offered a test antenatally as the interventions for preventing mother-to-child transmission of HIV are highly effective. HCV testing is recommended for individuals who have identifiable risk factors,17–19 such as ever having injected drugs, but the extent to which screening is implemented in different settings varies considerably.20 Targeting clients in sexually transmitted infection clinics for known risk factors has been shown to be an effective strategy to identify individuals with HCV.21 To our knowledge, other than in France, HCV screening has not been promoted in FPCs. If targeted screening were to be introduced in FPCs, this study suggests that the majority of individuals identified with high-risk behaviours would accept an HCV test. In addition to drug treatment services, prisons and GUM clinics, FPCs need to be highlighted as an important setting for selective HCV screening.

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**References**


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**BOOK REVIEW**


The practical style of this book is very much suited to applied health economists carrying out economic evaluations. The terminology in the book is deliberately uncomplicated – making this book ideal for researchers new to health economics. Appropriately titled, this book will be a valuable reference source for applied health economists as it contains a comprehensive, up-to-date catalogue of the key health economic information sources. The book is a very readable text for any reader interested in appropriate sources of health economic analyses or just wanting to understand the roles of the different organisations that provide health economic information.

The book can be thought of in three distinct sections. The first section comprises three chapters on measuring benefits and preferences, resources and costs and a final chapter reflecting the book and future issues. In my view the key novel contribution of this book, and certainly the most useful for applied health economists, is the second section containing the four chapters on UK data sources and organisations. Chapter 3 on ‘UK National Data’ is an extremely useful, practical chapter outlining the types of and sources of unit costs data required by applied health economists including up-to-date website addresses containing such data. The authors are very good at explaining the nuances between the different types of cost data available as well as the ‘pros and cons’ of using the different types of unit cost data available. Indeed, as a relatively experienced health economist I learned of some new, useful sources of cost data (including alternative sources of data for medical staff pay and the NHS Logistics Authority Catalogue documenting medical consumables used by hospitals).

The authors clearly state that the book is not a theoretical one but an applied one designed to equip its readers with the practical tools to both understand and apply health economic methods. Indeed, the chapters in section three of the book on measuring benefits and preferences and resources and costs provide very brief and somewhat unsystematic summaries. Any reader with a special interest in such subjects would certainly benefit from more specialised and systematic readings in these areas. However, the costing chapter provides some good practical examples of how to carry out micro-costing exercises in economic evaluation as well as nicely outlining relevant practical methodologies for collecting information from patients. In fact, on reading this chapter I would have welcomed, and enjoyed, reading further examples of this type – indeed the chapter could have benefited from some more tables/vignettes of such practical examples without losing the interest of the reader.

I would certainly recommend reading this chapter. I for one will be keeping this book handy on my desk as a key source of relevant health economics references and website addresses.

Reviewed by Emma McIntosh, PhD Senior Researcher, Health Economics Research Centre, University of Oxford, Oxford, UK.