

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

Guideline

Emergency and acute medical care in over 16s: service delivery and organisation

List of modelling questions

Review questions by scope area	<p>Is early consultant triage in the ED (RAT model) more clinically and cost effective than later consultant review?</p> <p>Is early consultant review in the AMU, ICU, HDU, CCU or Stroke Unit more clinically and cost effective than later consultant review?</p> <p>What is the most clinically and cost-effective frequency of review by a consultant in AMU, ICU, CCU, stroke units and general medical wards?</p>
Population	Adults or young people (>16 years of age) presenting at an acute hospital with a suspected or confirmed acute medical problem or emergency
Interventions and comparators considered for inclusion	<p>A: Daily consultant ward round (weekdays and weekend)</p> <p>B: Rapid assessment and treatment (RAT) in the emergency department</p> <p>C: Extended consultant assessment available in the acute medicine unit (between hours of 8am-10pm)</p> <p>D: Usual care</p> <ul style="list-style-type: none"> • Twice weekly consultant ward rounds • No RAT • AMU consultant hours 8am-6pm
Perspective	NHS / PSS
Outcomes	QALYs Medical outliers, 4-hour breeches in the emergency department
Type of analysis	CUA
Issues to note	Two models were built for each question. A cohort model in MS Excel and a discrete event simulation in Simul8.
Review questions by scope area	<p>Is enhanced access to physiotherapy and/or occupational therapy for hospital patients clinically and cost effective?</p>
Population	Adults or young people (>16 years of age) presenting at an acute

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	hospital with a suspected or confirmed acute medical problem or emergency
Interventions and comparators considered for inclusion	<p>A: Extended access to physiotherapy and occupational therapy in the emergency department (9am-8pm including weekends)</p> <p>B: Extended access to physiotherapy and occupational therapy on medical wards (9am-5pm including weekends)</p> <p>C: Usual care</p> <ul style="list-style-type: none"> • Therapy hours in ED 9am-5pm Monday to Friday • Therapy on wards weekdays only
Perspective	NHS / PSS
Outcomes	<p>QALYs</p> <p>Medical outliers, 4-hour breeches in the emergency department</p>
Type of analysis	CUA
Issues to note	Two models were built, a cohort model in MS Excel and a discrete event simulation in Simul8.
Review questions by scope area	Do ward multidisciplinary team meetings (MDTs) improve processes and patient outcomes?
Population	Adults or young people (>16 years of age) presenting at an acute hospital with a suspected or confirmed acute medical problem or emergency
Interventions and comparators considered for inclusion	<p>A: MDT process; physicians, nurses, allied health professionals and where appropriate, primary care and social work as determined by patient need.</p> <p>B: No MDT care</p>
Perspective	NHS / PSS
Outcomes	Only costs
Type of analysis	Cost-comparison analysis
Issues to note	
Review questions by scope area	Do standardised systems of care for intra- and inter-hospital transfers of critically ill patients improve outcomes?

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Population	Adults or young people (>16 years of age) presenting at an acute hospital with a suspected or confirmed acute medical problem or emergency
Interventions and comparators considered for inclusion	A: Standardised system (including checklist of both staffing and equipment) for transfer. B: No standardised system for transfers.
Perspective	NHS / PSS
Outcomes	Only costs
Type of analysis	Cost-comparison analysis
Issues to note	