Appendix C1 Economic Evaluations

Transition from children's to adult services for young people using health or social care services

Completed methodology checklists: economic evaluations

Review Question 4

What is the effectiveness of support models and frameworks to improve transition from children's to adult services?

APPENDIX C1: COMPLETED METHODOLOGY CHECKLISTS: ECONOMIC EVALUATIONS

Study identification: Munro, E., & Lushey, C. (2012). *Evaluaton of the Staying Put: 18 Plus Family Placement Program: Final Report.* UK Government. Department for Education.	
Guideline topic: Transition from children's to adult services for young people using health or social care services	
Economic priority area: What is the effectiveness of support models and frameworks to improve transition from children's to adult services?	**Q:** 4
Checklist: Section 1	
Yes/No/Partly/ Not applicable	Detail
1.1 Is the study population appropriate for the review question?	
Yes	Care leavers with an established familial relationship, although not strictly defined, was considered to include "young people who have lived with their current foster carers for some time and thus had an opportunity to develop an attachment to them". Exclusions: "those with placement instability and change as they approach adulthood, as well as those who are placed with parents, or in secure units, children's homes or hostels. These groups may be more vulnerable and have more complex needs than those who are eligible to stay put (Munro *et al*., 2011a; Sinclair *et al*., 2007)." (p.25).
1.2 Are the interventions appropriate for the review question?	
Yes	"Staying Put 18+ Program". Young people with 'established familial relationships' are able to choose to stay with foster carers until age 21
1.3 Is the current social care system in which the study was conducted sufficiently similar to the current UK social care context?	
Unclear	Conducted between July 2008 - March 2011
1.4 Are the perspectives clearly stated and what are they?	
No	Cost case studies take perspective of public sector (p.94)
1.5 Are all direct effects on individuals included	
No	There were significant limitations in collection of outcomes and costs, which meant that no analysis could be done. Outcomes measured included engagement in education, training, employment, or not in education, training or employment (NEET) but the ability to measure impact of the intervention is limited in that these are also requirements for being in the program. Qualitative data is available on a smaller sample for health & social care outcomes, experience, & processes of care. In relation to costs, it was originally planned to collect information on the use of local authority services, but collecting this information was not possible. Instead, authors provided cost case studies to understand the intervention's impact (p.24).
1.6 Are all future costs and outcomes discounted appropriately?	
No	See above – in relation to cost case studies, these were measured costs over a five year time horizon but do not appear to be discounted
1.7 How is the value of effects expressed?	
Natural units	Measured as engagement in, education, training, and employment, or NEET over a 2 year period
1.8 Are costs and outcomes from other sectors (including the value of unpaid care, where relevant) fully and appropriately measured and valued?	
Partially	Impact on outcomes and costs on families is assessed through qualitative interviews on a subset of the sample.
General conclusion	
Not applicable due to the lack of a robust comparison group and lack of information on impact of the intervention on outcomes and on health and social care service use. No conclusions can be drawn about the intervention's cost-effectiveness as there were significant limitations in the study design, i.e. that there was no comparison group and the lack of information on the effect of the intervention on individual's outcomes and on health and social care service use.	

Transition from children's to adult services for young people using health or social care services

Completed methodology checklists: economic evaluations

Review Question 5

What is the effectiveness of interventions designed to improve transition from children's to adult services?

