

Using DEA to Estimate Potential Savings at GP units

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Abstract

The talk will cover work undertaken to identify benchmark cost-efficient General Practitioner (GP) units at delivering health care. Savings were estimated at two levels: at overall GP practice level and in the Geriatric and General Medicine (GMG) specialty. The use of a single medical specialty makes it possible to reflect more accurately the medical condition of the List population of the Practice so as to contextualize its expenditure on care for patients. We use Data Envelopment Analysis (DEA) to estimate the potential for cost savings and to decompose these savings into those attributable to the reduction of referrals and drugs, to altering the mix of treatment pathways and to those attributable to securing better resource 'prices'. The results reveal a considerable potential for savings of varying composition across GP units.