

Gwyn Bevan

List of Publications by Year in descending order

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Version: 2024-02-01

59
papers

2,871
citations

279487

23
h-index

174990

52
g-index

63
all docs

63
docs citations

63
times ranked

2482
citing authors

#	ARTICLE	IF	CITATIONS
1	WHATâ€™S MEASURED IS WHAT MATTERS: TARGETS AND GAMING IN THE ENGLISH PUBLIC HEALTH CARE SYSTEM. <i>Public Administration</i> , 2006, 84, 517-538.	2.3	958
2	Systematic review of the use and value of computer simulation modelling in population health and health care delivery. <i>Journal of Public Health</i> , 2003, 25, 325-335.	1.0	422
3	Have targets improved performance in the English NHS?. <i>BMJ: British Medical Journal</i> , 2006, 332, 419-422.	2.4	213
4	Does â€˜naming and shamingâ€™ work for schools and hospitals? Lessons from natural experiments following devolution in England and Wales. <i>Public Money and Management</i> , 2013, 33, 245-252.	1.2	78
5	The Interplay between Economic and Political Logics: Path Dependency in Health Care in England. <i>Journal of Health Politics, Policy and Law</i> , 2005, 30, 53-78.	0.9	76
6	Preventing type 2 diabetes: systematic review of studies of cost-effectiveness of lifestyle programmes and metformin, with and without screening, for pre-diabetes. <i>BMJ Open</i> , 2017, 7, e017184.	0.8	73
7	Hitting and Missing Targets by Ambulance Services for Emergency Calls: Effects of Different Systems of Performance Measurement within the UK. <i>Journal of the Royal Statistical Society Series A: Statistics in Society</i> , 2009, 172, 161-190.	0.6	67
8	Reputations count: why benchmarking performance is improving health care across the world. <i>Health Economics, Policy and Law</i> , 2019, 14, 141-161.	1.1	61
9	Are health problems systemic? Politics of access and choice under Beveridge and Bismarck systems. <i>Health Economics, Policy and Law</i> , 2010, 5, 269-293.	1.1	59
10	Effect of diverging policy across the NHS. <i>BMJ: British Medical Journal</i> , 2005, 331, 946-950.	2.4	55
11	Changing choices in health care: implications for equity, efficiency and cost. <i>Health Economics, Policy and Law</i> , 2010, 5, 251-267.	1.1	50
12	Does competition between hospitals improve clinical quality? A review of evidence from two eras of competition in the English NHS. <i>BMJ: British Medical Journal</i> , 2011, 343, d6470-d6470.	2.4	48
13	Cash Limits and Public Sector Pay. <i>Public Administration</i> , 1981, 59, 379-398.	2.3	43
14	The rise of the regulatory state in health care: a comparative analysis of the Netherlands, England and Italy. <i>Health Economics, Policy and Law</i> , 2012, 7, 103-124.	1.1	37
15	Targets, inspections, and transparency. <i>BMJ: British Medical Journal</i> , 2004, 328, 598.	2.4	35
16	STARâ€™People-Powered Prioritization. <i>Medical Decision Making</i> , 2014, 34, 965-975.	1.2	32
17	Have targets done more harm than good in the English NHS? No. <i>BMJ: British Medical Journal</i> , 2009, 338, a3129-a3129.	2.4	32
18	Models of governance of public services: empirical and behavioural analysis of â€˜econsâ€™ and â€˜humansâ€™. , 2013, , 38-68.		29

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19	Modelling the redistribution of hospital supply to achieve equity taking account of patient's behaviour. <i>Health Care Management Science</i> , 2006, 9, 19-30.	1.5	28
20	From data to decisions? Exploring how healthcare payers respond to the NHS Atlas of Variation in Healthcare in England. <i>Health Policy</i> , 2014, 114, 79-87.	1.4	28
21	Changing paradigms of governance and regulation of quality of healthcare in England. <i>Health, Risk and Society</i> , 2008, 10, 85-101.	0.9	27
22	Measuring geographic inequities in the Portuguese health care system: an estimation of hospital care needs. <i>Health Policy</i> , 2003, 66, 277-293.	1.4	25
23	Setting Targets for Health Care Performance: Lessons from a Case Study of the English NHS. <i>National Institute Economic Review</i> , 2006, 197, 67-79.	0.4	25
24	Setting Targets for Health Care Performance: Lessons from a Case Study of the English NHS. <i>National Institute Economic Review</i> , 2006, 197, 67-79.	0.4	25
25	Should general practitioners purchase health care for their patients? The total purchasing experiment in Britain. <i>Health Policy</i> , 2003, 65, 243-259.	1.4	24
26	Performance Measurement of "Knights" and "Knaves": Differences in Approaches and Impacts in British Countries after Devolution. <i>Journal of Comparative Policy Analysis: Research and Practice</i> , 2010, 12, 33-56.	1.8	22
27	Choice of providers and mutual healthcare purchasers: can the English National Health Service learn from the Dutch reforms?. <i>Health Economics, Policy and Law</i> , 2010, 5, 343-363.	1.1	22
28	Why Hasn't Integrated Health Care Developed Widely in the United States and Not at All in England?. <i>Journal of Health Politics, Policy and Law</i> , 2011, 36, 141-164.	0.9	21
29	THE SEARCH FOR A PROPORTIONATE CARE LAW BY FORMULA FUNDING IN THE ENGLISH NHS. <i>Financial Accountability and Management</i> , 2009, 25, 391-410.	1.9	19
30	What's in a wait?. <i>Health Policy</i> , 2008, 85, 207-217.	1.4	17
31	A scoping review protocol to map the evidence on interventions to prevent overweight and obesity in children. <i>BMJ Open</i> , 2018, 8, e019311.	0.8	17
32	Estimating the "avoidable" burden of disease by Disability Adjusted Life Years (DALYs). <i>Health Care Management Science</i> , 2000, 3, 9-21.	1.5	16
33	Modelling hospital costs to produce evidence for policies that promote equity and efficiency. <i>European Journal of Operational Research</i> , 2008, 185, 933-947.	3.5	16
34	FINANCING THE ADDITIONAL SERVICE COSTS OF TEACHING ENGLISH MEDICAL STUDENTS BY THE SERVICE INCREMENT FOR TEACHING (SIFT): AN EXPOSITION AND CRITIQUE. <i>Financial Accountability and Management</i> , 1987, 3, 147-160.	1.9	15
35	Structure and logic of regulation and governance of quality of health care: was OFSTED a model for the Commission for Health Improvement?. <i>Health Economics, Policy and Law</i> , 2006, 1, 343-370.	1.1	15
36	EQUITY AND EFFICIENCY: CLARIFYING CONFUSION FOR ENGLISH ACUTE HOSPITALS. <i>Financial Accountability and Management</i> , 1985, 1, 173-189.	1.9	15

