

*Royal College of Nursing International Conference
Oxford, 5th April 2017*

Evidence-based policy? Really?

Professor Trish Greenhalgh

*Acknowledging funding from the Leverhulme Trust and
collaborations and conversations with Jill Russell,
Janet McDonnell and Emma Byrne*

Key messages

1. Policymaking isn't a science, it's a struggle over values.
2. Securing “evidence-based policy” is a political and rhetorical achievement.
3. Speaking truth to power isn't (mainly) about knowing the evidence, it's about framing the issues.



*BMJ Editor's Award for
Persistence and Courage in
Speaking Truth to Power 2016*

Example 1: National IT programmes

THE
MILBANK QUARTERLY

A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Why National eHealth Programs Need Dead
Philosophers: Wittgensteinian Reflections
on Policymakers' Reluctance to Learn
from History

TRISHA GREENHALGH, JILL RUSSELL,
RICHARD E. ASHCROFT, and WAYNE PARSONS

The Milbank Quarterly, Vol. 89, No. 4, 2011 (pp. 533–563)

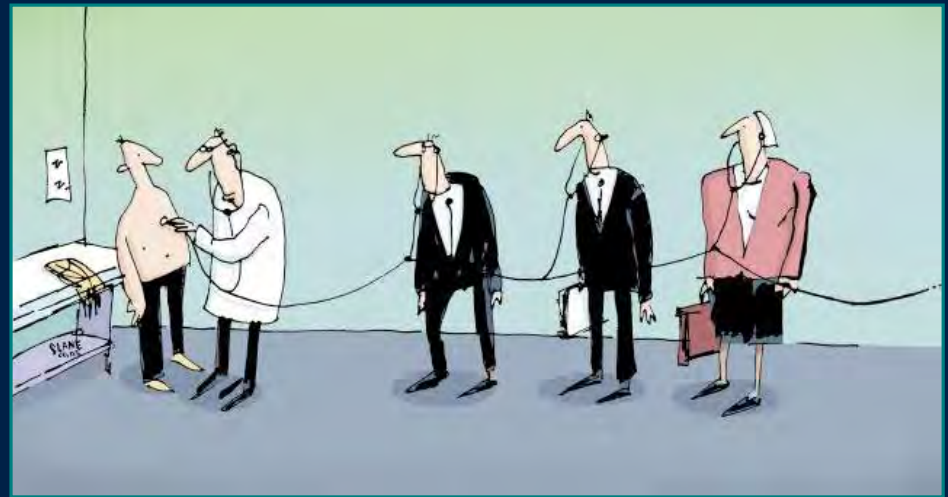
NHS

Connecting for Health



FORMER SHIPMAN PATIENT IN CONTROL

Margaret Rickson 79, retired



SYSTEM FAILURE!

A Private Eye special report by **RICHARD BROOKS**

How this government is blowing £12.4bn on useless IT for the NHS



CLUELESS: Tony Blair, who can barely use a computer himself, naively believed that a grandiose IT project could transform the NHS

“Waste and inefficiency in the NHS is intolerable,” declared Health Secretary Patricia Hewitt one year ago amid mounting deficits. “A penny wasted is a penny stolen from a patient.” This is the story of the theft of 1,240,000,000,000 pennies from patients through an IT

such was the development of the healthcare IT market that by March 2003 McKinsey’s Bennett reported that there were 27 “entirely viable and interesting vendors” with suitable software packages to sell.

