BMJ - Decision on
Manuscript ID
BMJ.2018.046872

Body: 19-Oct-2018

Dear Dr. Allen

Thank you for sending us this paper and giving us the chance to consider your work.

We do not consider it suitable for publication in its present form. However if you are able to amend it in the light of our and/or reviewers' comments, we would be happy to consider it again.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

1. Thank you for sending us your article, which takes a critical look at how primary care can shift towards proactive care aimed at preventing disease. We felt that the issues raised by your article will be interesting and relevant to a wide readership.

2. However, we felt the paper could be clearer on how to advance the issue further. Some more depth and detail on what this model of primary care might look like (are there examples?) and what is needed to get there would be helpful.

3. In addition, we felt that a more focused piece, for example on the unfulfilled potential of primary care in Europe, may allow you to add the relevant details - we note this is in line with the suggestions from reviewers as well.

4. Another option would be to identify the main theme of why the potential of primary care is unfulfilled and build an argument around that.

We hope that you will be willing to revise your manuscript and submit it within 4-6 weeks. If you are aiming for publication before the Astana conference then we'd suggest submission by Monday and we'll do our best to fast track your paper.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your resubmission may be sent again for review.

Once you have revised your manuscript, go to https://mc.manuscriptcentral.com/bmj and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Resubmission" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

*** PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. ***

[https://mc.manuscriptcentral.com/bmj?URL_MASK=d8b2435a8adc4cd09db42178c7704b9e]

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

If accepted, your article will be published online at bmj.com, the canonical form of the journal. Please note that only a proportion of accepted analysis articles will also be published in print.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely

Navjoyt Ladher
nladher@bmj.com

**IMPORTANT INFORMATION TO INCLUDE IN A RESUBMISSION

Key messages
This is a box at the end of the article containing 2-4 single sentence bullet points summing up the main conclusions.

Instead of returning a signed licence or competing interest form, we require all authors to insert the following statements into the text version of their manuscript:

Licence for Publication
The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd to permit this article (if accepted) to be published in BMJ and any other BMJPGL products and sublicences such use and exploit all subsidiary rights, as set out in our licence (http://group.bmj.com/products/journals/instructions-for-authors/licence-forms).

Competing Interest
Please see our policy and the unified Competing Interests form http://resources.bmj.com/bmj/authors/editorial-policies/competing-interests. Please state any competing interests if they exist, or make a no competing interests declaration.

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:
I can see that this was a commissioned article but as it is currently crafted, it largely looks at the dichotomy of primary care and public health from an advocacy perspective as opposed to comprehensive evidence. The focus on physicians leading primary care teams seems a rather narrow and somewhat pejorative approach based on credentials as opposed to effectiveness. Midwives do an excellent job as do some community health workers in circumstances where there are relatively few physicians. As currently crafted it is difficult to see what this article targets; primary care in high-income settings, low-income or low and middle-income settings?

In looking at primary care teams largely led by physicians, the authors ignore the mountain of data where other primary care providers (community health workers, midwives and ancillary care workers) provide primary care in all its forms such as preventive, promotive, curatives services and aftercare. It also presents its arguments without looking at human resource contexts, especially in rural and remote settings where the bulk of the disparities cluster.
The reference to cluster RCTs as being vulnerable to "uncontrolled confounders" and imbalances is over simplistic, and I am not sure is relevant to the issue of primary care. There are alternatives to RCTs and many cluster RCTs are the way one assess if things will truly work in real life settings or not? Cluster RCTs at population level frequently unveil differences between effectiveness and efficacy, which are the true tests of population-level interventions.
I am also not sure that there is evidence for the statement (page 7 lines 16-23) that existing primary care teams are not linked to public health measures and activities. Could the authors provide evidence in support of this statement?
The few examples provided in Box 2 also need appropriate references documenting their effectiveness or impact.

