

## Welcome to our December Newsletter

A highlight is the launch of Scottish Health Economics (SHE). Recognising the strength of health economics in Scotland, we are excited about working with colleagues across Scotland to take SHE forward. We also feature new research looking at the impact of restricting the promotion and marketing of discretionary foods, and report from activities where we question what it is, as health economists, we should be valuing. There is an update on the courses we provide, including our new online short course in health economics.

We hope you enjoy reading about our work and activities. Further information is available on our website. More frequent updates are on the HERU Twitter account (@HERU\_Abdn).

## Launching Scottish Health Economics (SHE)

**Scottish Health Economics (SHE)** was launched on the 3rd of October at the Discovery Point in Dundee. SHE is a collaboration of health economists from Scotland's universities, NHS and government. The aim



of the group is to bring together researchers and users of health economics to explore the development and application of health economics in Scotland. The focus of the launch event was on research of international excellence that addresses policy priorities in Scotland and beyond. This included preference elicitation and realistic medicine; public values and priority setting; recruitment and retention of the health workforce; and public health economics. The event was attended by around 100 people from across different sectors and included economists and people interested in economics. The variety of presentations and discussions provided a great showcase for health economics in Scotland. More information about SHE, the launch event and further updates is available on the SHE website <https://www.abdn.ac.uk/heru/she/>.

## Another successful course on Discrete Choice Experiments in Health Economics

In November we held our annual Aberdeen Discrete Choice Experiments (DCE) Course, delivered by Mandy Ryan, Verity Watson and Luis Loria-Rebolledo. This three-day course is aimed at individuals interested in preference elicitation and the application of DCEs in health economics. This hands-on course includes practical sessions and group work using state-of-practice methods and real-life examples. As in previous years, the course was fully booked in advance.

This year we had 26 delegates from wide-ranging backgrounds, travelling from as far afield as Canada, India, Australia, South Africa and various European nations.

This course will be offered again on 11th to 13th November 2020. Further details will be posted on our website when they are available, or email [alison.findlay@abdn.ac.uk](mailto:alison.findlay@abdn.ac.uk) to register an interest in attending – [www.abdn.ac.uk/heru/courses/workshops/annual-dce-workshop/](http://www.abdn.ac.uk/heru/courses/workshops/annual-dce-workshop/).



## NEW Online Short Course in Health Economics – Starts 13th January 2020

This new online short course is for health professionals and other interested students who would like an introduction to the core concepts in health economics. No prior knowledge of economics is required. This 11-week course introduces students to core topics in health economics including organisation, financing and delivery of healthcare, economic evaluation of alternative ways of providing health care, and the economics of health behaviours. You can study with us anywhere in the world and manage your study hours to suit you. The time commitment is 10-15 hours per week. This course is taught at Masters level. For more information see: [www.abdn.ac.uk/heru/courses/cpd/](http://www.abdn.ac.uk/heru/courses/cpd/).

## Workshops/Courses available

**Workshop – Using Health Economics Evidence in Health Care Decision Making, 29th April 2020**

[www.abdn.ac.uk/heru/courses/workshops/hephworkshop/](http://www.abdn.ac.uk/heru/courses/workshops/hephworkshop/)

**MSc/Postgraduate Diploma/Postgraduate Certificate in Health Economics for Health Professionals (online)**

[www.abdn.ac.uk/heru/courses/pgcert/](http://www.abdn.ac.uk/heru/courses/pgcert/)

## Does restricting the promotion and marketing of snacks lead to fewer purchases?



Having a poor diet and being overweight can have a negative impact on health and well-being. To address this public health concern, the Scottish Government published the document 'A healthier future: Scotland's diet and healthy weight delivery plan'<sup>1</sup> in July 2018. The plan includes a number of actions focusing on children, the food environment, weight management services and leadership to promote healthy weight and diet. The primary aim is to reduce the public health harm associated with the excessive consumption of calories, fat, sugar and salt, including the risks of developing type 2 diabetes, various types of cancer and other conditions such as cardiovascular disease. One commitment is to consult on plans to restrict the promotion and marketing of discretionary foods high in fat, sugar or salt (e.g. sugar sweetened beverages, and snacks such as crisps, biscuits, confectionery, cakes and pastries).

In collaboration with Dr Cesar Revoredo-Giha, Scotland's Rural College (SRUC), we have been commissioned by the Scottish Government to undertake a project to assess the impact on household expenditure and calories of restricting the promotion and marketing of discretionary foods. In addition to using existing data from the Kantar World Panel, new primary data on consumer preferences is being collected using discrete choice experiments. This research will inform future Scottish Government policy on the impact of restricting the promotion and marketing of discretionary foods high in fat, sugar and salt.