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37	Reforming UK Health Care: Internal Markets or Emergent Planning?. Fiscal Studies, 1989, 10, 53-71.	0.8	13
38	Point of Care Testing in the Accident and Emergency Department: A Cost Analysis and Exploration of Financial Incentives to use the Technology within the Hospital. Journal of Health Services Research and Policy, 1999, 4, 33-38.	0.8	13
39	Primary Care Groups: Trade-offs in Managing Budgets and Risk. Public Money and Management, 2000, 20, 53-62.	1.2	13
40	Service Increment for Teaching (SIFT): a review of its origins, development and current role in supporting undergraduate medical education in England and Wales. Medical Education, 1999, 33, 350-358.	1.1	11
41	Requisite models for strategic commissioning: the example of type 1 diabetes. Health Care Management Science, 2008, 11, 89-110.	1.5	10
42	FINANCING ENGLISH TEACHING HOSPITALS BY CAPITATION. Financial Accountability and Management, 1987, 3, 161-174.	1.9	9
43	Using Information on Variation in Rates of Supply to Question Professional Discretion in Public Services. Financial Accountability and Management, 2004, 20, 1-17.	1.9	9
44	Impact of Devolution of Health Care in the UK: Provider Challenge in England and Provider Capture in Wales, Scotland and Northern Ireland?. Journal of Health Services Research and Policy, 2010, 15, 67-68.	0.8	8
45	Cost per quality-adjusted life year and disability-adjusted life years: the need for a new paradigm. Expert Review of Pharmacoeconomics and Outcomes Research, 2003, 3, 469-477.	0.7	7
46	Using an epidemiological model to investigate unwarranted variation: the case of ventilation tubes for otitis media with effusion in England. Journal of Health Services Research and Policy, 2014, 19, 236-244.	0.8	6
47	MEDICAL AUDIT AND RESOURCE MANAGEMENT: LESSONS FROM HIP FRACTURES. Financial Accountability and Management, 1990, 6, 285-294.	1.9	5
48	Is choice working for patients in the English NHS?. BMJ: British Medical Journal, 2008, 337, a935-a935.	2.4	4
49	The political economy of rationing health care in England and the US: the "accidental logics" of political settlements. Health Economics, Policy and Law, 2014, 9, 273-294.	1.1	3
50	A third way. BMJ: British Medical Journal, 2006, 333, 252-253.	2.4	3
51	FINANCING UK HOSPITAL AND COMMUNITY HEALTH SERVICES. Oxford Review of Economic Policy, 1989, 5, 124-135.	1.0	2
52	Incentives and models of governance. Health Economics, Policy and Law, 2015, 10, 345-350.	1.1	2
53	Visualizing value for money in public health interventions. Journal of Public Health, 2018, 40, e405-e412.	1.0	2
54	How valid are projections of the future prevalence of diabetes? Rapid reviews of prevalence-based and Markov chain models and comparisons of different models' projections for England. BMJ Open, 2020, 10, e033483.	0.8	2

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55	CATCHMENT POPULATIONS, HEALTH MAINTENANCE ORGANISATIONS AND CROSS-CHARGING: A REVIEW OF PROBLEMS OF DIFFERENT WAYS OF DELEGATING FINANCIAL RESPONSIBILITY FOR THEIR RESIDENTS' USE OF ACUTE SERVICES TO ENGLISH DISTRICT HEALTH AUTHORITIES. <i>Financial Accountability and Management</i> , 1988, 4, 1-19.	1.9	2
56	Impact of interventions to prevent diabetes in England: a simulation model. <i>Lancet, The</i> , 2017, 390, S36.	6.3	1
57	What Can We Learn from the UK's "Natural Experiments" of the Benefits of Regions?. <i>HealthcarePapers</i> , 2016, 16, 16-20.	0.2	1
58	Cost Control, Equity and Efficiency: Can We Have It All?. <i>HealthcarePapers</i> , 2007, 8, 27-34.	0.2	0
59	New development: Scarcity, policy gambles, and "one-shot bias" training civil servants to speak truth to power. <i>Public Money and Management</i> , 2020, 40, 615-618.	1.2	0