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Experiences with systematic reviews of the 'messy' literature that informs policy

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Practical experience: an example

- The effectiveness of primary care-led commissioning and its place in the UK NHS
- Funded by The Health Foundation a (then) new health policy and development thinktank
- Topic identified, very presciently, by THF as an important primary care policy question
- THF keen to have answers to their questions for use within national policy lobbying
- Timescale of study commissioned in February 04 and to report on 1 September 2004

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The research questions

- **The primary question**: to identify the organisational and process factors associated with effective primary care-led commissioning
- **Subsidiary question**: to identify specific examples of effective methods and tools to enhance the commissioning and service development process

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How we approached this

- Research team from 5 departments across the UK
- Met as a team to develop approach to the review and to agree review categories
- Carried out a systematic review of the published literature
  - Overarching review (1687 abstracts rated by team and sifted for relevance to project objectives)
  - Each team lead for a project objective then had a set of abstracts to work with

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- Each team member submitted their own ‘key references list’, including grey literature (180 refs)
- Team references yielded various local evaluations, unpublished reports, papers and guidance from the different UK countries
- Combined this into the overarching review (1687 in total)
- Complied a core ‘key references’ list (37 refs) via a delphi approach – as a central resource for us and for users of our report

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Synthesis of the evidence

- Then undertook five specific module reviews based on project objectives
- Passed papers to other team members if came across material relevant to their theme
- Summaries of the evidence written up as briefings for the team
- Additional papers written on each of the four countries and the evidence, and one on international comparisons
- In this way, we made different ‘cuts’ of the evidence

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- Had a day workshop of the research team where we each presented our summaries of research
- Worked as a team, and with a facilitator who was not the project lead, to determine a framework for how we might start to report the findings
- Designed a presentation of our findings that we could test in stakeholder workshops
- Having looked back at this, it bears only partial resemblance to our final analysis and report

Stakeholder interviews

- In parallel to the review, we undertook 34 semi-structured telephone interviews with policy makers, managers, clinicians and academics (as asked to do in project brief)
  - Opportunity to explore what they saw as the key issues
  - Made us realise that Scotland and Wales were far more interested in the topic and our report than we had anticipated
  - Engaged people with taking part in the workshops and commenting on the draft report
  - Asked people for examples of good practice
- Interviews were useful, but perhaps not as integrated with main review as could have been

