

## PROFESSOR PETER LITTLEJOHNS



### EDUCATION AND TRAINING

- 1976 - BSc Human Genetics (Hons) 2.1 University College London
- 1979 - MB BS St Georges University of London
- 1984 - DRCOG
- 1985 - MRCGP
- 1987 - MFPH
- 1991 - MD University of London
- 1994 - FFPH
- 1998 - FRCP
- 2010 - FRCGP

Accredited in Public Health Medicine

### AWARDS

- 1979** International Grenfell Association Scholarship
- 1985** Hunterian Society Gold Medal
- 2003** Reizenstein Prize – runner up
- 2004** NHS Gold Clinical Excellence Award – successfully reviewed until retirement
- 2010** Irwin M. Weinstein Endowed Lectureship in Health and Public Policy Cedars - Sinai Medical Centre.
- 2016** Royal College of Physicians 2016 Milroy Lectureship on State Medicine and Public Health
- 2015** Brocher Foundation international workshop convenor
- 2018** Rockefeller Foundation Academic Residency at Bellagio
- 2019** King's Award for most significant contribution to staff Involvement and engagement
- 2022** Emerald Literati Award for best paper

### CAREER APPOINTMENTS

2023 -	Emeritus Professor of Public Health at King's College London
2019 - 2023	Public Health Lead and Deputy Director of the National Institute for Health Research Applied Health Research Collaboration (ARC), South London
2013 - 2019	Public Health Lead and Deputy Director of the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (CLAHRC), South London
2012 - 2023	Professor of Public Health, Kings College London and Honorary Consultant to Guy's and St Thomas' NHS Foundation Trust.
1999 - 2011	Clinical and Public Health Director of the National Institute for Health and Clinical Excellence (NICE) and Professor of Public Health, St. Georges University of London
1997 - 1999	Director of the Health Care Evaluation Unit, and Professor of Public Health St Georges Hospital Medical School and honorary consultant in Public Health Medicine: Merton, Sutton and Wandsworth Health Authority
1995 - 1996	Consultant in Public Health Medicine: Merton, Sutton and Wandsworth Health Authority
1991 - 1995	Consultant in Public Health Medicine and Deputy Regional Director of Public Health, South West Thames Regional Health Authority. Acting Regional Director 1994
1989 - 1991	Consultant in Public Health Medicine, Wandsworth Health Authority
1989 - 1996	Senior Lecturer in Public Health Medicine, St Georges Hospital Medical School

## **TRAINING APPOINTMENTS**

### **Public Health**

1988 - 1989	Lecturer, Department of Public Health Sciences, St George's Hospital Medical School
1985 - 1987	Registrar/Senior Registrar, Community Medicine, SW Thames Regional Health Authority

### **General Practice**

1984 - 1985	General Practitioner, Wimbledon, London
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### **Hospital Based**

1983 - 1984	Senior House Officer, Department of Obstetrics & Gynaecology, the Westminster Hospital, London
1982 - 1983	Medical Registrar, General Medicine, the Royal London Hospital Medical School, London
1982 - 1982	Senior House Officer, Respiratory Medicine, Hammersmith Hospital and

Post Graduate Medical School London

1981 -1982	Senior House Officer, Neurology/Neurosurgery, Addenbrookes Hospital, Cambridge
1980 - 1981	Senior House Officer, General Medicine, Ashford Hospital, Middlesex
1980 - 1980	House Surgeon, General Surgery, St Peter's Hospital, Chertsey
1979 - 1980	House Physician, Professorial Endocrinology Unit and Intensive Care Unit, St George's Hospital, London

## RESEARCH AND DEVELOPMENT

My research career reflects my interest in answering questions generated in routine health care and public health practice. Most recently I have concentrated on:

Developing methods to better assess the cost-effectiveness of healthcare and public health and make them more inclusive.

Understanding how health care prioritisation decision making can be made more acceptable.

Understanding the relationship between research and health policy

I have undertaken research projects in most areas of public health and health services research including: health needs assessment <http://www.bmj.com/content/298/6687/1556.abstract> the effects of deprivation on health [http://www.publichealthjrn.com/article/S0033-3506\(98\)00200-5/abstract](http://www.publichealthjrn.com/article/S0033-3506(98)00200-5/abstract) the development of health related outcome indicators - The St Georges Respiratory Questionnaire <http://www.ncbi.nlm.nih.gov/pubmed/1595997> measurement of clinical outcomes <http://www.bmj.com/content/316/7146/1697.abstract> ) policy analysis <http://www.bmj.com/content/315/7109/668.full> public health intervention evaluation <http://www.ncbi.nlm.nih.gov/pubmed/8946306/> and service evaluation <http://thorax.bmj.com/content/46/8/559.abstract>

From 1999-2012 I was the founding Clinical and Public Health Director of NICE and Head of Research and Development

<https://www.nice.org.uk/>

From 2013-2019 I was the Public Health Lead and Deputy Director of the National Institute for Health Research Collaboration for Leadership in Health Research and Care, South London. This was a £18m service and academic collaboration to support the translation of evidence into practice.

<http://www.clahrc-southlondon.nihr.ac.uk/>

From 2019-2023 I was the Deputy Director of the National Institute for Health Research Applied Research Collaboration (South London). This is a £18m service and academic collaboration to support the translation of evidence into practice. I led the Public Health and Multimorbidity Theme (£1.5M).

<https://arc-sl.nihr.ac.uk/>

## Current Main Research Activity

All health care systems are facing increasing demands within limited resources. Most countries are introducing systems to prioritise health services and assess “value for money” that they hope have legitimacy with the public on whose behalf they are acting. These processes are a key factor in creating effective and sustainable Universal Health Coverage systems but face legal, political, methodological, philosophical and ethical challenges. Since leaving NICE in 2012 I have established an international research programme to undertake a cross-national exploration of the different ways in which values are constructed and incorporated into decisions about healthcare resource allocation in different countries. Countries so far involved are UK, USA, Columbia, Korea, Kuwait, China, Thailand, Australia, Brazil, New Zealand, World Bank Institute. The Wellcome Trust and Nuffield Trust supported an initial workshop in February 2011 and the programme was launched in 2012 in conjunction with Professor Albert Weale previous Chairman of the Nuffield Council for Bioethics and Professor of Political Science and Public Policy at UCL <http://www.ucl.ac.uk/socialvalues/>

I have created a new way of encouraging patients and the public to get involved in making these difficult decisions.

<http://bmjopen.bmj.com/content/5/7/e007908.full?sid=15b9d501-1b6e-400b-a5c1-a4b6ef90058>.

It is based on a social values framework that has been converted into a decision making audit tool (DMAT)

<http://www.emeraldinsight.com/journals.htm?issn=1477-7266&volume=26&issue=3>.

<http://www.emeraldinsight.com/toc/jhom/30/5>

We have worked with a digital design company to create an online version was launched at a London CLAHRC Research information meeting at the House of Lords on the 4<sup>th</sup> July 2017 hosted by Lord Crisp. The DMAT was designed to demonstrate to the wider public how difficult health prioritisation decisions have been (or should have been) made. It also help patients and interested members of the public work alongside health care managers and policy makers to make decisions about what services to commission or fund (or stop funding). This is particularly important when budgets are tight, and funders have to prioritise some services or treatments over others.

The film “**The Lottery of Devolved Cancer Care**” that I developed provides the rationale for why the DMAT is needed, it can be viewed here <https://www.youtube.com/watch?v=DVhvzr97-ZM>

It uses variation in access to expensive cancer drugs in the home countries as a relevant case study for a UK setting. It is based on the circumstances that led Irfon Williams moving from Wales to England to get his treatment.

Recently we have used this approach to develop a new decision tool to support prioritisation decisions during Covid. <https://blogs.kcl.ac.uk/clahrc-south-london/2020/04/29/covid-19-the-reality-of-opportunity-costs-will-need-to-be-debated-openly/>

Most recently my research group has been exploring the effects of Covid on UK health policy with a specific reference to the circumstances around the closure of Public Health England. We are advocating for a new approach to Public Health policy development in the UK.

