Reviewer's report

Title: Transferring Research from a University to the UK National Health Service: The Implications for Impact

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Reviewer: Stephen Hanney

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HRPS-D-17-00023

Transferring Research from a University to the UK National Health Service: The Implications for Impact.

Helen Payne

This Opinion piece is a generally well-written account of a most interesting example where a lead-research, Prof Payne, has shown considerable skill and commitment to engage in a range of relevant activities to achieve impact by promoting the adoption of improved services informed by her research. The piece is also, as claimed, underpinned by relevant theory.

Even though it is an Opinion piece, it would benefit from a number of revisions prior to being accepted in order to expand the recognition of the existing extensive literature, specifically on assessing the impact of health research, and to provide somewhat fuller referencing of some of the claims made for P2W. These points are explained below:

1. Given this is an account of impact being achieved in the NHS, it might be helpful to draw, however briefly, on the extensive review of theoretical and empirical studies assessing the impact of health research that was conducted recently for the NIHR:

Examples taken from these reviews include ones, from the UK and elsewhere, that show a number of points that might be relevant for this Opinion piece. These include:

A) The enormous scope of the current impact assessment approaches. Impact assessment has already covered a very wide range of areas such as policies at national and local levels of the health service. Comments from the Stern review are noted on p. 5 of the Opinion piece, but Stern was not really correct to imply that the REF definition of impact was limited, as HEFCE discreetly pointed out in their comment in their Consultation on the next REF: 'The broadening and deepening [recommended by Stern] included some areas that fell within the definition of impact for REF 2014…' (para 78): http://www.hefce.ac.uk/media/HEFCE,2014/Content/Pubs/2016/201636/HEFCE2016_36.pdf

B) While many studies do show societal impact takes a long time to arise, in some cases, especially where there has been a collaborative approach, it can arise quite rapidly and directly. Therefore, it might be useful to slightly qualify the statement at the bottom of p.4, and also provide greater balance to the claims in the second half of p.6 that research is rarely used (indeed, a further paper from the above review that was published after the submission of this Opinion piece collates data from 36 studies of the impact of multi-project programmes of health research and shows many projects in some programmes, especially needs led or collaborative ones, report making an impact: http://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0191-y)

C) It might possibly be relevant to note that the impact of the NIH's Mind Body Interactions and Health Programme in the US (which I realise is not the same as the BodyMind Approach) was assessed using the Payback Framework developed in the UK for the Department of Health's R&D Division. This is covered in the articles in the review by Scott et al (2011) and The Madrillon Group (2011).
2. The text is a little repetitive in places, and some of the repetition could usefully be reduced.

3. In just a few places the sentence construction needs some checking, eg on p.13, the first sentence under the sub-heading 'Impact'; and I'm not sure either the construction of the last sentence of the middle paragraph on p. 8 is correct, or the figure of £11 billion?

4. Even though this is an Opinion piece, and references for P2W are given in a couple of places, it would still be helpful to give rather more frequent and specific references for some of the various claims made about P2W. For example, no reference is given for the statement on p.8 'The patient experience surveys report 'good' to 'very good' overall satisfaction levels with the service'; and there seems to be no specific reference to support any of the claims made on pp10-14.

5. Some adjustments would be needed/desirable to meet the requirements of the journal, including: the Abstract should be structured; the final section of the piece should be headed 'Conclusions'; a list of abbreviations is required; the author information should be moved to the Declarations section at the end; and, given the intensely strong relationship between the researcher and the initiatives she is describing, I think it would be appropriate in this instance formally to make some acknowledgement of this in the Conflicts of interests section, even though there is no financial gain and the relationship would almost certainly become obvious to any reader. All these requirements are set out on the journal's web site: http://health-policy-systems.biomedcentral.com/submission-guidelines/preparing-your-manuscript/opinion

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