

Northumbria Research Link

Citation: Hunter, David J., Marks, Linda, Brown, J., Scalabrini, Silvia, Salway, Sarah, Vale, Luke, Gray, Joanne and Payne, Nick (2016) The potential value of priority-setting methods in public health investment decisions: qualitative findings from three English local authorities. *Critical Public Health*, 26 (5). pp. 578-587. ISSN 1469-3682

Published by: Taylor & Francis

URL: <http://dx.doi.org/10.1080/09581596.2016.1164299>
<<http://dx.doi.org/10.1080/09581596.2016.1164299>>

This version was downloaded from Northumbria Research Link:
<http://nrl.northumbria.ac.uk/id/eprint/26552/>

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: <http://nrl.northumbria.ac.uk/policies.html>

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)

Table 1: Site 1 prioritisation framework

Criteria	Definition	Scoring		Weight	Sexual Health	Substance Misuse	Children (5-19)	Smoking Cessation
<i>Policy Mandate</i> <i>(must fulfil EITHER a) or b) PLUS c)</i>	a) National mandates	Binary 0-1	0/1	N/A	1		1	
	b) Local priority	Binary 0-1	0/1	N/A		1		1
	c) Should be funded from public health budget (as opposed to wider LA budget)	Binary 0-1	0/1	N/A	1	1	1	1
<i>Impact on health inequalities</i>	a) Proportionate to need /Numbers of individuals affected by the proposed change	Targeted intervention aimed at lower socioeconomic groups	3	30		90		
		Widespread approach/ accessible service	2		60		60	60
		Intervention more likely to be adopted by engaged population	1					
<i>Upstream intervention</i>	a) Early intervention*	Primary prevention	3	20	60		60	60
		Secondary prevention	2			60		
		Tertiary prevention	1					
<i>Effectiveness</i>	a) Evidence based service/ intervention	Strong evidence that intervention is effective	3	10	30		30	30
	b) Evidence base for intervention demonstrating effectiveness for the	Moderate evidence that the intervention is effective	2			20		

	target population	Limited or no evidence that the intervention is effective	1					
<i>Scale of impact</i>	a) Size of target population	Large (to be defined xx)	3	10	30	30	30	20
		Medium (to be defined xx)	2					
		Small (to be defined xx)	1					
<i>Value for money</i>	a) Return on investment (monetarised benefits outweigh the costs)	Benefits exceed costs	3	20		60		60
		Benefits same as costs	2				40	
		Benefits less than costs	1		20			
<i>Risk</i>	a) Political acceptability b) Service risk :continuity/provision (understanding impact if no action is taken) c) Financial/ operational risk d) Deliverability	Significant risk	1	10		10	10	
		Moderate risk	2					
		Low risk	3		30			30
<i>TOTAL SCORE/300</i>					230	270	230	260
<i>Score out of 100</i>					77	90	77	87

*Primary prevention – aims to prevent problem/ disease from occurring

Secondary prevention – implemented after onset of problem/ disease PRIOR to indication of symptoms

Tertiary prevention – implemented after display of symptoms in order to limit further deterioration/ negative impacts.

TABLE 2: Site 3 prioritisation framework

	High	Medium	Low	Zero
	3	2	1	0
How does the priority align with Key National Strategic Priorities?	Priority has a direct link to <u>more than one</u> National Strategy/ policy or is a statutory requirement	Priority has a direct link to <u>one</u> National Strategy/ policy and/or indirect links to more than one	Priority has an indirect link to one of the National Strategies/ policies	Priority does <u>not</u> align with any National Strategy/ policy
How does the priority align with Key Stakeholders' Strategies/ policies? (i.e. Bold Steps for Site 3)	Priority has a direct link to <u>more than one</u> of the Key Stakeholders' Strategic Priorities	Priority has a direct link to <u>one</u> of the Key Stakeholder's Strategic Priorities or indirect links to more than one	Priority has an indirect link to one of the Key Stakeholders' Strategic Priorities	Priority does <u>not</u> align with any of the Key Stakeholders' Strategic Priorities
Social implications of the issue [multiplier effect]				
Trend	Available evidence suggests <u>rapidly worsening</u> situation over time	Available evidence suggests <u>worsening</u> situation over time	Available evidence suggests situation has remained <u>stable</u> over time	Available evidence suggests <u>improving</u> situation over time
Benchmarks	Available evidence suggests <u>very high</u> prevalence relative to comparator	Available evidence suggests <u>above average</u> prevalence relative to	Available evidence suggests prevalence <u>in-line</u> with comparator areas	Available evidence suggests <u>relatively low</u> prevalence relative to comparator

	areas	comparator areas		areas
Impact on premature mortality	The priority has a <u>high direct impact</u> on reducing premature mortality	The priority has a <u>medium direct impact</u> on reducing premature mortality	Priority may have <u>some impact</u> on premature mortality	Priority <u>isn't likely</u> to impact on premature mortality
Impact on morbidity	The priority has a <u>high direct impact</u> on reducing morbidity	The priority has a <u>medium direct impact</u> on reducing morbidity	Priority may have <u>some impact</u> on morbidity	Priority <u>isn't likely</u> to impact on premature mortality
Degree of inequality within the considered area across Site 3 geographic areas				
Quality of evidence		Evidence from some validated data sources and some local data collections	All data from non-validated data sources	Evidence for priority is weak
Quality of data	All evidence has come from robust and reliable data sources	Evidence from some validated data sources and some local data collections	All data from non-validated data sources	Evidence for priority is weak
Does the priority have early intervention implications? [how feasible is the programme]	<u>Clear, demonstrable evidence</u> that the findings from a needs assessment will present a <u>strong case</u>	<u>Some evidence</u> that the findings from a needs assessment will highlight areas suitable for early	<u>Weak evidence</u> that the findings from a NA may highlight areas suitable early intervention –	<u>No evidence</u> that the findings from a needs assessment will highlight areas suitable early

	for early intervention - within 6 months	intervention – within 1 year	within 3 years	intervention
Financial implications of the issue [how costly it is not to deal with the problematic matter?]	High costs borne by a significant part of the population	High costs borne by some part of the population or low costs borne by a significant part of the population	Low costs	-

Maximum points available: 30
High Priority = >20 points
Medium Priority = 14 – 19 points
Low Priority = <14 points