Dear Dr Ladher,

Thank you for your email of 2nd January, which we have considered in detail. Please find attached a revised version of the paper (clean and marked) which includes additional references and further clarification.

We were very disappointed with your decision, and with most of the reasoning set out in the email; and we welcome the positive response of Reviewer 1. Our response to Reviewer 1 is also attached.

(As for the comments from Reviewer 2, they are largely his (rather tortured) personal views close to the government's narrative which amount to little more than an ad hominem attack on Professor Pollock, ascribing views to her which she has neither stated nor holds, and ignoring the contributions of the co-authors. Otherwise, and save to point out that the thinking around the 5YFV and STPs cannot end the purchaser-provider split as they are being implemented within the current statutory framework, we make no further response to his comments.)

Our fundamental difficulty with your reasoning (and the approach of Reviewer 1) is that they miss the big picture that the paper is seeking to describe. This is the first time that a paper draws together the historical legal development in respect of social care with the data on service delivery and changes to funding, and links them to the legal changes in the NHS in 2012 and devolution in 2016 providing the context for the Sustainability and Transformation Plans. These provide the bases for reaching reasoned conclusions on the direction of travel for the NHS and provision of health services – which is more than borne out by current reporting of the situation of the NHS in England.

Turning to the reasoning in the email, we consider that setting out the legal basis for what has happened and bringing together the data in a comprehensive way does shed new light on social care. The paper is not seeking to set out arguments against privatisation of social care and against cutting funding – although this is obviously our view: the paper is describing what has happened consequent on the legal changes and political decisions about funding in social care and the NHS.

We are convinced that this is an extremely important and timely paper which the BMJ ought to be publishing at this critical juncture in the history of the NHS. There has already been a significant delay since its submission in September 2016, and we therefore request an urgent and expedited review of the attached revised paper by the Editor in chief of the BMJ.

In doing so, we would also request her to consider our detailed response to the reviewers of our previous editorial which was rejected in January 2016 (ref. BMJ.2015.031139), and which we submitted with this paper in September 2016 (also attached).

We look forward to hearing from you as soon as possible

Yours sincerely,

Shailen Sutaria, Peter Roderick, Allyson Pollock

On 3 Jan 2017, at 00:45, BMJ wrote:

02-Jan-2017

Dear Mr. Sutaria

BMJ.2016.035696 entitled "Devolution, integration and dismantling the NHS: the road to fewer NHS services and privatisation"

Thank you for sending us your paper. We read it with interest but I regret to say that we have decided not to publish it in the BMJ.

Editors felt that your paper covered an important and timely topic, and were sympathetic to your arguments, but were not convinced that it sheds much new light with regards to social care specifically.

We felt that there was some conflation of the arguments against privatisation of social care and the arguments against cutting social care funding.

We were also cautious about the conclusions reached, which seemed to have insufficient evidence to support them.

We felt that in any potential article it would be essential to define clearly what the core message is, to focus on the fresher angles (in this case perhaps the impact of devolution on social care), and to avoid over-extrapolation without citing supporting evidence - but that this article was lacking those elements.

Taking these issues into account along with the reviews, I'm afraid we did not feel confident in the strength of the argument presented here and were not persuaded that it would give a clear and original message to our readers.

As you will appreciate we receive a large number of articles and often have to reject valuable and worthwhile work. In particular we have to decide whether a piece will interest and inform our readers and whether it adds sufficiently to previous work.

The reviewers' reports are available below. We hope they might be helpful in any resubmission to another journal.

Although The BMJ has an open peer review process, in which authors know who the peer reviewers were, we expect that you will keep the identity and comments of the peer reviewers for this paper confidential. You may, however, share the peer review comments in confidence (though not the names of the peer reviewers) with other journals to which you submit the paper. If you have any complaints about the peer review process or the conduct of the peer reviewers, please contact the editor who handled your paper. Please do not contact the peer reviewers directly.

I am sorry to disappoint you, but I hope the outcome of this specific submission will not discourage you from submitting future manuscripts.

