Reviewer's report

Title: Sticky Knowledge-Lessons for transferring best practice in health systems

Version: 1 Date: 8 September 2006

Reviewer: Anne Elizabeth Rogers

Reviewer's report:

General

I really enjoyed reading this article which is very clearly written. The use of the case study method to illuminate the key aspects of sticky knowledge works well and overall this makes a novel contribution to implementing evidence and good practice in the area of primary care.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. I think it would be helpful to discuss the potential advantages of a primary focus on the nature of the knowledge and why it sticks compared to other fashionable theories in this area which emphasise institutional and environmental theories.

2. The facets of knowledge transfer described on p6 and 9 and illustrated in Figure 1 and Box 3 seem very structured, categorical and definitive.... there is nothing wrong with this of course but it would be useful to situate this within a broader fashion of implementation theory and practice which stresses the contingencies, complexity, the role of tacit knowledge, organisational demands and constraints. Emergent theorising (e.g. complexity theory) stresses approaches with are essentially iterative and negotiated and calls for solutions that focus on informal (as well as formal) networks. Some situating of the current theory and exemplar in the context of these other theories and approaches would be a welcome addition (I was thinking here of the article by Gabe and Le May in the BMJ). How do such theories and empirical research looking at the challenges and successes of innovations sit with the knowledge transfer milestones which run in uni-dimensional, formulaic and staged manner?

Some reference to the difficulties and tensions in primary care between behaviour and the principles of implementing best practice would also be a useful context within which to discuss the case study relating to palliative care. (See for example Armstrong D 2002 SSM)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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