**Health Economics Network for Scotland**

**Progress Report for QuEST Legacy Paper**

**May 2016**

***Introduction***

Current policy aims to increase prevention and shift the balance of health and social care but public spending is tight and demand on health services is increasing. This makes it difficult to invest more in prevention. It also makes it difficult to develop further the quantity and quality of social care and ease demand on health services.

Health economics has evidence and tools that can help manage these pressures and inform decisions about where to invest available resources. Policy makers and health practitioners are interested in what health economics can offer public health and healthcare policy and practice in Scotland. However, the full potential of health economics to influence policy and practice has not yet been realised. This is due in part to the need for stronger links between the producers and users of health economics evidence and analysis. The Health Economics Network for Scotland (HENS) was established to help meet this expressed need.

This paper describes:

1. The situation that HENS is trying to address
2. Progress so far
3. Lessons learned
4. Changes to governance
5. The outline workplan for 2016/17
6. ***Situation HENS is trying to address***

There is substantial health economics capacity in Scotland in academic departments, Scottish Government (SG) and NHS Boards. However, policy makers and practitioners often cannot or do not access this capacity when they need it. To understand more fully the scale and cause of this problem, HENS carried out a survey of members. A brief report on the results of the survey is available on the HENS website.[[1]](#footnote-1)

In summary, health economics suppliers indicated that they would like to work more with decision makers to influence policy, but identified time, challenges in translating knowledge into practice and difficulties in engaging with decision makers as barriers to doing so.

A large majority of users of health economics evidence indicated they would like to develop further their understanding of health economics but identified the following barriers to doing so:

* lack of readily available support
* lack of knowledge of where to get support
* lack of readily available evidence
* difficulties transferring knowledge into practice (particularly at the local level)
* skills and knowledge required to interpret available evidence
* differences in the priorities of academic, public health and health service organizations in relation to health economics.
1. ***Progress***

As a network for bringing users and producers of evidence together, HENS has proved well placed to address these issues. With resources from the Quality and Efficiency Support Team (QuEST) at SG, it has funded activities to address evidence and skills gaps. Both users and suppliers of evidence have been actively involved with HENS activities to date.

The network now comprises over 141 members: 41 from the academic sector, 8 from local government, 77 from the NHS, 8 from Scottish Government and 7 from the third sector. Membership increased by around 60 members in 2015/16.

So far HENS has undertaken the following activities:

* carried out the capacity survey summarised above
* created a dedicated HENS webpage on the Scottish Public Health Network (ScotPHN) website for sharing knowledge and skills amongst HENS members: <http://www.scotphn.net/networks/health-economics-network-for-scotland/about-us/>
* tested how HENS could work in two areas, the economics of prevention and programme budgeting in health and social care
* organised events to bring together producers and users of health economics evidence to discuss ways of promoting the translation of health economics evidence into practice
* funded training and development opportunities delivered by academic partners with health economics expertise to increase capability for using health economics concepts, evidence and tools in the health and health care sectors in Scotland.

Further details on events and training and development activities are described below.

**Events**

HENS has organised a series of events and training, bringing together users and producers of economics evidence, including academics, policy makers and practitioners from around Scotland. The first of these was held in December 2014. Key themes from the event and presentations are available under ‘Events’ on the HENS webpage (<http://www.scotphn.net/networks/health-economics-network-for-scotland/network-events/lost-in-translation/> ).

Three subsequent workshops were organised with What Works Scotland. The first at the end of March 2015 was on the economics of prevention and was reported in a WWS blog in April: see <http://whatworksscotland.blogspot.co.uk/2015/04/the-economics-of-prevention-and.html>

The second workshop in May 2015 brought together experts from Police Scotland, Scottish Fire and Rescue Service, Housing and Early Years to discuss how they have achieved a shift to prevention in the design and delivery of their services. The workshop was evaluated highly by participants, who came from a range of public and 3rd sector organisations. Reports from the event are available on the HENS website at: <http://www.scotphn.net/networks/health-economics-network-for-scotland/network-events/economics-of-prevention-seminar/> and the What Works Scotland website at: <http://whatworksscotland.blogspot.co.uk/2015/06/the-economics-of-prevention-ways-of.html>

A third workshop in March 2016 explored economics-based approaches to priority setting in health and social care, in particular Programme Budgeting and Marginal Analysis (PBMA). Presentations included government, economic and provider perspectives on a recent project piloting PBMA in health and social care, involving Glasgow Caledonian University, NHS Highland, NHS Ayrshire and Arran and Perth and Kinross Council. The pilot project was funded by HENS and Scottish Government to inform the development of guidance to help Health and Social Care Partnerships prioritise investment decisions effectively. The project report was published in 2015-16 at: <http://www.scotphn.net/networks/health-economics-network-for-scotland/network-activities/programme-budgeting-and-marginal-analysis/> .

