

Royal Society for Public Health

RSPH response to the consultation on the 2016 report into the cost effectiveness methodology for immunisation programmes and procurement (CEMIPP)

The Royal Society for Public Health (RSPH) is an independent, multidisciplinary charity dedicated to the improvement of the public's health and wellbeing. We have a membership of over 6000 public health professionals encompassing a wide range of sectors and roles including health promotion, medicine, environmental health and food safety. Our vision is that everyone has the opportunity to optimise their health and wellbeing, and we seek to achieve this through our qualifications, conference and training programmes and policy and campaign work.

Vaccines are one of the most valuable tools we have for improving and protecting the public's health and wellbeing. As well as the obvious benefits to the health and wellbeing of individuals – protecting against infectious diseases – vaccines also have numerate benefits for society. Herd immunity means unvaccinated individuals – such as the very young – are protected against disease if the coverage is high enough; vaccines limit the spread of antibiotic resistance; vaccines prevent loss of productivity from the workforce and from early deaths, as well as savings through reductions in health costs. Further, the UK has an immunisation programme that is regarded as one of the best in the world, with very high coverage (especially relative to other countries) and a high level of trust in the healthcare profession.

The recent report revising cost-effectiveness methodology for vaccination programmes is very concerning as it could potentially jeopardise the UK's excellent immunisation programmes. The package of three proposed changes (the lowering of the QALY threshold to £15,000, the lowering of the discount rate and the time horizon of analysis), taken together, will lead to a higher bar for immunisation programmes to reach to be deemed cost-effective. This could impact future and current vaccine programmes both directly and by sending the message that immunisation programmes are not highly valued. The report does not seem to consider the public health impact of compromising the immunisation programmes in this way.

The lowering of the QALY threshold is the major controversial point in the report. This seems to be based on the 2015 Health Technology Assessment [1] which looked at medical interventions rather than public health interventions. Public health interventions are fundamentally different from medical interventions in several ways (they are implemented on the population level; there is a time difference between costs and benefits; there is a possibility to eradicate the disease; the intervention promotes health equality) and therefore the application of the findings of the Health Technology Assessment to immunisation programmes is misleading. It is the lowering of the QALY threshold that will have the biggest impact on immunisation programmes and this does not seem to be based on strong evidence. Further, given that this QALY threshold is not applied elsewhere, applying it to immunisation programmes would mean skewing the field away from such an effective preventative measure. Given the current funding crisis of the NHS, prevention is more important than ever for the public's health and wellbeing.

For this reason, the proposal to lower the discount rate – and therefore place greater value on the preventative nature of immunisation programmes – is welcomed by RSPH. There does not seem to be clear justification for the need to apply all three core proposals as a package. If the lowering of the discount rate could be applied as an independent measure, RSPH believe this would be a positive step for supporting the prevention of ill health.

Whilst it is difficult to fully account for all of the benefits of immunisation programmes, these, as mentioned above, span far beyond the avoidance of NHS treatment costs alone. It is vital that any cost-effectiveness methodology assessing immunisation programmes attempts as far as possible to consider the social care, welfare benefits, gained productivity and avoidance of losses to patients and their families. Further, the JCVI should look beyond cost-effectiveness to other considerations of equality and ethics.

Overall, the report gives significant cause for concern from a public health perspective. Immunisation programmes are proven to be effective. This report will make it more difficult for future immunisation programmes to be deemed cost-effective and may have consequences for current immunisation programmes if they are reassessed. This is mainly due to the proposal to lower the QALY threshold and this does not seem to be based on good evidence. Whilst other proposals seem sensible – such as lowering the discount rate – the overall impact of the proposals, when applied as a package, would be negative. To compromise immunisation programmes in this way would be a risky move and could have far-reaching consequences for the public's health, reducing health equality and leaving people unprotected against infectious disease.

References

- [1] Claxton K, Martin S, Soares M, Rice N, Spackman E, Hinde S, Devlin N, Smith P, Sculpher M., "Methods for the Estimation of the NICE Cost Effectiveness Threshold," *Health Technology Assessment*, vol. 19, no. 14, 2015.