Best wishes

Yours sincerely

Navjoyt Ladher
nladher@bmj.com

Reviewer Comments:

Reviewer: 1

Recommendation:

Comments:
I think this is an interesting article, that points to something important that has been latent in the push to integrate health and social care , but hasn't been explored much in research, namely: how do/will locally integrated providers of social care and health care manage the boundary between a charged for, rationed service (social care) and a free at the point of use NHS? We are aware that some NHS acute trusts have been buying capacity in care homes and employing their own home care workers, in order to ease the delayed discharges problem but it is not clear whether there are charges or the services are being given free of charge.
More generally, I would be wary of drawing too many close parallels between the trend towards private provision in social care and arguing that the same thing is inevitable in the NHS. For example, in the key points the authors say the process of privatisation in social care is now being replicated in the NHS.

While it is true that the proportion of NHS spending on services delivered by private providers has gone up, is there evidence of this happening for acute hospital services, beyond the one example of Hinchingbrooke Hospital? Is there any evidence for NHS providers introducing charges for their services? Would this be legal?
The authors might also consider exploring the potential negative consequences of the expansion of the private sector in social care, for example the financial instability of the sector - both residential and home care- and the resulting loss of capacity when providers quit the market. More generally, there is an absence of publicly available data on the number of social care providers and what the value of their contracts are.
On page 2, second para: it might be better to illustrate with NHS funding squeeze with the slowdown in real terms growth since 2010 see page 6 here
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/autumn_statement_kings_fund_nov_2016.pdf
I also think that the 'spectre' of user charges needs to have some evidence behind it: who has raised the spectre? Who is calling for this?
I hope this is helpful.
Best wishes,
Ruth

Additional Questions:
Please enter your name: Ruth Thorlby

Job Title: Deputy Director of Policy

Institution: Nuffield Trust

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

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If you have any competing interests (please see BMJ policy) please declare them here:

Reviewer: 2

Recommendation:

Comments:
The argument deployed in this proposed Analysis piece will be familiar to followers of the third named author, Allyson Pollock. Its principal thrust is that both recent and current government policies all amount to a conspiracy against the NHS and one which will ultimately end in its demise. All that is

different about the argument offered here is that it is given a more contemporary feel by being located in the current policy context. There is therefore nothing especially new or different about the position adopted, namely, that policy developments such as devolution, health and social care integration and other moves, are all part of a long-standing plot to dismantle the NHS.

Whether these developments can all be seen as part and parcel of an organised attempt to dismantle the NHS is arguable. I say this as someone who has a great deal of sympathy with the position adopted by the authors and who has similarly argued that privatising the NHS remains a risk as long as politicians pursue a neoliberal agenda and fail to uphold a public service ethos that extends to the provision as well as funding of services. At the same time, there is possibly something a little naïve and too black and white about the article as it stands. It lacks nuance, subtlety, balance and the possibility of other arguments being relevant. They don't even get a look-in. The term 'privatisation' isn't defined and is used rather loosely. Does it refer only to for profit providers or does it include voluntary or third sector providers? Many observers might have a problem with the former but not the latter. Furthermore, underlying the article is an anti-local government bias (also evident in some of Pollock's previous writings including a BMJ article in 1995 (310: 1580-9)) as well as a tendency to conflate legitimate concerns about the squeeze on NHS finances with policy changes that may have value and merit serious attention. Keeping these issues separate would have resulted in a less simplistic line of argument pervading the article where everything that has happened and is wrong with the state of the NHS has its origins in the Health and Social Care Act 2012. As it stands, describing these various funding and policy change issues as constituting some sort of orchestrated conspiracy against the NHS risks being overly simplistic and is not supported by the evidence which is selectively cited.

The principal argument advanced to justify the overall thesis that the NHS as we know it is doomed can be challenged in a number of respects given what we currently know. It is claimed that Bevan 'always maintained that local government would not be able to run a national health service' (pages 7-8, line 58). This is not quite correct because, in fact, Bevan did not rule out local government at some stage being of a size (regionally organised) to take over and run the NHS. He was not wedded to the model of a centralised health service that arguably lacked democratic control. It was the medical profession who were most opposed to local government running the NHS. These arguments are reviewed by the official NHS archivist, Charles Webster, in his book, The NHS: A political history (OUP, 2002).