Reports on the event are available on the HENS website at: <http://www.scotphn.net/networks/health-economics-network-for-scotland/network-events/setting-priorities-in-health-and-social-care-integration-economic-and-provider-perspectives-8th-march-2016/>.

**HENS-funded training and development opportunities**

HENS worked with the Health Economics Research Unit (HERU) at the University of Aberdeen to provide two training courses in June and October 2015 on economic evaluation in public health. The courses were attended by Health Care Planners, Finance Directors and other health care managers working in Health Boards who had no prior experience in economic evaluation. Both training courses were well received with the majority of participants rating the experience gained as highly useful/applicable in their area of work.

HENS also worked with the Health Economics and Health Technology Assessment (HEHTA) team at the University of Glasgow, delivering Action Learning Sets to help participants use health economics concepts and techniques in policy and practice decision-making. The first set took place in April and May 2015 and was rated highly by participants, particularly the introduction to economic evaluation and the feedback provided by the health economist facilitators. A second action learning has recently completed and will be evaluated. Participants to date have mainly been from NHS boards.

We are currently working with NHS Tayside, NHS Lanarkshire, Glasgow Caledonian University and Aberdeen University to develop the Action Learning Set approach for senior staff such as Directors of Planning, Directors of Public Health and Consultants in Public Health Medicine to help them apply economics concepts and tools to the current policy or practice issues they face.

1. ***Lessons learned***

Producers and users of (health) economic evidence want the same thing – the efficient use of limited resources in health and social care – but they use different language to frame and answer questions about resource use and prioritization. They also have different expectations regarding the use of such evidence and tools. A key lesson from the HENS work so far is the importance of dialogue to narrow some of these differences, so that producers of evidence better understand what users want, and users of evidence better understand what producers are able to provide and what they are incentivised to do. A second lesson is that this takes time. The workplan for 2016/17 is building on these lessons, incorporating capacity building and engagement as core activities in the year ahead.

1. ***Governance and role of HENS***

The network is led by a Steering Group, chaired by NHS Health Scotland and comprising members from the Scottish Public Health Network (ScotPHN), Scottish Government, area NHS boards (change and innovation and public health), Health Care Improvement Scotland (HIS), Glasgow Centre for Population Health and academia (Glasgow Caledonian University).

In 2015-16, the work programme was managed by a HENS Co-ordinator based in Healthcare Improvement Scotland. This enabled the establishment of the website and newsletter and the completion of the survey of members’ needs. This helped to increase the size of the network in terms of numbers of members and range of organisations and sectors represented, which was one of the priorities for 2015/16. The co-ordinator post also helped organise the programme of seminars with WWS.

With the completion of the main tasks required to establish the network, there is no longer a need for a full time co-ordinator role. Rather, to build on the foundations laid so far, the workplan for 2016-17 requires greater input from someone with a health economics background to build and make use of professional networks to identify and develop HENS’ future activities. Therefore, rather than using the funding that HENS receives from Scottish Government to fund a full-time co-ordinator’s post, NHSHS will provide professional leadership and practical support from within its current staffing complement and the funding will be used to support a range of capacity building and networking activities as described below. The funding will come directly from HIS following the amalgamation of the HIS Safety and Improvement Team, JIT and QuEST.

1. ***Workplan 2016/17***

In 2016-17, HENS will continue to provide and seek to strengthen its ‘broker’ role promoting the use of health economics. It will continue to work with partners such as What Works Scotland to arrange seminars to raise awareness and understanding of health economics, in particular the economics of prevention, to discuss the challenges in developing and using the economics evidence base, and to share experience of putting economics knowledge into action. The next in this series of seminars has been arranged in Aberdeenshire CPP and HSCP in May.

Further capability-building opportunities will be arranged. The Action Learning Set approach being developed with NHS Lanarkshire and NHS Tayside will be finalised, delivered and evaluated. Drawing on that experience, HENS will create further opportunities for HENS members and others for experiential learning about health economics and how it can be used in policy and practice.

HENS will also continue to arrange more traditional health economics learning opportunities provided by universities in Scotland. The first of these has already been agreed with a provisional date in November to be provided by the Health Economics Research Unit at the University of Aberdeen.

Finally, HENS will also review and develop further its ways of working to ensure that it can offer, or in other ways help members access, health economics support. HENS capacity for direct support is limited. However, through the funding provided by QuEST and by further strengthening its relationships with the wider health economics community in Scotland, it will continue to explore and develop ways of promoting engagement between those seeking to use and those able to provide economics evidence, advice and support.

1. <http://www.scotphn.net/wp-content/uploads/2015/10/Capacity_Survey_-_Health_Economics_Network_for_Scotland.pdf> [↑](#footnote-ref-1)