[Public health reforms in England risk creating a system unfit for purpose | ARC South London \(nhr.ac.uk\)](#)

[public-health-report-sept-2022-final.pdf \(nhr.ac.uk\)](#)

I continue to write on efficient health care policy

## **Previous Research Activity**

My main interest has been in the evaluation of the cost-effectiveness of health interventions (both clinical and at population levels) and how research can inform health policy. These various aspects were brought together when I founded and directed the Health Care Evaluation Unit (HCEU) at St George’s Hospital Medical School. The overall aim of the HCEU was to improve the cost-effectiveness of service delivery through research, education and policy analysis. The HCEU was a designated support unit for the National Research and Development Programme in South Thames.

I created a multidisciplinary team of researchers with experience in epidemiology, health economics, social policy, demography, public health, psychology, nursing and statistics. We used a range of qualitative and

quantitative methodologies spanning randomised controlled trials, through new methods of mathematical modeling to soft systems operational research. This research was undertaken in collaboration with local health care purchasers, providers and general practitioners, the St George's Academic Department of General Practice and Primary Care, other University Departments, Royal Colleges and the National Health Service Executive.

The success of this approach resulted in the National Research and/ Development Programme in South West Thames inviting me to direct the unit on a fulltime basis from December 1996.

In the following year I was awarded a personal chair in Public Health by the University of London.

There were 4 themes to the research programme:

- (i) The development of validated techniques for assessing the quality of clinical guidelines
  - (ii) Identifying the most effective ways of improving an individual professional's performance
  - (iii) Primary research into the cost-effectiveness of specific health care interventions
  - (iv) Secondary research (systematic reviews) into the cost-effectiveness of specific healthcare interventions
- (i) **The development of validated techniques for assessing the quality of clinical guidelines**

The initial research programme was supported by the National R&D primary/secondary interface programme. I was the lead applicant in collaboration with Aberdeen University and St Bartholomew's Hospital Medical School. A national survey of guidelines for asthma, breast cancer, lung cancer, coronary heart disease and depression was undertaken.

<http://www.emeraldinsight.com/journals.htm?articleid=1657076&show=abstract>

The critical appraisal instrument previously developed in a pilot project undertaken in collaboration with the Royal College of Physicians and Aberdeen University was refined and updated.

<http://intqhc.oxfordjournals.org/content/11/1/21.short>

This research formed the basis of a further extensive international collaboration (see below). The main researcher Francoise Cluzeau was awarded a PhD on the basis of this research.

The HCEU was commissioned following a European wide competitive tendering process to coordinate the appraisal of potential national guidelines on behalf of the NHS Executive. In its document on Clinical Guidelines the NHS Executive designated the HCEU a specialised centre for guideline development. <http://www.ncbi.nlm.nih.gov/pubmed/10522232>

The key achievement was my appointment as the chief scientist on a BIOMED II project to create a European critical appraisal instrument. The HCEU was the main coordinating centre. Other collaborators were Dr Pierre Durieux (Hopital Cochin, Assistance Public des Hopitaux de Paris, France), Dr Jose Asua (Basque Office for Technology Assessment, Spain), Dr Finn Kristensen (Danish Hospital Institute, Copenhagen, Denmark), Dr Roberto Grillo (Mario Negri Institute, Milan, Italy), Dr Marjukka Makela (National centre for welfare and health, Helsinki, Finland), Professor Richard Grol (Centre for Quality of Care Research, Nijmegen, the Netherlands), Dr Albert Jovell (Catalan Agency for Health Technology Assessment, Barcelona, Spain), Dr Jeremy Grimsahw (Health Services Research Unit, Aberdeen University, UK), Dr Niek Klasinga (National Organisation for quality assurance in Hospitals, the Netherlands), Professor Thierry Philip (Federation Nationale des Centres de Lutte contre le Cancer, France), Professor George Browman, McMaster University, Ontario, Canada).

I handed over the coordinating role to my lecturer when I was appointed to the National Institute for Health and Clinical Excellence, although I continued to play an active role and the project was successful in attracting further funds from the European Union to extend the project to a further 20 countries.

The project resulted in the creation of the AGREE ( Appraising Guidelines, Research and Evaluation ) instrument which has been endorsed by the European Union, the World Health Organisation and the Council of Europe as the standard approach to assessing the quality of clinical guidelines. It has

since been translated into 25 languages . <http://www.ncbi.nlm.nih.gov/pubmed/12571340>

I am a founding member and trustee of the AGREE Research Trust which was established to further develop and ensure the integrity of the instrument. Another product of the work was the establishment of the the Guidelines International Network of which I am a founding member

I have recently collaborated with an international group of researches to further validate the instrument – the AGREE II programme. <https://www.agreetrust.org/>

NHS Evidence was developed by NICE as a national information portal as a result of the Darzi Review of the NHS. Following an international study of accreditation schemes it chooses to use the AGREE instrument as the basis for its new accreditation process for information sources. This is the first time ever that an internet information source has undertaken such a function. It is a further example of the international impact of the AGREE research programme. It is now being assessed by the National Institutes of Health in the USA to form the basis of their assessment of information sources on clinical guidelines

**(ii) Identifying the most effective ways of improving an individual professional's performance**

This involved a number of projects using qualitative and quantitative methodologies. Debra Humphris was awarded a PhD on the basis of this research. Aspects of the results from this research were disseminated throughout the UK by the NHS Executive in their communications (Executive Letters) on implementing clinical effectiveness and clinical audit strategies. Another aspect of this research involved exploring new statistical methods for monitoring individual clinicians' performance in order to provide personalised real time estimates of surgeons operating mortality rates. Carol Dumelow was awarded her PhD on the basis of her research into the work/family balance of hospital consultants <http://www.bmj.com/content/320/7247/1437.abstract>

The HCEU was designated by the Department of Health (Public Health Division) as one of its academic support centres. In addition the HCEU was invited to be a member of the Council of Europe's Expert Committee on Quality Assurance in Health Care. Debra became professor of health education at Southampton University and is now head of Education at Imperial College London.

**(iii) Primary research into the cost-effectiveness of specific health care interventions**

This included a number of randomised controlled trials and surveys:

- Evaluating the cost-effectiveness of patient education in the management of Osteoarthritis of the knee. This is the basis of Joanne Lord's PhD thesis. Joanne is now head of the NIHR HTA Programme in Southampton.
- A randomised controlled trial of the management of back pain in primary care
- Evaluating the cost-effectiveness of chemotherapy in breast cancer
- Evaluation of the national breast screening programme in South Thames
- Assessing the most cost-effective way to provide emergency transport services
- Evaluating the cost-effectiveness of screening for Haemochromatosis
- Assessing the impact of research on clinical practice (in conjunction with the Wellcome Trust)
- Assessing the effectiveness of training GPs in the management of mental disease
- Evaluating the cost-effectiveness of information systems in South Africa This was a randomised controlled trial and I was the principal investigator

(iv) **Secondary research (systematic reviews) into the cost-effectiveness of specific health care interventions**

I have collaborated on 4 reviews:

- Evidence relating process of care for common cancers to outcome and cost in specialist and non specialist hospital settings
- The relationship between delay and mortality in breast cancer
- Factors influencing delayed presentation by patients (e.g. psychosocial) and variations in onward referral by physicians to oncology specialists
- Neonatal screening for inborn errors of metabolism

Prior to commencing at the National Institute for Health and Clinical Excellence (NICE) I spend a year in South Africa evaluating a major policy initiative funded by the South African Health Systems Trust. I was visiting Professor to the Department of Public Health at the Medical University of Southern Africa (MEDUNSA)

<http://www.hst.org.za/publications/504>

<http://www.hst.org.za/publications/528>

At NICE I established a new Research and Development Directorate. The Institute's R&D strategy was approved by the NICE Board in 2004 and a R&D advisory committee was established. It's first chairman was Professor Sir Michael Marmot and the second chairman was Professor Tony Culyer.

NICE in conjunction with the Universidad del Desarrollo of Chile was appointed to coordinate the Measurement and Evidence Knowledge Network of the WHO Social Determinants of Health programme

[http://www.who.int/social\\_determinants/resources/mekn\\_final\\_report\\_102007.pdf](http://www.who.int/social_determinants/resources/mekn_final_report_102007.pdf)

I have taken a lead on identifying how research evidence and policy interact and provided the Institute's submission to the Cooksey Review. Following the publication of the report I worked closely with the Medical Research Council on a new funding stream for NICE's methodological research requirements. In 2009 they allocated £2.3million to NICE's methodological research needs.

