

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Views of NHS commissioners on commissioning support provision. Evidence from a qualitative study examining the early development of clinical commissioning groups in England.
AUTHORS	Petsoulas, Christina; Allen, Pauline; Checkland, Kath; Coleman, Anna; Segar, Julia; Peckham, Stephen; McDermott, Imelda

VERSION 1 - REVIEW

REVIEWER	Lesley Wye University of Bristol Bristol, UK
REVIEW RETURNED	07-Jul-2014

GENERAL COMMENTS	<p>This is an interesting and well written paper detailing the history and development of commissioning support units and current challenges and opportunities. It offers a confident, informative narrative that helps to put many confusing, complex policy changes and their impact locally into a useful perspective. I would recommend its publication.</p> <p>Introduction – This starts with the establishment of the NHS and covers substantial ground to the present day. It is probably an editorial decision about whether eight pages of overview of history and policy changes leading to CSU are too many. From p.10 line 34 to p13 line 10, I got a little lost. It was hard to keep in my head all the information about the different types of contracts and terminology. Do readers need all that detail? I would suggest that the authors keep what is necessary for discussion section. Regardless, these eight pages are well written and referenced.</p> <p>Methods – I am sure this is a high quality study, but the guidance for reviewers is to judge methods in light of the study being replicable elsewhere. Using this criterion, the methods section is a bit skimpy. Perhaps a fuller description of the methods has been published elsewhere. For example, there is not much information on how “research team members worked together on the analysis”, topic guides, how participants were selected within case sites, description of 8 case sites, how many of each type of participant e.g. GP, practice manager etc were interviewed? Were the GPs clinical commissioning leads or GPs who were members of the CCG but had no commissioning role? It would be good to know b/c assume that average practice manager/ GP might have little to say about commissioning support units. Did the list of themes emerge during meetings of the researcher team or CCG meetings? I’m not sure what meetings are referred to. The statement about ethics approval is at the end of the paper. There is nothing about participant consent (another reviewer criterion).</p> <p>Results are presented well. Good choice of quotes and structure fits in well with introduction. Mainly interview data presented (unless</p>
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	<p>survey data included quotes in text boxes – not clear). I'm not sure the extent to which observations, documentation and survey data contributed to results.</p> <p>The discussion picks up many of the themes of the introduction. I would like a conclusion section, although realise this is not terribly usual in BMJ Open papers. There is so much information that hard to clarify exactly what the key message is. Also the paper rollicks along and then seems to stop rather abruptly. I found the conclusion in abstract really helpful. The paper needs strengths and limitations section in discussion, as per journal guidance.</p> <p>The paper is long at over 6k words. I found it interesting from beginning to end, but I am in this field and keen to learn whatever is possible about commissioning support units, given the paucity of literature to date.</p>
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REVIEWER	<p>Catherine Pope University of Southampton UK</p> <p>External assessor of University promotion review for author 3 (unpaid)</p>
REVIEW RETURNED	17-Jul-2014

GENERAL COMMENTS	<p>I enjoyed reading about this important early study of the new commissioning processes. This is a case study across 8 CCGs and has a rich data set which has been well analysed. The paper provides an important historical account of this early moment in the new arrangements that will be of interest to those affected by this restructuring and therefore of interest to the audience of this journal.</p> <p>My comments are relatively minor aimed at polishing a good paper.</p> <p>The introduction is quite detailed and I wanted to get to the data and interpretation. It might be made a little snappier - for example is it necessary to have a paragraph on p8/9 explaining the NHSE decision making on private CSUs - could this be summarised with a more factual statement to the effect that 'NHS E decided not to privatise or keep CSUs in public and opted for a model that provided some autonomy but protected public interest'. The introduction also has a very slight negative/partisan 'tone' (which I instinctively like as it chimes with my own view, and which 'works' better in the discussion where it is linked to the analysis presented) - I wonder if a cool headed look at the wording might allow for an even more neutral opener - for example the paragraph on page 6 line 25 contains several judgement statements and 'might' be rephrased as "The New Labour Government (1997-2010) had encouraged PCTs to buy necessary specialist external support from the private sector.^{12,13} However a subsequent House of Commons Health Committee raised concerns about the value for money these arrangements offered, especially in the context of the economic downturn.¹⁴</p> <p>Some of the language and level of specialist knowledge from organisational studies in the introduction particularly p 9 onwards, could be scrutinised to see if it is absolutely necessary for the argument that follows. There were details there that I found interesting but I was not absolutely convinced that I needed to know in detail. In places where a shorter account might suffice - e.g. the 4 organisational forms described on p8 line 13 are in reference no 21,</p>
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	<p>so might just be summarised by name (e.g. ' Joint venture with other parties (taking the legal form of a company limited by shares)' Rather than having the longer description)?</p> <p>P6 line 40 change will to would P7 line 7 delete 'to the reality of policy implementation' P8 line 55 rephrase ? "selling CSUs was rejected because it did not have the support of CCGs (a necessary condition for the success of CSUs)" Page 9 line 31 change real to viable? P14 could you hint at your epistemological /theoretical orientation - perhaps referencing an approach - even if it is just to say it is ethnographic?</p> <p>Presumably a final version of this paper needs the full DH PRP disclaimer?</p>
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REVIEWER	Alison Porter Swansea University UK
REVIEW RETURNED	20-Jul-2014

