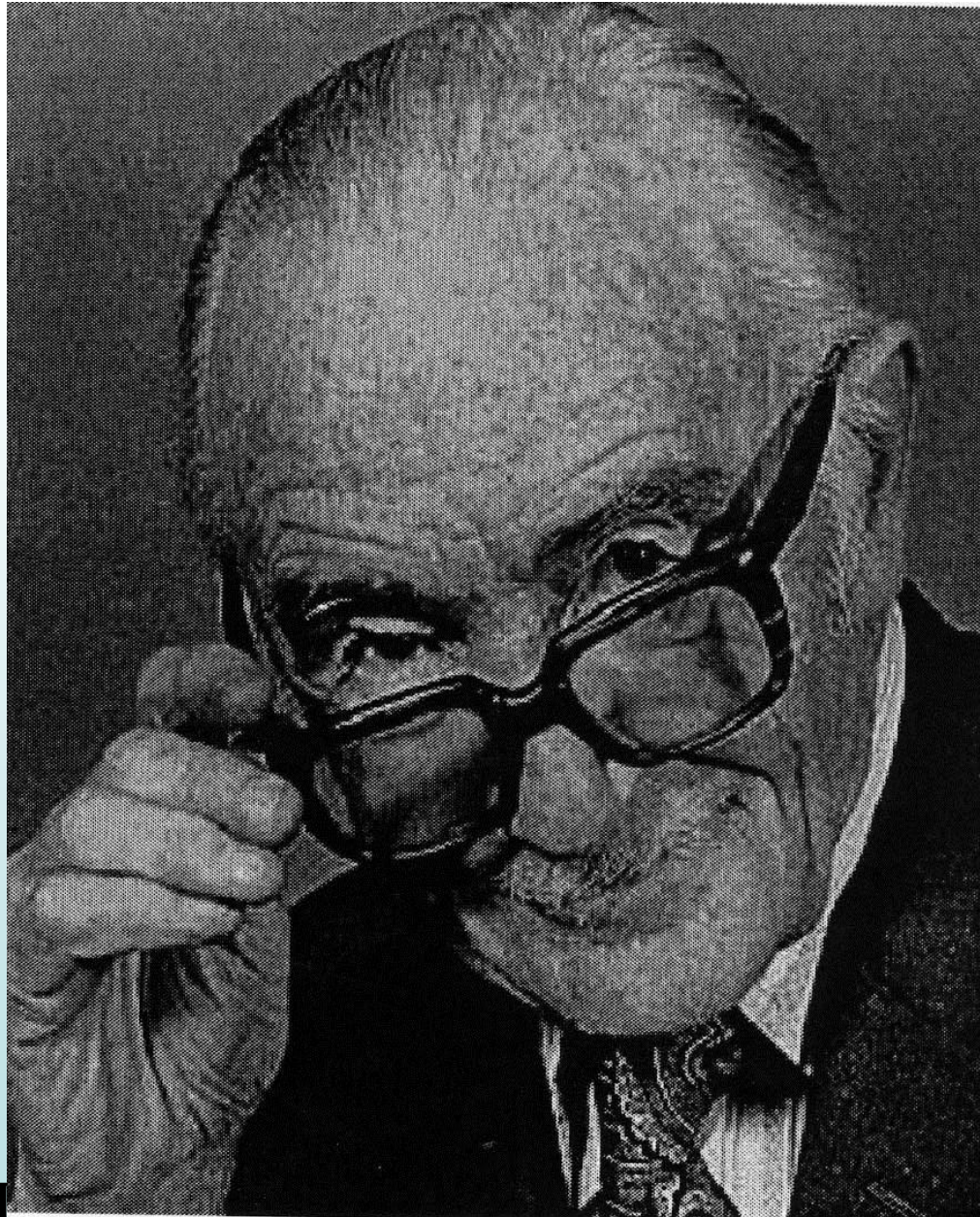


"Building an evidence-based public health system – the UK experience"

Professor Mike Kelly
Primary Care Unit, Institute of Public Health,
University of Cambridge

Some important context.

- Cochrane, A.L. (1972) *Effectiveness and Efficiency: Random Reflections on Health Services*, London: British Medical Journal/Nuffield Provincial Hospitals Trust.
- http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/Effectiveness_and_Efficiency.pdf



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- practice should be continuously evaluated.

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- Failure to publish results, especially negative ones, was a particular weakness in the evidence base.
- Objectivity, accurate measurement, honest reporting, and the importance of accumulating evidence to get towards more and more precise answers to clinical questions.

