Reviewer’s report

Title: Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy?

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Reviewer: Peter Matthews

Reviewer's report:

This is an excellent paper pushing forward an agenda of both authors in terms of evidence use in healthcare, and policy-making more generally. The paper gives an overview of some policy theory to highlight why a focus on a hierarchy of evidence might not be useful in engaging with policymakers. I looking at specific case studies of evidence-use in policy-making across the UK they present different ways in which evidence might be used, in particular highlighting practitioner use of evidence, and co-production of evidence.

The only minor changes the authors/editors might want to consider are:

- the authors mention that policy-making is political, but I wonder if they could go a bit further than this, especially when we are considering evidence relating to health inequalities. There is an excellent paper that I can remember everything about except the author and it's title, where the author describes attending a seminar by Wilkinson and Pickett with civil servants, who enthuse about it greatly. However, when a discussion is attempted back in the office about what the government might actually do to reduce income inequality, there is silence among the civil servants as politically they know this was not possible. What does this sort of example say about evidence-use?

- The authors might want to consider more about the dilemmas there suggestions pose for individual researchers. Newman's 2011 paper on "boundary troubles" might help elaborate on these.
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I work in the same University as one of the authors, who is my colleague, and am developing a research collaboration with the second author.

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