

BMJ - Decision on
Manuscript ID
BMJ.2017.037633

Body:

02-Mar-2017

Dear Mr. Sutaria

BMJ.2017.037633 entitled "Devolution, integration and dismantling the NHS: the road to fewer NHS services and privatisation"

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

We sent it out for external peer review and discussed it at the Analysis manuscript committee meeting (present: Zaki Hassan-Smith, Navjoyt Ladher, Emma Rourke).

Unfortunately 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:

Editors thought that your paper has something important to say about the current trajectory of the NHS. However, we still have several concerns about the clarity and focus of the argument, and the evidence and assumptions underpinning it. The comments here from the editorial team, including Fiona Godlee, are intended to strengthen your argument and make the underlying evidence more clear.

Like one of the reviewers, we thought that the central message of the paper was not easy to discern at present and suggest that your main, take home point is made clearly from the outset (and reflected in the title and introduction). The flow of the argument throughout the paper should maintain a clear focus on this core message.

In your appeal letter you said: "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."

However, the paper does not set out the reasoned conclusions clearly enough nor does it fully describe the supporting evidence. This needs to be much clearer and easier to follow so that readers do not also "miss the big picture", as editors and reviewers have done.

As per one of the earlier reviewers, we thought that one of the interesting aspects of this is how we are going to resolve the disconnect between the free at the point of care health service and the means testing in social care. This might be a useful and fresh angle for the paper.

We hope that you will consider revising your paper and resubmit within six weeks. When submitting your revised manuscript please provide a point by point response to our comments and those of the reviewers.

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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

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

This paper draws on changes in the funding and delivery of adult social care to discuss challenges facing the NHS with a particular focus on the privatisation of services. Specific comments are:

p. 3 the 2012 Act may have given FTs the ability 'to generate half their income from non-NHS work' but very few get anywhere near this

p. 3 to claim that the Devolution Act allows LAs 'to take over health service functions' is a misleading simplification. The GM experience is not a take over but a coming together of the NHS and local govt in the conurbation with accountabilities unchanged. NHS organisations continue to run their services and do so in collaboration with local government partners. Decision making remains firmly in the hands of the NHS as does funding.

p. 4 onwards is a lengthy history of changes in adult social care which could and should be much shorter and more succinct. This territory has been well trodden by others

p. 6 the authors need to be much more specific when they refer to the 'weakening and shifting of statutory functions' in the 2012 Act. The Health Secretary continues to exercise oversight of the NHS and to take a very close interest through his Monday meetings. He is also held to account by Parliament. The Act has made some difference with the creation of NHSE and the more prominent role of its CEO but this should not be overstated

p. 7 NHS budgets are already being used to fund social care in some parts of the country - Oxford being a well known example but there are many others

p. 7 the article confuses STPs and the Sustainability and Transformation Fund (STF). The latter is the £1.8 bn referred to here and is different from STPs. The story about STPs is not just about cuts but about plans to improve and transform care. The one sentence statement beginning 'The plans show the scale...' is a wholly inadequate characterisation

p.8 the conclusion is overblown and overhyped e.g. 'spell the end of a universal national health services' (sic) - the evidence presented does not support this assertion

General points

Devolution in the NHS is at present confined to GM and with the change of PM and CHX in the summer the indications are that there is much less interest in taking devo forward in other areas (at least as far as the NHS is concerned). It is really important to be clear what Devo Manc does and does not involve. The BMJ has covered this in a previous paper. Local authorities and NHS organisations in GM retain their current accountabilities and responsibilities. Local government has in no way taken over the NHS. There is some 'delegation' in GM but nothing that approaches 'devolution' as most people would understand this. In my view GM is an

attempt to coordinate planning and decision making between the NHS and local government in GM i.e. it is seeking to achieve closer integration of health and social care (and other public services) at scale. There are characteristics of GM that are not found elsewhere. Extrapolation from this example to 'the end of the NHS' is hazardous to say the least. The authors need to provide concrete evidence of how Devo Manc is leading to privatisation etc to make their claims stand up and they fail to do so.

The NHS and social care both face huge pressures and this is impacting on patients and users. But the causes are primarily lack of funding at a time of rising demand - as the BMJ has covered extensively. Devo is a very small factor in understanding what is going on and in seeking to understand what might happen in future. Put simply, there is less to Devo than meets the eye

Additional Questions:

Please enter your name: Chris Ham

Job Title: CEO

Institution: The King's Fund

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

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Reviewer: 2

Recommendation:

Comments:

Thank you for asking me to review this article. You ask for my advice on

- a) the importance and relevance of the topic to a general readership?
- b) whether the article covers the topic well and in some depth?
- c) whether the authors make their case well, either through reasoned argument or through drawing reasonable inferences from the available data?.

Taking each question in turn:

a) importance and relevance of the topic to a general readership?

This paper explores the association between legislation, funding and provision of health and social care in the UK. These are important issues with profound implications for the nature of health and social care in the UK, and as such are important and highly relevant to a general readership.

b) whether the article covers the topic well and in some depth?

The paper brings together a variety of relevant data, that though publically available, are unlikely to have been seen by the majority of a general readership. It also describes selected elements of some significant health and care legislation of the past few decades. So, in the sense of the provision and presentation of information, the article covers the topic well and in some depth. I comment more on the method, analysis, and construction of an argument in the next section.

c) whether the authors make their case well, either through reasoned argument or through drawing reasonable inferences from the available data?