Yet in February 2002 when Pattison crossed

NHS IT programmes: competing narratives

The policy story

Central procurement

Standardisation

State-of-the-art security

Transparency

Empowered patients

The critical story

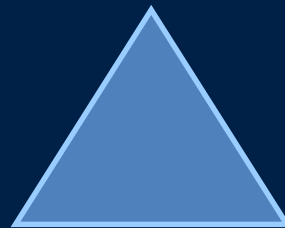
State domination

Loss of contingency

Loss of workability

Data overload

Technological determinism



*From Simon Burns MP Minister of State
for Health*

POC4_511760



Dr Hamish Meldrum, Chair of Council
Dr Laurence Buckman, Chair of GP Committee
British Medical Association

BMA House
Tavistock Square
London
WC1H 9JP

*The day our NPFIT report was
published, senior civil servants
asked doctors to ignore it and
commissioned their own review
of the topic area*

Richmond House
79 Whitehall
LONDON
SW1A 2NL

Tel: 020 7210 3000
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10 JUN 2010

Dear Drs Meldrum and Buckman

We have noted that the BMA is discussing the issue of the Summary Care Record in the LMC afternoon session on Friday and will be interested to learn the outcome of these discussions. To help inform your thinking, we thought it would be useful if you knew the Government position on the issue.

Broadly, our view is that we see a need for both patients and clinicians to be able to access patient records in an electronic form. This is part of our thinking about making information transparent and available, while involving patients in decisions about their healthcare.



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| 19:44 GMT

Greenhalgh slams Burns SCR review

Tags: [BMA](#) [Burns](#)

15 Jun 2010

The leader of the independent Summary Care Record review has described the government's promise to doctors to conduct another review as an "absolute disgrace."

Health minister Simon Burns wrote to the British Medical Association promising a review last week, and his letter was read out at the Local Medical Committees' conference as it debated the SCR.

In an interview with E-Health Insider, Trisha Greenhalgh, professor of primary healthcare and director of the Centre for Life Sciences at Barts and The London School of Medicine and Dentistry, said the review would be a "cosmetic consultation" and "like shifting the chairs on the Titanic."

Burns slams Greenhalgh SCR review

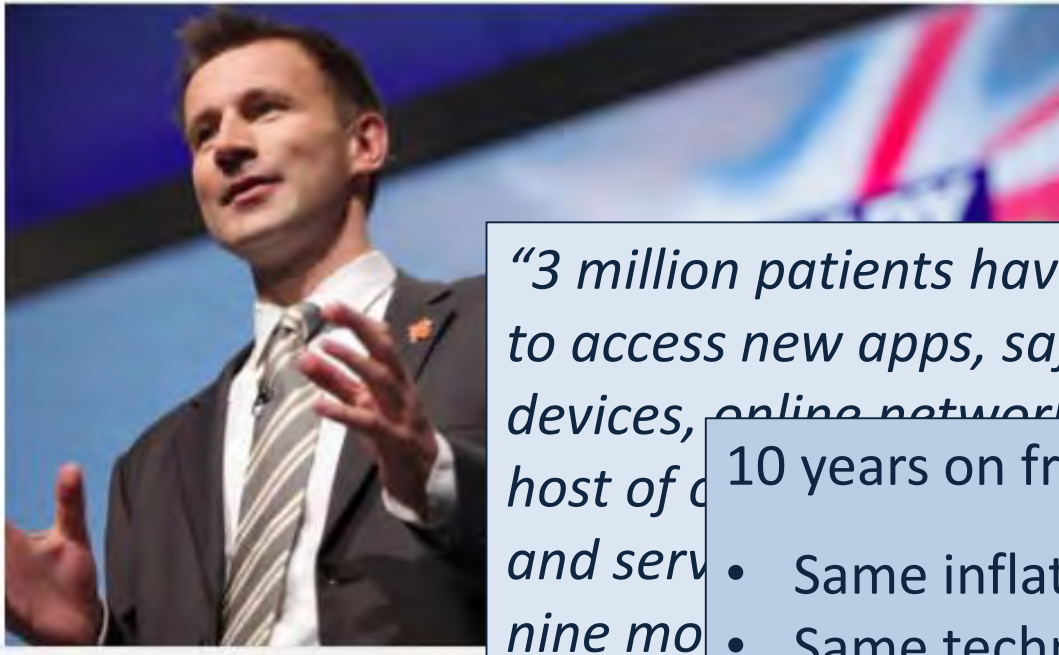
"I am pleased that a consensus has emerged about the importance of the SCR in supporting safe patient care, as long as the core information contained in it is restricted to medication, allergies and adverse reactions. Coupled with improvements to communication with patients which reinforce their right to opt out, we believe this draws a line under the controversies that the SCR has generated up to now."

