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

"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)
How this government is blowing £12.4bn on useless IT for 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 system. 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
The day our NPFIT report was published, senior civil servants asked doctors to ignore it and commissioned their own review of the topic area.

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.
Greenhalgh slams Burns SCR review

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
“3 million patients have begun to access new apps, safety devices, online networks, and a host of other new technologies during the first nine months of a pioneering NHS programme.”

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 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.

BMJ rapid responses (some from Public Health England):

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

Policy had been based on “peer-reviewed evidence”
Efficacy and effectiveness of type 2 diabetes: systematic tests and interventions

Eleanor Barry, Samantha Roberts, Jas, Trisha Greenhalgh

ABSTRACT
OBJECTIVES
To assess diagnostic accuracy of screening tests 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 Scholar to identify definitive trials and additional publications. Full-text articles were retrieved.

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.
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.’

Reconceptualising ‘rational’ policymaking

**INSTRUMENTAL VIEW**
- Objective evidence
  - Information gaps
  - Policy Making

**CONSTRUCTIVE VIEW**
- Constructive negotiation
  - Action context
  - Evidence
  - Policy Making

**ERISTIC VIEW**
- Power
  - Influence
  - Barter
  - Post hoc justification
  - Subjective evidence
  - Objective evidence
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

<table>
<thead>
<tr>
<th>Objective Argumentation</th>
<th>Rhetorical Argumentation</th>
<th>Eristic Argumentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>One “truth”</td>
<td>Several interpretations</td>
<td>One “party line”</td>
</tr>
<tr>
<td>Necessary or probable</td>
<td>Justifiable</td>
<td>Imposed by threats, fear or power</td>
</tr>
<tr>
<td>Aims to convince</td>
<td>Aims to persuade</td>
<td>Aims to compel</td>
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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”
“The ‘natural’ heath land does not maintain itself – there is constant intervention to keep an ecological balance”
“Fallen trees have not been removed from the pond area”
“People should be able to swim in natural swimming holes at their own risk”

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

‘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

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Russell J, Swinglehurst D, Greenhalgh T. 'Cosmetic boob jobs' or evidence-based breast surgery: an interpretive policy analysis of the rationing of 'low value' treatments in the NHS. *BMC Health Serv Res* 2014; 14(1): 413.


