

24-Mar-2017

Dear Mr. Alderwick

Manuscript ID BMJ.2017.037843 entitled "Delivering sustainability and transformation plans in the NHS: from ambitious proposals to credible plans"

Thank you for giving us the opportunity to consider this paper.

We are pleased to make a provisional offer of publication if you are able to revise it to address the points made by the referees and the editors. The referees' comments are available at the end of this letter, and the points raised by the editors are set out below.

1. Editors thought your paper was timely, relevant, and useful, and we will do our best to publish it within your suggested timeframe. The only comment we had was around making the central argument and take home messages more clear/strong, particularly for readers who perhaps may not be familiar with STPs in any great depth.

2. We thought the reviewers' comments were helpful, though wondered whether the first part of point 4 of Bevan's review would be necessary to address - the paper might wander too far into cherry picking and speculation by going down this route. We also thought the depth of analysis was sufficient to make this useful to readers so don't think you need to do much more on this.

We hope that you will be able to revise the paper and send it back to us - usually we'd suggest within four weeks, but in order to meet the schedule discussed by email we'd need it back by Monday 27 March. When you resubmit, could you kindly ensure that you provide:

- (a) A covering letter outlining how you have responded, or not responded and why, to both the referees comments and those of the editors.
- (b) A word count (excluding the references and words in boxes and tables). You should aim to keep this count below or very close to 2000 words.
- (c) Please check that all the information required in the manuscript (see note below) is included in the revised manuscript.

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I hope you will find the comments useful. Please do get in touch if you'd like to discuss further.

Best wishes

Yours sincerely

Navjoyt Ladher
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*** Present at Analysis meeting:[INSERT]

INFORMATION TO INCLUDE IN REVISION

Please would you also check that you have provided the following information

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

This is a well-crafted and well-written summary of the authors' recent report on the extremely important topic of STPs. I have a few suggestions that the authors may like to consider but overall I think it should be published and will be of great use to BMJ readers who do not want or have time to read the full report.

1. p4 lines 47-52: Personally I would put more emphasis on the issue of the extent to which a switch from competitive to collaborative drivers of the system can be achieved without primary legislation. Can transformation be achieved while adherence to requirements of competitive tendering etc persist?
2. p4 line 57-8: I suggest you clarify whether you are referring to the prevention of disease (very longterm ambition) or prevention of demand for services (eg improved social care reducing demand for acute health care).
3. I would put more emphasis on the need for the system to tolerate more risk taking by STPs and managers and how current regulatory and performance management constrains such behaviour. But the authors may not agree!
4. Perhaps some mention of the key challenge of workforce (eg need to change who does what etc)

Minor

P2 line 53: Data is plural!

P2 line 53: mentioning both elective referrals and orthopaedic practices reads slightly oddly.

P3 line 31: I think I understand this sentence but it could benefit from rephrasing.

Additional Questions:

Please enter your name: Nick Black

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Reviewer: 2

Recommendation:

Comments:

Delivering sustainability and transformation plans in the NHS: from ambitious proposals to credible plans

This paper gives a good account of the review by the authors of the 44 Sustainability and Transformation Plans (STPs) that are intended to enable the NHS in England to deliver the Five Year Forward View [1]. I have five suggestions on

how this might be improved by being revised as follows.

First, to begin the paper by explaining how STPs are the latest radical change in governing the NHS. These points are mentioned or implied later in the paper. But it would help readers unfamiliar (or unable to keep up with) the successive reforms of the English NHS to set this out at the start to frame its analysis and also make it interesting to readers in other countries. As it stands the paper informs those who are familiar with STPs and want to know what they have planned to do. It would be helpful to explain that the development of STPs is a rejection by NHS England of the third attempt to govern the English NHS through a quasi market in which hospitals were supposed to compete. It may also be worth pointing out that this paper is about the NHS in England: governments of the devolved countries in the UK abandoned the quasi market model after the failure of the first attempt in the 1990s [2]. The policies of the controversial third attempt as described by Timmins [3], of Liberating the NHS [4] resulted in the Bill, which eventually became the Health and Social Care Act, and was well described as 'Dr Lansley's Monster' [5]. Timmins argues that 'It was also enormous because to achieve in legislation Lansley's goal of the secretary of state being able to step back from day-to-day management of the service, it had to redefine the relationship between the minister and virtually every part of the service' (p 85). This had the implication that such primary legislation would tie the hands of his successors: so they could only change these policies by revising the primary legislation to do so. But, by 2014, NHS England had in effect abandoned the policy of competition for one of planning with the vision laid out in the Five Year Forward View and, in 2015, the policy of STPs [6], which has meant, in effect, recreating a regional hierarchy in the English NHS without legislation. This is consistent with Nigel Edwards' belief as quoted by Timmins (p 129): 'the only things guaranteed to survive nuclear war are cockroaches and regional health authorities'. As the authors argue, one problem of STPs is the potential legal challenge to changes that 'bump up against aspects of the Health and Social Care Act relating to market regulation and competition' (p 4).

