Summary of project and achievements

Over the last few years the health economics team has conducted a number of economic evaluations of local service developments. Hospice at Home described below is one example. Another example is the Outpatient and Home Parenteral Antibiotic Therapy service (OHPAT).

A Hospice at Home (HAH) service for cancer patients was piloted in North Glasgow between 1999 and 2001. The service aimed to provide care at home for people in a crisis phase of their illness that would otherwise have required admission to a hospice or hospital. A retrospective economic evaluation was conducted comparing the HAH service to usual (hospital or hospice) care. The HAH team only saw 62 patients during the period and this led to an incremental cost of £1800 per patient over traditional inpatient care. Patient throughput was acknowledged as being unexpectedly low but nonetheless the results highlighted the additional cost of offering such a service. The incremental costs associated with the service needed to be balanced against the incremental benefits that the HAH service offered in order to judge cost-effectiveness; improved symptom and pain management, patient and carer satisfaction and primary care team satisfaction. In this case, the findings suggested that continuation of this particular model of service was not warranted given the incremental costs.