

Costing the implementation of large scale changes



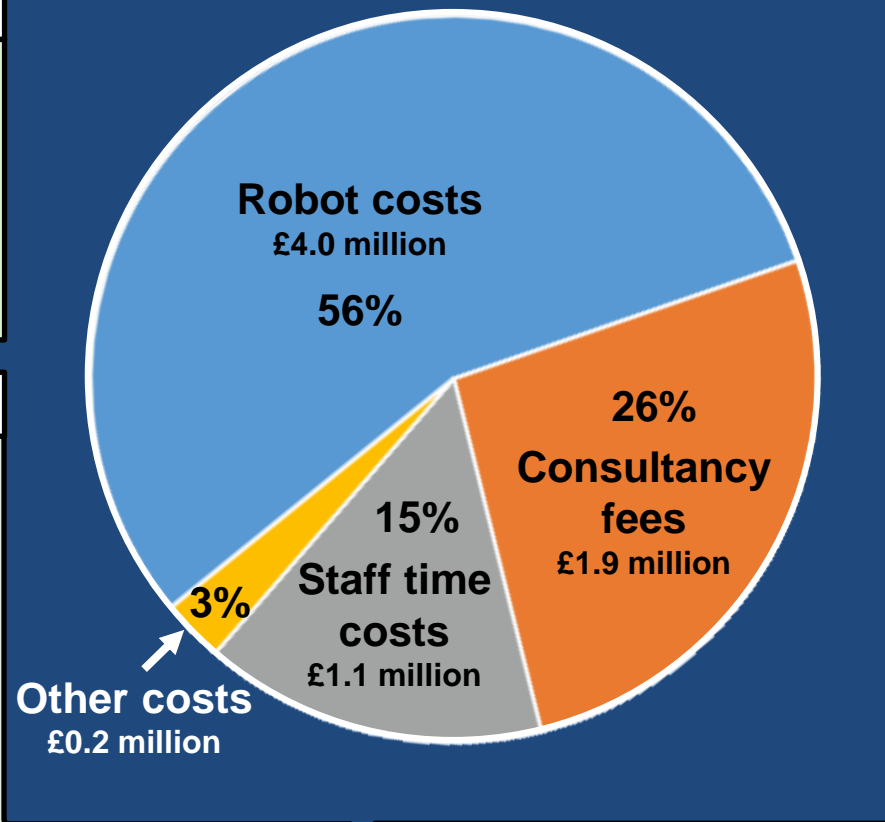
Research:
at a glance

1. What we knew

- ❑ It can cost a lot of time and money to make major changes to healthcare.
- ❑ Working out the cost of change is often neglected because it is complex to measure.

2. What we did

- ❑ We calculated the cost of all activities involved in the London Cancer changes.
- ❑ We estimated time spent on implementing changes using documents (n~100) including meeting minutes from Boards.
- ❑ We interviewed stakeholders about potential costs.
- ❑ We estimated average salaries and costs of engagement events. Robot costs came from the business case of one specialist site.
- ❑ Costs were adjusted to 2017-18 prices and total cost was the sum of all implementation activities.



3. What we found

- ❑ The London Cancer changes (oesophago-gastric and three urology cancers) cost **£7.2 million** jointly to plan, design and implement (in 2017-18 prices).
- ❑ The highest costs were for the robots (urology), which might not apply in other changes.

4. What this means

- ❑ Revealing the true cost of implementing change may make change less appealing to future decision-makers.
- ❑ The analysis required much planning and work to collect additional data. Many costs were hard to estimate.
- ❑ Our framework (**see over**) helped us collect information and then break down implementation costs into categories, to help people planning future major changes (see pie chart on this page).
- ❑ We have begun to explore the “black box” of implementation, including its key components and associated costs.

	Item	Description	Perspective?
IMPLEMENTATION COST COMPONENTS	A Options appraisal, bidding, and external review processes	Cost of developing business cases, service specifications, scoping, market and other analyses by internal/external consultants, bids by providers.	Payer
	B Stakeholder engagement and getting buy-in	Cost of organising and holding events including (opportunity) cost of staff time.	Payer
	C Planning and monitoring boards and meetings	An opportunity cost. Data from meeting minutes including attendance and estimating the time taken.	Payer
	D Making the change	Asset acquisition, new staffing, new contracts. May also include costs to services that have been closed or moved as part of MSC.	Provider National Payer
	E Audit systems/ data collection to monitor performance	Cost of setting up systems for data collection; staff time for entering and analysing data.	Provider National Payer
OTHER CONSIDERATIONS	F Changes in payments/ billing	Current and future tariff payments for services.	Provider National Payer
	G Financial cost to patients	Travel time and cost, time off work, cost and availability of parking.	National <i>if societal perspective</i>
	H Patient population	Taken from audits or national data sources. Used to establish the patient population affected.	Provider National Payer
	I How long before the next change?	Evidence from literature on how often change happens. Probably the hardest to estimate.	National

Reference
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 How to cost the implementation of major system change for economic evaluations: case study using reconfigurations of specialist cancer surgery in part of London, England
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Our website
<https://www.ucl.ac.uk/epidemiology-health-care/research/applied-health-research/research/health-care-organisation-and-management-group/respect-21-0>

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