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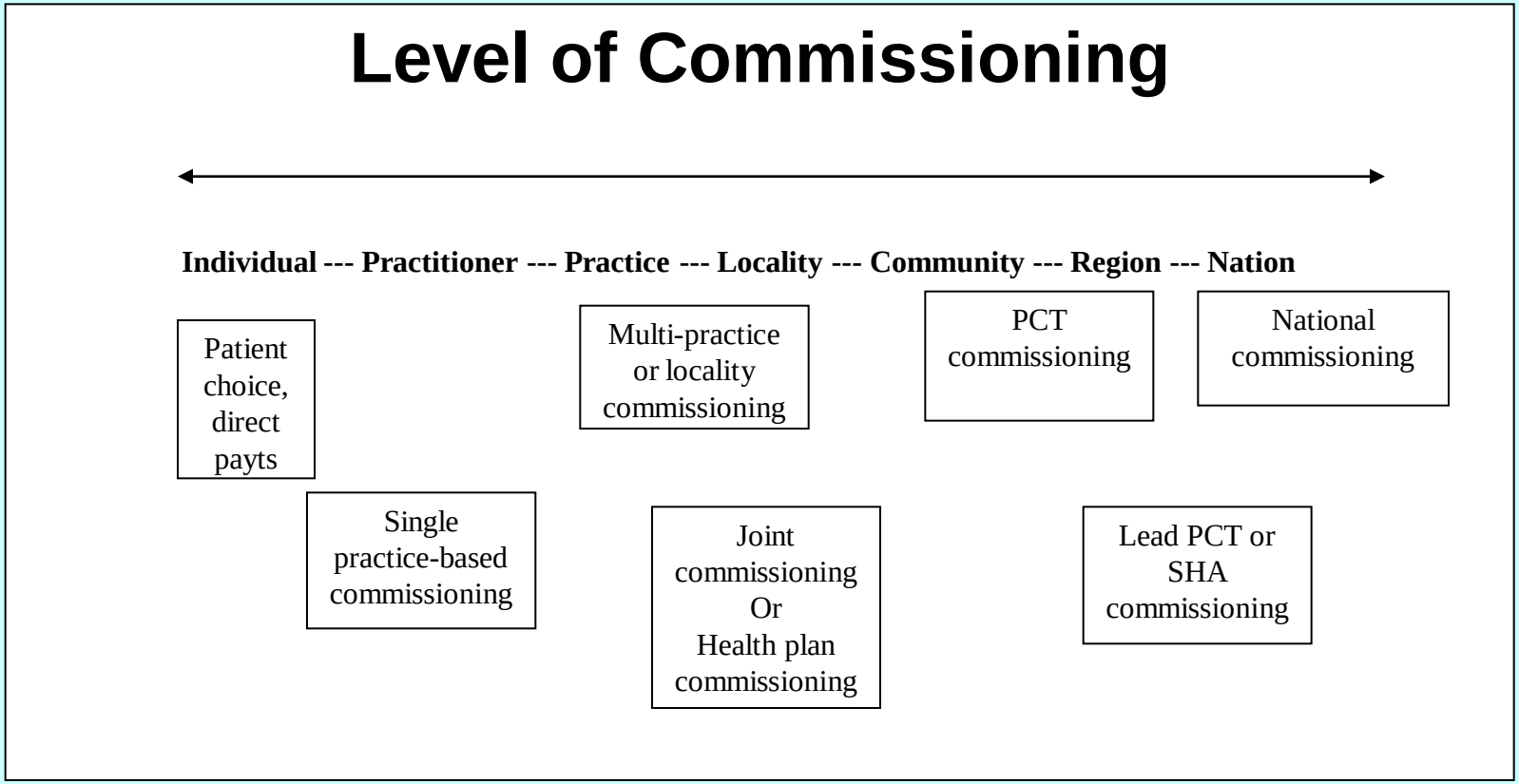
Stakeholder workshops

- Which is why, when we shared emerging findings at two stakeholder workshops…
  - It was an uncomfortable part of the process
  - Were encouraged strongly that we needed to align our findings much more strongly with current policy debates – ‘you can’t look at PCLC in isolation from other approaches to purchasing and planning’
  - This was not surprising, for the evidence was gathered in an earlier period in terms of how commissioning was organised
  - The workshop therefore became an exploration of a matrix of approaches to commissioning as appropriate in 2004
  - And it led us to develop a continuum (and assessment matrix) of commissioning that has since entered into mainstream policy and management

