CHE Research Summary 33

Patients and society both benefit from being healthy

Written by Shainur Premji, Susan Griffin

Research Team: Shainur Premji, Susan Griffin

There is widespread agreement that benefits from health interventions extend beyond simply improving quality of life and life expectancy. Improving health may allow people to return to full-time work or care for young children. Broader activities like these can have a significant impact on society. In 2010, the then Department of Health in England began to consider a 'value-based' system of pricing for new drugs to capture the additional societal benefits that go beyond health. In 2015, the Wider Societal Impacts (WSI) framework was developed as a structured tool to estimate the additional value arising from these broader benefits.

The WSI framework is made up of ten components which cover the different ways in which people produce and consume resources in society. Resources that people produce include paid production (employment) as well as types of unpaid production (e.g., housework) and unpaid sickness care and childcare. Resources that people consume include a range of formal and informal care, as well as government provision of services (e.g., healthcare and education) and private use of paid and unpaid goods and services (e.g., food, housing, domestic work). The framework uses national population-based data to provide a comprehensive understanding of the ways in

which people produce and consume societal resources, based on their age, sex, health diagnosis and health-related quality of life. If someone contributes more societal resources than they consume, their net production rate is positive. Those who consume more than they produce have a negative net production rate.

In 2022/2023, we updated the WSI framework using more recent data. We also developed a calculator to estimate the impact on net production from interventions designed to improve health. This helps policymakers to compare alternative interventions, both within and across diseases, in terms of their impact on health and overall societal welfare. To illustrate the differences that can arise, we calculated the estimated monthly net production rate for an average male or female for 199 different health conditions. This confirmed what we have learned through previous research, that incorporating benefits beyond health results in a different set of priorities than when health alone is considered. This suggests that decisions about which health interventions to fund as part of a national health service will differ depending on whether policymakers target health or also include the wider societal benefits as part of their decision making.

While the WSI framework helps us understand the broader overall societal benefit of health interventions and services, we are still unsure about how its use could affect health inequalities. For example, previous work showed that adopting a wider benefits framework may favour healthcare interventions for people who return to paid employment instead of retired people. Other currently unknown dimensions of equity beyond age and sex may also be affected by decisions that are guided by this framework. This remains a crucial policy question and an important topic for future research.

Read more about this research: our update of the WSI framework, the calculator for policymakers and the estimates of net production rates published in Value in Health.

This work was funded by by the National Institute for Health and Care Research (NIHR) Policy Research Programme conducted through the NIHR Public Health Policy Research Unit (NIHR PR-PRU 1217-20901).

December 2024