Reviewer's report

Title: Planning ahead in public health? A qualitative study of the time horizons used in public health decision-making

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Reviewer: David J Hunter

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Overall Assessment

1. Although an interesting and well-constructed paper, it largely reaffirms what is already known and familiar from other research, analysis and various commentaries on public health policy. It therefore adds little that is new to our understanding of public health policy and the implementation gap which exists between policy and practice. While the paper is well-written and structured, it suffers from a number of weaknesses which if addressed would considerably strengthen it. At present, the paper seems rather slight and lacking in-depth analysis to warrant publication. This particularly applies to the discussion section.

Major Compulsory Revisions

2. A significant weakness is the authors’ focus on factors external to public health that appear to render it incapable of functioning appropriately – a form of blame diffusion perhaps. In contrast, factors internal to public health are virtually ignored despite the study having collected some data on them. For example, on p.9 at the foot of the page a respondent is quoted referring to the absence of appropriate training for public health practitioners in respect of commissioning. Yet this point is not picked up in the discussion section.

3. A second major weakness is the paper’s central focus on evidence and the gold standard of RCTs together with an implicit assumption that evidence-based public health is both desirable and feasible. The authors might like to look at Ovretveit’s illuminating chapter on research-informed public health in the book edited by David Hunter (2007) Managing for Health (Routledge). He challenges, as others have, public health practitioners’ preoccupation with a biomedical model of disease and with evidence generated solely by epidemiology and RCTs and argues in favour of a broader definition of evidence. The bias in public health evidence towards a particular type of evidence may be part of the problem to which the paper draws attention although this possibility is not explored. Such a narrow view of what constitutes evidence ignores the work on complex adaptive systems and on the value of ‘good enough’ evidence rather than seeking perfect evidence which is probably unachievable. Such a bias has arguably affected public health practitioners’ (and, as the authors acknowledge, also researchers’) ability to work with the realities of decision-making, preferring to offer knowledge and evidence but failing to engage in the translation of that knowledge into
practice. There is extensive commentary on such issues and weaknesses by, among others, Nutbeam and Wise (2002), Ovretveit (2007), and Hunter (2003 and 2007).

4. A third major weakness is the absence of a full appreciation of the political context in which public health policy and practice is played out. The need is for public health practitioners to be advocates for change and to be able to marshal evidence in such a way that it can be used in making the case for change with other colleagues and stakeholders. For the most part public health practitioners appear to lack such skills and ways of working.

5. In seeking remedies to the problems they identify, the authors do not consider whether their call for a longer term planning horizon is realistic and likely ever to be achieved. Since it probably isn’t unless there is a fundamental shift in the current political system and in the way government conducts its business isn’t it being rather naïve or disingenuous to hope for a future that may simply never materialise? In any case the government would respond that it does take a long-term view - the 200 NHS Plan was a 10 years strategy and the Darzi NHS next stage review is similarly intended to be a 10 year initiative. Surely a more realistic approach would be to consider how short-term wins can be achieved, combining these with a focus on the longer term so that it is not lost from view. For instance, there are techniques available to model the future and build scenarios of the likely impact of challenges like obesity (eg see the 2007 Foresight report) and alcohol misuse. The fact they are not being adopted in practice is surely a criticism of public health practice and not a result of the absence of such methods.

Minor Essential Revisions

6. The study suffers from a number of methodological weaknesses, some of which are acknowledged by the authors on p.12. In particular the focus is exclusively on the NHS and local government is virtually ignored. It isn’t acceptable to state that jointly appointed DsPH go some way towards filling the gap. We know little about such posts and what is known raises some concerns about the ability of many holding them with an NHS background to understand fully local government culture and governance arrangements. Yet, when it comes to tackling the social determinants of health arguably it is local government which has more of a key role than the NHS. The paper in this respect suffers from the myopia, however unintentional, often found in public health which views the NHS as the central focus and locus for action when it may not be, especially in respect of the wider public health which entails upstream policy interventions of a type that go far beyond the competence or reach of the NHS.

7. Second, the total sample is small and when broken down across categories the numbers get very small indeed in some cases. For instance, given the importance of the commissioning function in respect of the issues addressed by the study having only 1 respondent to cover this topic appears a weakness. It also seems a serious gap not to have any CEOs in the sample. Many would argue that unless CEOs are committed to public health goals, then progress will
remain limited.

8. Third, the interviews cover the UK. Yet although the NHS is different, and increasingly so, in each of the 4 countries making up the UK no mention is made of these differences. Their potential impact on public health and on the conclusions reached is surely worth a comment. Presumably the conclusion reached is that there are no marked differences but in itself this would be an interesting finding given that the devolved administrations in Wales and Scotland, and possibly Northern Ireland as well, insist that they are pursuing different policies and attaching greater importance to improving health and tackling health inequalities.

Discretionary Revisions

9. The second sentence asserts that ‘relatively little research has been undertaken to understand the factors that influence the decision making process in practice’. The authors later claim that their work is ‘a novel study’ but this is not strictly so. It may be more a case of these authors having recently discovered the issues that are the subject of their paper. As is evident from other work cited above and further mentioned below, this statement needs to be qualified to acknowledge the work that already exists.

10. Admittedly, there is only limited work on the matters the paper addresses but it does exist. The rather limited literature review has failed to pick it up. In particular, the study by Hunter and Marks commissioned by the King’s Fund, Managing for Health and published in 2005 addresses similar issues and although a paper in Public Health reporting on the study is cited, it doesn’t seem to have informed the discussion as fully as it might. There is also Hunter’s book, Public Health Policy (2003), and a more recent review of the public health system in England by Hunter, Marks and Smith (2008), The Public Health System in England: a scoping study, commissioned by the NIHR SDO and accessible on the SDO website.

11. On p.11 para 3 sentence beginning ‘There is the suggestion that the laudable focus on...’. It would be useful to have this sentence unpacked a little more as the point being made is an important one.

12. Same page and para, mention is made of closer collaboration between researchers and policy-makers ‘to facilitate a shared understanding’. Again, this point might be elaborated a little to provide some insight into what closer collaboration might entail and how it might differ from current practice. Presumably this can be done in regard to the development and application of the IMPACT decision support tool.

13. Given that half the original sample declined to take part in the study (p.11) do the authors have any views about the reasons for this poor response rate?

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.