<http://admin.nice.org.uk/aboutnice/howwework/researchanddevelopment/MRCFundedProjects.jsp>

I authored the Institute's submission to the Wanless NHS Enquiry

I collaborated with 2 groups of researchers in Australia looking at the evidence base for disinvesting from inappropriate health care

<http://www.adelaide.edu.au/ahta/whatwedo/disinvestment/backgroundandmethods.html>

and utilising public preferences in prioritising health care.

I collaborated with the Wellcome Trust and the National Institutes for Health in the USA on increasing public access to NICE Guidance.

I was part of the initial project group and then the implementation committee of the Technology Strategy Board £50 million Stratified Medicine Innovation Platform in 2011

I was a member of the Health Services Research sub-panel of the 2008 RAE Exercise and I was a member of the REF pilot on assessing the societal impact of research in 2011.

In January 2014 I was appointed Deputy Director of the National Institute for Health Research's Collaboration for Leadership in Health Research and Care South London and theme leader for Public Health.

I have completed a review of the standard setting and monitoring of quality in the NHS 1999-2013. This was presented as the Royal College of Physicians 2016 Milroy Lecture on State Medicine and Public Health.

## PUBLICATIONS

### Peer Reviewed Journals (oldest first)

Ventricular arrhythmias complicating weight reduction therapy in a patient with prolonged QT interval. O'Keefe JC, Butrous G S, Dymond D S, **Littlejohns P**, Peters N, Banin S O. Postgraduate Medical Journal 1985; 61:419-21

Domiciliary Consultation - who benefits? **Littlejohns P**. Journal of Royal College of General Practitioners 1986; 36:313-5

Auditory Rehabilitation - should we listen to the patients? **Littlejohns P**, John A C. Br Med J 1987; 294:1063-1064

An old disease with some new answers. The control of consumption **Littlejohns P**. Public Health 1988 Vol 102 No.6 525-529

Prevalence and diagnosis of chronic respiratory symptoms. **Littlejohns P**, Ebrahim S, Anderson R. Br. Med. J 1989; 298:1556-60

Relationship between general health measured with the sickness impact profile, pulmonary function, walking speed, respiratory symptoms and mood state in patients with chronic airways limitation. Jones P, Baveystock C, **Littlejohns P**. Amer. Rev. Resp. Dis. 1989;140:1538-1543

A randomised controlled trial of a respiratory health worker in reducing impairment, disability and handicap due to chronic airflow limitation. **Littlejohns P**, Baveystock C M, Parnell H, Jones. Thorax 1991; 46:559-564

Regional Audit: South West Thames. **Littlejohns P**. Br Med J 1991; 303:1256

A self-complete measure for chronic airflow limitation - the St George's respiratory questionnaire. Jones P W, Quirk F, Baveystock C, **Littlejohns P**. Am Rev Resp Dis 1992; 145:1321-1327

A study of the effects of a weekly or intensive course of speech therapy in pre-school children. Barratt J, **Littlejohns P**, Thompson J. Archives of Diseases in Childhood 1992; 67:106-108

Guidelines for treatment in NHS hospitals. Collier J, Ismail I, **Littlejohns P**. Journal of Clinical Effectiveness 1992; 2:6, 141-3

Public Health Education for all. **Littlejohns P**. Public Health Medicine 1993; 15:1-2

The relationship between severe asthma and social class. **Littlejohns P**, MacDonald L. Resp Med 1993; 87:139-143

Comparison of asthmatic patients admitted to hospital from health districts experiencing high and low asthma mortality rates. **Littlejohns P**, Hollowell J, Hayward P, Prance S. Postgraduate Med J 1994; 70:92-99

Provision of guidelines for the treatment of acute medical emergencies throughout one health region: the role of a coordinating centre. Collier J, Picton C, **Littlejohns P**. Journal of Royal College of Physicians 1994;28:519-522

Guidelines, shared care schemes, and protocols at the primary/secondary care interface. **Littlejohns P**, Sharda A. Journal of Clinical Effectiveness 1995; 5:24-5

Purchasers and guidelines: the "which" guide. Cluzeau F, **Littlejohns P**, Grimshaw J. Quality in health care 1994;3:121-122

Links between clinical audit and contracting systems. Lord J, **Littlejohns P**. International J of Health Care

Quality Assurance 1995; 8:15-24

Clinical Audit and clinical guidelines: their contribution to quality assurance and clinical effectiveness in the NHS. Humphris D, **Littlejohns P**. Interprofessional care 1995; 9:207-225

Appraising the quality of clinical guidelines: a pilot study. Cluzeau F, **Littlejohns P**, Grimshaw J. Interprofessional Care 1995; 9:227-235

Knowledge based commissioning: can a national clinical effectiveness policy be compatible with seeking local professional advice. **Littlejohns P**. Dumelow C, Griffiths S. J Health Serv Res Policy 1996; 1:28-34

Implementing clinical guidelines: preparation and opportunism. Humphris D, **Littlejohns P**. Journal of clinical effectiveness 1996; 1:5-7

Implementing clinical guidelines: linking education and audit. Humphris D, **Littlejohns P**. Medical Audit Trends 1996; 14:59-62

Development of an instrument to assess staff perceptions of the impact of trust based clinical audit programmes. Lord J, **Littlejohns P**. Journal of clinical effectiveness 1996; 1:83-9

Continuing medical education: another paper exercise? Young Y, Brigley S, **Littlejohns P**, Mckewen J. Journal of Public Health 1996;18:357-363

An evaluation of the prevalent round of the breast screening programme in South East Thames, 1988-1993. 1. Achievement of quality standards and population impact. Garvican L, **Littlejohns P**. Journal Medical Screening 1996; 3:1-6

Impact of provider based clinical audit programmes: perceptions of doctors, nurses and other health professionals. Lord J, **Littlejohns P**. International journal of Quality in Health Care 1996; 8:1-9

Implementing a national clinical effectiveness policy: how important are local clinicians. **Littlejohns P**. Dumelow C, Griffiths S. Journal of Clinical Effectiveness 1996; 1:124-128

Continuing medical education: reflective practice. Brigley S, Young Y, **Littlejohns P**, McEwen J. Postgraduate Med. J. 1997;23:23-26

Evaluating continuing medical education. Brigley S, **Littlejohns P**, Young Y, McEwen J. Medical Education 1997;31:67-71

Evaluating health care polices: the case of clinical audit. Lord J, **Littlejohns P**. Br Med J. 1997; 315:668-71

National Survey of UK guidelines for the management of coronary heart disease, lung and breast cancer, asthma and depression. Cluzeau F, **Littlejohns P**, Grimshaw J. Journal of Clinical Effectiveness 1998; 2:120-123

An evaluation of the prevalent round of the breast screening programme in South East Thames, 1988-1993.2 Comparison of prognostic and socio-economic factors in screen detected and symptomatic cases. Garvican L, **Littlejohns P**. Public Health 1998 112:1-6

Satisfaction with clinical nurse specialists in a breast clinic: questionnaire survey. Garvican L, Grimsey E, **Littlejohns P**, Lowndes S, Sacks N. BMJ 1998;316:976-7

Cumulative risk adjusted mortality chart for detecting changes in death rate: observational study of heart surgery. BMJ 1998; 316:1697-700. Poloniecki J, Valencia O, **Littlejohns P**

A systematic review of evidence for the appropriateness of neonatal screening programmes for the inborn errors of metabolism. Thomason MJ, Lord J, Bain M, Chalmers RA, **Littlejohns P**, Addison GM, Wilcox HA, Seymour CA. J Public Health Med 1998; 20:332-43

Public health physicians who contribute to on-call communicable disease control duties: national comparative clinical audit by questionnaire survey. Garvican L, Mayon-White R, **Littlejohns P**. Public Health 1999 21: 447-452

Cost-benefit of neonatal screening for phenylketonuria: a secondary analysis of economic data. Lord J, Thomason MJ, **Littlejohns P**, Chalmers RA, Bain M, Addison GM, Wilcox HA, Seymour CA. J Epidemiol Community Health 1999; 53:179-186

The quantity and quality of UK clinical practice guidelines for the management of depression in Primary Care. **Littlejohns P**, Cluzeau F, Grimshaw J, Feder G, Bale R, Moran S. British Journal of General Practice 1999;49,205-210

Influence of delay on survival in patients with breast cancer: a systematic review. Richards MA, Westcombe AM, Love SB, **Littlejohns P**, Ramirez AJ. The lancet 1999;353:1119-1126

