

Rod Sheaff

List of Publications by Year in descending order

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Version: 2024-02-01

82
papers

1,190
citations

430874

18
h-index

434195

31
g-index

88
all docs

88
docs citations

88
times ranked

1478
citing authors

#	ARTICLE	IF	CITATIONS
1	Categories of context in realist evaluation. <i>Evaluation</i> , 2021, 27, 184-209.	1.8	4
2	Managerial workarounds in three European DRG systems. <i>Journal of Health Organization and Management</i> , 2020, 34, 295-311.	1.3	11
3	How healthcare systems shape a purchaser's strategies and actions when managing chronic care. <i>Health Policy</i> , 2020, 124, 628-638.	3.0	5
4	eHealth technologies and the know-do gap: exploring the role of knowledge mobilisation. <i>Evidence and Policy</i> , 2020, 16, 687-701.	1.0	4
5	Repositioning the boundaries between public and private healthcare providers in the English NHS. <i>Journal of Health Organization and Management</i> , 2019, 33, 776-790.	1.3	8
6	Why does the NHS struggle to adopt eHealth innovations? A review of macro, meso and micro factors. <i>BMC Health Services Research</i> , 2019, 19, 984.	2.2	58
7	Enhanced dissemination of evidence syntheses to support emerging new models of care. , 2018, , .		0
8	General practitioner contributions to achieving sustained healthcare for offenders: a qualitative study. <i>BMC Family Practice</i> , 2018, 19, 22.	2.9	5
9	Evaluating a dementia learning community: exploratory study and research implications. <i>BMC Health Services Research</i> , 2018, 18, 83.	2.2	6
10	From programme theory to logic models for multispecialty community providers: a realist evidence synthesis. <i>Health Services and Delivery Research</i> , 2018, 6, 1-210.	1.4	10
11	Achieving Integrated Care for Older People: What Kind of Ship? Comment on "Achieving Integrated Care for Older People: Shuffling the Deckchairs or Making the System Watertight for the Future?". <i>International Journal of Health Policy and Management</i> , 2018, 7, 870-873.	0.9	3
12	Information technology in multispecialty community providers: results from a realist evidence synthesis. <i>International Journal of Integrated Care</i> , 2018, 18, 35.	0.2	0
13	Patient Experiences of Care from Multi-Speciality Community Providers: Findings from a Realist Synthesis of International Evidence. <i>International Journal of Integrated Care</i> , 2018, 18, 32.	0.2	0
14	Bridging the discursive gap between lay and medical discourse in care coordination. <i>Sociology of Health and Illness</i> , 2017, 39, 1019-1034.	2.1	18
15	Collaborative action for person-centred coordinated care (P3C): an approach to support the development of a comprehensive system-wide solution to fragmented care. <i>Health Research Policy and Systems</i> , 2017, 15, 98.	2.8	33
16	System-level mechanisms and contexts for health and social care coordination through Multi-Specialty Community Providers in England: a Realist evidence synthesis. <i>International Journal of Integrated Care</i> , 2017, 17, 24.	0.2	0
17	Inter-Organizational Networks in Health Care. , 2016, , .		2
18	A qualitative study of diverse providers' behaviour in response to commissioners, patients and innovators in England: research protocol: Table A1. <i>BMJ Open</i> , 2016, 6, e010680.	1.9	2