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- Soon afterwards, NICE began developing clinical guidelines.

Applying EBM to Public Health.

- Department of Health (2001) A Research and Development Strategy for Public Health. London: Department of Health.

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- Establishment of the Health Development Agency.

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- 2005 the Health Development Agency amalgamated with NICE.

NICE

The National Institute for Health and Care Excellence (NICE) then became the independent organisation in the UK responsible for providing national guidance to the NHS and the wider public health community on the **promotion of good health and the prevention** and treatment of ill health.



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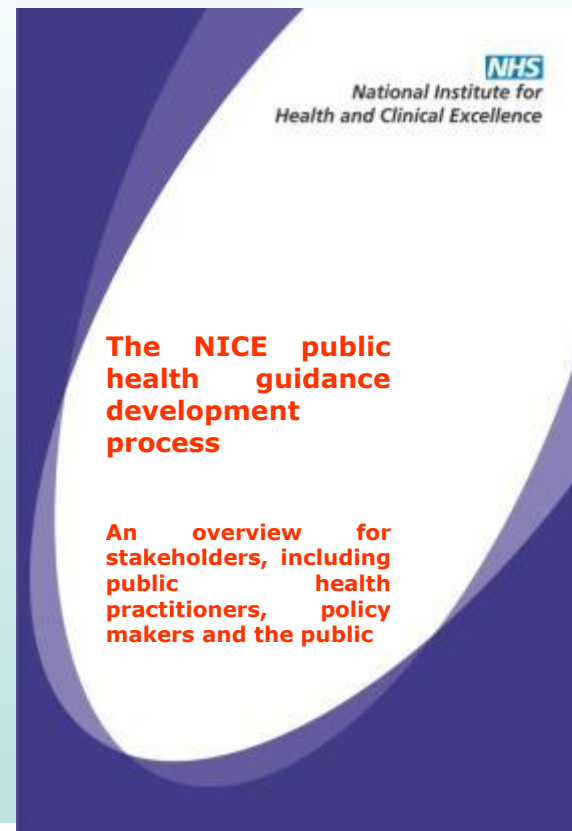
NICE development of Public Health Guidance

www.nice.org.uk

Third edition
October
2012.



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- Evidence assessed to maximise internal validity.
- Cumulative evidence synthesis.

The process

- Evidence review.
 - Broad inclusive searches.
 - Pluralistic approach to evidence.
- Evidence appraisal.
 - Quality of the evidence not the quality of the method.
 - Does it help answer the question?

The evidence problem beyond clinical medicine.

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- In many arenas there is a dearth of good outcome studies answering the question “What works or does it work?”
- Still fewer studies answer the questions “What works, for whom and under what circumstances?” (Pawson)
- The evidence, such as it is, is often too imprecise to determine the relationship between the intervention and the outcome.



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- Methodological quality of the available studies often poor.
- Research questions and guideline questions are different.
- Gaps in the evidence.
- The evidence does not say what you thought it said.

The limits of the evidence

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- There are well defined scientific protocols for methods of scientific interpretation.
- The methods for understanding processes of inference and judgement less well understood or articulated.

The need to balance empirical evidence with other knowledge.

- Pawson, R. & Tilley, N. (1997) Realistic Evaluation, London: Sage.
- What works for whom and under what circumstances?

A relational and dynamic approach.

- Individuals and populations interact differentially to interventions and these interventions are also implemented differentially.

- The WWWW test.

A relational and dynamic approach.

- Individuals and populations interact differentially to interventions and these interventions are also implemented differentially.
- Will it work on a wet Wednesday in Wigan?

The political imperative.

- Outright political opposition e.g. on alcohol recommendations from NICE.

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- The role of vested interests.

The tangled processes of policy making.

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- The “commerce in ideas” in policy making. – many actors involved.

- Smith, K. (2013) Beyond Evidence Based Policy in Public Health: The Interplay of Ideas. Basingstoke, UK: Palgrave Macmillan.

The tangled processes of policy making.

- It is seldom the case that one piece of evidence determines policy.
- The “commerce in ideas” in policy making. – many actors involved.
- The “slow burn”.

Conclusion.

- The ways in which interventions work in different segments of the population not well understood and should be an urgent priority.

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Conclusion.

- The ways in which interventions work in different segments of the population not well understood and should be an urgent priority.
- There remains a much greater focus in the evidence on aetiology rather than on prevention on assumption that if you know the former you will be able to do the latter.
- But cause is the necessary but not sufficient condition - it tells you what to do but not how to do it!

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