Factors predicting delayed presentation of symptomatic breast cancer: a systematic review. Ramirez Aj, Westcombe AM, Burgess CC, Sutton S, **Littlejohns P**, Richards MA. The lancet 1999;353:1127-1131

Clinical Governance and NICE: a close relationship. **Littlejohns P**. British Journal of Clinical Governance 1999;4:125-127

Do diabetes nurse specialists utilise research evidence? Humphris D, Hamilton S, O'Halloran P, Fisher S **Littlejohns P**. Practical Diabetes Int 1999;16(2): 47-50

Development and application of a generic methodology to assess the quality of clinical guidelines. Cluzeau F, **Littlejohns P**, Grimshaw J. Int Journal for Quality in Health Care 1999; Vol 11 no 1 21-28

Clinical Practice Guidelines in England and Wales: the development of a methodological framework and its application to policy. Cluzeau F, **Littlejohns P**. Jt Comm J on Qual Im 1999; 25:514-521

Evaluating computerized health information systems: hardware, software and human ware: experiences from the Northern Province, South Africa. Herbst K, **Littlejohns P**, Rawlinson J, Collinson M, Wyatt JC. Journal of Public Health Medicine 1999;21:305-10

Relationship between a career and family life for English hospital consultants: qualitative, semi structured interview survey. Dumelow C, **Littlejohns P**, Griffiths S. BMJ 2000;320:1437-40

The voices of practice: a qualitative study of the factors affecting the uptake of research evidence by clinicians and managers in one acute trust. Humphris D, **Littlejohns P**, Victor C. Journal of Clinical Excellence 2000;2:9-13

Guidelines for Evaluation. **Littlejohns P**, Cluzeau F. Family Practice 2000; 17:suppl1 s3-s6

Clinical Guidelines Development in Europe: an international comparison. The AGREE Collaboration. Writing group Thomason M, Cluzeau F, **Littlejohns P**. International Journal of Technology Assessment in Health Care 2000,16:4; 1036-1046

Ambulance Economics. Fischer A, **Littlejohns P**, O'Halloran ,. Journal of Public Health Medicine 2000; 3:413-421

The Contribution of NICE to Psychiatry. **Littlejohns P**. Advances in Psychiatry 2000; 6:321-326

Implementing evidence based practice: the use of research evidence by occupational therapists. Humphris D, **Littlejohns P**, Victor C, O'Halloran P, Peacock J . Journal of Occupational Therapy 2000 Vol 63 no11 516-523

The establishment of NICE and its implication for the Pharmaceutical Industry. **Littlejohns P** Drug Information

Journal 2001; 35:181-189

Evidence based Medicine: NICE hints on day to day implementation. **Littlejohns P**. International Journal of Pharmaceutical Medicine 2001; 15:281-286

Views of Directors of Public Health about NICE Appraisal Guidance: results of a postal survey. Davies E, **Littlejohns P**. Journal of Public Health Medicine :2002;24:319-325

Development and Validation of an international appraisal instrument for assessing the quality of clinical practice guidelines:the AGREE project. The AGREE Collaboration. (contributions : **P. Littlejohns** developed the first draft of the instrument, designed the field studies and was a member of the writing group that produced the final draft paper. Quality and Safety in Health Care 2003:12;18-23

Evaluating computerised health information systems: hard lessons still to be learnt. **Littlejohns P**, Wyatt JC, Garvican L. BMJ 2003;326:860-3

The cancer technology appraisal programme of the UK's National Institute for Clinical Excellence. **Littlejohns P**, Barnett D, Longson C. The Lancet Oncology.2003;4:242-50

NICE Cancer Guidance: a description of the Institute's Clinical Guideline Programme. British Journal of Cancer (2003)89 (suppl 1) s9-s11

NICE for Children. Tyrell J, **Littlejohns P**. Current Paediatrics 2003 13 231-236

Characteristics of high quality guidelines. The AGREE collaboration. International Journal of Technology Assesment in Health Care. 19:1 2003, 148 -157

The changing face of NICE: the same but different. **Littlejohns P**, Kelly M. The Lancet 2005; 366:791-794

Evidence of Health Policy. **Littlejohns P** Chalkidou K *JRN*, 2006; 11(2): 110-7

Trastuzumab for early breast cancer: evolution or revolution. **Littlejohns P**. Lancet oncology 2006 Vol 7 22-23

Cost-effective public health guidance: asking questions from the decision-maker's viewpoint; K Chalkidou, T Culyer, B Naidoo and **P Littlejohns**. Health Economics, 2007

Making a decision to wait for more evidence: when the National Institute of Health and Clinical Excellence recommends a technology only in the context of research. K Chalkidou, A Hoy and **P Littlejohns**. Journal of the Royal Society of Medicine; 2007

Evidence-Based Decision Making: When Should We Wait for More Information? Chalkidou K, Joanne L, Fischer A, **Littlejohns P**. Health Affairs. 2008 27 No 6 1642-1653

NICE at 10 years: new challenges ahead. **Littlejohns P**. Expert Review of Pharmaco-economics and Outcomes research. 2009, Vol 9, No 2 Pages 151 – 156

NICE at 10 years: still growing and still controversial. **Littlejohns P**, Barnett D, Longson C, Garner S, Doyle N. The Lancet Oncology. 2009 Vol 366 No 9488 pages 791-794

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- Implementing clinical guidelines: a practical guide. Humpris D, **Littlejohns P**. Published by Radcliffe Press 1999
- Delivering Quality in the NHS 2004. Eds Rawlins M, **Littlejohns P**.

Published by Radcliffe Press 2004 (Oxford)

- Delivering Quality in the NHS 2005. Eds Rawlins M, **Littlejohns P**. Published by Radcliffe Press 2005 (Oxford)
- Patients, the public and prioritising health services. Eds **Littlejohns P**, Rawlins M. Published by Radcliffe Press 2009 (Oxford)
- NICE at 25: a quarter century of evidence, values and innovation in health. Eds **Littlejohns P**, Syrett. 2025 Routledge (London)
- Making Health Public: a manifesto for a new social contract. **Littlejohns P**, Hunter DJ, Weale A, Johnson J, Khatun T. Policy Press (Bristol)

## Chapters

- Auditory Rehabilitation in an elderly population. **Littlejohns P**. Adjustment to acquired hearing loss. Ed. J G Kyle 1987, Bristol
- Epidemiological based needs assessment: respiratory disease. Anderson H R, Esmail A, Hollowell J, **Littlejohns P**, Strachan D P. London: Department of Health, 1992
- Studying the flow of patients with asthma through outpatient's clinics. Young Y, **Littlejohns P**. In Modelling Hospital Resource Use. Eds Millard PH, McClean SI. Royal Society of Medicine Press Ltd 1994
- Assessing the quality of guidelines. **Littlejohns P**, Cluzeau F. In Making use of guidelines in clinical practice. Eds Hutchinson A, Baker R. Radcliffe Press 1999
- The role of NICE **Littlejohns P**; In measuring the quality of health Care for Elderly People. Royal College of Physicians London 2000
- The relationship between NICE and the national R&D programme **Littlejohns P**. In The National Research and Development programme. Eds M Baker Radcliffe Oxford 2000
- The role of NICE. **Littlejohns P**. In measuring the quality of Care for Elderly People. Royal College of Physicians London 2000
- The relationship between NICE and the national R&D programme **Littlejohns P**. In the National Research and Development Programme. Eds M Baker Radcliffe Oxford 2000
- The role of NICE. **Littlejohns P**. Evidence based Public Health. Oxford University Press 2007 Oxford
- The challenges of developing cost-effective public health guidance: a NICE perspective. K Chalkidou, T Culyer, B Naidoo and **P Littlejohns**. The Future of Health: Burdens, Challenges and Opportunities, Judge Business School, Cambridge 2008
- Assessing evidence and prioritizing clinical and public health guidance: the NICE Way. **Littlejohns P**, Chalkidou K, Wyatt J, Pearson SD. In Evidence Based Public Health: effectiveness and efficiency, Eds Killoran A, Kelly MP. Oxford University Press 2010 Oxford.