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19	How can frontline expertise and new models of care best contribute to safely reducing avoidable acute admissions? A mixed-methods study of four acute hospitals. <i>Health Services and Delivery Research</i> , 2016, 4, 1-202.	1.4	10
20	Provider plurality and supply-side reform. , 2016, , .		0
21	Interaction between non-executive and executive directors in English National Health Service trust boards: an observational study. <i>BMC Health Services Research</i> , 2015, 15, 470.	2.2	10
22	Evidence-based health policymaking in Iraqi Kurdistan: Facilitators and barriers from the perspectives of policymakers and advisors. <i>Zanco Journal of Medical Sciences</i> , 2015, 19, 1075-1083.	0.1	3
23	NHS commissioning practice and health system governance: a mixed-methods realistic evaluation. <i>Health Services and Delivery Research</i> , 2015, 3, 1-184.	1.4	11
24	Integration and continuity of primary care: polyclinics and alternatives – a patient-centred analysis of how organisation constrains care co-ordination. <i>Health Services and Delivery Research</i> , 2015, 3, 1-148.	1.4	14
25	Risks, dangers and competing clinical decisions on venous thromboembolism prophylaxis in hospital care. <i>Sociology of Health and Illness</i> , 2014, 36, 932-947.	2.1	3
26	Reducing emergency bed-days for older people? Network governance lessons from the “Improving the Future for Older People” programme. <i>Social Science and Medicine</i> , 2014, 106, 59-66.	3.8	11
27	A new causal model of access and continuity for marginalised groups. <i>International Journal of Integrated Care</i> , 2014, 14, .	0.2	1
28	Integrating formal and informal care: Who coordinates the coordinators?. <i>International Journal of Integrated Care</i> , 2014, 14, .	0.2	0
29	The implementation of nice guidance on venous thromboembolism risk assessment and prophylaxis: a before-after observational study to assess the impact on patient safety across four hospitals in England. <i>BMC Health Services Research</i> , 2013, 13, 203.	2.2	13
30	The practice of commissioning healthcare from a private provider: learning from an in-depth case study. <i>BMC Health Services Research</i> , 2013, 13, S4.	2.2	15
31	How managed a market? Modes of commissioning in England and Germany. <i>BMC Health Services Research</i> , 2013, 13, S8.	2.2	13
32	Clinical focus and public accountability in English NHS Trust Board meetings. <i>Journal of Health Services Research and Policy</i> , 2013, 18, 13-20.	1.7	18
33	Plural provision of primary medical care in England, 2002–2012. <i>Journal of Health Services Research and Policy</i> , 2013, 18, 20-28.	1.7	10
34	Does integrated governance lead to integrated patient care? Findings from the innovation forum. <i>Health and Social Care in the Community</i> , 2013, 21, 598-605.	1.6	23
35	Has incentive payment improved venous thrombo-embolism risk assessment and treatment of hospital in-patients?. <i>F1000Research</i> , 2013, 2, 41.	1.6	1
36	PHS96 The Impact of the Implementation of NICE Guidance on Venous Thromboembolism Risk Assessment and Patient Safety Across Four Hospitals in England. <i>Value in Health</i> , 2012, 15, A535.	0.3	0

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37	PCV143 Implementation of Evidence-Based National Guidance on Venous Thrombo-Embolic Prophylaxis for Hospital Inpatients in England. <i>Value in Health</i> , 2011, 14, A390.	0.3	1
38	Improving emergency care pathways: an action research approach. <i>Emergency Medicine Journal</i> , 2011, 28, 203-207.	1.0	3
39	Network resilience in the face of health system reform. <i>Social Science and Medicine</i> , 2010, 70, 779-786.	3.8	29
40	Medicine and Management in English Primary Care: A Shifting Balance of Power?. <i>Journal of Social Policy</i> , 2009, 38, 627-647.	1.1	9
41	Impacts of case management for frail elderly people: A qualitative study. <i>Journal of Health Services Research and Policy</i> , 2009, 14, 88-95.	1.7	51
42	Obtaining corporate information from NHS foundation trusts. <i>Nursing Standard (Royal College of Nursing)</i> , 2010, 10, 10-15.	0.1	0
43	Is Evidence-Based Organizational Innovation in the NHS a Chimaera " Or Just Elusive?. <i>Social Policy and Administration</i> , 2009, 43, 290-310.	3.0	3
44	What Are Child-Care Social Workers Doing in Relation to Infant Mental Health? An Exploration of Professional Ideologies and Practice Preferences within an Inter-Agency Context. <i>British Journal of Social Work</i> , 2009, 39, 1008-1025.	1.4	6
45	The clinical content of NHS trust board meetings: an initial exploration. <i>Journal of Nursing Management</i> , 2008, 16, 707-715.	3.4	5
46	Beyond the limits of clinical governance? The case of mental health in English primary care. <i>BMC Health Services Research</i> , 2008, 8, 63.	2.2	39
47	Governance Structures and Accountability in Primary Care. <i>Public Money and Management</i> , 2008, 28, 215-222.	2.1	4
48	Medicine and Management in English Primary Care: A Shifting Balance of Power?. , 2008, , 1-18.		0
49	Va Va Voom, Size Doesn't Matter: Form and Function in the NHS. , 2008, , 59-74.		0
50	Impact of case management (Evercare) on frail elderly patients: controlled before and after analysis of quantitative outcome data. <i>BMJ: British Medical Journal</i> , 2007, 334, 31.	2.3	205
51	The Role of Action Research in the Investigation and Diffusion of Innovations in Health Care: The PRIDE Project. <i>Qualitative Health Research</i> , 2007, 17, 373-381.	2.1	49
52	Patient and carer perceptions of case management for long-term conditions. <i>Health and Social Care in the Community</i> , 2007, 15, 511-519.	1.6	53
53	Can learning organizations survive in the newer NHS?. <i>Implementation Science</i> , 2006, 1, 27.	6.9	28
54	Development of an information source for patients and the public about general practice services: an action research study. <i>Health Expectations</i> , 2006, 9, 265-274.	2.6	11