Additional Questions:
Please enter your name: Zulfiqar Bhutta

Job Title: Robert Harding Chair in Global Child Health & Policy

Institution: Centre for Global Child Health, Hospital for Sick Children , Toronto

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: Yes

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='_new'> (please see BMJ policy) please declare them here: None except funding over the years for primary care research involving a range of health workers. My group has also done much of the knowledge syntheses and systematic reviews in this area

Reviewer: 2

Recommendation:

Comments:

Title: community level prevention in primary care

Comments:

- This analysis piece has good potential and raises some important points regarding the need for closer or more integrated primary care and community prevention – however to my mind the argument retains some internal inconsistencies that need ironing out.
- Particularly in the opening of the article, it is not very clear if the authors are writing this piece with a focus on the UK, Europe, or globally. Later on the international emphasis is clearer – but it would help to flag this earlier – and with this in mind, temper some of generalisations (noted below) that are difficult to sustain when taking a global perspective.
- Pg 5, para 3 provides a very good summary of the 'misalignment' of political incentives for investing in longer term population health strategies. This is largely true everywhere – but (bearing in mind this article's international slant) also somewhat sidelines the incredibly complex tradeoffs that policy makers have to make when it comes to health investments, particularly in low- and middle-income settings where public health emergencies and poor geographic access remain a huge problem. Brief acknowledgement of those tradeoffs would demonstrate a more nuanced approach.
- Pg 5, para 4 goes on to talk about hierarchy of evidence, and the over dependence on RCTs for generating what is considered 'gold standard' evidence. While I think I see the underlying point (that producing tangible evidence in support of the impact of complex 'embedded' primary health care approaches, is more difficult to achieve via (ill-suited) RCTs than it is for a targeted clinical intervention – and that ipso facto less 'gold standard' evidence is produced), the link between this point, the point in the previous paragraph and the subtitle 'Promising but understudied' needs to be more explicit.
- pg 6, para 1 'The untapped potential of primary care': at this point it is not clear if the authors are promoting primary health care (PHC), or primary care, or primary care as a pathway to PHC. Making this point clearer, earlier, would help guide the reader somewhat.
- What is meant by 'Internationally, public health is allocated total responsibility for influencing social determinants…'? Internationally in multi-lateral organisations (WHO)? Across the health administrations of all nations? Health systems are vastly different from country to country and this point feels overly general and polemic.
- The claim that 'primary care workers quickly develop expert knowledge about community networks and resources' is also overstated. Of course for some this is true. But it is not universally the case that primary care workers are deeply engaged with, or command the trust of, populations they work with; a glance at the recent Lancet Global Health HQSS report demonstrates that poor quality and lack of trust abounds at the primary care level in many settings.
- The authors characterize primary care teams in most countries as not holding responsibility for population health. This may be true (citations to this effect would be helpful) but certainly there is substantial variation from country to country – in some countries primary care is entirely divorced form public health and community functions (e.g. United States), in others it is substantially harmonized (e.g. Cuba). Recognition of this continuum is needed.
- In general I agree with the analysis that despite the overlap in the aspirations of primary care and public health units, the two are often poorly linked administratively and organizationally – certainly in OECD countries this is increasingly the case. But, in view of this authors' push for greater authority/influence by GPs in this domain, I would question the lack of analysis around *why* there has been such a separation in the first place. Who are the power players in health decision making? In OECD and LMIC alike, it is frequently medical doctor organisations are frequently among the most powerful lobbies.

Reflexive consideration of profound influence that the medical profession has had on the evolution of health systems globally – including medicalized health service models – cannot be divorced from an analysis of this phenomena.

- Viz the above point– consideration of who needs to be persuaded of the need for better integrated 'primary care / community prevention' teams would help build on the authors' observation (pg 8, para 1) that many current examples 'tend to be led by local champions working against misaligned system-level incentives.' In other words – who is responsible for the 'misaligned system-level incentives' in the first place?

Additional Questions:
Please enter your name: Stephanie Topp

Job Title: Senior Lecturer

Institution: James Cook University

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

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='_new'> (please see BMJ policy) please declare them here: No competing interests to declare.

Date Sent: 19-Oct-2018