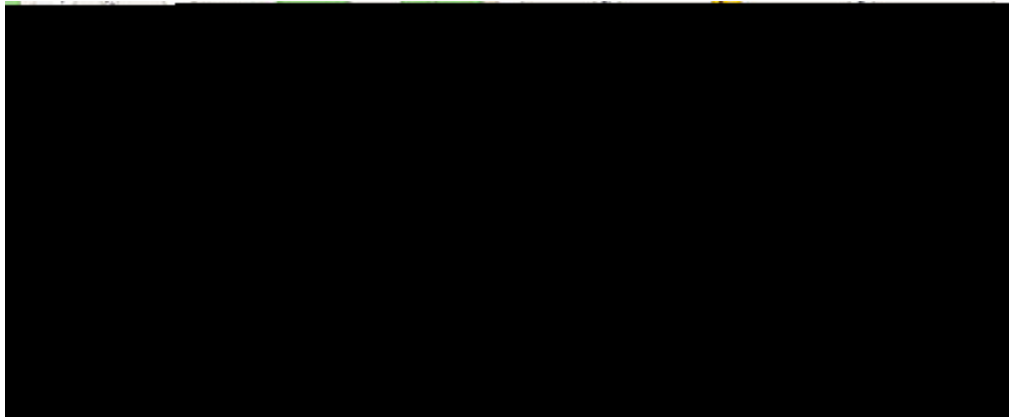# Location and Directions

Venue:

School of Public Policy
University College London
Rubin Building
29-30 Tavistock Square
London
WC1H 9QU

See also

PROGRAMME

Wednesday 12 September

0930:	Arrival and coffee
1000:	Welcome and Introduction, The Challenge of Social Values and Clinical Commissioning: Peter Littlejohns and Albert Weale
1015:	Accountable and Integrated Care Systems: Anant Jani

Participant Leads

Dr Alena Buyx has a background in medicine, philosophy and sociology. She leads an Emmy Noether research group on Bioethics and Political Philosophy at Münster University and is an Honorary Senior Research Associate in the School of Public Policy, University College London. Until May 2012, she was Assistant Director at the Nuffield Council on Bioethics, leading projects on ethical issues in Novel Neurotechnologies, Biofuels, and on Solidarity as an emerging concept in Bioethics. Prior to that, she worked at the Harvard Program in Ethics and Health, with her research focus mainly on medical ethics and questions of justice in health care and public health.

Dr Sarah Clark is Research Associate in the School of Public Policy, University College London, working on the ESRC Professorial Fellowship Programme 'Social Contract, Deliberative Democracy and Public Policy'. She did her PhD at the University of Essex, where she worked on altruism and public policy in gamete transfer. She took the lead in developing the Social Values analysis described in the special issue of the *Journal of Health Organization and Management* (26:3) on Social Values and Healthcare Priority

Scenario-based exercises

The following scenarios are fictional but offer examples of the kind of priority setting choices which may face clinical commissioners. They are designed to prompt you to consider the issues of social values that arise and to think about and discuss what should be taken into account in the decision-making process in each case.

The group discussions on Day 1, Session 2 of the Workshop will be based around these scenarios.

You might wish to use the following to help you consider the issues raised by each scenario:

- What values strike you as being relevant in the scenario? For example, values of cost-effectiveness, clinical effectiveness, justice/equity, solidarity, autonomy?

- Which specific features of the scenarios alert you to these values? For example:

    - Features of the

Scenario 1

A local autism clinic has become a national centre of excellence and is researching and pioneering new behaviour and language therapies for autistic children, enabling them to manage social situations and to integrate and perform better at school. This improved social functioning has also been shown to significantly reduce stress on the families of these children and reduce the associated risk of family breakdown. The therapies are intensive, lengthy and therefore expensive. The interventions have been shown to have the best outcomes when used with younger children, but children and adolescents of all ages benefit. The CCG currently spends around £500,000 per year on the clinic. The clinic has said that without this funding it will have to scale back its services and reduce its research programmes and is arguing that this will disadvantage not only local children with autism, but those who come from other parts of the country too.

At the same time, unplanned hospital admissions amongst the elderly have risen, putting strain on the local hospitals and causing significant additional spending for the CCG. The kind of events - falls etc. - that lead to these unplanned admissions also tend to increase the chance of loss of independence and admission of elderly patients to residential care, thereby increasing costs in the local social care budgetas well as increasing costs for those families who are liable for care home charges. It has been proposed that for an investment of around £350,000, the CCG could implement a computerised risk assessment system and increase numbers of community matrons, both of which measures would facilitate early identification of at-risk elderly patients. It is estimated that this investment could save the CCG around £350,000 per year in future years. The area served by the CCG is popular for retirement, and the elderly were identified as a priority patient group in the CCG's most recent strategic needs assessment.

It has been proposed by one member of the CCG that the funds needed for the initial investment in interventions to reduce unplanned hospital admissions amongst the elderly could be found by introducing more restrictive guidelines for referrals to the autism clinic, such that only those with more severe autistic disorders and only children under 1

Scenario 2

Scenario 3

The CCG is under financial pressure and is looking for areas in which it can make substantial savings. It has noticed that the cost of funding IVF has risen markedly over the last few years and is significantly higher than in the surrounding CCGs. It currently funds up to three

Useful Web Links

Klein, R and Maybin, J (2012) 'Thinking about Rationing' (London: King's Fund)
Available at: www.**kingsfund**.org.uk/document.rm?id=9528

Clark, S and Weale, A (2012) 'Social Values in Health Priority Setting: A Conceptual
Framework', Journal of Health Organisation and Management 26:3
Available at:
http://www.emeraldinsight.com.libproxy.ucl.ac.uk/journals.htm?issn=1477-
7266&volume=26&issue=3

UCL Social Values and Health Priority Setting Research Project
See: http://www.ucl.ac.uk/socialvalues

Catalogue of Cases on Social Values and Health Priority Setting
Available at:
http://www.ucl.ac.uk/socialvalues/case-studies