Burns S, DoH press release, 11th October 2010

Health secretary Jeremy Hunt commits £4bn to NHS tech investment

Hunt to spend £4bn in NPfIT-like project to create a paperless NHS

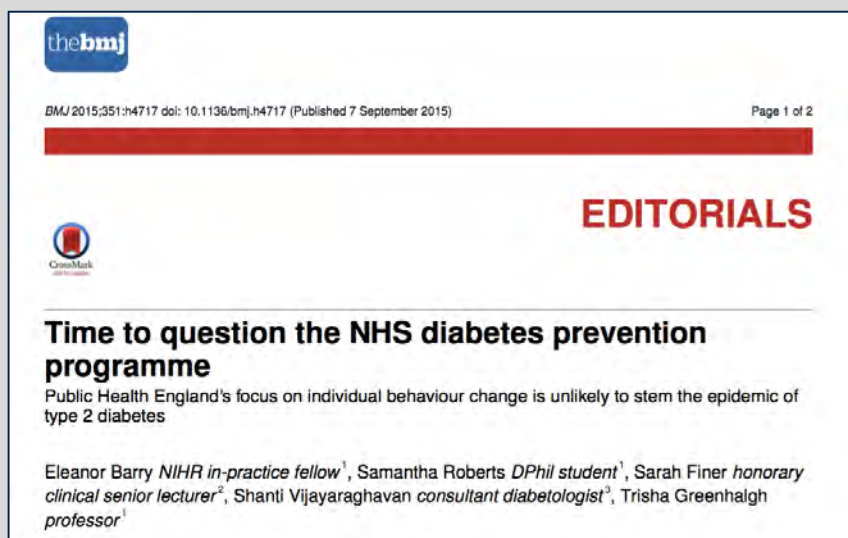
September
2016



“3 million patients have begun to access new apps, safety devices, online networks and a host of other services, 10 years on from NPfIT and services that have cost nine months of NHS production.”

- 10 years on from NPfIT
- Same inflated hopes
- Same technological determinism
- Same lack of attention to system elements of implementation

Example 2: National diabetes prevention programmes



BMJ rapid responses (some from Public Health England):

Editorial was “irrational”, “not evidence-based”, “incorrect”

Policy had been based on “peer-reviewed evidence”

BMJ editorial 2015 (5 women)

NDPP assumes we can identify those with “pre-diabetes” and fill them up with “education” to live healthier lives. Ignores social determinants of health, willingness to engage, health literacy etc



Efficacy and effectiveness of type 2 diabetes: systematic tests and interventions

Eleanor Barry,¹ Samantha Roberts,¹ Jas Trisha Greenhalgh¹

ABSTRACT

OBJECTIVES

To assess diagnostic accuracy of screening for pre-diabetes and efficacy of interventions (including metformin) in preventing onset of type 2 diabetes in people with pre-diabetes.

DESIGN

Systematic review and meta-analysis.

DATA SOURCES AND METHOD

Medline, PreMedline, and Embase. Study protocols and seminal papers were citation-tracked in PubMed and Scholar to identify definitive trials and additional relevant studies.

