

**For immediate release**

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## **Free health behaviour change value for money tools launched**

Health professionals can reliably evaluate the value for money of their behaviour change campaigns and interventions, thanks to new tools from The NSMC.

The five tools enable professionals working in the NHS, local government and NGOs to find out whether their efforts to change alcohol, obesity, bowel cancer screening, breastfeeding and smoking-related behaviours are cost-effective.

The NSMC are the first to achieve an expert consensus on how to evaluate value for money in behaviour change. Working with the National Institute for Clinical Excellence (NICE) and Department of Health, The NSMC formed an Advisory Panel to lead the work. Chaired by Dr Fiona Adshead, former Deputy Chief Medical Officer for England, it brought together experts including Professors Mike Kelly of NICE and Julian Le Grand of the London School of Economics to ensure agreement was reached. NICE also played a crucial role in advising on how intervention costs should be calculated.

Professionals from PCTs, a local authority and commercial agencies also contributed to the tools' development.

The downloadable tools produce detailed financial and social results for both organisations and individual clients. For example, as well as the health gain caused by the intervention, its corresponding monetary value and the savings to the public sector, they will show deaths averted and money saved by clients through giving up smoking – even the savings on street cleaning through reduced cigarette littering.

They can be used both to estimate value for money of existing interventions and to find out whether planned programmes are likely to be cost-effective.

John Bromley, Director of The NSMC, said: "As the economy struggles, the public sector can't afford to ignore behaviour change. But nor can it afford interventions that do not represent good value for money.

He continued, "Our tools will help health professionals prove to their funders that their work benefits both people and the public purse."

Dr Fiona Adshead said: "The tools are a pragmatic means of measuring the local impact of behaviour change approaches. They are a positive step forward for commissioners".

NHS Tameside and Glossop were among the organisations that piloted the tool. Elaine Michel, Deputy Director of Public Health, said: "The tools are the most robust and transparent I've seen. By showing the investment needed to achieve a health, social and financial return, they help ensure resources go further while meeting clients' needs".

The tools can be downloaded for free from The NSMC website.

Ends

## Notes to editors

- The tools are available at [www.thensmc.com/resources/vfm](http://www.thensmc.com/resources/vfm) and are accessible on registration to The NSMC website.
- For interviews with John Bromley or Dr Fiona Adshead, contact Toby Hopwood/Patrick Ladbury
- Value for Money in behaviour change refers to cost-offset (cost for each pound saved); cost-effectiveness (cost for each unit of a specific outcome, e.g. cost per quitter); cost-utility (cost per outcome, weighted by values ascribed by decision-makers); cost-consequence (cost to stakeholders to achieve a range of outcomes relevant to them); and cost-benefit (outcomes valued in economic terms per pound spent)
- NICE were commissioned to advise on relevant indicators for each field of behaviour change, how the costs of interventions should be calculated and to identify benchmark studies demonstrating the health outcomes, savings to the NHS and other impacts for each indicator of behaviour change. Where no relevant benchmark studies could be identified we derived preliminary estimates of the health impacts of behaviour change using data from the World Health Organisation (WHO), Global Health Risks report of 2009
- As far as possible, results are based on the estimates provided by the NICE team of the indicators of behaviour change and its health outcomes and costs to the public sector. Where this is not possible, best estimates are included based on international research
- It calculates results in terms of the cost per health gain achieved in QALYs before and after taking into account the long term projected savings to the NHS, Local Authority and other services. At the request of users the tool includes measures such as Deaths Averted, Odds Ratio and Numbers Needed to Treat. It also reports estimates of the cost impact on each of the stakeholder groups: Clients, Employers, Government Services and the wider social impact including the Social Return on Investment
- The Value of a QALY can be regarded as the value of pain and grief caused by death and illness. This value is used to estimate the wider social value of the intervention. The DH official position is that a QALY can be valued at £60,000 as derived from Department of Transport willingness to pay survey of 1991/2 (Highways Economics Note 1) in respect of fatal accidents, updated to 2007 values. However, as NHS expenditure is limited it is accepted that the marginal productivity of the NHS is 4 QALYs per £100,000 and for this reason a value of £25,000 can be applied. An estimate of the human value of a QALY gain could also be based on the upper estimate of the non fatal injury value derived by from the same survey which gives an estimate of £27,000 in 2007 values. This is close to the threshold used by NICE of £30,000
- In discussion with expert groups of researchers in each field and ten local teams responsible for planning and evaluating behaviour change interventions, the tools were improved and reformatted to meet user needs
- The Advisory Committee consisted of: Dr. Fiona Adshead (Chair), Professor Julian Le Grand, LSE; Professor Mike Kelly, NICE; Richard Little, Yorkshire and Humber Public Health Observatory; Dr. Ian Basnett, Tower Hamlets PCT; Robert Anderson, Department of Health; and John Bromley, The NSMC
- The work was led by Dr Rowena Merritt and Dr Graham Lister, The NSMC