Research utilisation and knowledge mobilisation in the commissioning and joint planning of public health interventions to reduce alcohol-related harms: a qualitative case design using a cocreation approach

Rosemary K Rushmer,1* Mandy Cheetham,1 Lynda Cox,2 Ann Crosland,3 Joanne Gray,4 Liam Hughes,5 David J Hunter,6 Karen McCabe,3 Pete Seaman,7 Carol Tannahill7 and Peter Van Der Graaf1

1School of Health and Social Care, Health and Social Care Institute, Teesside University, Middlesbrough, UK
2Clinical Directorates, NHS England, Newcastle upon Tyne, UK
3Department of Pharmacy, Health and Wellbeing, University of Sunderland, Sunderland, UK
4Department of Public Health and Wellbeing, Northumbria University, Newcastle upon Tyne, UK
5Local Government Association, UK
6Centre for Public Policy and Health, School of Medicine, Pharmacy and Health, Wolfsan Research Institute, Durham University, Durham, UK
7Glasgow Centre for Population Health, Glasgow, UK

*Corresponding author

Declared competing interests of authors: none

Published August 2015
DOI: 10.3310/hsdr03330

Plain English summary

Public health interventions to reduce alcohol-related harms
Health Services and Delivery Research 2015; Vol. 3: No. 33
DOI: 10.3310/hsdr03330

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Plain English summary

Considerable money and effort is spent on research to establish what works to improve the nation’s health, but we know the findings are not always used. In this study, we co-operated with one case study site in Scotland and one in England in order to work together to explore how research evidence is used when public health initiatives are developed, and what other factors are considered.

We carried out 69 interviews, two focus groups, 14 observations and three workshops, and followed the planning and commissioning of one initiative to reduce alcohol-related harm in each site. These were picked by our case study partners, who also helped us to interpret the findings. The topics picked were licensing (Scotland) and reducing maternal alcohol consumption (England). We found that research evidence is used in high-level planning documents to identify problems, but that locally collected information is more influential in deciding on what actions to take.

Evidence is more likely to be used if presented visually and verbally, by a trusted person (rather than written) and if it is about the ‘here-and-now’ of the people using it. Other concerns like risk and fit into local life are all taken into account. The need to consider different factors and find a blend that is likely to work locally is illustrated in a visual theory as competing ‘pulls’. In this study gaining shared agreement was more difficult across a purchaser–provider split (England) than within shared organisational arrangements (Scotland), but the study was small and more research is needed to confirm the findings.
Health Services and Delivery Research

ISSN 2050-4349 (Print)
ISSN 2050-4357 (Online)

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Editorial contact: nihredit@southampton.ac.uk

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This report

The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 09/1002/37. The contractual start date was in December 2011. The final report began editorial review in February 2014 and was accepted for publication in November 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health.

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