A continuum of commissioning models



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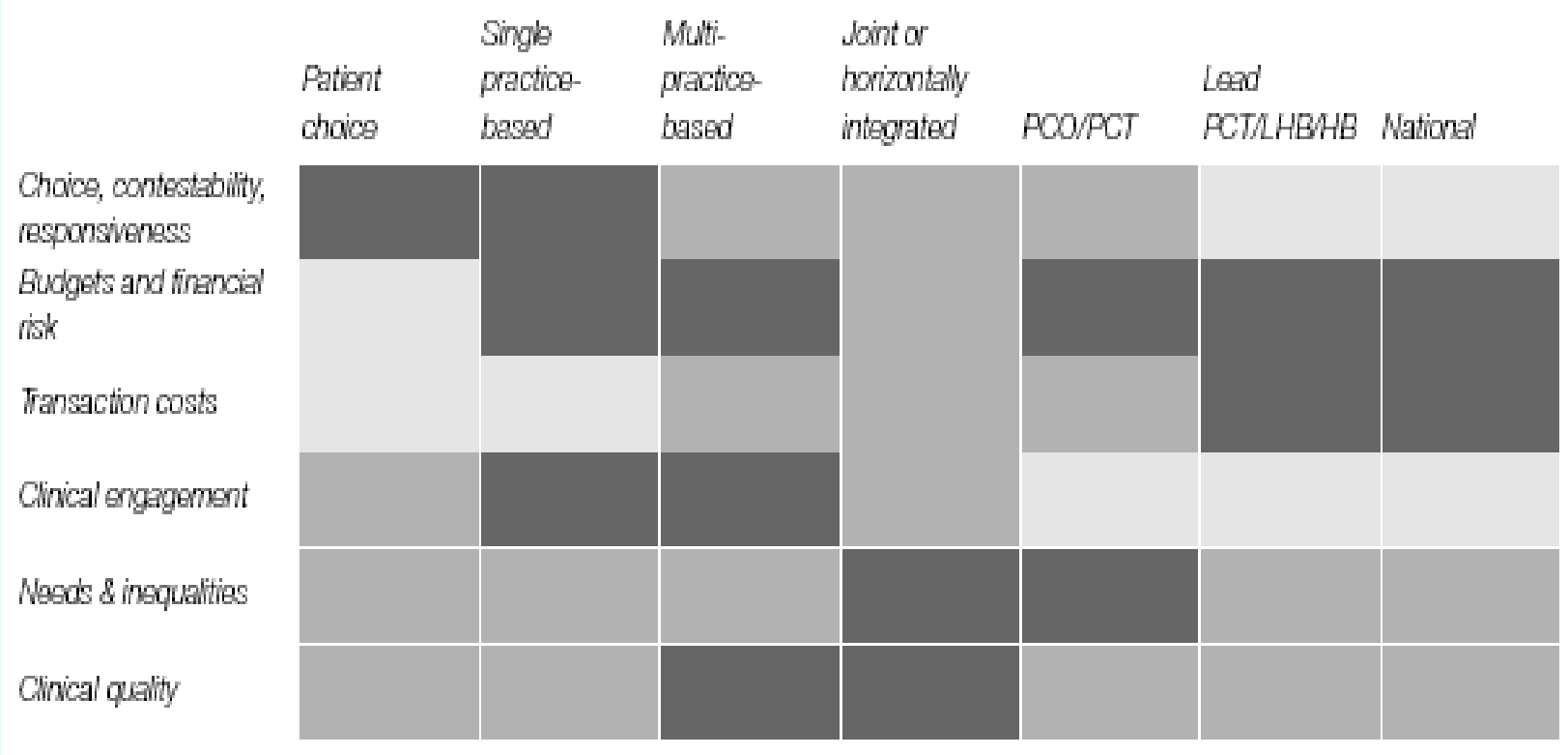
Commissioning assessment matrix

Table 5: Relative effectiveness of commissioning approaches – assessment criteria



What worked well

- Regular team meetings (over and above what we had budgeted for)
- Making these meetings full day workshops with a facilitator
- Incorporating stakeholder interviews and workshops into the research process
- Having significant peer (especially practitioner) review within the process
- And therefore using evidence gained in an earlier period as an application to current policy questions
- Being pushed to deliver to schedule and to disseminate rapidly by a client keen to have policy impact

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What we might do differently another time

- Would not just consent to the brief as presented, especially in relation to identifying ‘examples of good practice’
- If we did agree to that element, we would negotiate a clear process for mapping different local approaches
- Would involve the research commissioner in at least one of the early project scoping workshops with the team
- Would use the experts to shape the search themes in a more explicit manner and at an earlier stage
- Hence perhaps take an explicitly realist synthesis approach
- Would negotiate more resource for team to meet together and build this more clearly into the methodological approach

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Conclusions

- Involving people from the health sector brings real benefits, despite being time-consuming
- This will help to avoid mismatch of expectations and outputs
- We have to explore and develop our methodological approaches in a policy environment that is fast-moving
- What we mean by ‘systematic’ needs ongoing discussion
- Good enough is good enough…as long as we have followed and can demonstrate a rigorous approach

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