General comments

1. I read the paper several times and initially struggled to properly understand the question that is addressed by the paper and then to follow the method and argument being made to address that questions. However, I think the question and approach is described in the paper with, if I have read it correctly, the key question being addressed by the paper being...

what are the likely implications for nature and volume of the provision of health care following the significant changes to the 'organisation, delivery and funding of health and care services....since .. the Health and Social Care Act 2012' ?

and, the method the authors use to address the question is to look for parallels between post 2012 health legislation with previously introduced social care legislation and then, where such parallels exist, explore the impact on the provision of social care and then conclude that similar consequences are likely to be seen in the future provision of health care. If I am correct in my understanding, then I think the paper could be presented in a way that sets out the question and describes the method more clearly to make it easier for a reader to follow the intellectual argument of the paper. I think it would also be helpful to describe the strengths and weaknesses of the links between data, deductions and predictions so that readers can more readily form their own view about the strength of inferences to be drawn from the data.

2. The title of the paper includes the phrase... "the road to privatisation". I think it might be helpful to distinguish more clearly between privatisation of funding (commercial insurance, self pay, user co-pay etc) and privatisation of provision as the access, equity and volume implications of different combinations of private/ state funding and provision (publicly funded, publicly delivered ; publicly funded, privately delivered: privately funded, publicly delivered; and privately funded, privately delivered) can be very different. It may also be helpful to set out the likely consequences of the changes on the nature of provision that the authors predict from their analysis on the ability of the NHS to continue delivering key principles such as universal timely access to good quality care, care free at the point of delivery, resources allocated according to need not ability pay.

Specific points

3. Page 1 until line 14 page 2 describes some of the important legislative changes and policy developments since 2012. I wonder if a table setting out the legislative and policy developments and their key features would be a helpful and a more succinct way to convey the same information.

5. P2 lines 17-23 I think this paragraph is essentially the 'method' section of the paper. I think it would be helpful to expand this, explaining more about the parallels looked for, methods for attributing changes in delivery to policy (time lags, changes in trend, absence of other changes that might have contributed to observed effects on provision etc). Somewhere it would be helpful to have brief discussion of the strengths and weaknesses of this method of analysis.

6. Given that a key point of the method is comparing recent health care legislation and policy changes to earlier social care legislation and policy change, I would have found it helpful to have a side by side table of NHS and social care legislation where the authors see significant parallels. I think this would help readers understand the extent of the similarities.

7. The next section describes changes to social care legislation and observed changes to the volume and nature of provision. From what I think I can see from the data, much of the total volume of provision is closely related to the availability of funding (e.g. the decline in recent years of funding for social care is strongly associated with decline in numbers of people in receipt of state funded social care), but the nature and ownership of provision is more heavily influenced by policy and legislation. If that's correct, I wonder if that is a conclusion worth stating.

8. I also wonder whether or not the data justify the implied inference of causation rather than association that the authors draw. Perhaps a discussion of why the authors believe causation rather than association / confounding is the correct conclusion to draw should be included, not least because there appear to be significant changes in trends observable in the data that are not obviously explained by the narrative text suggesting there are other significant explanatory factors that have not been identified or discussed. For example in Figure 1 (as an aside, it would be helpful to identify in the figure the key legislative events eg the 1972 and 1990 Acts referred to in the text) the 1990 Act does not appear to be associated with any change in the rate of growth of privately owned long stay beds. Indeed the rapid growth in these privately owned beds appears to have started in in the late 1970s early 1980s which does not fit well with either the 1972 or 1990 Acts being the prime cause. So generally, I would have found it helpful to have the authors views about explanations for the timing of major turning points in the data that they present.

9. I am sympathetic to the case that the authors are making about threats to the future of the NHS, but I sometimes wondered about the tone. For example, the last para (lines 16-19 page 8 states 'devolved health care agreements...spell the end of a universal national health services (sic)'. I wonder if that's overstated, not least because there have always been marked variations in provision in the NHS. Similarly language such as 'under the guise of' implies motives that may or may not be correct. And depending on the judgements about causality v association, it's probably important to be careful to review choice of words that imply causation such as "resulted in" when "associated with" might be more accurate, and when thinking about the future saying something "will" happen when "may" might be more accurate.

Summary

I think the authors write about an extremely important topic. I think the data they present is both important and interesting, and they have chosen an interesting method for analysing the data and considering the implications it might have for future NHS provision. However, I think the arguments being made could be better set out and the inferences drawn from the data could be better explained and justified.

Once again, thank you for asking me to review this interesting paper. I hope my comments are helpful.

Additional Questions:

Please enter your name: Nicholas Hicks

Job Title: Co-Founder & Chief Executive

Institution: COBIC

Reimbursement for attending a symposium?: No

A fee for speaking?: Yes

A fee for organising education?: Yes

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: Yes

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please declare them here: I am a Co-Founder and part owner of a small
company called COBIC that provides consultancy, mainly but not exclusively to the
NHS about outcome based commissioning and the provision of more integrated,
population based care. Other clients have included pharmaceutical companies and
diagnostic services companies who provide services to the NHS. COBIC also delivers
education on the same topics usually to NHS and local authority staff, typically in
partnership with others such as Academic Health Sciences Networks. As such, the
company of which I am a part owner receives fees for consultancy, for education
and, occasionally, for providing speakers at meetings. I have answered "yes" to
the question about holding shares in an organisation that might gain or lose from
the publication of this paper, because although, I do not think that the publication
of this paper is likely to have a material financial impact (gain or loss) on COBIC's
income, I cannot be certain that there would be no impact.

I also know one of the manuscript's authors (AP) and have great respect for her
work and opinions.

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