

The use of evidence in English local public health decision-making

Systematic Review Protocol

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# Background

## 1.1 Rationale

Since 2013, the context in which public health strategy is developed and services are commissioned in England has shifted, and decisions previously made within National Health Service (NHS) structures are now being taken by different organisations and stakeholders, some of which are new to the NHS and some of which sit outside pre-2013 boundaries of ‘health’. The shifting culture and context of decision-making means that as generators and synthesisers of evidence we need to respond to these changes if we are to continue to support public health decision-makers to make informed and judicious evidence-based choices (Sackett et al., 1996). Not only do we need to understand the new culture and practices of evidence use in decision-making, but we also need to examine critically whether our own research outputs are fit for purpose in supporting decision-making in this new climate. The systematic review proposed here explores how research evidence is being used in public health and will guide a larger project exploring the use of evidence in public health decision-making.

## Aims

The aim of the systematic review presented here is to

1. offer insight on these issues through mapping the use of research evidence in public health decision-making at a sub-national level, and
2. to compare patterns of evidence utilisation before the reconfiguration of public health services (2010-2012/13) and afterwards (2013/14-2016)

# Methods

## 2.1 Identification of evidence

Four databases will be searched for studies published since 2010 (PubMed, HMIC, EconLit and Scopus) and specific search strategies will be designed for each (see appendix). Databases were selected to reflect the interdisciplinary aims of the review. In addition, a manual search was carried out in order to find potentially relevant studies. A bibliographic database was created in EPPI-Reviewer 4 to store and manage the references and data were extracted into Microsoft Excel (Thomas et al., 2010).

## 2.2 Assessment of eligibility

Titles and abstracts of the documents retrieved in the searches will be independently screened by two reviewers to determine eligibility. Included studies will be UK-based studies published from 2010 onwards that were focus on public health decision-making in local (regional or sub-regional) areas; these studies should have directly included decision-makers and the process of evidence use in decision-making, with information collected through primary research methods or through the re-analysis of existing primary data (e.g. surveys or interview transcripts) (see table 1 for outline). Studies fulfilling the inclusion criteria will be selected for full text assessment, after which a new independent assessment will be performed. Disagreements will be resolved through discussion between the reviewers and will be referred to JT if necessary.

**Table 1: Exclusion criteria**

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| --- |
| * **Exclude 1 - Published before 2010** * **Exclude 2 - Study is based outside UK** * **Exclude 3 - Study not public health**   *Study covers public health decision-making: i.e. covers a government defined function of public health: (i) improving the wider determinants of health; (ii) health improvement; (iii) health protection; (iv) healthcare public health and preventing premature mortality. Specific areas may include sexual health, health determinants and lifestyles (smoking, diet, exercise, health checks, and vaccinations). Determinants of health can include housing, licensing, planning etc. This definition excludes other forms of primary and secondary health – e.g. clinical decision-making with respect to General Practice, Surgery, Pharmacy etc. Some studies of dental services may be included providing they cover the planning or commissioning of these services and deal with population health (see below).*   * **Exclude 4 - Study is not focussed on Local Public Health Setting**   *Study examines decision-making in Local Authorities and Health & Wellbeing Boards (where research conducted in 2013 onwards); links with CCGs and involvement of PHE/NICE should also be included. Pre-2013, decision-making could also include NHS Trusts.*   * **Exclude 5 - Study does not include PH decision-makers**   *Study covers public health decision-makers. Post 2013 these include Directors of Public Health; consultants in public health, public health specialists, public health doctors, health improvement practitioners, Health and Wellbeing commissioners.*   * **Exclude 6 - Study does not include decision-making or tools**   *Description of processes of decision-making around: Commissioning; Strategizing; Policy development; Service planning; Business planning. This can include different stages including meetings, consultations, voting, preparation of briefing documents etc., implementation etc.*  *Tools/exercises for aiding decision-making: Policy analysis; Research – Needs Assessment; Research – Evaluation; Stakeholder engagement; Briefings; Setting targets and benchmarks; [Influencing?]; communication/engagement*  *[Includes empirical studies only]*   * **Exclude 7 - Study is a review (not directly related)**   *Study must report on novel research carried out either through primary methods or through the quantitative/qualitative analysis of existing data.*   * **Exclude 8 - Duplicate** * **Exclude 9 - Study is news item or other** * **Exclude 10 - Study is clearly historical** |

## 2.3 Data extraction

After piloting, we will extract information from all included studies on study background, study design, setting, sample, data collection methods, and findings.

We will not undertake formal quality assessment of the studies since the aim of the review is to map the literature in this area and to lay the groundwork for primary research and more detailed synthesis (if supported by the data).

## 2.4 Synthesis of the results

Our methods of synthesising the data will be aligned with a narrative, configurative approach (Gough, Thomas et al. 2012), which will begin with producing textual descriptions of studies and their findings (and the production of evidence tables), developing a framework for arranging groupings and clusters of studies based on their findings, and attempting to develop a common rubric in describing these findings (Snilstveit, Oliver et al. 2012).

# References

Sackett, D.L., Rosenberg, W.M., Gray, J.M., Haynes, R.B., & Richardson, W.S. (1996). Evidence based medicine: what it is and what it isn't. *Bmj,* 312, 71-72.

Thomas, J., Brunton, J., & Graziosi, S. (2010). EPPI-Reviewer 4.0: software for research synthesis. London: Institute of Education.

# Appendix

***Scopus*** (TITLE-ABS-KEY ("local authorit\*") OR TITLE-ABS-KEY ("local government\*") OR TITLE-ABS-KEY ("clinical commissioning") AND TITLE-ABS-KEY ("public health") OR TITLE-ABS-KEY (“Health promotion”) OR TITLE-ABS-KEY ("decision mak\*") OR TITLE-ABS-KEY ("policy mak\*") OR TITLE-ABS-KEY ("health policy") AND TITLE-ABS-KEY (evidence) AND SUBJAREA (mult OR medi OR nurs OR dent OR heal OR mult OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR > 2009 AND (LIMIT-TO (AFFILCOUNTRY, "United Kingdom"))

***Pubmed***(((("Local Government"[Mesh] OR "Public Assistance"[Mesh] OR "Financing, Government"[Mesh]) AND "England"[Mesh]) OR "Great Britain"[Mesh]) AND (("Health Policy"[Mesh] OR “Health Promotion” [Mesh] OR "Health Care Reform"[Mesh]) AND ("Policy Making"[Mesh] OR "Decision Making"[Mesh]))) OR (("local government"[All Fields] AND "public health"[All Fields]) AND ("great britain"[MeSH Terms] OR ("england"[MeSH Terms] OR "england"[All Fields]) OR uk[All Fields])) AND "2010/01/01"[PDAT] : "2015/12/31"[PDAT] AND ("2010/08/06"[PDAT] : "2015/12/31"[PDAT])