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Eleanor.barry@phc.ox.ac.uk

Additional material is published

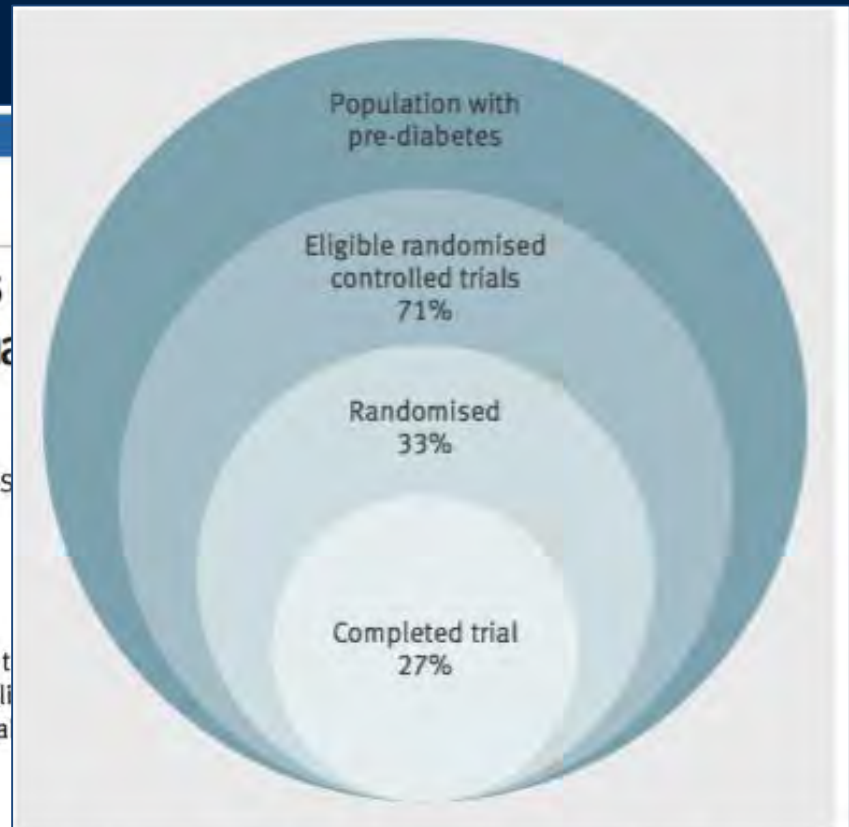


Fig 9 | Attrition rate from at risk population to trial completion. Data from research studies suggest high attrition and withdrawal rates in screen and treat programmes. Overall, only 27% of people in eligible pre-diabetic population completed trial of preventive intervention

NIHR Signal Research highlights the challenges of preventing diabetes with group education sessions

Published on 14 March 2017

In people at high risk of type 2 diabetes, the educational programme 'Let's prevent' had minimal impact on blood sugar control, and cholesterol. Overall it did not prevent people developing diabetes, though the risk was reduced for the 29% of people who attended all three sessions.

The NIHR-funded trial compared three educational sessions plus telephone support with usual care. The main difficulty was recruitment and attendance. Only 19% of people at high risk of type 2 diabetes were willing to have a blood sugar test. Even when this showed high sugar levels, 23% of people allocated to the 'Let's prevent' arm did not attend the first session.

Azhar Farooqi, Alastair Gray, Stephanie Goldby, Sian Hill, Kenneth Jones, Jose Leal, Kathryn Realf, Timothy Skinner, Bernie Stribling, Jacqui Troughton, Thomas Yates and Kamlesh Khunti on behalf of the Let's Prevent Diabetes Team

Diabetes prevention: competing narratives

The policy story

Behaviour “choices”

Responsibilisation
of individuals

Education for
“empowerment”

