Influencing Decisions of Value in Health: A Response to Recent Commentaries

Iestyn Williams1*, Hilary Brown1, Paul Healy2

*Correspondence to: Iestyn Williams. Email: i.p.williams@bham.ac.uk

Copyright: © 2019 The Author(s); Published by Kerman University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.


Received: 7 November 2018; Accepted: 17 November 2018; ePublished: 24 November 2018

We are delighted to have received three responses to our recent paper 'contextual factors influencing cost and quality decisions in health and care' and would like to revisit a few of the many interesting points raised.

In their commentary, Stuart Peacock and Colene Bentley focus on priority setting and disinvestment decision-making.1 They note that 'it is quite evident that disinvestment decisions are often treated fundamentally differently from adoption and coverage decisions.' This very much matches our own experience.1 Indeed, the comparison illustrates the dynamic nature of contextual influence, whereby decision characteristics (eg, intervention removal versus intervention adoption) trigger distinct responses from within the organisational and wider context. This means that these contextual influencers should not be portrayed as static or fixed, and this brings us to Kristine Bærøe's concerns about our conceptualisation of context. We acknowledge her claim that we describe in the paper and in this response. However, and perhaps these are less amenable to the types of analyses that we describe in the paper and in this response. However, decisions over, for example, organisational restructuring, capital spending and workforce – are no less important and certainly no less contextually embedded than allocative decisions.

Ethical issues
Not applicable.

Competing interests
Authors declare that they have no competing interests.

Authors' contributions
All authors were involved in drafting and approval of this response.

Authors' affiliations
1Health Services Management Centre, University of Birmingham, Birmingham, UK. 2NHS Confederation, London, UK.

References


