Welcome

HEHTA’s first newsletter of 2016

This newsletter reports a number of exciting developments including the launch of a new research theme on ‘Global HTA’, the creation of new Continuing Professional Development courses, and introducing new members of the HEHTA family. This edition also highlights some of the ongoing research at HEHTA including the EU Horizon 2020 Sitless trial and the development of HEHTA’s Qualitative research programme. The Global HTA research theme is led by Eleanor Grieve and it will draw upon HEHTA’s research from a global perspective, working with major stakeholders including NICE International and the Gates Foundation as well as utilising staff members’ expertise in delivering training in HTA beyond the UK.

The economics work package of the Sitless trial is led by Dr Emma McIntosh and involves HEHTA’s newest member of staff, Dr Manuela Deidda. Development of HEHTA’s Qualitative programme, led by Dr-Hannah Hesselgreaves, through 2015-16 has included the progression of several pieces of work utilising realist synthesis methodology, the instigation of a qualitative methods forum across the Institute of Health and Wellbeing and the development of a Qualitative Methods in HTA masters module for online students.

We also heard the pitter-patter of two new HEHTA babies – Dr Kathleen Boyd’s little girl Ava-Marie arrived safely on 26th November 2015 two weeks after the birth of HEHTA’s PhD student Yulia Anopa’s baby girl Karelia Maria Anopa-Stewart, on 13th November 2015.

We hope you enjoy reading this newsletter. For further details about HEHTA’s work or to contact us for more information please visit : http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/hehta/

The HEHTA Newsletter team

Global HTA Research Theme

Programme lead: Eleanor Grieve

HEHTA has recently developed a new research theme on ‘Global HTA’. Whilst resources are finite in every setting, there is much diversity in the role and application of HTA. The Global HTA programme critiques HTA in different contexts, exploring variation between high-income countries as well as looking in-depth as to how and why decision-making in healthcare may differ amongst low- and middle-income countries (LMICs).

Under this theme, we are delighted to announce the launch of Phase 2 of the international Decision Support Initiative (iDSI, www.idsihealth.org) with an award of US$12.8 million (£8.9 million) from the Bill & Melinda Gates Foundation. HEHTA is a member of the iDSI consortium, a practitioner-led partnership that facilitates priority-setting with a mission to guide decision-makers towards effective and efficient healthcare resource allocation strategies for improving people’s health. iDSI aims to achieve this through providing a combination of practical support (hands-on technical and institutional strengthening) and knowledge products (high-quality, policy relevant research and tools). Since 2014 it has significantly strengthened local capacities for setting health priorities across Indonesia, India, Vietnam, China and South Africa. With the funding boost in Phase 2, iDSI will scale up its practical support to countries aspiring to universal health coverage, both in terms of intensifying and sustaining the institutional impact in the five flagship countries, and broadening its geographic reach particularly into sub-Saharan Africa.

This award represents a major single investment by the Foundation dedicated to making better decisions for better health. iDSI also continues to receive funding support from the UK Department for International Development and the Rockefeller Foundation.

For more details, see http://www.idsihealth.org/blog/idsi2-launch/
Spotlight on SITless:

Exercise Referral Schemes enhanced by Self-Management Strategies to battle sedentary behaviour:
A multi-country cost-effectiveness analysis

With an ever increasing elderly population in Europe, there is renewed interest in interventions to reduce the prevalence of frailty, poor health outcomes, and related health and social care costs for this population. Lack of physical activity (PA) and established sedentary behaviours (SB) constitute an additional burden, as they are related to progression of chronic disease and disabling conditions. An existing initiative to battle SB and insufficient PA levels are exercise referral schemes (ERS) implemented in primary care, where insufficiently active individuals are referred to a third party service (sports centre or leisure facility) that prescribes and monitors an exercise programme tailored to the patients’ needs. ERS had shown improvements in PA in the short-term, but may have limited power to change SB and produce long-term effects. The benefits of ERS might be enhanced by self-management strategies (SMS) to promote behavioural change.

The SITless trial is a three-armed pragmatic randomized controlled trial (RCT) across four European countries that will assess the long-term effectiveness and cost-effectiveness of a complex intervention on SB in an elderly population, based on existing ERS enhanced by SMS.

SITless will assist policy makers in deciding how or whether ERS should be further implemented or restructured in order to increase its adherence, efficacy and cost-effectiveness. SITless is funded within the European Union’s HORIZON 2020 work programme topic (PHC-17-2014: Comparing the effectiveness of existing healthcare interventions in the elderly).

HEHTA’s Dr Emma McIntosh and Dr Manuela Deidda lead the multi-national Economic Evaluation Work package for SITless.

