Summary

Methods of synthesis: Making it useful for evidence-based management and policy-making

The Canadian Health Services Research Foundation is evaluating different ways to create syntheses. After evaluating its synthesis process in light of its stronger focus on decision makers, the foundation decided a change of method was needed — one that would recognize that clinical synthesis methods are not always appropriate in the decision-maker environment.

The methods of synthesis project commissioned three teams of researchers to study different ways of doing syntheses. These papers will be a valuable resource for researchers, providing guidelines on how to synthesize evidence and present it to meet the specific circumstances of managers and policy makers in the health system. The final product will also summarize the highlights of all three papers and include commentaries by British and Canadian policy makers and managers. It will be useful to any organizations that commission or do syntheses aimed at the medium-term (12-month) needs of health system managers and policy makers.

As a first step, the foundation formed a partnership with England’s Service Delivery and Organization Research and Development Programme. Then, three multidisciplinary teams were chosen, each of which will look at syntheses from a different perspective.

The first team is led by John Lavis, an associate professor and Canada research chair in knowledge transfer and uptake at McMaster University in Canada. This team’s approach focuses on management and public policy needs in a synthesis, testing the theory that doing this will make it easier to apply the findings of syntheses to the challenges faced by the people who run the healthcare system. It aims to find similarities between syntheses done for clinicians and those done for decision makers and, where differences exist, develop new approaches that are appropriate for the decision-maker environment.

The second team is led by Nicholas Mays, a professor of health policy at the London School of Hygiene and Tropical Medicine in England. This team is studying ways of linking qualitative and quantitative evidence in a synthesis. Rather than simply presenting a narrative where different findings are compared and contrasted, linking different types of evidence involves transforming the findings so that they can “speak” to each other.

Finally, the third team is led by Gill Harvey, a senior lecturer at the Manchester Centre for Healthcare Management in England. This team is looking at the realist approach to developing a synthesis, which is concerned with developing and refining theories that will be used in decision-making at the policy level. The team will analyse the process of implementing different policies and ask the question, “What is it about this kind of intervention that works, for whom, in what circumstances, in what respects, and why?”

The results of the research are expected to be available in November, 2004.
Addendum
This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine. The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.