

Thames Valley-wide evaluation

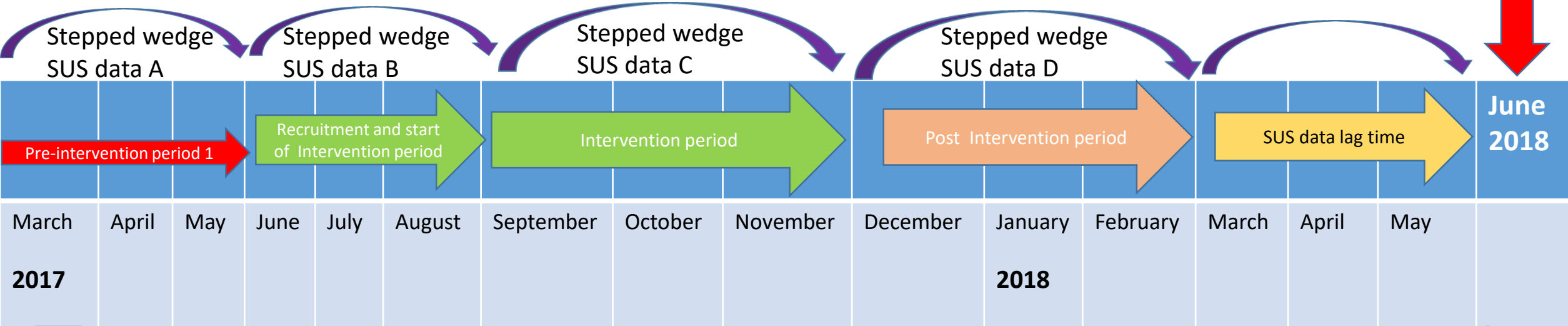
The journey so far

16/17:

- Awarded funding to undertake TV-wide health economics evaluation working with Professor David Stuckler and his team (the Body Economic)
- Started conversations with David S to agree on a research design model
- Not in a position to conduct RCTs so agreed on stepped wedge design
- The design needed to be pragmatic and fit for purpose

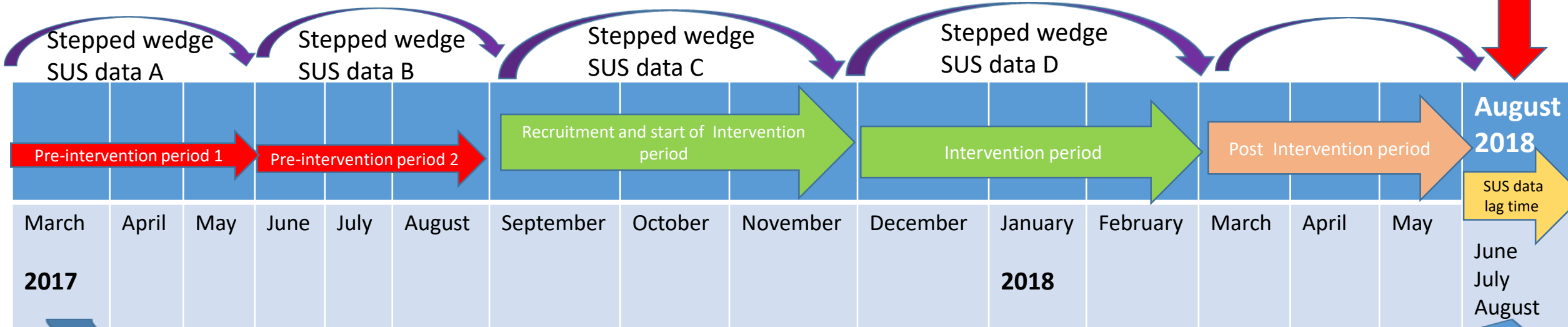
Thames Valley Integrated IAPT health economics evaluation timeline phase 1

COHORT 1



Pre and Post Intervention SUS data Cohort 1

COHORT 2



Pre and Post Intervention SUS data Cohort 2

What will we measure and evaluate?

- Pre and Post treatment CSRI data
- 3 month Pre and Post SUS treatment data- Phase 1 (see timeline)
- 12 month Pre and Post SUS treatment data, Phase 2
- Comparing CSRI outcomes with SUS data i.e. self-reported versus centrally collected data
- Cohort 1 vs Cohort 2 wedge comparisons: health care utilisation for a defined period of time when cohort 1 has started treatment and cohort 2 hasn't
- Primary care data where we can get this, in addition to CSRI's

Where have we got to?

17/18

- Some local CSRI evaluations completed
- Hot off the press early CSRI results from Prof David Stuckler
- Pre-treatment SUS data for cohort 1 has been returned by the CSU but needs amending
- This will then be used by David S to compare CSRIs with SUS data
- We are on track to complete the first piece of the wedge study June/July comparing pre and post treatment SUS data on cohort 1
- We can start looking at cohort 1 & 2 wedge data in next few weeks
- We will look at pre and post treatment data for cohort 2 in August/September

Cohort 1 Thames Valley wide CSRI evaluation

Professor David Stuckler

- All Thames Valley services sent their raw, pseudonymised CSRI data across, together with the IAPT MDS including clinical outcomes, gender, age etc.
- Prof Stuckler analysed those patients who had a paired set of CSRIs i.e. at the start of treatment and at the end
- We don't as yet have enough CSRIs collected at 3 months post discharge to analyse
- We had far fewer paired CSRIs than expected
- Health warning: it's a work in progress.....



How costs were measured



Acute Care

- cost of A&E
- cost of Emergency Inpatient Admissions (if applicable)
- cost of Ambulance (if applicable)

Primary Care

- GP appointments
- other appointments

Note: costs taken from local estimates from Oxfordshire, Berkshire and Buckinghamshire

Example CSRI Reference Costs

Activity	Unit Cost	Agreed Thames Valley Cost	Revised price per contact
General Practitioner (GP)	£27 -36	£32	£63
Accident & Emergency	£63-332	£198	£80
Inpatient Spell	£739-4,238	£2,489	400
Ambulance	£981	£98	
Magnetic Resonance Imaging (MRI)	£132-645 ⁴	£389	207
CT / CAT scan	£49-453 ⁴	£251	100
Ultrasound	£35-336 ⁴	£186	165
X-ray	£344	£34	63

Estimated Pre-Post-Cost Savings based on TV research/ adaptations vs national recommendations

Type of Cost	Thames Valley	Probability of Using the service
Acute Care	-£182 (-51.5 to -313)	-4.93% (-1.36 to -8.50)
Primary Care	-£41.4 (-8.17 to -74.7)	-2.19% (+2.13 to -6.53)
Total Cost TV agreed unit costs	-£222 (-83 to -361)	-2.98% (-0.95 to 5.00)
Total cost national lead suggested unit costs	-£103 (-55 to -149)	-2.98% (-0.95 to 5.00)
Number of patients	2,159	
Number w post-IAPT CSRI	382	

Estimated are adjusted for patient's age, gender, ethnicity, pre-treatment PHQ-9/GAD-7, county, month and year of assessment