GENERAL COMMENTS	<p>1. I think that the research question/s could be tightened up a bit - particularly the first 'how did CCGs address the provision of commissioning support' I think is not clearly phrased.</p> <p>12. Study limitations - the authors do acknowledge that the situation is still in flux, but I wonder if more could be made of this. Also of the fact that the fieldwork was conducted before the new structures were in place, which adds to the uncertainties.</p> <p>a. The introduction section is quite lengthy. I think it would be clearer with a small bit of re-ordering - it would help if the section headed 'make, buy, ally' came before the section specifically on CSUs. Also, I think it would be useful to move to the introduction the info currently on page 16 about per capita budget, and on p24 about the fact that CSUs are the preferred option until 2016.</p> <p>b. The concept of 'make, buy and ally' appears in the intro, but in the results there is discussion of 'make, buy and share'. I think the distinction between working closely with a CSU, and working closely with other CCGs to share commissioning support, has got slightly confused.</p> <p>c. It would be useful to have a little more about commissioning support tasks - what they are- set out earlier on the paper.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer Name Lesley Wye
Institution and Country University of Bristol

Introduction – This starts with the establishment of the NHS and covers substantial ground to the present day. It is probably an editorial decision about whether eight pages of overview of history and policy changes leading to CSU are too many. From p.10 line 34 to p13 line 10, I got a little lost. It was hard to keep in my head all the information about the different types of contracts and terminology. Do readers need all that detail? I would suggest that the authors keep what is necessary for discussion

section. Regardless, these eight pages are well written and referenced.

We feel that given that the paper will be read by readers not necessarily familiar with the NHS and the recent changes, a slightly detailed explanation may be useful. We still tried to shorten slightly this section, however, by removing what we thought was not necessary.

Methods – I am sure this is a high quality study, but the guidance for reviewers is to judge methods in light of the study being replicable elsewhere. Using this criterion, the methods section is a bit skimpy. Perhaps a fuller description of the methods has been published elsewhere. For example, there is not much information on how “research team members worked together on the analysis”, topic guides, how participants were selected within case sites, description of 8 case sites, how many of each type of participant e.g. GP, practice manager etc were interviewed? Were the GPs clinical commissioning leads or GPs who were members of the CCG but had no commissioning role? It would be good to know b/c assume that average practice manager/ GP might have little to say about commissioning support units. Did the list of themes emerge during meetings of the researcher team or CCG meetings? I’m not sure what meetings are referred to. The statement about ethics approval is at the end of the paper. There is nothing about participant consent (another reviewer criterion).

We refer the reader to the final report of the study where the methods are described in detail. We clarified the issue of data triangulation, ethical approval and obtaining consent.

Results are presented well. Good choice of quotes and structure fits in well with introduction. Mainly interview data presented (unless survey data included quotes in text boxes – not clear). I’m not sure the extent to which observations, documentation and survey data contributed to results.

The contribution of observation of meetings and document analysis is explained in the Methods section.

The discussion picks up many of the themes of the introduction. I would like a conclusion section, although realise this is not terribly usual in BMJ Open papers. There is so much information that hard to clarify exactly what the key message is. Also the paper rollicks along and then seems to stop rather abruptly. I found the conclusion in abstract really helpful. The paper needs strengths and limitations section in discussion, as per journal guidance.