Given the authors' obvious disdain for local government, it is not surprising that devolution plans give rise to concern and an opportunity to privatise the NHS. Whatever the arguments either for or against devolution, they are not fully or properly considered here. Very few devolution plans actually include health anyway and the Devo Manc initiative is being evaluated to assess its impact on the NHS. It is also the case that Ministers have retained powers to intervene should they be concerned that the founding principles of the NHS are at risk. The authors make no reference to such safeguards. The authors are critical of the debate around integration between health and social care on the grounds that social care is a means-tested service run by local government in contrast to the NHS which is free at point of use. This is not the case in Scotland which suggests that there are solutions to the English problem were there the political will to sort it. There has
been no shortage of inquiries and experts offering solutions so the lack of one being implemented cannot be blamed on local government. The same applies to the parlous state of local government finance which is the result of policies imposed on it by central government since 2010 and the Coalition government.

The business model underpinning the financing and provision of much social care has been questioned and is widely perceived as being unsustainable which is why many home care and care home providers are withdrawing from the sector. Pressures on NHS finances may arguably make it less attractive to private companies too. None of these arguments is mentioned in the article. Yet a recent report from the Centre for Health and the Public Interest by Bob Hudson has made a persuasive case for regulating the market more effectively or replacing the market by bringing adult social care back into public ownership under a preferred provider arrangement.

There is an implicit assumption throughout the article that if only the NHS was left alone and properly funded, all would be well. This smacks of harking back to a golden age that probably never was however appealing can be contested. Indeed, many of the changes in hand with which the authors take issue,

notably the move to Sustainability and Transformation Plans (STPs) and other developments not mentioned in the article such as new care models emanating from the NHS Five Year Forward View (5YFV), arguably have much in their favour. They rightly seek to give a higher priority to public health (something the NHS has consistently failed to do over many decades), take integrated health and social care seriously (even the NHS chief executive agrees that any additional funding should go to social care rather than health care), and also stress the importance of providing more health care in primary and community settings in place of expensive and inappropriate hospital care. These are not new ideas but for decades they have largely failed to materialise at pace or scale. The fact they are occurring at the same time as an unprecedented fiscal squeeze is unfortunate but it does not in itself negate the thrust of the overall direction of policy.

Conceivably the authors' rather gloomy assessment will prove correct, at least in part. But until we have the findings from the many evaluations currently underway it is premature to condemn such developments as failures or as part of a concerted effort to dismantle the NHS. That view certainly persists but it needs to be countered and balanced by other less conspiratorial interpretations.

To suggest, as the article does, that these latest developments all flow from the rightly condemned Health and Social Care 2012 is misleading since much of the thinking around the 5YFV and STPs are an attempt to overcome and bypass the fragmentation and significant transaction costs that the Act gave rise to. In particular, the latest policy developments criticised in the article are an attempt to move away from competition to more collaboration. That could mean an end to the purchaser-provider split and a return to integrated health care as practised elsewhere in the UK. Yet, none of these arguments are mentioned in the article possibly because they would undermine the overall tidy thesis and largely black and white picture presented of an NHS in terminal decline. The reality may in fact be rather more complex and multi-faceted and less pessimistic.

In conclusion, if this were an Opinion or Viewpoint piece the lack of balance in an otherwise largely well-argued article wouldn't matter. But an Analysis piece surely merits a deeper and more balanced assessment of the various arguments. To claim as the article does on page 2, line 14 that the changes in hand 'raise the spectre of reduced NHS services, more private provision and the introduction of user charges' surely needs to be counter-balanced by what good may come of the changes provided the right level of funding and support exist. These may be in short supply but are political concerns and are therefore not immutable. The article is rather defeatist in its assertion that the doom and gloom scenario it portrays is somehow inevitable and a fait accomplit. Such determinism can be challenged.

Additional Questions:
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Reimbursement for attending a symposium?: No

A fee for speaking?: No

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Dr Navjoyt Ladher
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