



## NHS Innovation Accelerator

### Economic Impact Evaluation Case Study: HealthUnlocked

#### 1. BACKGROUND

HealthUnlocked is a web-based, support network for people with health conditions or needs. It provides peer support, connecting people with similar long-term conditions or health interests such as running or losing weight. It also provides resources from a range of partner organisations, such as voluntary patient organisations or public sector organisations, which moderate the peer-to-peer interaction and advice giving. These partners form a directory of self-referral services that can be used for social prescribing by General Practitioners. The directory for social prescribing consists of a 'core library' of resources and a locally tailored library that can be developed to supplement the core library for any given region.<sup>1</sup> The HealthUnlocked social prescription directory can be accessed directly from GP IT systems. At present it is compatible with EMIS and as a stand-alone web application for primary care, but it is being developed for use with other GP systems.

Through these means, HealthUnlocked is designed to improve the 'patient activation' of its users. This is the knowledge, skills, and confidence to manage one's health. Increased patient activation has been linked in studies to positive health outcomes such as fewer visits to emergency departments and to healthier lifestyle choices.

HealthUnlocked also offers a service of access to participants in health research and service design, via the IT platform. This enables rapid access to a selected audience for those requiring patient involvement in qualitative and quantitative research.

HealthUnlocked operates internationally. It has over 700 communities, managed and moderated by non-profit patient organisations or other, trusted authorities. They cover over 180 different disease areas as well as lifestyle and wellness topics, such as weight loss, smoking cessation, etc. Across these communities there are currently over 700,000 registered users. Another 4 million people visit the platform each month without registering an account.

<sup>1</sup> HealthUnlocked Social Prescription. Service Definition. Available at: <https://www.digitalmarketplace.service.gov.uk/g-cloud/services/721713278677251>. Accessed 01/06/17.

Information on costs has been provided, along with the available evidence relating to patient activation. This case study describes a cost consequence analysis, which identifies the potential consequences arising from adoption of the innovation, based on the theory of change and assumptions stated. The analysis was developed in spring 2017 and was based on the information and evidence available at the time. No data were available on outcomes for patients not using Health Unlocked, so it was not possible to undertake a comparative analysis.

## 2. INPUT COSTS

HealthUnlocked has had substantial investment in its development. There is a professional team of over 40 people working for the organisation.

The service is provided on a population level. A typical commissioner would be a Clinical Commissioning Group (CCG), which would pay set-up and annual licensing fees. Individual users of the service (i.e. patients) would have access for free.

The set-up fees include a core library fee of £25,000 per commissioner, or a customised library (for greater local adaptability), the price of which varies depending on requirements.<sup>2</sup> The annual licensing fee also varies depending on the choice of core library (£10,000 per 50 GP practices) or customised library (variable).

Table 2.1 shows the costs for a CCG, with 50 practices, covering a combined population of 250,000 people, using only the core library over a period of five years.

**Table 2.1: Costs of using HealthUnlocked Social Prescribing for a CCG of 50 practices over five years**

Input	Description	Cost
Set-up fee	One-off fee for set-up of core library	£25,000
License	Annual fee of £10,000 per 50 GP practices x 5 years	£50,000
<b>Total</b>		<b>£75,000</b>

## 3. OUTCOMES

There is a large, medium-quality evidence base that higher levels of knowledge, skills and confidence among patients lead to better outcomes.<sup>3</sup> Annual user surveys in HealthUnlocked also offer some anecdotal evidence that the service results in the kinds of changes relevant to better health outcomes. For example: 87% of users reported feeling more confident when speaking to professionals; 91% of users say that it has been useful or life changing and correlated with positive influences upon joining.<sup>4</sup>

<sup>2</sup> Pricing Guide for HealthUnlocked Social Prescription. Available at: <https://www.digitalmarketplace.service.gov.uk/g-cloud/services/721713278677251>. Accessed 01/06/17.

<sup>3</sup> Jameson-Evans M. NIS Analysis Framework: HealthUnlocked. March 2017

<sup>4</sup> Information provided by the NIA Fellow

The impact of HealthUnlocked has been evaluated in a study analysed and reported by the University of Manchester and presented at the Kings Fund Digital Health Summit (July 2017). The study is being prepared for peer review and publication by the University of Manchester with expected publication in 2017.

The study recorded baseline Patient Activation Measure (PAM) scores in a cohort of new users to HealthUnlocked and after three months activity in the platform, plus EQ5D scores and self-reported healthcare utilisation via a questionnaire. Statistically significant results at three month follow up include:

- A mean improvement of 2.6 PAM points across all patients;
- A mean improvement of 5.8 PAM points in 'low level' patient activation patients;
- A net shift of 31% of the low level activation group (level 1 and 2) at baseline into the high level group (level 3 and 4) at follow up;
- A reduction (by 31%) in the number of patients visiting A&E and a reduction (by 5%) in the number of patients visiting their GP, in the previous three months.

#### 4. ECONOMIC ANALYSIS

Cost information is available on the implementation of HealthUnlocked, using the core library, not the customised library. As information on comparable outcomes of using Health Unlocked is not currently available, it has not been possible to carry out a return on investment analysis. The available information has been used to describe and compare the potential costs and consequences of HealthUnlocked, as shown in Table 4.1.

**Table 4.1: Costs and consequences of HealthUnlocked**

<b>Costs</b>	<b>Consequences</b>	
One-off fee for set-up of core library £25,000	Cost savings	Avoided healthcare (e.g. GP) appointments and A&E attendances.
Annual licence fee of £10,000 per 50 GP practices x 5 years	Patient & family outcomes	Improved health and wellbeing.
	Productivity	Avoided time off work to attend healthcare appointments.

#### 5. IMPACT ON EMPLOYMENT

There will be potential social benefits from HealthUnlocked if it can be shown to result in improved health behaviours. These may include economic benefits from patients with chronic conditions remaining in productive work for longer.

There are more than 40 people currently employed by Health Unlocked and this is expected to increase in the future.

## **6. CONCLUSION**

The analysis of HealthUnlocked concludes that there is potential for cost savings to the NHS, as evidence shows that patients make lower use of services such as GP appointments and A&E visits. There will be social benefits from HealthUnlocked if it can be shown to result in improved health behaviours. These may include societal economic benefits from patients with chronic conditions remaining in productive work for longer.

It is worth noting that there are various services and enhancements that HealthUnlocked are developing. Firstly, in the future, social prescribing may be available to other professionals, in addition to GPs. In addition, the user base of HealthUnlocked (patients and service providers) will be used to offer Electronic Needs Assessments and Care Plans. No service description or prices have been made available for these additional enhancements.

As previously mentioned, the analysis was limited by the fact that no data were available on outcomes for patients not using Health Unlocked, so it was not possible to undertake a comparative analysis.

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