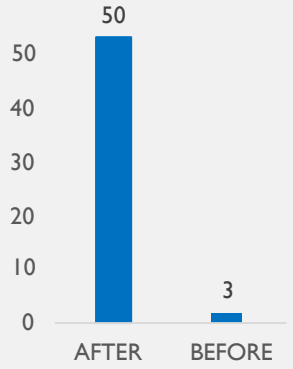
Impact, Cost-Effectiveness and Cost-Saving Dashboard

IMPACT ON Hywel Dda UHB

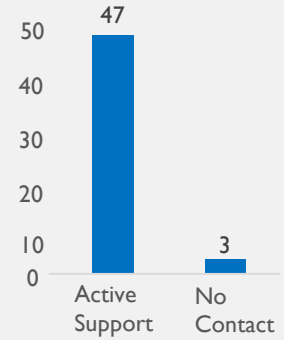
REFERRALS

DV referrals from GP practices: before and after IRIS



SUPPORT

94% clients actively supported



SUPPORT

32

Clients not known specialist support services to the service prior to IRIS referral

RE-HOUSING

10

Women supported to be re-housed

JUSTICE

3

Non-molestation orders sought and granted

CASE STATUS

40 cases closed

Current status as of March 2024

TIMELINE

3.5

Avg. number of months from referral to case closure

QUALITY OF LIFE

8%

Increase in Quality Adjusted Life Years (QALY)

IRIS

Cost-Effectiveness Analysis (CEA) Results

calan DVS

NET MONETARY BENEFIT

£9.61

Is the net monetary benefit of the IRIS Programme from an NHS perspective

SOCIETAL SAVINGS

£29.89

*not all savings will be cashable

Per woman aged 16+ registered at GP practices per year

SOCIETAL SAVINGS

£4.2M

*not all savings will be cashable

Across all IRIS covered area in Hywel Dda UHB in 2 years

COST

£1.30

Is the cost per woman per year of the IRIS Programme from an NHS perspective

TAXPAYER SAVINGS

£25.27

*not all savings will be cashable

Per woman aged 16+ registered at GP practices per year

VALUE FOR MONEY

22x

Better value for money than the flu jab recommended by NICE, from a **societal** perspective

3.2x

Better value for money than the flu jab recommended by NICE, from a **NHS** perspective

COST EFFECTIVENESS

£11,510 per QALY gained

The IRIS Programme is highly cost-effective from an NHS perspective

TAXPAYER SAVINGS

£98k

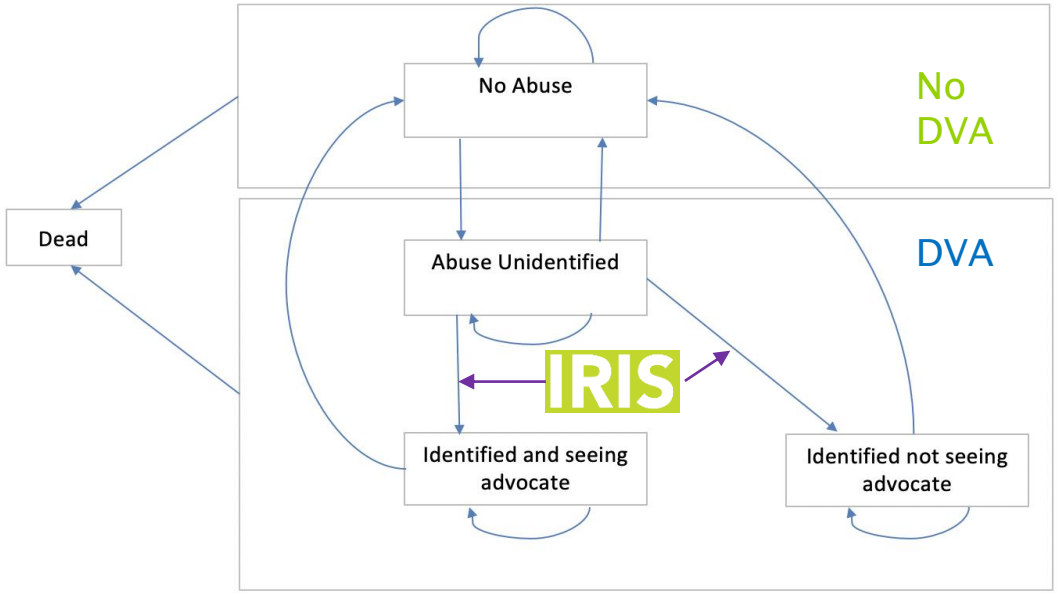
*not all savings will be cashable

Per IRIS trained GP practice per year

Cost-Effectiveness Analysis Modelling and NICE guidelines

The results presented here were obtained using the CEA tool provided by IRISi, which is based on a full economic evaluation model published on the BMJ Open (Barbosa el at, 2018).
The Home Office 'The economic and social costs of domestic abuse' Report used for updated cost figures (Oliver et al, 2019). All costs updated to 2023£.

MARKOV MODEL



NICE
National Institute for Health and Care Excellence

££/QALY<£20,000 per capita: good value for money

££/QALY= £30,000 per capita: needs additional factors to justify implementation

££/QALY>£30,000 per capita: not recommended for implementation. If acceptable, justification needs to be increasingly strong

NICE is the institution in the UK responsible for guidance around interventions to be implemented in health care settings.

Since 2013, NICE recommends the adoption of interventions that cost less than £20,000 per QALY gained.

Interventions above this threshold are not recommended for implementation at population level.