

# **Social Values and Health Priority Setting Comment Sheet**

**Title of case study**

In practice there have been 2 occasions: the first specific “social value” was concerning the “extra value” given to years of life at the end of life when life expectancy is short (ref 4) and the second (the subject of this case study) when an intervention’s “value” is highly sensitive to the “discounting” of costs and benefits (ref 5).

These 2 examples demonstrate that the Institute appears willing to respond to specific clinical circumstances that challenge their normal methods. The fact that the general methods have only been supplemented twice in 12 years (after 250 technology appraisals) suggests that the current system is not without merit.

Dr Clark in her discussion rightly highlights that while “discounting” future benefits is the key social value driving the decision there are a host of other social values that have also explicitly ( clinical and cost-effectiveness) and implicitly ( age – because applying differential discount rates benefits children) appear to have been taken into account by the committee in coming to their decision. The natural history of this decision from a “no” to a “yes” via the Institute’s Board issuing clarification on the assessment of value, demonstrates the iterative nature of this type of working. This approach is perceived by some as the Institute responding to real concerns over its methodology and by others as responding to “special pleading”. Dr Clark mentions this interaction but to get a full picture would need further analysis of the Institute’s (published) Guidance Executive and Board Meeting minutes. Such activity should be undertaken as part of further research.

In practical terms there appear to be 2 ways forward