New online course – Health Economics for HTA

Following the success of implementing the MSc in HTA as an online programme, HEHTA will offer individual courses from this programme as non-accredited Continuing Professional Development. The Health Economics for Health Technology Assessment course will run from 11th April to 24th June 2016 and there are already a large number of students enrolled for this first run. Further courses (including Decision Analytic Modelling, Evidence Synthesis and HTA in a Global Context) will be offered in this CPD format during the 2016-17 session.

Visit www.gla.ac.uk/hehta for up to date course listings and schedules.

Glasgow Health Economic Seminar Series (GhESS)

Jan Abel Olsen, Professor of Health Economics at the University of Tromso, Norway, was the most recent guest speaker for the Glasgow Health Economic Seminar Series. He presented on “The relative importance of health, income and social relations for subjective well-being: An integrative analysis,” work that was published in Social Science in Medicine.

The Glasgow Health Economic Seminar Series is run in partnership with Glasgow Caledonian University and was established to encourage engagement and collaboration amongst health economists in Scotland and to promote and develop health economics research.

At the next GhESS seminar we have Julie Ratcliffe, Professor of Health Economics at Flinders University, Australia, who will present on “The Lost Tribe? An empirical comparison of the EQ-5D-5L, DEMQOL-U and DEMQOL-Proxy-U to assess the quality of life of frail older people in residential care following a hip fracture.” This seminar will take place on the 18th April at 4pm at Glasgow Caledonian University.

All welcome!

www.gla.ac.uk/hehta/GhESS

Lana Varkagiannidi, MSc HTA student
HEHTA’s Qualitative programme

The ‘Incorporating Perspectives and Experiences’ Programme focuses on maximising the effectiveness of HTA by incorporating the perspectives and experiences of patients, clinicians, HTA commissioners, and policy makers. Inclusion of these perspectives allows us to better determine that our HTA will do what it is supposed to do (help to answer policy questions as robustly as possible) whilst being sympathetic to the barriers faced in implementation, namely issues such as compliance, limited resources, and poor interpretation of the findings of HTA. There is an increasing appreciation of qualitative methods in HTA, as interests about effect sizes now extend to why and how different technologies work, how stakeholders (especially patients and providers) relate to technology, and how best to understand the effects of context (organisational, policy, financial, social). Therefore qualitative research methods are being more commonly adopted by health technology assessment practitioners to augment and support their health economics and modelling activities.

HEHTA’s qualitative research programme has several specific intentions in its application of qualitative methods to HTA: first, to provide leadership in conceptual modelling through the application of theory and the identification of mechanisms of change; second, to inform healthcare intervention design; third, to provide valuable information about context which may facilitate effective implementation; fourth, to assist in measurement development, and fifth, to aid understanding about uncertainty and heterogeneity in health technology assessment. This programme of research will continue to evolve and aims to promote HEHTA as a known centre for high quality application of qualitative methods to HTA. The development of the Programme through 2015-2016 has included the progression of several pieces of work utilising realist synthesis methodology, the set-up of a qualitative methods forum across the IHW, the provision of support to HEHTA staff with various forms of data, and the development of a Qualitative Methods in HTA masters course for online students, commencing in semester 1 of 2016.

Research Spotlight

Evaluation of legislation to reduce the drink drive limit in Scotland: a natural experiment

Dr Jim Lewsey and Dr Emma McIntosh have been awarded an NIHR PHR grant to conduct a natural experiment to evaluate the new lower drink drive limit in Scotland. It is well recognised that drink driving is a leading cause of road traffic accidents (RTAs). The British Road Safety Act introduced a legal blood alcohol concentration (BAC) limit of 0.08 g/dL in 1967 which is still in place today, with the exception of Scotland where the BAC limit was reduced to 0.05 g/dL on 5th December 2014. The overall aim of this research is to evaluate the change in drink driving legislation in Scotland. Research questions are as follows: 1) Has the change in drink driving legislation in Scotland been effective (reduction in RTAs)?; 2) Has the change in drink driving legislation in Scotland led to a reduction of inequalities in health?; 3) Has the change in drink driving legislation in Scotland led to a reduction in population alcohol consumption? And finally, 4) Has the change in drink driving legislation in Scotland been cost-effective? The design for this research is a natural experiment with a differences-in-differences analytical approach used to measure the causal effect of the change in BAC legislation in Scotland. Our control group will be England and Wales, the other countries in GB that still have a 0.08 g/dL BAC law. The data for the intervention and control groups cover the same study period (two years in duration, one year pre- and post-legislation change - 5th December 2013 to 5th December 2015).

This research commences in November 2016.

Featured publication in Urban Studies

Is empowerment a route to improving mental health and wellbeing in an urban regeneration (UR) context?

Camilla Baba, Ade Kearns, Emma McIntosh, Carol Tannahill and James Lewsey

This study is part of a longitudinal research programme in Glasgow (http://www.gowellonline.com/) investigating the impact of regeneration programmes on residents health and wellbeing. Urban regeneration programmes have been demonstrated to address social inequalities and improve residents’ quality of life and health so are regarded as a form of Population Health Intervention (PHI).