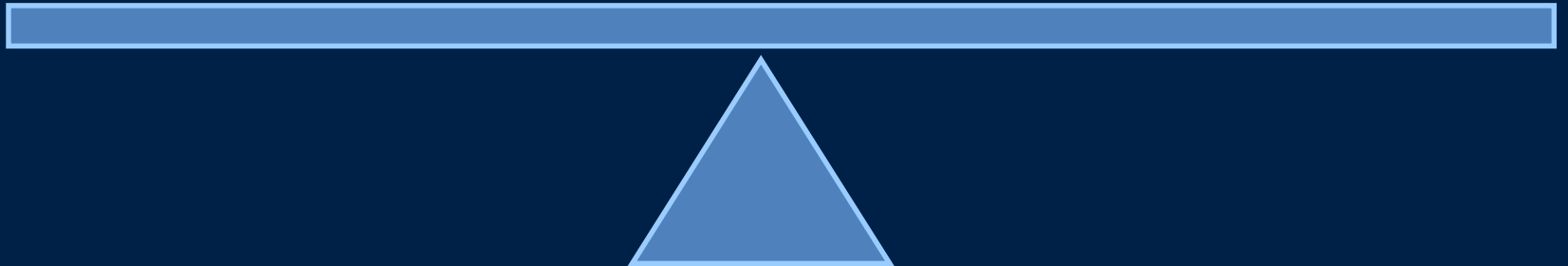
The critical story

Social determinants

Commercial COIs

Obesogenic environments

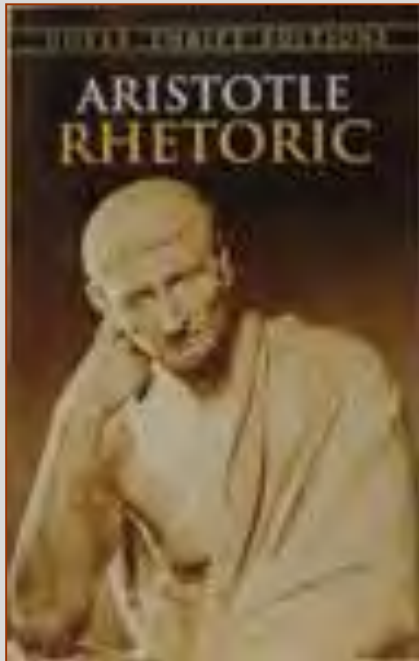
Education for critical
consciousness



An introduction to rhetoric

*Jan Steen:
Rhetoricians at
a window*



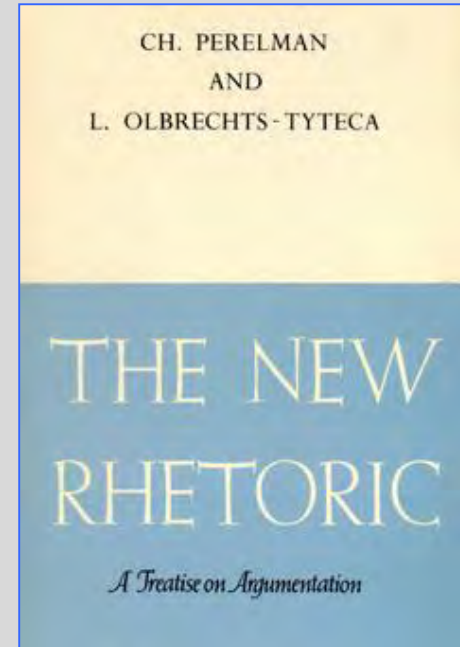


Aristotle 384 BC

Logos

Ethos

Pathos



Perelman & Olbrechts-Tyteca 1958

Understanding of audience

Please verify the address for correspondence details.

Submitted data details should be included in the text and should not be listed under references. Therefore, the citation of ref. 1 has been replaced with the submitted data details, and the references in the text and list have been renumbered. Please verify.

Refs. 8–41 have been renumbered so that citations appear in sequential order. Please verify.

Please provide forename for the author “Aristotle”.

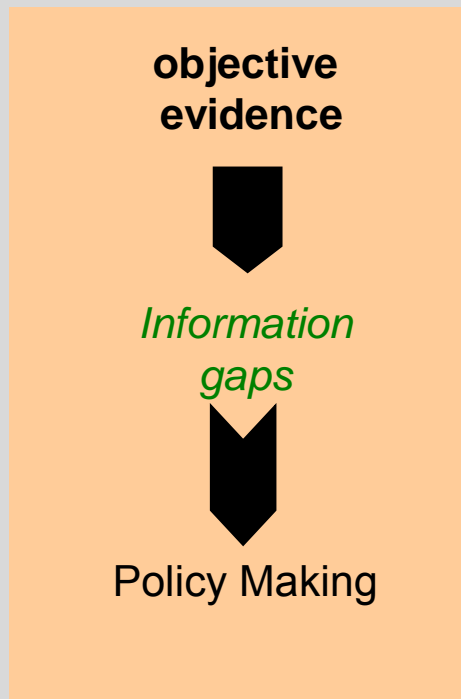
‘Rhetoric based policy’