## Published Conference Proceedings

- Distribution and perceived value of treatment guidelines in a London Teaching Hospital District: the

impact of promotion. Collier J, Ismail I, **Littlejohns P**. Proc. R. Coll. Physicians Edinb 1995; 25:118-20

- Are purchasers ready for clinical audit. Lord J, **Littlejohns P**. In Evaluating clinical Audit: past lessons, future directions. Edited by Walshe K. International congress and symposium series 212. 1995 Royal Society of Medicine. London
- The role of the purchaser in Audit. **Littlejohns P**. Medical Audit Trends 1996
- Neural networks for decision making related to asthma diagnosis and other respiratory disorders. Lane V, **Littlejohns P**. In Current Perspectives in Healthcare Computing 1996. Edited by Richards B. BJHC, Weybridge Surrey ISBN 0-948198-24-9
- Decision making in general practice - the application of neural networks. Lane V, **Littlejohns P**. In, British Computer Society's 10th Annual Conference in Primary Health Care. Edited by Teesdale T. 1996 Cambridge University
- The point of view of the financial provider: the role of NICE in promoting cost effective practice. Proceedings of the Institut des Sciences del la Sante. Paris 2000

### **Improving clinical effectiveness series. Occasional papers produced by the Health Care Evaluation Unit**

- Medical Audit and Management. Improving clinical effectiveness: 1992 Report 1
- Proceedings of a South West Thames RHA Medical Audit Symposium. Improving clinical effectiveness: 1992 Report 2
- Realising the benefits of medical audit: the role of purchasers and providers. Improving clinical effectiveness: 1993 Report 3
- Proceedings of a Regional Clinical Audit Conference. Improving clinical effectiveness: 1994 report 4
- Clinical Audit, contracting and effectiveness. Improving clinical effectiveness: 1994 report 5
- Professional Advice to Purchasers: knowledge based purchasing through local collaboration. Improving clinical effectiveness: 1994 report 6
- Critical appraisal of clinical practice guidelines: a pilot study of an evaluation instrument. Improving clinical effectiveness: 1994 report 7
- Support for primary care health teams wishing to implement guidelines on the management of asthma in primary care. Improving clinical effectiveness: 1995 report 8
- A breast cancer clinical audit strategy. Improving clinical effectiveness: 1995 report 9
- Critical appraisal of clinical practice guidelines: a pilot study for the NHS Executive. Improving clinical effectiveness: 1996 report 10

### **Royal College Reports**

- First report of working party on continuing medical education. Faculty of Public Health Medicine of the Royal Colleges of the United Kingdom. London 1994. I was secretary to the working party and produced the first and subsequent drafts
- Continuing professional development for public health medicine: implementing the next stages. Faculty of Public Health Medicine of the Royal Colleges of the United Kingdom. London 1994. I was secretary to the working party and produced the first and subsequent drafts

- Draft Appraisal Instrument for clinical guidelines. Cluzeau F, **Littlejohns P**, Grimshaw J, Feder J. In Development and implementation of clinical Guidelines. Royal College of General Practitioners 1995. Report from general Practice no 26. Appendix 2
- An evaluation of the CPD Diary. Brigley S, **Littlejohns P**, Young Y, Mckewan J. Faculty of Public Health Medicine of the Royal Colleges of the United Kingdom. London 1997

### NHS Executive reports

- Criteria which health authorities may find useful for the assessment of clinical audit arrangements. Lord J, **Littlejohns P**. Leeds. NHS Executive 1995. EL (95) 103. Annex B

### Articles in professional and other journals

- The emphasis in modern medicine should be on prevention rather than cure. **Littlejohns P**. The Practitioner 1986; 230 (Whole Supplement)
- Bad Managers can damage your health. **Littlejohns P**, St George D. Hospital Doctor 1986; 6:7
- Counselling cigarette smokers in general practice. Freeling P, **Littlejohns P**. Child and maternal health 1989;14:394-397
- The training conference is dead; long live the training conference. **Littlejohns P**. The Public Health Physician 1992; 3:3
- Clinical Audit: secret garden. Lord J, **Littlejohns P**. Health Service Journal 1994;18-21
- Seeking Medical Advice. Dumelow C, **Littlejohns P**. Health Service Journal 1994;37
- Continuing Medical Education or Continuing Professional development, probably Continuing Professional Survival. **Littlejohns P**, Young Y. Public Health Physician 1995
- One and half cheers for the CPD Diary. Brigley S, **Littlejohns P**. The Public Health Physician 1996; 7:16-17
- Towards valid clinical guidelines: development of a critical appraisal instrument. Cluzeau F, **Littlejohns P**, Grimshaw J, Feder G. Health Care Risk Report 1996;2:16-18
- Do Diabetes nurse specialists utilise research evidence? Humphris D, **Littlejohns P**, Hamilton S, Fisher S, Diabetic Medicine 1999
- Justifying health care priorities will not be easy. **Littlejohns P**, Weale A, Clark S. Health Serv J. 2012 Sep 13;122(6320):18
- [The bumpy road to healthcare regulation.](#) **Littlejohns P**, Newton P. Health Serv J. 2013 Jul 26;123(6361):18.

### Video

- The development of the NHS. In conjunction with Syracuse University 1995
- Health Abacus: an approach to health care purchasing. In conjunction with Syracuse University 1995
- The Establishment of the National Institute for Clinical Excellence and its implication for the Pharmaceutical Industry. Drug Information Association Annual Conference 2000

- Lost in Translation, British Library 2010.
- 2017- film “The Lottery of Devolved Cancer Care”  
<https://www.youtube.com/watch?v=DVhvzr97-ZM>

## **Blogs**

### **Series of blogs as a patient with cancer**

[https://www.puymeras-lifestyle.com/files/ugd/0a5459\\_cf1366bebcd2453abbd3ad9479bb8e46.pdf](https://www.puymeras-lifestyle.com/files/ugd/0a5459_cf1366bebcd2453abbd3ad9479bb8e46.pdf)

### **Prioritisation in health systems**

<https://blogs.kcl.ac.uk/clahrc-south-london/2017/11/22/clahracs-are-big-down-under-2/>

<https://blogs.kcl.ac.uk/clahrc-south-london/2018/10/18/portrait-of-a-hidden-patient/>

<https://blogs.kcl.ac.uk/clahrc-south-london/2018/09/26/brazil-could-lead-the-world-in-universal-health-coverage-but-the-public-need-to-demand-it/>

<https://blogs.kcl.ac.uk/clahrc-south-london/2018/03/17/four-weeks-to-improve-the-world/>

## **Covid**

<https://blogs.kcl.ac.uk/clahrc-south-london/2020/03/25/we-need-to-agree-principles-define-processes-for-local-prioritisation-and-have-clear-clinical-protocols-for-staff-to-ensure-that-the-nhs-is-fair-to-all-in-the-months-to-come/>

<https://blogs.kcl.ac.uk/clahrc-south-london/2020/04/29/covid-19-the-reality-of-opportunity-costs-will-need-to-be-debated-openly/>

<https://blogs.kcl.ac.uk/clahrc-south-london/2020/05/28/sweet-science-reigns-how-on-earth-did-it-come-to-this/>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/blame-game-has-started-downgrading-public-health-england>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/strange-timesstrange-alliances-we-should-now-prioritise-future>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/justice-and-fairness-time-covid-and-should-we-prioritise>

<https://arc-sl.nihr.ac.uk/news-insights/uk-approach-covid-19-vaccinations-impressively-rapid-haste-can-create-challenges>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/evidence-was-it-really-used-covid-19-pandemic-key-issue-covid-19>

## Public Health England and Public Health Policy

[Gone and even forgotten... what did Public Health England do \(or not do\) to deserve this? | ARC South London \(nihr.ac.uk\)](#)

<https://arc-sl.nihr.ac.uk/news-insights/latest-news/public-health-reforms-england-risk-creating-system-unfit-purpose>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/designing-public-health-governance-its-challenges-consequences>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/bonfire-quangos-lets-make-pyre-perennial-ritual>

<https://arc-sl.nihr.ac.uk/news-insights/blog-and-commentary/prioritising-prevention-healthcare-why-we-need-whole-system>

<http://fuseopencienceblog.blogspot.com/2023/01/public-health-at-crossroads-again.html>

