

## Hernia surgery is cost effective, finds UK study

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Elective hernia surgery presents value for money for the NHS, a study has found, contradicting recent guidelines suggesting that the operation was of “low clinical value” and that commissioners should consider restricting it.

The latest analysis used patient reported outcome measures (PROMs) from nearly 17 500 patients who had a hernia operation in England between 1 April 2009 and 31 March 2010. These data have been collected routinely in the NHS since 2009, before and at least three months after patients undergo hernia repair.

Researchers from the think tank the King’s Fund and Imperial College London combined these outcomes with costs of the surgery as reported by hospitals to estimate the cost effectiveness of surgery for hernia repair. The results, expressed as a cost per quality adjusted life year (QALY), were published in the *Journal of the Royal Society of Medicine*.<sup>1</sup>

The results suggest that hernia surgery is cost effective, costing an average £1881 (€2200; \$2834) per QALY. The National Institute for Health and Care Excellence (NICE) normally recommends treatments costing up to £20 000 to £30 000 per QALY.

The actual mean change in QALYs after surgery was 0.826 (95% confidence interval 0.793 to 0.859) compared with no treatment, and was estimated to be higher after laparoscopic surgery (0.923 (0.859 to 0.988)) than after open surgery (0.817 (0.782 to 0.852)).

Quality of life, as measured by the EQ-5D questionnaire, was also significantly higher after laparoscopic surgery (index change 0.0915 (95% confidence interval 0.850 to 0.0979)) than after open surgery (0.0806 (0.0771 to 0.0841)). The index asks questions about mobility, self care, usual activity, pain, and anxiety or depression.

In 2011, the Audit Commission—the public spending watchdog—included some hernia operations among those procedures that commissioners could stop funding as a means of saving the NHS millions of pounds a year because they were of low clinical value.<sup>2</sup>

The researchers say that commissioners need to “demonstrate clearly whether a procedure is genuinely of low clinical value to justify any access restrictions they wish to impose.” The methodology they have used provides a means of comparing the cost effectiveness of interventions and could be used to inform “healthcare purchasing decisions,” they said. The same methods could compare outcomes at different hospitals, they suggested.

Sophie Coronini-Cronberg, from the School of Public Health at Imperial College London and who led the study, said: “Our results challenge the idea that hernia surgery has low clinical value. Based on what patients tell us about how the treatments help them, it would seem that hernia surgery not only improves people’s lives substantially but also represents good value for NHS spending.

“At present, PROMs are only being collected for a few procedures. We’ve shown that these reports can allow us to quantify the benefits that patients experience and also estimate the cost effectiveness of treatments. If the government is serious about producing information on the health benefits of NHS services, then we need to collect more and properly make use of this kind of data.”

1 Coronini-Cronberg S, Appleby J, Thompson J. Application of patient-reported outcome measures (PROMs) data to estimate cost-effectiveness of hernia surgery in England. *J R Soc Med* 2013, doi:10.1177/0141076813489679.

2 Mooney H. Cut useless medical treatments, says Audit Commission. *BMJ* 2011;342:d2438.

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