‘As politicians know only too well but social scientists too often forget, public policy is made of language. Whether in written or oral form, argument is central in all stages of the policy process... Argumentation is the key process through which citizens and policymakers arrive at moral judgments and policy choices... Each participant [in policy debates] is encouraged to adjust his view of reality, and even to change his values, as a result of the process of reciprocal persuasion.’

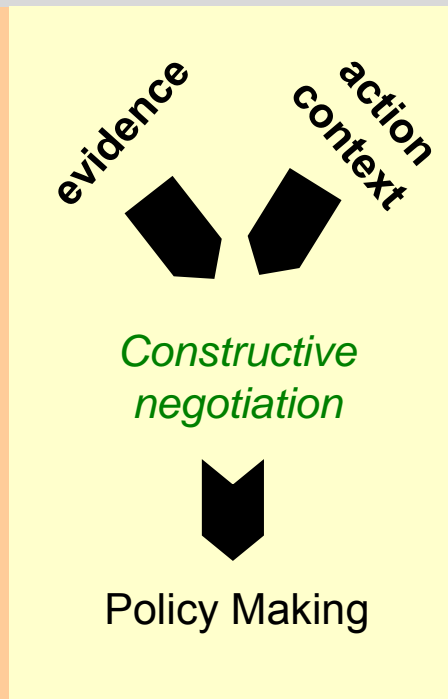
Majone G (1989) Evidence, argument and persuasion in the policy process, New Haven CT: Yale University Press

Reconceptualising 'rational' policymaking

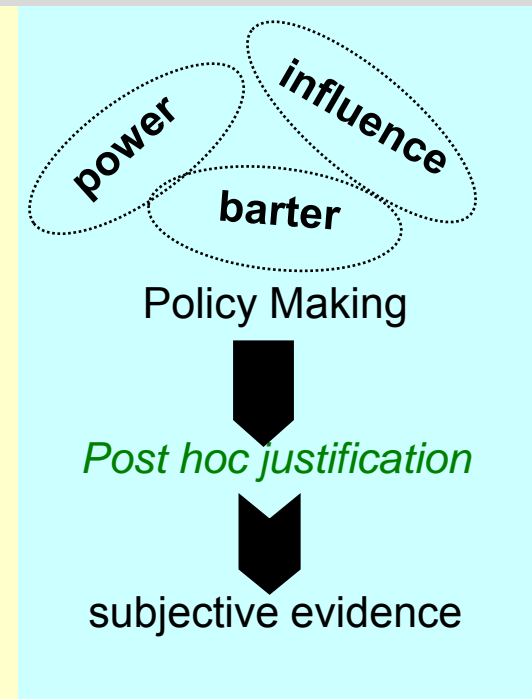
INSTRUMENTAL VIEW



CONSTRUCTIVE VIEW



ERISTIC VIEW



The link between evidence and rational action

1. Instrumental perspective

- Rational action is the context-free application of unequivocal, objective evidence

2. Eristic perspective

- Action is based on selecting the evidence that best fits pre-conceived opinions or expectations

3. Constructive perspective

- Rational action can be explained and defended by arguments *acceptable to a reasonable audience*

Types of argumentation as discrete concepts

Objective Argumentation	Rhetorical Argumentation	Eristic Argumentation
One “truth”	Several interpretations	One “party line”
Necessary or probable	Justifiable	Imposed by threats, fear or power
Aims to convince	Aims to persuade	Aims to compel



CORPORATION OF LONDON
HAMPSTEAD HEATH

HAMPSTEAD HEATH BY-LAWS

NO CYCLING
ENTRANCE TO

Acknowledging Professor Janet McDonnell's photographs and text



“Ponds are like the air we breathe”



“Access to nature is a fundamental freedom that should be open to all”



“Swimming in ponds is like walking
on the heath”

“Swimming facilities are like tennis courts and bowling greens”



“They are subject to health and safety legislation like other public recreational areas”

KENWOOD LADIES BATHING POND

FEMALES ONLY

WARNING-VERY DEEP WATER

ENTRY IS RESTRICTED TO
COMPETENT SWIMMERS ONLY.

