Centre for Reviews and Dissemination

Undertaking a review of systematic reviews (2000-2002) relevant to implementing the 'Wider Public Health' agenda

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Introduction

The aim of this project was to present the evidence available relevant to implementing the 'Wider Public Health' agenda. It is based on an overview of systematic reviews published between 2000 and 2002. Earlier systematic review evidence is highlighted in the document: *Evidence from systematic reviews of research relevant to implementing the 'wider public health agenda' (2000).*[1] The Policy Research Programme at the Department of Health funded both projects. Since the publication of the original report in August 2000,[1] public health in the UK has moved into the primary care arena and is engaging practitioners from a wide range of disciplines.

Project aims

1. To further develop the evidence base for the wider public health agenda.

2. To develop a process of dissemination and communication to help address issues of access to evidence for practitioners and policy makers.

The project had two distinct yet related parts: (1) collecting views from policy makers and practitioners on the need for evidence and how that evidence should be presented and (2) the identification, selection, appraisal and synthesis of existing systematic reviews on the effects of interventions and programmes relevant to the wider public health agenda.

Phase 1: The views of policy makers and practitioners on evidence from systematic reviews

The pool of respondents

The respondents included policymakers at a local and national level from a variety of public health settings:

- Interim Directors of Strategic Health Authorities
- Directors of Public Health/Development/Inequality at primary care trust level (PCT)
- Directors of Public Health Observatories and/or their deputies
- Senior health promotion/health development leads
- PCT executives and public health leads
- Sure Start and National Service Framework personnel
- Non NHS public health leads

Data collection and analysis

- 23 interviews: 2 face to face, 21 via telephone; 6 respondents declined to be tape-recorded
- 4 focus groups: all tape-recorded, numbers in focus groups ranged from 6 to 14 individuals
- 11 respondents via public health mail base
- All sessions were transcribed in full and analysed using Burnard's thematic analysis[2] and N6 software to develop themes.[3]

Key findings

- In seeking evidence respondents tended to use experts (user defined), professional journals, professional meetings and colleagues as their main sources.
- Respondents had varying views on evidence based policy and practice and on the systematic reviews that support it.
- Respondents were clear that in order to be viewed as credible, systematic review evidence had to:

  a) come from a credible source, and

  b) be well marketed.

- Respondents wanted short, snappy documents which 'signposted' the key findings.

Phase 2: Evidence from systematic reviews

The review process

Extensive searches were carried out. All stages of the review including assessment for inclusion, data extraction and quality assessment were undertaken independently by two reviewers, with disagreements resolved by consensus or by referral to a third reviewer. Quality assessment was based on the DARE criteria (http://agatha.york.ac.uk/darehp.htm) with some modification and additions.

Key criteria for inclusion were as follows

(1) *Have systematic methods been used?* At a minimum the review should seek to answer a clear question and there should be some attempt to systematically identify the literature for inclusion.

(2) *Is the topic of public health interest?* The focus of the systematic review should be to evaluate the effects of a public health intervention, series of interventions, or a public health programme or policy. A public health intervention is defined here as any intervention with the potential to affect the health of a wide target audience.

Synthesis of results

Results from the reviews were synthesised narratively according to topic category, target groups and nature of the intervention. The key themes addressed were 'what works for whom,' 'how and when' and 'in what circumstances and why'.

Although there is some reliance on the conclusions drawn by the authors of the reviews, our quality assessment and synthesis allowed the review findings to be interpreted in light of any methodological shortcomings. We also tried to take into account the reliability and amount of primary research on which the results of the reviews were based. The results were classified according to the evidence as:

- Interventions with evidence of effect
- Interventions with insufficient evidence of effect
- Interventions with evidence of harm

Review topics

A total of 143 reviews have been included. The reviews address the four target areas in the UK policy document *Saving lives: our healthier nation.*[4] The number of included reviews in each of the target areas is as follows:

- Accidents (n= 12)
- Cancer (n=7)
- Coronary Heart Disease and Stroke (n=22)
- Mental Health (n=5)
- Smoking (n=27, covered in *Saving lives: our healthier nation* in relation to both CHD and cancer)

In addition to the areas covered by *Saving lives: our healthier nation*[4] other priority areas addressed were:

- Sexual health (n=14)
- Alcohol and drug misuse (n=5)
- Immunisation (n=4)
- The environment (n=4)
- Crime and violence (n=9)

Some other relevant reviews have been included which do not fit into any of these categories. These relate to the National Service Frameworks for elderly people (n=13) and children and young people (n=15). In addition we have included some other reviews of interest (n=6) that evaluated interventions without reference to particular participants or outcomes.

Each chapter provides details relating to the size of the problem and the current policy targets within England, together with the evidence from the included systematic reviews. Details of each review are presented in tables. The methodological quality of each review is discussed. The implications for public health policy and practice as well as future research are outlined, together with comments on the relevance of the findings to the UK setting. References, recent reviews not included due to time constraints, and useful web links for further sources of information are given at the end of each chapter.

Overview of the process

A wealth of information about interventions, which have been, or could be, delivered as part of public health practice or incorporated into policy has been identified. One strength of our review is that it was deliberately inclusive in order to present as much evidence as possible, but this meant that we included some reviews that were of questionable quality. It is therefore important to take into account the comments about quality, as some reviews had methodological shortcomings or reached unsupported conclusions. We have taken these factors into account when presenting the results, so as not to report effectiveness when it appears to be unproven.

Overall, there was a paucity of primary studies carried out in the UK, which was especially notable in the reviews of sexual health and of crime and violence. US studies often predominated in all areas. As legal, social and health systems are not always directly comparable, some findings may have limited relevance to the UK setting.

References

1. Contributors to the Cochrane Collaboration and the Campbell Collaboration. *Evidence from systematic reviews of research relevant to implementing the 'wider public health' agenda.* York: University of York. NHS Centre for Reviews and Dissemination; 2000.

2. Burnard P. Searching for meaning: a method of analysing data with a personal computer. *Nurse Education To-day* 1994; 142:111-7.

3. QSR International N6 *for qualitative research.* Doncaster: Australia: QSR International; 2002.

4. Department of Health. *Saving lives: our healthier nation.* London: Stationery Office; 1999.