Author's response to reviews

Title: A Decision Analytical Cost Analysis of Offering ECV in a UK District General Hospital

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PDF covering letter
**Report from Sara Twaddle:**
**Cost effectiveness of offering ECV in a UK District general Hospital**

**Originality**
As far as I am aware this is the first UK study of the cost associated with routinely offering women ECV at term. There is limited US data that the authors cite, but the differences in the two systems mean that these studies are of limited benefit.

**Scientific merit**
Although the title suggests an economic evaluation the study is actually a cost analysis, using a decision analysis approach to determining the expected cost where women accept, or reject, ECV at term.

*The title has now been changed to more accurately reflect that it is a cost analysis using decision analysis “A Decision Analytical Cost Analysis Of Offering ECV In A Uk District General Hospital”*

All the relevant cost groups to the NHS, the stated perspective, are included but there are some areas of the text that could be clarified to make the process of costing clearer to those without knowledge of the costing process.

*A new paragraph has now been added to the cost section explaining the steps for costing in an economic evaluation, and the importance of such for economic evaluation.*

My major concerns, however, is about the use of ‘cost savings’. These will only be achieved if ECV results in a major reduction in the need for staff and operating theatres, allowing staffing to be reduced and facilities closed. Even the insertion of the word ‘potential’ would address this concern and the authors could discuss how such potential savings could be accrued in practice.

*Realization and release of actual resources is always an issue faced by both the economist and the hospital manager. We accept the referees point here and have now added a section to the discussion. The word potential has been added.*

**Clinical importance**
Effective and cost effective alternatives to caesarean section (CS) are incredibly important to a cash limited health service. Information to support the development of such services is therefore of significance to clinicians and this paper provides such information.

**Suggestions**
1. There needs to be some explanation of when and how women were offered ECV.

*An explanation of when and how, has now been added to para 1 of the methods.*

2. The title should be changed to reflect the fact that the study is a cost analysis rather than a formal economic evaluation

*The title has now been changed to more accurately reflect that it is a cost analysis using decision analysis “A Decision Analytical Cost Analysis Of Offering ECV In A Uk District General Hospital”*

3. For an international audience ‘Changing Childbirth’ needs some explanation. Patient choice should surely only be offered when the alternatives are effective and cost effective?

*The role and importance of Changing Childbirth is now detailed in the text – methods para 3.*

4. There is limited information about the costing methodology. It is customary to present information about the 3 stages of cost analysis. I think this would simplify the sections in the results about the
cost of each of the procedures and make it clearer. This is particularly true when the costs associated with CS are discussed and there is no explanation of consumables or other costs.

A new paragraph has now been added to the cost section explaining the steps for costing in an economic evaluation, and the importance of such for economic evaluation.

5. Some cost issues are unexplained. For example, how were staff costs per minute derived? Were on-costs included?

The actual timings for each procedure were obtained, then the total cost of staff including on-cost was calculated on a per minute basis. This has been explained in the text.

On page 8 it is stated that trust overheads are allocated to staff time- what do these include?

Overheads include an allocation to cover light heating and administration. This has been added to the text.

Why is an additional OP visit required for ECV? Is this to offer ECV, or after the procedure?

This is an apportionment of the time required to perform an ECV.

6. It is unclear on page 10 why a probabilistic cost of proceeding to a CS after an assisted delivery is included in the costs. This could have been accounted for by an additional branch in the decision tree. Likewise, some elective CS turn into emergency CS because the women go into labour prior to the planned procedure. I think this depends rather crucially on how and when the offer of an ECV is made, which could be explained in more detail in the introduction.

The probabilistic cost of proceeding to a caesarian is included in the figures as a recognition that this is an additional cost that may occur after cost for assisted delivery have already been incurred. This is now clarified in the text. An explanation of when and how has now been added to para 1 of the methods.