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SCHWERPUNKT

Health economic evaluation in England

Kosten-Nutzen-Bewertung in England

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Summary The 2010 National Health Service Constitution for England specified rights and responsibilities, including health economic evaluation for the National Institute for Health and Care Excellence (NICE) and the Joint Committee on Vaccinations and Immunisations. The National Screening Committee and the Health Protection Agency also provide advice to the Government based on health economic evaluation. Each agency largely follows the methods specified by NICE.

To distinguish the methods from neoclassical economics they have been termed "extra-welfarist". Key differences include measurement and valuation of both benefits (QALYs) and costs (healthcare related). Policy on discounting has also changed over time and by agency. The debate over having NICE's methods align more closely with neoclassical economics has been prominent in the ongoing development of "value based pricing".

The political unacceptability of some decisions has led to special funding for technologies not recommended by NICE. These include the 2002 Multiple Sclerosis Risk Sharing Scheme and the 2010 Cancer Drugs Fund as well as special arrangements for technologies linked to the end of life and for innovation. Since 2009 Patient Access Schemes have made price reductions possible which sometimes enables drugs to meet NICE's cost-effectiveness thresholds. As a result, the National Health Service in England has denied few technologies on grounds of cost-effectiveness.

SCHLÜSSELWÖRTER
Kosten-Nutzen-Bewertung;
England;
Erstattung;
Entscheidungsfindung

Zusammenfassung Mit der Neuverfassung des *National Health Service* 2010 wurden Rechte und Zuständigkeiten konkretisiert; die Kosten-Nutzen-Bewertung wurde beim *National Institute for Clinical and Social Excellence* (NICE) und beim *Joint Committee on Vaccinations and Immunisations* (JCVI) angesiedelt. Das *National Screening Committe* und die *Health Protection Agency* können die Regierung auch auf Grundlage von Kosten-Nutzen-Bewertungen beraten. Die Behörden und Einrichtungen richten sich dabei nach den Methoden des NICE.

Die gesundheitsökonomischen Methoden des NICE werden allgemein unter dem Begriff des Extrawelfarismus subsumiert, um sie von der neoklassischen Wohlfahrtstheorie abzugrenzen. Im Kern schlägt sich dies in unterschiedlichen Erhebungs- und Bewertungsmethoden des Nutzens

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(QALYs) und der Kosten (Perspektive des NHS) nieder. Zu erwähnen ist außerdem, dass sich die Diskontierung über die Zeit und zwischen den verschiedenen Einrichtungen unterschiedlich entwickelt. Im Zusammenhang mit der Einführung des *Value Based Pricing* wurde und wird in einer Ende Juni 2014 beendeten öffentlichen Debatte darüber gestritten, ob sich die Methoden des NICE nicht näher an die des britischen Finanzministeriums (UK Treasury) anlehnen sollten.

Da man einige Entscheidungen des NICE zu Arzneimitteln als politisch inakzeptabel ansah, wurden besondere Budgets für Interventionen eingeführt, deren Erstattung von NICE abgelehnt wurden. Dazu gehören das *Multiple Sclerosis Risk Sharing Scheme* (2002) und der *Cancer Drugs Fund* (2010) sowie besondere Prämien für Interventionen am Ende des Lebens und für Innovationen. Seit 2009 werden über *Patient Access Schemes* Preissenkungen gefordert, so dass die Schwellenwerte des NICE erreicht werden. Insgesamt muss man sagen, dass der NHS in England auf der Basis von Kosteneffektivität die Erstattung von sehr wenigen Interventionen abgelehnt hat.

Introduction

Health economics does not have any legal status in England, reflecting the lack of a formal constitution [1]. The National Health Service (NHS) however has a Constitution [2], which specifies patients' rights to treatments recommended by the National Institute for Health and Care Excellence (NICE) and similar agencies.

The NHS constitution, which applies only to England, lays down the objectives of the National Health Service, the rights and responsibilities of the various parties involved in health care and the guiding principles which govern the service. Published in 2009, it was part of a ten-year plan to improve quality of care and service for patients in England. Although not primarily concerned with health economics, by specifying rights and responsibilities for the National Institute for Clinical and Social Excellence (NICE) and the Joint Committee on Vaccinations and Immunisations (JCVI), the constitution has given these bodies more legal recognition than hitherto.

The NHS Constitution's guiding principles stated that the NHS should provide a comprehensive service, available to all irrespective of age, gender, disability, race, sexual orientation, religion or belief, respecting their human rights. Access to NHS services was based on clinical need, not an individual's ability to pay.

The NHS Constitution granted patient's rights including access to treatments, medicines and screening programmes. Specifically, patients were stated to "have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if their doctor says they are clinically appropriate" and "to receive the vaccinations the JCVI recommends". "The NHS also commits to provide screening programmes as recommended by the UK National Screening Committee" [2].

Health Economic Evaluation

Health economic evaluation plays a key role in the recommendations of NICE and similar bodies. NICE is charged with:

- Producing evidence-based guidance and advice for health, public health and social care practitioners;
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services;
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care [3].

Economic evaluation plays a key role in guidance from NICE, specifically in technology appraisal, clinical guidelines and public health. Technology appraisal has to do with individual or closely related technologies. Clinical guidelines cover pathways of treatment which often include the results of particular technology appraisals. Public health deals with more general matters such as obesity.

Three other agencies play a similar role to NICE. The National Screening Committee (NSC) advises on screening, the Joint Committee of Vaccinations and Immunizations (JCVI) on vaccinations, the Health Protection Agency (HPA) on a range of matters including infectious diseases, laboratory testing and radiological hazards. Each of these bodies considers cost effectiveness.

Economists are employed in most government departments, including the Department of Health where they have played an important role in policy formation, including the establishment of NICE, as well as the development of policies for the pricing of pharmaceuticals [4]. Economists have played key roles in articulating and writing policy documents, including Working for Patients, which in 1991 separated purchasers and providers of services within the NHS (often referred to as the "internal market"). Although aspects of these reforms have changed, the split between purchasers and providers has not only been retained but extended by payment mechanisms and other incentives.

Around 50 economists are employed as economic advisors in the Department of Health [4]. They are part of the Government Economic Service, a professional body for economists working in government. Economists working in the various departments draw on common methods outlined in the Treasury's (Finance Department's) manual "Appraisal and Evaluation in Central Government" [5].

The Department of Health's policy research programme provides a means for it to commission research to academic groups. A number of policy research centers are funded through this programme which also commissions one-off studies. The Department of Health thus has considerable influence on the role of academic health economics. It has also long funded postgraduate training in health economics.