Second, to make clear before reviewing STPs that their aim is to make savings as the programme of austerity that began in 2010 continues. In addition to mentioning the problems of achieving financial balance, it would be helpful to give some basic information on the scale of funding pressures on the NHS and on social services [7]. As health systems in virtually all countries are coping with austerity, it would be helpful if the authors considered explicitly what they could they learn from the English policy based on STPs.

Third, the authors ought to spell out the implications of the English NHS making savings by becoming more 'productive' (p 2) and 'efficient' (p 5); because neither term requires that financial savings be delivered. Measuring NHS productivity is based on the ratio of outputs to inputs, where outputs include activity, and quality of health care (as measured by indicators such as survival rates, waiting times and disease management) [8]. So the NHS could be more 'productive' by spending more. For acute hospitals, given their cost structure, treating more cases tends to mean they become more 'efficient' in terms of lowering mean costs per case, but also increases total expenditure. When expenditure has to be reduced, this cost structure means that reductions in activity produce directly marginal savings only (in variable costs). For an acute hospital to realise material financial savings is has to reduce activity to reach thresholds at which staff reductions can be made (e.g. of nurses by closing the bay of ward) and reduce staff. This also means that reducing hospital activity, which appears to commissioners to lead to substantial savings (when priced at tariff) results in a fraction only of those savings for hospitals. One of the key roles on Social Transformation Boards is to negotiate the impacts of such changes on contractual payments between commissioners and providers.

Fourth, might the review of STPs be more analytic? It would also be interesting to add to the descriptive accounts the authors' assessments of their credibility given the circumstances under which they were produced; e.g., it has been reported that some of those who have produced them do not believe in them [9]. We would expect STPs to vary in their quality. Would it be possible for the authors to report a distribution of their quality (without naming them): in terms of how well they analyse the problems that need to be tackled and the soundness and realism of the plans they have produced to tackle these problems? In 'Testing the assumptions' of STPs, the paper states that 'Publicly available information about the financial assumptions in STPs is limited' (p 4). Do the STPs make clear the savings they need to make in relation to current and prospective financial deficits? Do the authors think that NHS England can use STPs to make those assessments?

Fifth, to replace the concluding series of exhortations by working through the implications of the 'implementation challenges' that the authors identify in terms of successful implementation. Suppose, e.g., there were four challenges that all needed to be overcome, and the probability of each coming off were 0.8, then the probability of success from overcoming all would be about one in three.

References

1. NHS England (2014.) Five year forward view. <https://www.england.nhs.uk/wpcontent/uploads/2014/10/5yfv-web.pdf>
2. Bevan, G., Karanikolos, M., Exley, J., Nolte, E., Connolly, S., & Mays, N. (2014). The four health systems of the United Kingdom: how do they compare? <http://www.health.org.uk/sites/health/files/TheFourHealthSystemsOfTheUKHowDoTheyCompare_fullversion.pdf>
3. Timmins N (2012) Never Again? The story of the Health and Social Care Act 2012. The King's Fund and Institute for Government.
4. Department of Health. (2010). Equity and excellence: Liberating the NHS. London: The Stationery Office. (Cm 7881).
5. Delamothe T & Godlee F (2011) Dr Lansley's monster. *BMJ*, 342(d40).*BMJ* 2011;342:d408
6. NHS England (2015) Sustainability and Transformation Plan footprints.www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf
7. <http://www.health.org.uk/sites/health/files/AutumnStatementHFKFNT.pdf>
8. <https://www.nuffieldtrust.org.uk/news-item/what-has-been-happening-to-nhs-productivity>
9. <https://www.hsj.co.uk/topics/finance-and-efficiency/stps-are-making-plans-they-do-not-believe-can-be-delivered/7011425.article>

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