APPENDIX C1: COMPLETED METHODOLOGY CHECKLISTS: ECONOMIC EVALUATIONS

Study identification: Prestidge, C., Romann, A., Djurdjev, O., & Matsuda-Abedini, M. (2012). Utility and cost of a renal transplant transition clinic. Pediatric Nephrology , 27, 295-302.		
Guideline topic: Transition from children's to adult services for young people using health or social care services		
Economic priority area: What is the effectiveness of support models and frameworks to improve transition from children's to adult services?		**Q:** 4
Checklist: Section 1		
Yes/No/Partly/Not applicable	Detail	
1.3 Is the study population appropriate for the review question?		
Yes	Adolescents undergoing transition usually referred at 16.	
1.4 Are the interventions appropriate for the review question?		
Yes	Tertiary children's hospital with multidisciplinary transition clinic and transition team	
1.3 Is the current social care system in which the study was conducted sufficiently similar to the current UK social care context?		
Unclear	Study was conducted in Canada and covers a period from 2000 to 2007.	
1.4 Are the perspectives clearly stated and what are they?		
Partially	Not stated explicitly. It includes the cost of the intervention. Individual patient-level data was not available, therefore, costs were estimated only on the basis of outcomes – those requiring dialysis or transplant. Costs associated with dialysis or transplant were taken from published sources which included hospitalization, inpatient and outpatient physician care, laboratory and diagnostic testing and medications (p.297).	
1.5 Are all direct effects on individuals included		
Partially	Focuses on clinical outcomes: Death, allograft loss, biopsy-proven acute rejection, serum creatinine levels. No social care outcomes or other individual-level outcomes but this is due to the nature of the study design (matched comparison, using prospective design for intervention and using retrospective case notes for control group) and due to the aims of the intervention, which was to test impact on clinically important outcomes.	
1.6 Are all future costs and outcomes discounted appropriately?		
Unclear	Not clearly stated.	
1.7 How is the value of effects expressed?		
Natural units	Clinical outcomes are expressed in natural units however the changes in resource use are based on outcomes of dialysis and transplant, but this is reported in monetary units.	
1.8 Are costs and outcomes from other sectors (including the value of unpaid care, where relevant) fully and appropriately measured and valued?		
No	Impact on carers is not included.	
General conclusion		
The study is applicable but has some limitations. The perspective of the analysis, while not explicitly stated, includes a very limited range of healthcare costs and focuses very specifically on key clinical outcomes. This may be appropriate given that the aims of the study are to reduce adverse health consequences, which are captured through outcomes of mortality and those needing dialysis and transplants. However, it is important to note that the study is limited in that it does not measure all-important changes in health and social care service use. The study also does not consider other outcomes such as wellbeing or social care related outcomes; however, this may be a minor point given the objectives of the study.		

Section 2: Study limitations (the level of methodological quality)
This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the social care guidance [a].

2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	
NA	Not a model. This is a cost-consequence analysis.
2.2 Is the time horizon sufficiently long to reflect all-important differences in costs and outcomes?	
Yes	Two-year time horizon.
2.3 Are all important and relevant outcomes included?	
Partially	See section 1.4 and 1.5
2.4 Are the estimates of baseline outcomes from the best available source?	
Yes	Trial data
2.5 Are the estimates of relative intervention effects from the best available source?	
Yes	Trial data
2.6 Are all important and relevant costs included?	
No	See section 1.4
2.7 Are the estimates of resource use from the best available source?	
Partially	See section 1.4
2.8 Are the unit costs of resources from the best available source?	
Unclear	The authors rely on published studies to estimate costs.
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	
Partially	An incremental analysis can be calculated on the basis of outcomes measured – number of deaths or allograft losses averted.
2.10 Are all-important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	
Yes	Standard statistical analyses were carried out.
2.11 Is there any potential conflict of interest?	
No	No financial or ethical conflicts of interest. No funding was used for this study.
2.12 Overall assessment	
It is not possible to say whether the intervention is or is not cost-effective, as it would require further analysis to take into account differences in institutional context and unit costs between Canadian and UK settings. But more than that, given that there was not a comprehensive collection of health care resource use nor social care resource use requires that an assumption be made about likely impacts on these services when drawing conclusions about cost-effectiveness alongside reported outcomes.	

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Completed methodology checklists: economic evaluations

Review Question 7

How can the transition process (including preparing the young person, making the transfer and supporting them after the move) be managed effectively for those receiving a combination of different services?

