“I would usually look for written information in the form of reports, papers, websites etc.”*
- *“"Discuss with colleagues; Search the literature; Specialist journays; ScotPHN links"”*
- *“x”*
- *“Normally would approach ISD or ASD”*
- *“Aberdeen University”*
- *“public health specialists / university health economists”*

Appendix 1C: Text responses on "gaps in accessing health economics support or advice"

- *"interpretation of results/"*
- *"haven't done so"*
- *"Having somewhere to go to with a question to see if there is evidence. Searching can take ages and I don't have the capacity to do this."*
- *"Little knowledge about who to approach nationally for help or advice."*
- *"Being new to the Scottish health system I am not aware of what routes are open to me."*
- *"Please see previous response re. don't have a good enough understanding of what to ask help for as well as where to go."*
- *"Linking economic data to decision-making at local level"*
- *"We don't have a health economist in the board. It is difficult for us to answer health economic questions or build health economics into our evaluation work as we do not have local skills. We have to buy in skills when resources allow"*
- *"knowing where to go without a large time commitment in findings out - i.e. it would be useful to know of a national HE body/website etc that I could turn to for all matters HE"*
- *"Could be in my understanding of the health economics evidence available"*
- *"Understanding how the economic argument can be applied to complex, bottom up interventions"*
- *"Lack of senior academic expertise in Edinburgh"*
- *"not sufficient capacity in the organisation and not sure where else to go for help"*
- *"Getting access to what is a limited resource in NHS Scotland in relation to service reviews"*
- *"Gaps in data and information that is useable at a local, rather than national, level for a range of topics."*
- *"Knowing who to approach with a specific service query or question."*

- *“Sometimes responses from ASD not forthcoming and / or quite technical and hard to understand.”*
- *“Availability with short timescales”*