

National Primary Care Research and Development Centre and University of York Health Economics Consortium (NICE External Contractor)

July 2009

Health economic report

This paper was prepared by the York Health Economic Consortium/National Primary Care Research and Development Centre (YHEC/NPCRDC) as the external contractor for the NICE QOF process and was considered at the July 2009 Primary Care QOF Indicator Advisory Committee.

This briefing paper is intended to provide a summary of the economic evidence generated on the proposed indicator NM03. The format of this paper is intended to provide the QOF Advisory Committee with sufficient information upon which to make a recommendation on whether the indicator is economically justifiable.

Indicator area: Epilepsy

Proposed indicator

NM03: The percentage of women with epilepsy under the age of 50 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the previous 15 months

Economic rationale for the indicator

Anti-epileptic drugs taken during pregnancy increase the risk of major congenital malformations (MCMs). The rate of MCMs is approximately 1% in the general population, but increases to over 3% in women taking antiepileptic drugs (AEDs).

Children born with MCMs are expected to have a poorer quality of life compared to the general population (although this may not be recognised by these children, as the MCM is likely to form part of their perception of what constitutes 'normal life') and are also expected to consume additional healthcare resources. Children born with MCMs are likely to require intensive health service support in the immediate perinatal period, as well as some degree of ongoing health and/or social care support over the course of their lives.

Discussion

The economic methods developed to help explore the cost effectiveness of potential new QOF indicators do not lend themselves to analysis of the proposed indicator. In order to evaluate the benefits of the indicator it is necessary to make an estimate of the proposed costs of implementing the indicator, the costs of any subsequent actions resulting from monitoring and the health benefits associated with the indicator.

The cost of implementing the indicator is relatively modest. It is expected that this information could be imparted by a GP during a routine scheduled appointment, and as such could be regarded as a marginal or even zero cost to the NHS, or alternatively could be provided through an additional GP consultation. As such, the delivery costs are relatively modest.

The additional 'treatment' costs associated with the indicator are less easily defined. The indicator is designed to provide women taking AEDs with additional information on the risks of conception whilst taking their medication. However, whilst the indicator may promote the delivery of information to women, it will not necessarily change their behaviours and women taking AEDs may still choose to conceive, albeit with additional information on the risk of their behaviour. As such, it is impossible to know how implementation of the indicator might affect conception levels amongst women taking AEDs and the resultant impact on the number of children born with MCMs.

Similarly, the health benefits of the indicator are virtually impossible to quantify in the context of a standard economic evaluation. The direct health benefits associated with this indicator are in the form of knowledge and awareness and it could be argued that these have no material impact on a patient's health status, as measured in terms of their quality of life. Indeed, it could even be argued that the education may lead to anxiety and thus reduce quality of life of the recipient.

Furthermore, any health benefits associated with this indicator are likely to be accrued by the unborn child, as opposed to the patient receiving the indicator. Whilst previous economic evaluations have considered the benefits of interventions during maternity care, in terms of the impact on the unborn child, this is a complex and rather unusual practice to apply in this instance.

For this reason, it has not been possible to present any evidence on the economics of this indicator other than the simple consideration of the costs of implementing the indicator.