Chiropody and the QALY: a case study in assigning categories of disability and distress to patients
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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
Chiropody for foot care.

Type of intervention
Treatment.

Economic study type
Cost-utility analysis.

Study population
Patients aged 60 years or more.

Setting
The study was carried out in the United Kingdom.

Dates to which data relate

Source of effectiveness data
Single study.

Measure of benefits used in the economic analysis
Quality-adjusted life years (QALYs). The Rosser classification was used to describe the health states. The Rosser 1 was used as a basic method of valuation of health states. Nine clinician values were used to assess the health states. They were valued using a postal survey.

Direct costs
Direct costs were to the health service and involved cost of consultation. Price information related to 1989.

Currency
UK pounds sterling (£). In the DH Register of Cost-effectiveness Studies, the original results were reflated to 1991, using the NHS pay and prices index.
Sensitivity analysis
No sensitivity analysis was carried out.

Estimated benefits used in the economic analysis
Incremental QALYs (not discounted) for: clinic routine treatment, age 60-75 were 0.007; domiciliary routine treatment, age 60-75 were 0.02; clinic routine treatment, age 75+ were 0.012; domiciliary routine treatment, age 75+ were 0.028; clinic special treatment, age 60-75 were 0.007; domiciliary special treatment, age 60-75 were 0.018; clinic special treatment, age 75+ were 0.01; domiciliary special treatment, age 75+ were 0.03. Outcome duration was unknown and the treatment side-effects were not relevant.

Synthesis of costs and benefits
Incremental cost per QALY gained (costs and benefits not discounted) for: clinic routine treatment, age 60-75 were 815; domiciliary routine treatment, age 60-75 were 538; clinic routine treatment, age 75+ were 569; domiciliary routine treatment, age 75+ were 336; clinic special treatment, age 60-75 were 815; domiciliary special treatment, age 60-75 were 620; clinic special treatment, age 75+ were 633; domiciliary special treatment, age 75+ were 351.

CRD Commentary
(This commentary was not written by CRD but by the authors of the DH Register).

1) Time spent in each health state is not detailed. 2) Costs to the patient, when no service is provided, if included would make the intervention more attractive. 3) There was wide variation in the chiropodists responses (used to calculate the QALY estimates), 2 outlier responses were removed. The chiropodists assessed the intervention, more favourably than a group of 84 patients also surveyed. 4) There were no health omissions.

Bibliographic details

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