Social Return on Investment Within Healthcare:

A Systematic Review Highlighting Methodological Opportunities and Challenges

Canolfan ar gyfer Gwerthuso, Asesu Dyfeisiau ac Ymchwil Gofal Iechyd

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Background

- Social return on investment (SROI) is a stakeholder driven framework.
- It measures and accounts for a broad concept of value, incorporating social, environmental and economic costs, and is aligned to value-based healthcare principles.
- SROI is increasingly used in public health interventions but less widely in other healthcare areas.

Objectives

- To understand how Social Return on Investment (SROI) methods are being used in healthcare, and if there are consistent methodological approaches.

Methods

- Search of academic and grey literature (PROSPERO CRD420251011430).
- Included: health service change or intervention provided by healthcare professionals at an individual level, with a reported SROI ratio.
- New assessment for risk of bias was developed combining elements from two previous publications.[1,2]

Findings

- 453 studies identified, resulting in 29 included.
- 14 were forecast and 15 were primarily retrospective.
- An increasing number of published SROI studies within this scope (fig.1).

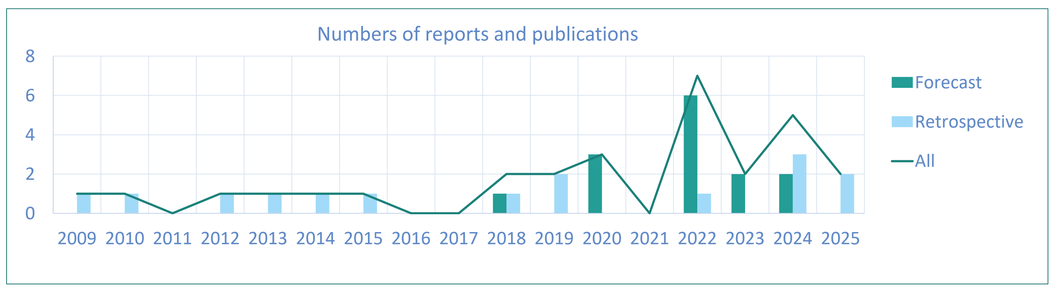

Figure 1: Numbers of included studies published in each year

SROI methodology

- System wide forecast analyses accounted for 30% (9/29). Other settings were secondary care (5), community settings (7), patient's home (4), primary care (2), and specialised settings (3).
- Only 3 studies were comparative (fig. 2). Most of the remaining retrospective studies compared responses before and after the intervention, or asked participants to report the change they had experienced.

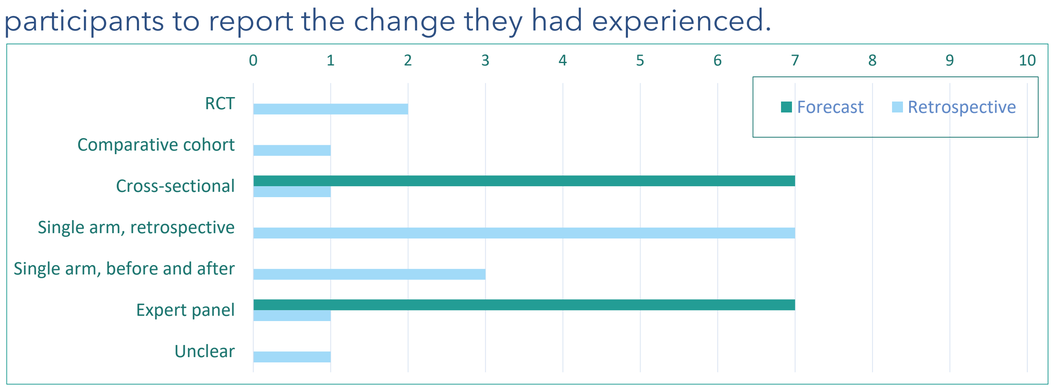

Figure 2: Methods used to compare intervention to comparator or usual care (more than 1 possible per study)

Assessment of outcomes

- Outcome collection (fig. 3) was primarily using surveys; either bespoke (40%, 12/29), or validated (38%, 11/29).