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55	Exit, voice, governance and user-responsiveness: The case of English primary care trusts. <i>Social Science and Medicine</i> , 2006, 63, 373-383.	3.8	22
56	A survey and audit of the first 'Guides to Local Health Services' produced by Primary Care Trusts in England. <i>Health Expectations</i> , 2005, 8, 138-148.	2.6	4
57	Governance in gridlock in the Russian health system; the case of Sverdlovsk oblast. <i>Social Science and Medicine</i> , 2005, 60, 2359-2369.	3.8	11
58	Implementing general practice in Russia: getting beyond the first steps. <i>BMJ: British Medical Journal</i> , 2005, 331, 204-207.	2.3	33
59	Strategic preparation for crisis management in hospitals: empirical evidence from Egypt. <i>Disaster Prevention and Management</i> , 2004, 13, 399-408.	1.2	8
60	Soft governance and attitudes to clinical quality in English general practice. <i>Journal of Health Services Research and Policy</i> , 2004, 9, 132-138.	1.7	14
61	A new role for the general practitioner? Reframing 'inappropriate attenders' to inappropriate services. <i>Primary Health Care Research and Development</i> , 2004, 5, 60-67.	1.2	3
62	Governmentality by Network in English Primary Healthcare. <i>Social Policy and Administration</i> , 2004, 38, 89-103.	3.0	38
63	Some National Service Frameworks are more equal than others: Implementing clinical governance for mental health in primary care groups and trusts. <i>Journal of Mental Health</i> , 2002, 11, 199-212.	1.9	23
64	User involvement in clinical governance. <i>Health Expectations</i> , 2002, 5, 187-198.	2.6	38
65	Public service responsiveness to users' demands and needs: theory, practice and primary healthcare in England. <i>Public Administration</i> , 2002, 80, 435-452.	3.5	21
66	Is GP Restratisation Beginning in England?. <i>Social Policy and Administration</i> , 2002, 36, 765-779.	3.0	18
67	A qualitative study of the cultural changes in primary care organisations needed to implement clinical governance. <i>British Journal of General Practice</i> , 2002, 52, 641-5.	1.4	33
68	A decade of evidence-based training for work with people with serious mental health problems: Progress in the development of psychosocial interventions. <i>Journal of Mental Health</i> , 2001, 10, 17-31.	1.9	3
69	Principal-Agent Relationships in General Practice: The First Wave of English Personal Medical Services Pilot Contracts. <i>Journal of Health Services Research and Policy</i> , 2000, 5, 156-163.	1.7	8
70	Formal and Informal Systems of Primary Healthcare in an Integrated System: Evidence from the United Kingdom. <i>HealthcarePapers</i> , 2000, 1, 47-58.	0.3	16
71	The New Institutional Economics. <i>Public Management Review</i> , 2000, 2, 441-456.	0.3	1
72	Commentary. Who contracts for primary care?. <i>Journal of Public Health</i> , 1999, 21, 367-371.	1.8	3

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73	Primary care groups and NHS rationing: implications of the Child B Case. , 1999, 7, 37-56.		3
74	What is "primary" about primary health care?. Health Care Analysis, 1998, 6, 330-340.	2.2	4
75	Towards a global theory of health systems: Milton Roemer's National Health Systems of the World. Health Care Analysis, 1998, 6, 150-163.	2.2	0
76	Healthcare access and mobility between the UK and other European Union states: an 'implementation surplus'. Health Policy, 1997, 42, 239-253.	3.0	15
77	Marketization, Managers and Moral Strain: Chairmen, Directors and Public Service Ethos in the National Health Service. Public Administration, 1997, 75, 189-206.	3.5	22
78	A social market in health care faces reform: the Seehofer plan for the German health system. Health Care Analysis, 1997, 5, 244-249.	2.2	0
79	The commentaries. Health Care Analysis, 1994, 2, 8-12.	2.2	1
80	What kind of healthcare "internal market"? A cross-europe view of the options. International Journal of Health Planning and Management, 1994, 9, 5-24.	1.7	3
81	Health-care reform: the issues and the role of donors. Lancet, The, 1994, 344, 175-177.	13.7	6
82	Marketing in the national health service: Prospects and variants. Public Money and Management, 1991, 11, 25-32.	2.1	5