BABIES AND GIRLS UNDER 8YRS
ARE NOT ADMITTED.

GIRL SWIMMERS BETWEEN
8-15YRS MUST BE ACCOMPANIED
BY AN ADULT RESPONSIBLE
FOR THEIR SAFETY AND
GOOD CONDUCT (*ONE GIRL
PER ADULT*).

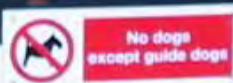
NO ALCOHOL TO BE BROUGHT
INTO THE ENCLOSURE.

SWIMWEAR MUST BE WORN
AT ALL TIMES.

NO RADIOS OR MUSIC
ALLOWED.

NO CHAIRS, DECKCHAIRS
OR PRAMS.

NO DOGS.



OPEN
CLOSED
LAST ADMISSION
CLOSING

ALL
SWIMMERS
TO VACATE
THE WATER
BY 2.35PM



THE CORPORATION OF LONDON RESERVES THE RIGHT OF ENTRY

“The ‘natural’ heath land does not maintain itself – there is constant intervention to keep an ecological balance”



HIGHGATE MEN'S POND
MALES ONLY

WARNING - VERY DEEP WATER

ENTRY IS RESTRICTED TO COMPETENT SWIMMERS ONLY.
REGULATION COSTUMES MUST BE WORN AT ALL TIMES
EXCEPT IN DESIGNATED NON-SUNBATHING AREAS

CHILDREN UNDER 10 YEARS OF AGE ARE ADMITTED ONLY IF
IN THE CARE OF AN ADULT RESPONSIBLE FOR THEIR SAFETY AND
GOOD CONDUCT (ONE CHILD PER ADULT).
CHILDREN UNDER 8 YEARS OF AGE ARE NOT ADMITTED.
NO RADIOS OR MUSIC TO BE PLAYED ON THE PREMISES.
NO DOGS OR CYCLES ADMITTED.

OPEN
CLOSED

A.M. LAST
P.M.

ADMISSION

“Fallen trees have not been removed from the pond area”



“Intervention is needed to control blue algae in the water ... and control the quality of water in the pond for sailing model boats....”

“People should be able to swim in natural swimming holes at their own risk”



Rhetorical moves in the pond argument

- Frames
 - Ponds are a natural feature of the landscape
 - Ponds are a leisure facility – we usually pay for these (arguments based on the structures of different realities)
- Arguments which address an audience (or not)
 - The natural heath does not maintain itself
 - Fallen tree; changing rooms fallen into disrepair
- Micro–level : rhetorical figures
 - pond ≠ heath (a dissociation) vs.
 - pond = heath open and accessible ==> free (an association)

One final example: the “boob job”

Russell *et al.* *BMC Health Services Research* 2014, **14**:413
<http://www.biomedcentral.com/1472-6963/14/413>



RESEARCH ARTICLE

Open Access

‘Cosmetic boob jobs’ or evidence-based breast surgery: an interpretive policy analysis of the rationing of ‘low value’ treatments in the English National Health Service

Jill Russell*, Deborah Swinglehurst and Trisha Greenhalgh

Abstract

Background: In England the National Health Service (NHS) is not allowed to impose ‘blanket bans’ on treatments, but local commissioners produce lists of ‘low value’ procedures that they will normally not fund. Breast surgery is one example. However, evidence suggests that some breast surgery is clinically effective, with significant health gain. National guidelines indicate the circumstances under which breast surgery should be made available on the

Thank you for your attention

•
Trish Greenhalgh

Professor of Primary Care Health Sciences



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