APPENDIX C1: COMPLETED METHODOLOGY CHECKLISTS: ECONOMIC EVALUATIONS

Study identification: Bent, N., Tennant, A., Swift, T., Posnett, J., Scuffham, P., & Chamberlain, M. (2002). Team approach versus ad hoc health services for young people with physical disabilities: a retrospective cohort study. *The Lancet , 360*, 1280-86.	
Guideline topic: Transition from children's to adult services for young people using health or social care services	
Economic priority area: What is the effectiveness of support models and frameworks to improve transition from children's to adult services?	**Q:** 4
Checklist: Section 1	
Yes/No/Partly/ Not applicable	Detail
1.5 Is the study population appropriate for the review question?	
Yes	Young adults with physical & complex disabilities (in the target diagnostic groups of cerebral palsy, spina bifida, traumatic brain injury, or degenerative neuromuscular disease) with mild or no learning disability.
1.6 Are the interventions appropriate for the review question?	
Yes	Young adult team approach (coordinated multidisciplinary teams)
1.3 Is the current social care system in which the study was conducted sufficiently similar to the current UK social care context?	
Unclear	Study conducted between 1999 and 2000
1.4 Are the perspectives clearly stated and what are they?	
Partially	Perspective not clearly stated but takes view of NHS and social services. Only community health and social care costs are measured. Excludes respite care and acute care services. It is unclear why these aren't included and no explanation is given so as to understand the appropriateness of excluding these categories.
1.5 Are all direct effects on individuals included	
Partially	Social-care related quality of life measures somewhat captured through participation and psychosocial measures. 1. Participation restriction (London handicap scale – measuring mobility, self-care, work and leisure, getting on with people, awareness of surroundings, and being able to afford the things they require) 2. Body function impairment (Nottingham health profile subscales – pain, energy, sleep) 3. Activity limitation (Barthel) 4. Health status (Euroqol visual analogue scale) 5. Psychosocial measures (self esteem, self efficacy, proactive attitude, stress)
1.6 Are all future costs and outcomes discounted appropriately?	
Not necessary	6 month time horizon
1.7 How is the value of effects expressed?	
Natural units	Resource use is expressed in natural units
1.8 Are costs and outcomes from other sectors (including the value of unpaid care, where relevant) fully and appropriately measured and valued?	
No	Carer outcomes and cost not measured.
General conclusion	
The study is applicable although has potentially minor limitations. The perspective of the analysis is that of the NHS and social care services, although limited to the perspective of community health and social care. Acute care and respite social care services were not measured and the rationale for this is not provided. Resource use was measured over a 6-month period based on self-report retrospective resource use and unit costs were appropriately based on national unit cost publications. The authors conducted a cost-consequence analysis that included health outcomes and aspects of social care related	

outcomes such as participation restriction and psychosocial measures. The study does not include impact on carers, which would be very relevant for this population group. The authors do not mention issues with the time horizon and therefore assumes that it is sufficient to capture important differences.

Section 2: Study limitations (the level of methodological quality) This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the social care guidance [a].	
2.1 Does the model structure adequately reflect the nature of the topic under evaluation?	
Not applicable	This is not a model. It is a cost-consequence analysis.
2.2 Is the time horizon sufficiently long to reflect all-important differences in costs and outcomes?	
Yes	Study is measured over a 6-month time horizon. The aims of the study were to increase individual participation in the community and the hypothesis was that community health and social care costs would not be different.
2.3 Are all important and relevant outcomes included?	
Partially	See section 1.4 and 1.5
2.4 Are the estimates of baseline outcomes from the best available source?	
No	Baseline measures not taken
2.5 Are the estimates of relative intervention effects from the best available source?	
Yes	From the trial
2.6 Are all important and relevant costs included?	
Partially	See section 1.4
2.7 Are the estimates of resource use from the best available source?	
Partially	Self-report, retrospective over 6 months
2.8 Are the unit costs of resources from the best available source?	
Yes	National unit costs from PSSRU unit costs compendium
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?	
Partially	It can be calculated from the data but it is not presented.
2.10 Are all-important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	
Partially	Sensitivity analyses were carried out only via scenario analysis on total costs by increasing intervention costs under the assumption of longer team meetings per week as opposed to using bootstrapping techniques on service use and costs more generally.
2.11 Is there any potential conflict of interest?	
None declared	
2.12 Overall assessment	
A formal cost-effectiveness analysis was not undertaken but the intervention improves outcomes with no differences in costs to the NHS and social care services although this is restricted to the use of community health and social care services and it is unclear how the intervention impacts on the use of acute and respite social care services. The study is limited to some extent by the absence of baseline measurements of costs and effects and that there was no bootstrapping of cost estimates. Only scenario sensitivity analyses were conducted on total costs by increasing intervention costs under the assumption of longer hours per team meeting per week.	