**ASSESSING PATIENTS’ PREFERENCES FOR CONVENTIONAL AND HOMEOPATHIC TREATMENT FOR ASTHMA—A CONJOINT ANALYSIS STUDY**
Ratcliffe J, Van Haselen R, Buxton M, Hardy K, Colehan J, Partridge M

OBJECTIVES: To investigate patient preferences for attributes or characteristics associated with conventional and homeopathic treatment for asthma and to investigate the extent to which such preferences may differ between patient sub-groups.

METHODS: The economic technique of conjoint analysis (CA) was used to investigate patients’ strength of preference for several key attributes associated with services for the treatment of asthma. A CA questionnaire was administered to two samples of asthma outpatients of 18 years or older: 150 individuals receiving conventional treatment at Whipps Cross Hospital, London, U.K. (WC), and 150 individuals receiving homeopathic treatment at the Royal London Homeopathic Hospital, London, U.K. (RL).

RESULTS: An overall response rate of 47% was achieved (n = 142) of which 72 were from the conventional treatment sample and 70 were from the homeopathic treatment sample. Statistically significant attributes in influencing preferences for both the WC and RL respondents were the extent to which the doctor gives sufficient time to listen to what you have to say, the extent to which the treatment seems to relieve your symptoms and the travel costs of attending an asthma consultation. In addition, the extent to which the doctor treats you as a whole person was also a statistically significant attribute for the RL respondents.

CONCLUSIONS: This study has demonstrated that aspects associated with the delivery of asthma services are important to patients in addition to treatment outcomes. The homeopathic respondents expressed stronger preferences for the doctor to treat them as a whole person in comparison to the patients receiving conventional treatment. Conjoint analysis is a potentially useful tool for assessing patient preferences for alternative modes of delivery of asthma services.

**OTHER HEALTH ISSUES**

**ESTIMATING THE SEMI-FIXED COSTS OF A DAY-CASE EPISODE**
Payne K, Elliott RA, Davies LM
University of Manchester, Manchester, UK

OBJECTIVE: A randomised controlled trial (RCT) was designed to provide robust evidence about the relative costs, patient benefits and acceptability of alternative anaesthetic agents in day surgery. Staff costs are the principal component of semi-fixed costs for health-care interventions. There is no published information on the resource use associated with the staff involved during the day-case episode. This study provided information on day-case staff deployment and skill mix to calculate associated resource use and semi-fixed costs.

METHODS: Non-participant observation was used to measure staff resource use in the anaesthesia room and in the operating theatre for a sample of recruited patients. Face-to-face interviews were used to collect NHS staff’s subjective estimates of resource use associated with the remaining stages of the day-case episode. The NHS perspective was taken. Published estimates (price year 2000) of NHS staff salaries were used for unit costs.

RESULTS: One hundred ninety four day-case procedures were observed in the anaesthetic room and operating theatre of the main study NHS Trust sites. Differences in working practices in terms of skill mix were observed between the three hospital sites. There was also a difference in the staff costs in the anaesthetic room and operating theatre for adult and paediatric day-case surgery: anaesthetic room—£0.91 per minute per adult patient (95% CI: £0.86 to 0.96, n = 157) and £1.42 per minute per paediatric patient (95% CI: £1.15 to 1.69, n = 37, p < .05); operating theatre—£2.15 per minute per adult patient (95% CI: £1.99 to 2.31, n = 157) and £2.07 per minute per paediatric patient (95% CI £1.78 to 2.36, n = 37).

CONCLUSION: This study detected differences in the semi-fixed costs for adult and paediatric practice, and between sites. This suggests that differences in clinical practice between sites and patient groups must be accounted for in economic evaluations, or erroneous conclusions may be made.

**USING CONTINGENT VALUATION IN A RCT FOR INDUCTION AND MAINTENANCE OF ANAESTHETIC AGENTS FOR DAY-CASE SURGERY**
Elliott RA, Payne K, Davies LM
University of Manchester, Manchester, UK

OBJECTIVE: A randomised, controlled trial (RCT) quantified the relative costs, patient benefits and acceptability of alternative anaesthetic agents. The study explored the patients’ perspective by obtaining their preferences and contingent valuations of alternative anaesthetic agents for day-case surgery.

METHODS: Telephone interviews, conducted at day seven post-discharge, were used to explore the direction and strength of preference (contingent valuation) for induction and maintenance anaesthetics. Descriptive scenarios of the process and outcome of anaesthesia were developed for both adult and paediatric patient groups and handed to the patient or parent/guardian pre-dis-