The treatment of common mental disorders by a community team based in primary care: a cost-effectiveness study

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Community team based in a primary care service (index group) versus hospital service (control group) to treat patients suffering from new episodes of depression and anxiety.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
Patients aged between 16 and 65 suffering from new episodes of depression or anxiety disorders. The patients had not had care from mental health services in the year preceding the episode of illness being considered.

Setting
Primary care and hospital. The economic study was carried out in Manchester, UK.

Dates to which data relate
The date related to effectiveness and resource utilisation was not clearly stated. The price year used was 1990.

Source of effectiveness data
The estimate for final outcomes was derived from a single study.

Link between effectiveness and cost data
The costing was undertaken retrospectively mostly on a larger patient sample than that used in the effectiveness study.

Study sample
Each control patient who consented to be interviewed was matched with the next index patient with the same diagnosis. A total of 108 patients were identified from the community service (index group) and 57 from the hospital service (control group). Thirty patients were drawn from both index group and control group. Power calculations did not determine the sample size. The community team consisted of two community nurses, one social worker, one occupational therapist, a clinical psychologist, and part-time secretarial help and two consultant psychiatrists. One patient was excluded.
Study design
The study was a non-randomised trial with concurrent controls. The study was based on two services: community mental health service based in primary care and a hospital based psychiatric service. The follow-up period in the study was 6 months. The loss to follow-up was 30% for the index group and 47% for the control group. Blinding was used in the ratings of seven indicators of quality of care.

Analysis of effectiveness
The clinical study was based on treatment completers only. The primary health outcomes were: waiting time, quality of notes, continuity of care, range of interventions offered, adequacy and appropriateness of intervention offered, and patient satisfaction. The instruments used to evaluate this data were interviews using the retro-PAS, the Social Assessment schedule, the Social Problems Questionnaire, the Clinic Satisfaction Questionnaire and Convenience Questionnaire. Both groups were shown to be comparable in terms of sociodemographic characteristics, research diagnoses, severity of illness and social problems at the time of referral to care.

Effectiveness results
There were no significant differences between the groups in terms of either clinical outcome, social problems, or social disabilities. Non-urgent cases were examined faster in the community service than in the hospital service (13.5 days versus 47.5 days, P <0.01) although the response time for both services was prompt for cases rated as urgent (1.5 days versus 2.5 days). As regards the quality of notes: hospital notes had better information about the patients current social situation. Notes about presenting complaints were generally good in both services. In each set of notes, information about family psychiatric history, early childhood, educational and occupational history, or appearance and behaviour at interview was rated as inadequate. As regards continuity of care, community services offered less changes of staff which had no health benefit to the patient than hospital services (0.23 versus 0.8, P<0.05), and patients in the community were more likely to have been visited at home (0.79 versus 0.07, P<0.01). Community patients were more satisfied than hospital services in terms of aspects of satisfaction, being less distressed by the initial wait, more satisfied with continuity of care, and feeling better informed about their symptoms, the cause of their problems, the prognosis and the self-help techniques. Hospital patients more frequently failed to attend their appointments with the health services because of problems with the journey (0.03 versus 0.2, P<0.05).

Clinical conclusions
Clinical outcomes were similar in both groups. However, patients treated in the community were seen more quickly, had more continuity of care and were more satisfied with the service than patients from the hospital services.

Measure of benefits used in the economic analysis
No summary benefit measure was identified in the economic study, and only separate clinical outcomes were reported.

Direct costs
Quantities were not reported separately from the costs. The cost items were reported separately. Health services costs included medical time, nursing time, administrative and overhead costs. Drug costs were also included. Direct costs borne by patients were monetary costs, costs of travelling and costs of treatment time. The perspective adopted in the cost analysis was not clearly reported. The sources of quantities and costs data were economic questionnaires, opinion questionnaire, psychiatric and general practice records, medical records, and the health service price index. Price data were reflated to 1990/1991 terms.

Indirect Costs
Quantities were not reported separately from the costs. The cost items were reported separately. The indirect cost borne by patients consisted of the cost of "lost marketed output" and "lost domestic output". Price data were reflated to 1990/1991 terms.
Currency
UK Pounds Sterling ( 

Sensitivity analysis
No sensitivity analysis was not carried out.

Estimated benefits used in the economic analysis
Not applicable.

Cost results
Health services costs for those patients treated in the community group and in the control group were 2,944 and 4,512 respectively.

Synthesis of costs and benefits
There were no significant differences between groups in terms of clinical outcome, but the community service was most prompt for routine cases, was more likely to offer home assessment and advice to relatives, and was generally preferred by the patients. Total costs for those patients treated in the community group (2,944) were less than for the hospital services (4,512).

Authors' conclusions
Treatment by the community team was more cost-effective than the hospital services.

CRD COMMENTARY - Selection of comparators
The reason for the choice of the comparator is clear, as hospital-based service was considered to be the traditional service.

Validity of estimate of measure of effectiveness
The validity of the effectiveness results may be weakened by the lack of randomisation.

Validity of estimate of costs
Resource utilisation was not reported separately from the costs. However, adequate details of methods of cost estimation were given.

Other issues
To explore the robustness of the results, a sensitivity analysis would have been useful. Given the lack of randomisation, sensitivity analysis, and statistical analysis of the costs, the results need to be treated with some caution.

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None stated.

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