### Published Abstracts

- Differential diagnosis of chronic respiratory symptoms in a general adult population. **Littlejohns P.** Thorax 1988; 43:819
- Diagnostic labelling: its prediction and consequences in the management of patients with chronic respiratory symptoms. **Littlejohns P.** Thorax 1988;43:858
- Anxiety, depression, walking speed and spirometry in chronic airways obstruction. Jones P, Baveystock C, **Littlejohns P.** Thorax 1988; 43:858
- Treatment of Adult asthma: is the diagnosis relevant. **Littlejohns P,** Ebrahim S, Anderson R. Thorax 1989: 44:797-802
- The St George's Respiratory Questionnaire - repeatability and sensitivity to change. Jones P W, Quirk F H, Baveystock C M, Collier J G, **Littlejohns P.** Thorax 1990; 45:811
- The St George's Respiratory Questionnaire - a measure of "quality of life" for patients with airflow limitation. Jones P W, Quirk F H, Baveystock C M, **Littlejohns P.** Thorax 1990; 45:881
- The relationship between adult asthma morbidity and social class. **Littlejohns P,** Spring K, MacDonald L. Thorax 1991; 46:322
- Are variations in asthma mortality due to differences in epidemiology, disease management or both. **Littlejohns P,** Hollowell J, Hayward S, Prance S. Eur Respir J 1992; 87:139-145
- A comparative study of the workload of two asthma clinics in the United Kingdom. Millard P, Young Y, **Littlejohns P.** Europ Resp J 1993. Vol 6, supplement 17:286s
- Assessment of the acceptability of the role of clinical nurse specialists running a breast clinic for new referrals. Garvican L, Grimsey E, **Littlejohns P,** Lowndes S, Sacks N. J Epidemiol Community Health 1997;51:607
- Evaluation of the impact of the UK breast screening programme in South East Thames Region form a

population perspective. Garvican L, **Littlejohns P**. J Epidemiol Community Health 1996; 50:589

## Letters

- Job-loss and Family Morbidity. **Littlejohns P**, Williams E. Journal of Royal College of General Practitioners 1986; 36:176
  - A joint approach to anti-smoking clinics. **Littlejohns P**, Cooke N. Journal of Royal College of General Practitioners 1988; 38:372-373
  - Trust in clinical judgement. **Littlejohns P**. Health Service Journal. August 1990
  - Asthma care in general practice - time for revolution. **Littlejohns P**. British Journal of General Practice 1991; 41:346
  - Completing the feedback loop. Hollowell J, **Littlejohns P**, Ben-Shlomo. Br Med J 1991; 303:650-651
  - Education of patients about chronic obstructive pulmonary disease. **Littlejohns P**, Jones P. Lancet 1992; 340:432
  - Guidance on Guidelines. **Littlejohns P**, Collier J, Hilton S. Lancet 1992; 305:1098
  - Clinicians involvement in commissioning. **Littlejohns P**, Dumelow C, Griffiths S. British Journal of General Practice 1995;45;440-441
  - Neural Networks. Lane V, **Littlejohns P**. Lancet 1995; 306:1501
  - Clinical audit and the purchaser-provider interaction: different attitudes and expectations in the United Kingdom. Lord J **Littlejohns P**. Quality in Health care 1996; 5:259
  - Satisfaction with nurse specialists in breast care clinics. Garvican L, **Littlejohns P**, Sacks NPM. BMJ 1998;317;1316-7
  - Assessment of NICE Guidance. **Littlejohns P**, Dillon A, Barnett D. Lancet 2004;vol 364.135-136
  - Maybe health economists should participate in guideline development. **Littlejohns P**, Leng G, Drummond M, Culyer T. BMJ 2004; 329: 571
  - **Littlejohns P**. Leng G, Sutcliffe A. NICE responds to criticisms of hypertension guidelines. BMJ 2005 330 309
  - Kelson M, Longson C, **Littlejohns P**. NICE does consider patient views. BMJ 2009; **338**:b652
  - Response. Littlejohns S, **Littlejohns P**, Richardson J, Robertson A. Clin Med. 2014 Feb;14(1):92.
  - Response Littlejohns S, Bontoft H, **Littlejohns P**, Richardson J, Robertson A. Clin Med. 2013 Dec;13(6):630-1.
  - [The BRICS development bank and health.](#) **Littlejohns P**. Lancet. 2013 Jul 13;382(9887).
  - [Time for an evidence based approach to staffing.](#) **Littlejohns P**. BMJ. 2013 May 15;346:f3002. doi: 10.1136/bmj.f3002
- [Basing safe staffing levels on evidence.](#) **Littlejohns P**. BMJ. 2015 Aug 28;351:h4556 doi:10.1136/bmj.h4556.

[Shining a light on "hidden patients".](#)

Littlejohns P. BMJ. 2018 Apr 30;361:k1859. doi: 10.1136/bmj.k1859.

[Developing guidelines is expensive.](#)

Littlejohns P. BMJ. 2018 Mar 7;360:k900. doi: 10.1136/bmj.k900.

### Reports written for the NHS include:

- Palliative Care Provision in East Surrey 1989. (Chairman of working party)
- Public Health Annual Report Wandsworth 1990 and 1991. (Editor)
- Smoking and Health in Wandsworth 1990. (Contributor)
- Medical Audit Report for Wandsworth Health District 1990. (Vice-chairman of audit committee and author of report)
- The prevalence of young physically disabled people in South West Thames. 1990(Author)
- Medical Audit Reports for South West Thames RHA 1991/1992/1993. (Author)
- The Path of Least Resistance. Department of Health 1998. Member of Standing Medical Advisory Committee.

### GRANTS

- 1987 - King's Fund: £25,000  
*Randomised controlled trial of a nurse practitioner in the management of chronic disease*
- 1989 - Department of Health: £90,000  
*To establish a computerised medical audit system in a health district*
- 1990 - South West Thames Regional Health Authority: £10,000  
*To extrapolate a district indicative prevalence model for young physically disabled patients to a whole region*
- 1993 - Department of Health: £29,000  
*To explore the relationship between medical audit, contracting and clinical effectiveness*
- 1993 - NHS Executive: £50,000  
*To investigate the role of professionals in providing clinical advice to health commissioning agencies*
- 1993 - South Thames Regional Health Authority: £280,000  
*To develop the ability of commissioners to purchase clinically effective services*
- 1994 - Surrey Family Health Services Authority: £15,000  
*To investigate the cost-effectiveness of GP asthma clinics*
- 1994 - Medical Manpower Task Force: £50,000  
*To investigate the role of women in the medical work force*
- 1994 - The Rheumatism and Arthritis Council: £130,000  
*To develop and evaluate clinical guidelines for the management of osteoporosis in collaboration with the departments of Primary care and Rheumatology*

- 1994 - NHS Research and Development Initiative: £50,000  
*To develop a critical appraisal tool for assessing guidelines*
- 1995 - NHS Executive: £67,000  
*To coordinate the critical appraisal programme for assessing national guidelines*
- 1995 - NHS Research and Development Initiative: £115,404  
*Systematic review of neonatal screening for inborn errors of Metabolism in collaboration with the departments of paediatrics, and biochemical medicine - lead applicant*
- 1995 - Department of Health: £82,000  
*Survey of clinical audit in public health medicine in collaboration with the Faculty of Public Health Medicine*
- 1996 - NHS Research and Development Initiative: £1,200,000  
*To establish a R&D support unit*
- 1996 - NHS Research and Development Initiative: £15,000  
*Evaluation of the cost-effectiveness of patient education in the management of osteo-arthritis of the knee*
- 1997 - NHS Executive: £115,000  
*To coordinate the critical appraisal programme for assessing national guidelines*
- 1997 - NHS Executive (South Thames): £175,000  
*To coordinate the Assisting Clinical Effectiveness programme*
- 1998 - BIOMED-2 European Commission: £300,000  
*Strengthening effective practice: promoting the rigorous development of clinical guidelines in Europe through the creation of a common appraisal instrument*
- 1998 - NHS Executive (South Thames): £58,000  
*To develop statistical methods to monitor individual surgeons performance*
- 1999 - Health Systems Trust – South Africa £50,000  
*To evaluate a computerised Information service in the Northern Province*
- 2004 - BIOMED-2 European Commission: £150,000  
*Accompanying measures to disseminate the AGREE instrument throughout Europe*
- 2004 – Canadian Health Services Research Fund: £50,000  
*To further validate the AGREE instrument*
- 2005 – European Union - £76,000  
*CoCanCPG European Cancer Guidelines Project*
- 2008 – Medical Research Council (Australia) - £520,000  
*The ASTUTE (Assessing Service and Technology Use To Enhance Health) study aims to design, implement and evaluate a model to identify the social, ethical, political, economic and epidemiological factors that perpetuate the use of ineffective health care practices, and to test if practices can be disinvested.*
- 2009 - Medical Research Council (UK) - £3,300,000 *To support 10 methodological research projects prioritised by NICE,*
- 2010 - Medical Research Council (Australia) - £225,266

*Engaging the Public in Decision-making: quantifying preferences for healthcare through Citizens' Juries*

- 2011 – Nuffield Trust and Wellcome Trust - £12,000  
*Host an international workshop on the application of social values to fair health priority setting.*
- 2012 - Canadian Institutes of Health Research - \$602,124  
Innovations to enhance the capacity of practice guidelines to improve health and healthcare systems: AGREE- REX (Recommendation Excellence 2013 setting).
- 2013 - GSTT - £120,000  
Assessment of the impact of NICE alcohol standards
- 2013 - NIHR - £650,000  
Supporting patient and public involvement in CCGs in prioritising health care
- 2014 – Wellcome Trust - £40,000  
Fair Prioritisation of Health Care
- 2019 – NIHR - £1.5m Applied Research Collaboration – Public Health theme.