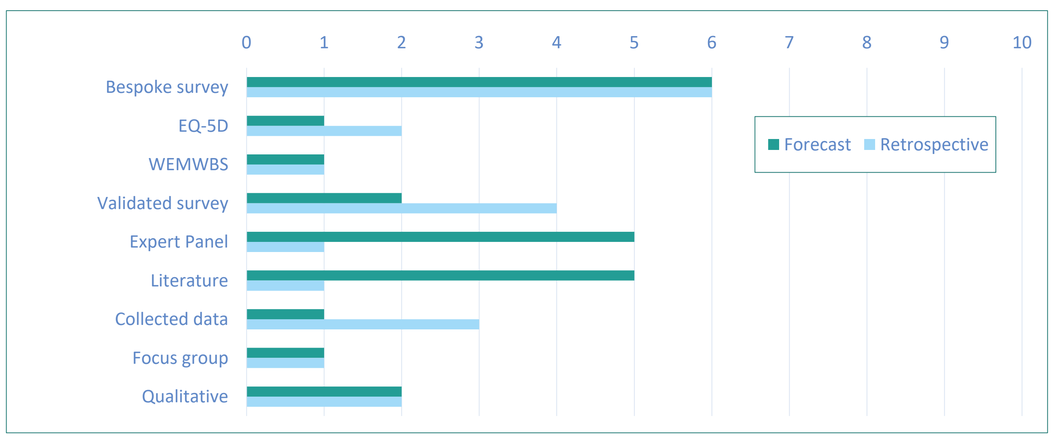

Figure 3: Outcome data: collection methods used across studies (more than 1 possible per study)

Valuation of outcomes

- The majority valued each outcome individually (28/29) with a mixture of methods frequently used within one study (fig. 4). Assumed financial proxies were used in 47% (14/29), direct cost in 37% (11/29), wellbeing databases for 23% (7/29) and direct elicitation in 28% (8/29). Variable quality sensitivity analysis was reported in 77% (22/29).

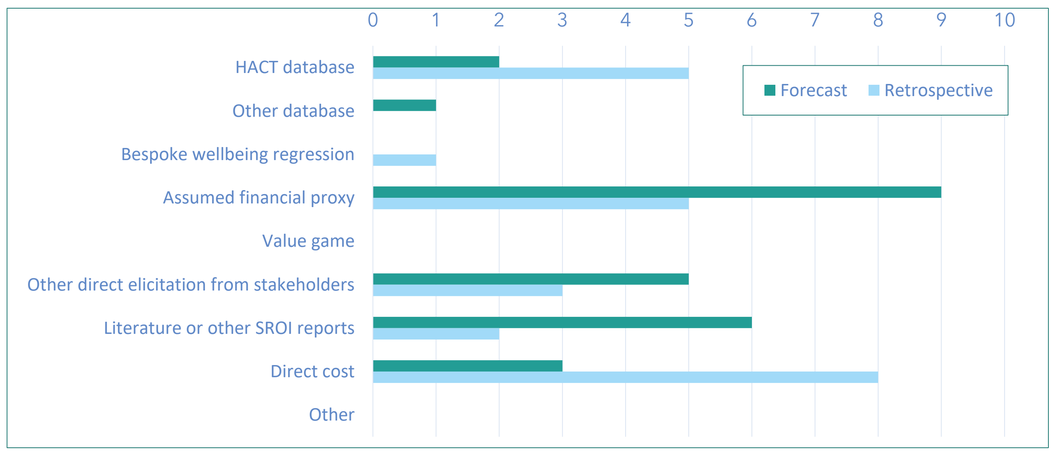

Figure 4: Outcome valuation: methods used across studies (more than 1 possible per study)

Key opportunities

- **Understanding what matters** – Direct input from key stakeholders to understand what they found the important changes to be. Gives a broader impact beyond conventional clinical outcomes, and greater understanding of what components of the intervention add most value.
- **Multiple stakeholders** – Captures and combines the value of the intervention from multiple different perspectives.
- **Inclusion of non-tangible outcomes** – Allows for quantification and valuation of outcomes that may conventionally be undervalued by service providers.
- **Simple ratio** – This combines inputs with both the tangible and non-tangible outcomes in a single figure.

Key challenges

- **Number of stakeholders and outcomes** – There is a risk that the addition of multiple outcomes results in some duplication. Increasing the number of outcomes is likely to increase the overall SROI ratio, unless there are negative findings.
- **Outcome collection** - The outcomes that matter may not be reflected in existing validated tools. Use of multiple validated tools increases participant burden; bespoke tools may reflect suitable outcomes, but have other forms of bias or inconsistency.
- **Valuation of outcomes** – Databanks allow consistent values to be applied for some outcomes, but these may not be the outcomes reported by stakeholders.
- **Variation in methods used** – The individual nature of outcomes, together with non-standard methods means it is not appropriate to compare SROI ratios across different studies.

Conclusions

- This review highlights unresolved methodological challenges.
- There are trade-offs in many of the methodological choices, and the best approach may depend on the purpose of the evaluation.
- As methods evolve, it is essential to ensure that readers and decision makers who use SROI results understand the limitations, uncertainties and the intended purposes.

References:

1. Hutchinson, C. L., Berndt, A., Forsythe, D., Gilbert-Hunt, S., George, S., & Ratcliffe, J. (2019). Valuing the impact of health and social care programs using social return on investment analysis: how have academics advanced the methodology? A systematic review. BMJ open, 9(8), e029789.
2. Krlev, G., Münscher, R., & Mülbert, K. (2013). Social Return on Investment (SROI): state-of-the-art and perspectives-a meta-analysis of practice in Social Return on Investment (SROI) studies published 2002-2012.

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