We added a conclusion.

The paper is long at over 6k words. I found it interesting from beginning to end, but I am in this field and keen to learn whatever is possible about commissioning support units, given the paucity of literature to date.

Reviewer Name Catherine Pope
Institution and Country University of Southampton UK

My comments are relatively minor aimed at polishing a good paper.

The introduction is quite detailed and I wanted to get to the data and interpretation. It might be made a little snappier - for example is it necessary to have a paragraph on p8/9 explaining the NHSE decision making on private CSUs - could this be summarised with a more factual statement to the effect that ‘NHS E decided not to privatise or keep CSUs in public and opted for a model that provided some autonomy but protected public interest’. The introduction also has a very slight negative/partisan ‘tone’

(which I instinctively like as it chimes with my own view, and which 'works' better in the discussion where it is linked to the analysis presented) - I wonder if a cool headed look at the wording might allow for an even more neutral opener - for example the paragraph on page 6 line 25 contains several judgement statements and 'might' be rephrased as "The New Labour Government (1997-2010) had encouraged PCTs to buy necessary specialist external support from the private sector.^{12,13} However a subsequent House of Commons Health Committee raised concerns about the value for money these arrangements offered, especially in the context of the economic downturn.¹⁴

We have rephrased or shortened these sections/sentences.

Some of the language and level of specialist knowledge from organisational studies in the introduction particularly p 9 onwards, could be scrutinised to see if it is absolutely necessary for the argument that follows. There were details there that I found interesting but I was not absolutely convinced that I needed to know in detail. In places where a shorter account might suffice - e.g. the 4 organisational forms described on p8 line 13 are in reference no 21, so might just be summarised by name (e.g. 'Joint venture with other parties (taking the legal form of a company limited by shares)' Rather than having the longer description)?

We have tried to shorten this section by removing two paragraphs and shortening the description on p.8.

P6 line 40 change will to would

P7 line 7 delete 'to the reality of policy implementation'

P8 line 55 rephrase ? "selling CSUs was rejected because it did not have the support of CCGs (a necessary condition for the success of CSUs)"

Page 9 line 31 change real to viable?

P14 could you hint at your epistemological /theoretical orientation - perhaps referencing an approach - even if it is just to say it is ethnographic?

We have made the changes suggested above.

Presumably a final version of this paper needs the full DH PRP disclaimer?

We have provided one.

Reviewer Name Alison Porter
Institution and Country Swansea University
UK

1. I think that the research question/s could be tightened up a bit - particularly the first 'how did CCGs address the provision of commissioning support' I think is not clearly phrased.

We have tried to clarify the phrase.

12. Study limitations - the authors do acknowledge that the situation is still in flux, but I wonder if more could be made of this. Also of the fact that the fieldwork was conducted before the new structures were in place, which adds to the uncertainties.

We added a sentence to repeat the point in the section on the 'development and future of CSUs'.

a. The introduction section is quite lengthy. I think it would be clearer with a small bit of re-ordering - it would help if the section headed 'make, buy, ally' came before the section specifically on CSUs.

We retained the paper's structure as we believe that it is better to keep the development of the reforms in continuity rather than break them up with the section on 'make, buy or ally'.

Also, I think it would be useful to move to the introduction the info currently on page 16 about per capita budget, and on p24 about the fact that CSUs are the preferred option until 2016.

The reference on p. 16 regarding the £25 per capita budget is an elaboration of the point made earlier in the paper on p.9 that, 'CCGs have been provided with a relatively small allowance to pay their running and managerial costs'.

Similarly we mention the fact that the intention is for CSUs to remain in the public sector until April 2016 in the section on the 'development of CSUs'.

b. The concept of 'make, buy and ally' appears in the intro, but in the results there is discussion of 'make, buy and share'. I think the distinction between working closely with a CSU, and working closely with other CCGs to share commissioning support, has got slightly confused.

We clarified at the beginning of the Findings section that the option of 'ally' was not considered at the time of the research and explain why.

c. It would be useful to have a little more about commissioning support tasks - what they are- set out earlier on the paper.

We have added this information in the section on the 'development of CSUs'.