19-May-2020

Dear Dr. Moscrop,

Manuscript ID BMJ-2019-053004.R1 entitled "If social determinants of health are so important, shouldn’t we ask patients about them?"

Thank you for sending us your revised manuscript, which we discussed at our editorial meeting. I am sincerely sorry for how long it has taken us to formalize a decision on your manuscript, but I am pleased to make a provisional offer of publication if you are able to revise it to address the points made by the editors, which are as follows:

* Everybody agreed that the article was much improved. Thank you for all the hard work you’ve put into this. SES disparities have come out in a prominent way with COVID-19, so there may be increased attention on this issue which would be very welcome.

* The article is strongest on the argument for collecting the data than how and what to collect, and then what to do in response to the findings. It would still be good to see more flesh on the bones re your suggestion of what data to collect, and how to respond to it. As you work on this, stylistically it would be nice to keep it from sounding overly prescriptive like a how-to guide, as people may pick at the details (don’t like the wording, think there should be another question, etc.).

* The tone of the piece still needs a bit of work to avoid it feeling hectoring. Inquiring about social determinants (as in the standfirst) is not straightforward, exploring them sensitively with individual and families is what’s required. And there is an implication that simply collecting data equates to a purposeful response - and that social prescribing is all that’s required. That needs a reference where it’s first mentioned. As currently practiced it’s surely very limited in scope and we doubt that will achieve much. What might achieve more is a cadre of people linked to practices who can provide the support disadvantaged people need. The authors mention the NHS long term plan re social prescribing line workers but tell us nothing about the vision/detail here. We would also like you to consider the IORA health model.

* If you have not already seen it, please see the initaitive about leaving nobody outside which we flagged recently in BMJ Opinion where the authors refer to a useful checklist for health providers. It’s a reminder that being people centred/ aware of health inequities /and being committed to reduce them requires more than GPs grilling people about their socio economic status. https://blogs.bmj.com/bmj/2019/11/25/leaving-nobody-outside-our-healthcare-systems-in-europe-or-elsewhere/

* On the writing/style side, several editors felt it was a bit longwinded in places, with redundancy in parts. Can you review with an eye to improving this? In particular, can the beginning be made a bit more succinct?

* We suggest removing Box 3 & 4 (four boxes is a bit too much for this format). If you feel strongly that they should be retained, they can be online only.

We hope that you will be able to revise the paper and send it back to us within one month. When you resubmit, could you kindly ensure that you provide:

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(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.

Best wishes

Yours sincerely,
Peter Doshi
Associate Editor, The BMJ