## **SELECTED PRESENTATIONS**

- 1988 - "A Public Health Approach to Smoking Cessation". Royal College of General Practitioners Conference
- 1989 - "Evaluation of a respiratory health worker". The British Thoracic Society
- 1990 - "Asthma and social class". British Thoracic Society
- 1991 - "Are geographical variations in asthma mortality due to differences in epidemiology disease management or both?" 2nd Annual Congress of the European Respiratory Society. Vienna
- 1995 - "Clinical Guidelines: ancient art or modern science?" Faculty of Public Health Medicine Spring Conference Cardiff
- 1996 - "Clinical Audit, Contracting, and Clinical Effectiveness in the UK". International Society for the Assessment of Health Care Technology. San Francisco
- 1996 - "Putting Evidence Based Medicine into Practice - evaluating the evidence". London
- 1996 - "Implementing clinical guidelines: preparation meets opportunism. Health Board Greater Glasgow
- 1996 - "Uses and abuses of clinical Guidelines" BMJ conference. London
- 1997 - "Critically appraising guidelines II: the quality and quantity of UK guidelines for the management of asthma, coronary artery disease, breast cancer and depression". Scientific Basis of Health Services. Amsterdam
- 1998 - "Advances in European Guidelines" Quality in Health Care Conference Budapest

- 1999 - "The role of NICE" Royal College of Physicians
- 2000 - "Quality Assurance in the UK" Public Health, UK
- 2000 - "The Impact of NICE on the Pharmaceutical Industry " Drug Information Association Annual conference . San Diego
- 2000 - "A NICE Year". Clinical Effectiveness and Clinical Standards – from history to the future Royal College of Physicians. Edinburgh
- 2000 - The role of NICE in promoting cost-effective practice .Institut des Sciences del la Sante. Paris
- 2001 - "NICE hints on day to day implementation of evidence based medicine" The Faculty of Pharmaceutical Medicine of the Royal College of Physicians: Annual Lecture. Royal College of Physicians, London
- 2002 - Does NICE benefit cancer patient? Cancer Research UK Conference. Glasgow
- 2002 - The role of NICE in cancer drug therapy. Cancer Care Ireland. Belfast
- 2003 - Improving Health Care through Clinical Guidelines. World Bank Consultation. Sarajevo
- 2004 - NICE Guideline Programme. Kaiser Permanente Workshop. San Francisco
- 2005 & 2006 & 2008 – The role of NICE: Post Approval Summits at Harvard. USA
- 2005 – The NICE experience: Congressional Seminar, Washington. USA
- 2006 – The role of NICE: Commonwealth Fund Annual Conference. Washington. USA
- 2008 – The role of cost-effectiveness in evaluating health services NICE: Keio University Japan
- 2009- The role of NICE. World Health Summit. Berlin
- 2010- Comparative Effectiveness: A Transatlantic Perspective on Delivering a High Quality Service Through the Use of Evidence. American College of Cardiologists. USA
- 2011 - Disinvesting from low value interventions in the NHS. NICE Conference
- 2011- The role of NICE in the new NHS. Nuffield Trust
- 2011 - The challenge facing European health care systems International Conference UCL
- 2011 -The challenge of hyper-expensive drugs. Nuffield Council for Bioethics
- 2011- Understanding the values underpinning health services reform. Chinese University of Hong Kong
- 2012 - American Academy of Cardiology. San Diego, USA
- 2013 - International HTA Society. Seoul South Korea
- 2013 - American Academy of Pharmacy. Texas, USA.
- **2016 – Royal College of Physicians, London. Quality in the NHS 1999-2013: why did it go so wrong? Milroy Lecture on State Medicine and Public Health**
- 2018 – University of Sao Paulo Brazil. Celebrating 30 years of their public health system

## TEACHING and EDUCATION

I have experience at undergraduate, postgraduate and continuing education levels.

### Undergraduate

#### The teaching responsibilities of the Health Care Evaluation Unit

- (i) Health Care Evaluation Module in Health Sciences MSc. This consisted of fifteen 3 hour sessions addressing all aspects of evidence based health care.
- (ii) Health Care Evaluation Module in Public Health Sciences MSc. This provided an introduction to qualitative research methodologies used to evaluate health service interventions.
- (iii) Health Economics Module in Public Health MSc.
- (iv) Health Services Management Module in Health Sciences MSc.
- (v) HCEU input into quantitative research methods course.
- (vi) HCEU input into qualitative research methods course.
- (vii) Clinical Audit and health care evaluation in undergraduate programme.
- (viii) Contributed to the education of NHS personnel in evaluative research methodologies and the critical use of research information. This occurred through a variety of tailor made workshops linked with the FIND (Finding Information on **N**ew **D**evelopments).
- (ix) The HCEU coordinated the ACE (**A**ssisting **C**linical **E**ffectiveness) project. A number of acute and community trusts in South Thames were supported through educational initiatives to implement locally adapted evidence based clinical guidelines. The programme ran for 3 years.

In 2018 I was appointed Lead for Education in the newly established School for Public Health and Environmental Sciences in the Faculty of Life Sciences and Medicine, King's College London

### Postgraduate

In 1991 I was the first Director of Studies for a new part-time MSc in Public Health of the University of London. I reconfigured the South East Consortium Training Programme for Registrars in Public Health Medicine into a multidisciplinary MSc course reflecting the changing profile of current public health experiences. I designed the new course which included linking with the business school at Kingston University to develop a new management course. The first non medical graduate from this programme also became the first non medical Member of the Faculty of Public Health.

I was Director of Postgraduate Public Health Education in South Thames (1994-5) and developed an education strategy for the new South Thames Region and administered the Training budget of £1.2 million a year.

I was organiser, lecturer and examiner on the Application of Epidemiology to the Management of Health Services course at Kings College University of London (1988).

I was organiser, lecturer and examiner for the Postgraduate Diploma in Hospital Administration, South Bank University (1989).

I organised an English Health Policy seminar for an International Comparative Health Policy Course. Published

as a video (1995).

I was organiser of an open Learning programme on Health Care Evaluation (1996).

I was the teacher of Health Services Structure and Function for Sociology Undergraduate and MSc courses University of London (1994).

I have supervised 4 PhD I MD and 1 MSc.

I have been external examiner in public health and advisor to Glasgow University and the London School of Hygiene and Tropical Medicine.

In 2018 I was appointed Lead for Education in the newly established School for Public Health and Environmental Sciences in the Faculty of Life Sciences and Medicine, King's College London and was on the advisory committee that established a new online Masters Programme in Public Health, which now has 300 students registered from 47 countries.

### **The Continuing Professional Development (CPD) Unit of the Faculty of Public Health Medicine of the Royal Colleges of Physicians of the UK**

In 1994 the Faculty received a substantial grant from the Department of Health to undertake a research programme into clinical audit and continuing medical education in public health. A unit was established to develop the research programme, and I was appointed its first director. A national survey of educational needs and attainments in public health was undertaken. In addition to publishing these results a series of methodological papers were produced on evaluating educational interventions. A new programme of Continuing Professional Development for public health practitioners was initiated

### **Fellows and Scholars Programme at NICE**

I have established a new Fellows and Scholars Programme at NICE. This consists of up to 39 Fellows and 10 scholars at any one time. Many are in Public Health

[http://www.nice.org.uk/getinvolved/nice\\_fellows\\_and\\_scholars/nicefellowsandscholars.jsp](http://www.nice.org.uk/getinvolved/nice_fellows_and_scholars/nicefellowsandscholars.jsp)

### **Harkness Fellows**

I have supported 3 of my staff to become Commonwealth Fund Harkness Fellows and mentored another 2. My associate director went on to establish NICE International after spending a year in the USA

. <http://www.nice.org.uk/aboutnice/niceinternational/niceinternational.jsp>

### **Visiting academics postgraduate students to my department at NICE**

I hosted visiting professors from Harvard, the Research Triangle (North Carolina), the Children's Hospital Philadelphia and the Special Advisor, Technology and Coverage Policy, at the Centres for Medicare and Medicaid Services. Students have come from Japan, North America, Chile, Spain and China.