Research Team: C. Revoredo-Giha, F. Akaichi (SRUC); **P. McNamee**, **P. Norwood** (HERU); S. Whybrow (Rowett Institute, University of Aberdeen); and L. Cornelsen (London School of Hygiene & Tropical Medicine)

For further information on this project, please contact **Paul McNamee** ([p.mcnamee@abdn.ac.uk](mailto:p.mcnamee@abdn.ac.uk)).

1. <https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>

## No effect from Vitamin K2 on reducing the risk of falls

Paul McNamee was a member of the research team on a recent randomised controlled trial examining the effect of vitamin K2 on preventing falls in elderly people who are susceptible to falling. Current falls prevention approaches, such as strength and balance training, aren't suitable for everyone and can be difficult to implement over the longer term. There is a requirement to develop and test simple and inexpensive ways of reducing falls in the older population.

It has been identified that low levels of dietary vitamin K intake are very common in older populations and there is some evidence that vitamin K supplements may improve the strength of bones and help to prevent muscle weakness. Our trial was the first anywhere in the world to test whether vitamin K could help to reduce falls in older people at risk of falls. Participants were aged 65 years or over and had two or more falls in the previous year.

We found that vitamin K2 had no effect on reducing the risk of falls. Participant's sway or balance did not improve, neither did their muscle strength, and rates of falls in the comparison groups were similar. There was also no significant benefit on quality of life. However, the results did suggest that a larger trial would be worthwhile.

Although vitamin K is a cheap and safe medicine, there is no strong evidence at present to recommend that it is used to prevent falls. There are studies underway on using vitamin K for other conditions (e.g. vascular disease) that are also collecting information on falls. Once the studies have been completed a systematic review may reach firmer conclusions on whether vitamin K should be used to reduce the risk of falls.

Witham, M.D., Price, R.J.G., Band, M.M., Hannah, M.S., Fulton, R.L., Clarke, C.L., Donnan, P.T., **McNamee, P.**, Cvorc, V. and Soiza, R.L. (2019) 'Effect of vitamin K2 on postural sway in older people who fall: a randomized controlled trial', *Journal of the American Geriatrics Society*, 67(10), 2102-2107. <https://doi.org/10.1111/jgs.16024>

For further information please see our HERU Blog <https://www.abdn.ac.uk/heru/blog/vitamin-k2-has-no-effect-on-reducing-the-risk-of-falls> or contact **Paul McNamee** ([p.mcnamee@abdn.ac.uk](mailto:p.mcnamee@abdn.ac.uk)).



## Understanding doctors' behaviour: is there a role for risk preferences and personality?

Marjon van der Pol was successful in receiving a Visiting Research Scholar award from the University of Melbourne. Her 4-week visit to the Melbourne Institute of Applied Economic and Social Research was hosted by Professor Anthony Scott. The purpose of the visit was to further develop research ideas on risk preferences, time preferences and doctor's decision making. There is little research in this area even though many medical decisions and career decisions by doctors involve (uncertain) outcomes over time. In the 'Medicine in Australia: Balancing Employment and Life' (MABEL) longitudinal survey of doctors, the Melbourne Institute hosts unique data to examine these issues.

Marjon and Professor Scott, together with Dr Julia Allan (Health Psychology, University of Aberdeen) are co-supervising Xuemin Zhu, a PhD student at HERU, who is using the MABEL data to examine the stability of risk attitude in doctors and to examine how risk attitude and personality are associated with the provision of procedural services by GPs. We previously combined the MABEL data with a survey of Scottish GPs to explore whether risk attitude was associated with migration of UK qualified GPs to Australia (<https://doi.org/10.1016/j.healthpol.2019.09.003>). We found that GPs who migrated to Australia were more risk averse rather than risk seeking which may be due to lower levels of clinical and financial uncertainty in the Australian healthcare system. Marjon's visit to the Institute was used to explore further research ideas in this area and to explore how similar research could be conducted in the UK. As part of the visit Marjon also presented an overview of her research on time preferences for health.



## What should we be valuing as health economists?



Researchers at HERU have long challenged the clinical approach to valuation, arguing that we should broaden the valuation space to consider what is important to patients and the public. In October, Mandy Ryan, Marjon van der Pol and Dwayne Boyers presented a 'Cafe Scientifique' event organised by the Public Engagement with Research Unit at the University of Aberdeen. This event enables researchers to share their work and ideas with the general public in an informal setting. The event began with a talk about some of HERU's unique contributions to the field of preference elicitation and valuation across a broad range of healthcare topics including IVF, maternity services, screening and dentistry. We considered how different perspectives of benefit can lead to different conclusions about what treatments the NHS should provide. We then discussed some of the most important and controversial questions for the healthcare system, for example, 'what should we value in healthcare?'; 'what treatments to fund by weighing costs against benefits?'; and 'what benefits should be included – clinical, well-being, or something else?'. The event then opened up for a rich and engaging discussion with the audience around what the NHS should pay for.