Central to Glasgow’s regeneration is the Scottish Government’s commitment to empowering communities. It is envisaged that as empowerment has been positively linked to health within other fields, investment in empowerment generating activities and services will improve residents’ wellbeing. This analysis investigated whether such investment could result in health gains, a relationship which currently lacks evidence.

Our analyses present a compelling argument for the inclusion of empowerment promoting activities within regeneration programmes. Sense of empowerment was shown to act as a positive predictor of both general and mental wellbeing, with householders reporting a stronger sense of empowerment also reporting better health. Our key message is that the delivery of empowerment promoting activities shows preliminary, very promising, links to health improvements and could ultimately prove to be a cost-effective pathway for such health benefits.

There is, however, a current lack of understanding over ‘what-works’, or what aspect of empowerment-promoting activities is most successful. These analyses made a significant contribution to the developmental stages of a discrete choice experiment (DCE) conducted as part of Camilla Baba’s PhD. Her PhD builds on this link between health and empowerment-promoting activities in an urban regeneration context to illustrate how community empowerment (CE), as ‘health-attributing’ outcome, can be valued using DCE methodology. This informs future cost-effective investment in CE activities as an alternative pathway to health gains through urban regeneration programmes.

The full article can be found at:
http://bit.ly/1XUJqOB

You can also read Camilla’s blog at:
http://urbanstudiesjnl.blogspot.co.uk/2016/03/is-empowerment-route-to-improving.html
New Staff Profile

Manuela Deidda

We are delighted to welcome Manuela Deidda as a new Research Associate with HEHTA.

Tell us about some of the research you’re working on at the moment:

I’m working with Dr Emma McIntosh on two projects. The first one is about the economic evaluation of a complex intervention on sedentary behaviour and physical activity alongside a multinational RCT. The second one concerns economic evaluation of a means-tested voucher directed towards pregnant women and mothers of children under four.

What is the most challenging aspect of your work?

The multi-disciplinary aspect of HTA, but this also provides a great opportunity to learn and see problems from a different perspective.

What’s the best thing about working with HEHTA?

The level of expertise that is within the HEHTA is really high, and there is always opportunity to learn in a supportive and friendly environment. Further, this is a highly participative work environment, with many opportunities to discuss topics about your research.

Who are your favourite writers?

Murakami Haruki, Irene Nemirovsky and Emily Bronte

If you could have dinner with someone from history, whom would you invite?

Simone De Beauvoir

HEHTA babies!

We have had a couple of new additions to the HEHTA family in recent months – Karelia (Lia) made her appearance in October and is pictured here with mum, PhD student Yulia Anopa.

Then in November we welcomed Ava Marie, daughter of one of our lecturers, Kathleen.

We say goodbye to Hannah Hesselgreaves who commences maternity leave at the end of March. We wish her well and look forward to meeting the newest HEHTA baby!

And its goodbye to . . . .

Miguel Negrín Hernandez was with HEHTA as a visiting researcher for most of 2015. During this time, Miguel participated in several research activities, including a joint paper about the use of Bayesian techniques to handle uncertainty in survival extrapolation. He is currently an associate professor in the Faculty of Economics, Business and Tourism at the University of Las Palmas de Gran Canaria.

Ping Hsuan Hsieh (Shawn) was with HEHTA for six months as a visiting researcher. He spent this time working on research projects led by Professor Olivia Wu, and learning methodological approaches to HTA.

Minnie Parmiter was with HEHTA for just over a year and worked with Eleanor Grieve on economic evaluations within the Global HTA theme.

Pattara Leelahavarong has been a PhD student with HEHTA since 2013. On completion of her PhD she will be working for Health Intervention and Technology Assessment Program (HITAP) within the Ministry of Public Health in Thailand.

Bruno Saldago Riveros spent some time with us as a visiting postgraduate research student. His PhD project is based on assessing the efficiency of different strategies for treating obesity/excessive weight gain.

£125 raised at a HEHTA/Public Health coffee morning.
Publications


Presentations

‘The economics of testing and diagnosis in cancer; quantifying the value of information’, Andrew Briggs, Memorial Sloan Kettering Cancer Centre, New York. 4.3.16

‘Factors affecting recruitment to higher specialty training: a questionnaire study,’ Hannah Hesselgreaves, Royal College of Physicians Medicine (RCP) annual conference, Harrogate. 15-16.3.16

‘The Medical Registrar’s Experience of Acute Medicine on Call; an ethnographic study.’ Hannah Hesselgreaves, Royal College of Physicians Medicine (RCP) annual conference, Harrogate. 15-16.3.16

‘Professionalism as a multi-dimensional construct: measurement and educational utility’ Hannah Hesselgreaves (in absentia), 17th Ottawa Conference and the ANZAHPE 2016 Conference, Perth, Australia. 19-23.3.16