### **Chief Medical Officer Mentoring Programme**

NICE was part of the CMO mentoring scheme and I have hosted advisors last year and this year

### **Public Health Training Programme**

NICE was a designated training location for public health

## **MANAGEMENT EXPERIENCE**

I have practical experience of health care planning, policy development and quality assurance at local, regional and national level. This includes managing changing health care systems.

At regional level as Deputy Regional Public Health Director I was responsible for the strategic development and implementation of the first clinical audit programme for all trusts in South West Thames Health Authority. This involved taking responsibility for the allocation and monitoring of £8 million of new un-allocated funds. Annual reports and forward plans were submitted to the National Department of Health. I have collaborated with a number of Royal Colleges and professional societies in undertaking nationwide audits.

I initiated the NHS Research and Development programme in South West Thames working closely with the first national NHS R&D Professor Sir Michael Peckham. My region was the first to appoint a permanent R&D Director and establish a full programme.

As Acting Regional Public Health Director I acted at board level and had responsibility for merging the South West and South East Thames Health regions and then overseeing the change to the South Thames Regional Office. The annual budget for South West Thames was £311 million

In my last district post I had responsibility for supporting a primary care led health service and the implementation of GP fund holding. This included membership of the management board for the first national pilot Total Purchasing Project. I contributed to the primary care strategy, taking a lead on health needs assessment and deriving equitable resource allocation procedures. My experiences of developing a primary care led service were synthesised into a book "Making Sense of a Primary Care Led Service".

### **National Institute for Health and Clinical Excellence (NICE)**

In my last post at the National Institute for Health and Clinical Excellence (NICE) I held the inaugural position of Clinical and Public Health Director. This was a founding executive board member position and I was the most senior professional advisor to the Institute. As well as executing my corporate responsibilities through the Senior Management Team, the Guidance Executive and the Board I lead on Research and Development, Information Services, Patient and Public Involvement and the Citizen Council.

When I joined NICE at its inception in 1999 as Clinical Director (one of 4 executive directors and the 4<sup>th</sup> employee of NICE) I had responsibility for designing and establishing the guidance programme. To deliver the guidelines programme I created seven national collaborating centres (consortia of professional, academic and patient organisations) that underpin the national guideline development programme. At the time this involved managing the termination of contracts worth £3 million with the Royal Colleges and the establishment of a new joint working relationship. This now has a budget of £9 million and is the biggest guideline programme in the world.

In developing the appraisals programme we forged a close working relationship with the Health Technology Assessment Programme of the NHS. I contributed to the design of the appraisal programme taking the lead on methodology and creating a social values framework within which it functioned.

Over the years NICE has grown considerably taking on many new functions, Its clinical and public health and social care standards will be central to assessing quality in the new NHS and social and public health services. I have had a key role in the methodological development of all these programmes. The annual budget of NICE in 1999 was £8.5 million with 12 staff. In 2009 it was £63 million with over 600 staff.

At the beginning of NICE I also had responsibility for reviewing the aims, functions and managerial processes of the national confidential enquiries. I successfully reconfigured these into 3 enquiries. The national confidential enquiry into peri-operative deaths was expanded to cover medical as well as surgical patients as the national confidential enquiry into patient outcomes. The confidential inquiry into suicide and homicides was expanded to cover all mental illnesses and a new enquiry was established out of two existing enquiries to examine quality issues in maternal and child health. The review also ensured that the robustness of the underlying methodology was enhanced

I also re-designed the national Safety and Efficacy Register of New Interventional Procedures managed by the Academy of Medical Royal Colleges into a new programme – NICE's interventional procedures programme. This took a system that was at risk of legal challenge and converted into an internationally recognised safety programme that has produced nearly 400 pieces of guidance and ensured the safety of patients in a field where there was little quality assurance before

I took the lead on working with the Patient Safety Agency on a range of programmes most recently the prevention of venous thrombo-embolism which is now firmly embedded in the new health system eg clinical quality standard and part of CQUIN.

In 2005 I was appointed the new Clinical and Public Health Director by the Institute following the transfer of functions of the Health Development Agency. I negotiated with the then deputy Chief Medical Officer to establish the Centre for Public Health Excellence. I led on developing the health economic methodology. Since then I have been the designated executive director on a range of new public health guidance

I chaired the coordinating committee for the obesity clinical guideline and public health guidance

<http://guidance.nice.org.uk/CG43>

<http://guidance.nice.org.uk/PH2>

and the alcohol clinical and public health guidance

<http://guidance.nice.org.uk/CG100>

<http://guidance.nice.org.uk/CG115>

<http://guidance.nice.org.uk/H24>

I was a member of the Publication Executive of NHS Evidence and a member of the Institute's Clinical Standards Advisory Board.

## **PROFESSIONAL ACTIVITIES AND COMMITTEES**

### **College**

- 1994 – 1998: Chairman of Faculty of Public Health Medicine's Continuing Professional Development Committee
- 1993 – 2003: Editorial Board Member of Journal of Public Health Medicine
- 1994 – 1998: Member of the Directors of CME Committee (sub-committee of the Academy of Royal Colleges)
- 1994 – 1998: Member of Faculty Education Committee
- 1994- 1998: Member of Faculty Journal Management Committee
- 1996 – 1998: Observer on Faculty Executive committee
- 1996 – 1998: Observer on Faculty Board
- 1986 – 1988: South West Thames Representative on the Faculty of Public Health Medicine Trainees' Members Committee
- 1991: Chairman, Organising Committee for the Faculty of Public Health Training Conference: Evaluation for a Change
- 1992: Chairman, Organising Committee for the Public Health Education Conference

- 1993 – 1995: Secretary to the Faculty of Public Health's Working Party for Continuing Medical Education. This committee produced both Faculty reports on implementing a national programme of continuing professional development
- 1994 – 1996: Honorary Director of Continuing Professional Development Unit. This unit undertook a national study of continuing education in public health funded by the Department of Health
- 1994 – 1996: Member of Continuing Professional Development Unit Steering Committee
- 2008: Member of the Royal College of Physicians Clinical Standards Committee
- 2009: Member of the Faculty of Public Health Standards Committee
- 2009: Member of National Surveillance group
- 2009: Member of the RCGP CIRC committee
- 2025; Member of the Faculty of Public Health Ethics Advisory Committee

**In addition I have been a member of many districts, regional and national advisory committees. These include:**

- 1995: Chairman of South Thames Breast Cancer Clinical Audit Group
- 1992 – 1995: Management and Scientific Steering Committee of Thames Cancer Registry
- 1992 – 1995: South Thames Regional Medical Advisory Committee
- 1995: Steering group of National Audit of the Management of Upper GI Bleeding. Royal Colleges of Physicians and Surgeons
- 1992 – 1994: South West Thames Regional Research and Development Committee
- 1991 – 1996: Vice Chairman of South West Thames Regional Audit Committee
- 1994: Chairman, Information Sub-Committee of the Regional Committee for Medical Audit
- 1998: Member of National Standing Medical Advisory Sub-Committee on Microbial Resistance
- 2012-2014: Member of DH Emerging Science and Bioethics Advisory Committee
- 2017-2019: Non-Executive Director of Lewisham and Greenwich NHR Trust.
- 2015 – 2019: Member of London Clinical Senate

I have presented written and oral evidence to the House of Lords Scientific Committee and the House of Commons Health Select Committee.

### **EDITORIAL EXPERIENCE**

Member of Editorial Board of the Journal of Public Health Medicine 1995-1999

<http://jpubhealth.oxfordjournals.org/>

Member of Editorial Board of Urological Trends

<http://www.trendsinurology.com/view/0/editorialBoard.html>

Member of Editorial Board of Annals of Medicine and Surgery