We also discussed this issue in our HERU Blog (<https://www.abdn.ac.uk/heru/blog/>) in October where we reported the Improving the Quality of Dentistry (IQuaD) trial results which found no evidence that scale and polish or personalised oral hygiene advice prevented bleeding gums or improved people's dental health. If we measure value for money in terms of dental health (the health perspective) then no scale and polish is the best and cheapest option. However, our discrete choice experiment showed that people value having a scale and polish and are willing to pay for this. The value of a scale and polish to people is larger than the cost to the NHS of providing scale and polish. If we measure value for money in terms of all the things that people care about (health and non-health related) (the societal perspective), then the best option is scale and polish every 6 months. Therefore, the best option depends on what perspective is taken and what we think the NHS should aim to do. This may make it harder to decide on how best to spend NHS money, but it is important that decision makers have all the available evidence, and this includes both the health and societal perspectives.

Mandy Ryan developed this theme in December when she presented an Open Lecture at the University of York. Mandy spoke about valuation in health economics, highlighting the importance of taking a patient-centred approach to valuation, and reflected on her experiences as a patient as well as her extensive research in this area.



## Welcoming new colleagues...

**Charlotte Kennedy** also joined HERU as a Research Assistant and is currently working on the 'Critical assessment of the economic methods used in the single technology assessment of Enzalutamide with ADT for treating metastatic hormone-sensitive prostate cancer'. Charlotte graduated from the University of Birmingham in 2018 with a BSc (Hons) in Mathematical Economics and Statistics and completed her MSc in Health Economics from the University of York in 2019.

**Michael Abbot** joined HERU as a Research Assistant to work on our Chief Scientist Office (CSO) funded research project: 'Should Scotland provide whole genomic sequencing for diagnosis of rare diseases: a health economic analysis'. Michael graduated from the University of St Andrews in 2018 with a joint MA (Hons) in Economics and Spanish and completed an MSc in Health Economics from the University of York in 2019.



Charlotte Kennedy, Michael Abbott and Huixuan Gao

**Huixuan Gao** commenced her PhD in October 2019, looking at 'The value and costs of unpaid care for older people in China. Should Scotland provide whole genomic sequencing for diagnosis of rare diseases: a health economic analysis'. She will be supervised by Paul McNamee and Attakrit Leckcivize. Huixuan completed her MSc in Economics at the University of Edinburgh. She was awarded a University of Aberdeen Elphinstone Scholarship.

We said a fond farewell to Alastair Irvine who left HERU to join Health and Social Care Analysis at the Scottish Government. We look forward to working with Alastair in his new role.

## NEW Research Funding

The Scottish Government awarded £93,330 to C. Revoredo-Giha, F. Akaichi (SRUC); **P. McNamee, P. Norwood** (HERU); S. Whybrow (Rowett Institute, University of Aberdeen); and L. Cornelsen (London School of Hygiene & Tropical Medicine) for research on 'Economic modelling: reducing health harms of foods high in fat, sugar or salt'.

Martin Connor (University College London (UCL)), and **Verity Watson** (HERU) were awarded £22,922 from the University College London Hospital (UCLH) Charity Fund for research into 'Metastatic prostate cancer: men's attitude towards treatment of the local tumour and metastasis evaluative research (MATTER)'.

Euan Phimister (Business School, University of Aberdeen) and **Verity Watson** (HERU) along with colleagues, received £997,000 from the Economic Research Council (ESRC) as part of the Global Challenges Research Fund to look at 'Reducing land degradation and carbon loss from Ethiopia's soils to strengthen livelihoods and resilience (RALENTIR)'. Verity will advise on a discrete choice experiment.

## HERU Blog Update


The latest HERU Blog highlights a study HERU researchers were involved in that examined cancer survivors preferences for the type of follow-up care they received. The post was instigated by recent research from Macmillan Cancer Support on the increasing number of people living with cancer and the resulting pressures on the cancer workforce. In the study we looked at the type of care that cancer survivors preferred and highlight what this could mean for the cancer workforce. The research suggests that people might be prepared to 'trade off' consultant care for continuity of care and longer appointments. <https://www.abdn.ac.uk/heru/blog/>

## HERU's external seminar series continues

- Sebastian Neumann-Böhme from the Department of Health Economics at Erasmus School of Health Policy and Management, Erasmus University Rotterdam, presented 'Trust me; I know what I am doing. Does domain experience reduce preference reversals in decision making for others?'.
- Dr Yuanyuan Gu, Marie Skłodowska-Curie Experienced Research Fellow at the University of York, presented on 'Patient choice, hospital quality and surgical urgency: a discrete choice experiment'.

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