Body:

27-Jun-2019,

REF: BMJ-2019-049954.R1 entitled "If social determinants of health are so important, shouldn’t we ask patients about them?"

Dear Dr. Moscrop,

Thank you for sending us this 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 today (present: Prashant Jha, Peter Doshi, Sophie Cooke, Emma Rourke, Raffaella Bosurgi, Paul Simpson)

After careful consideration of the reviewers comments, and a discussion among the editors, I regret to inform you that we have decided not to publish your paper. We agreed that the lack of a patient author seriously undermined the credibility of the argument and we had many unanswered questions about the practical implementation of your proposal.

As you will appreciate we receive a large number of articles and often have to reject valuable and worthwhile work. When making an editorial decision we take the comments of the reviewers into account and also consider whether a piece will interest and inform our readers and whether it adds sufficiently to previous work. We have many analysis submissions competing for limited space at the moment and often have to make difficult decisions about which papers to accept.

The reviewers' reports are available at the end of this letter.

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’m very sorry for any disappointment caused and hope that the outcome of this submission does not deter you from future submissions to The BMJ.

Sincerely,
Peter Doshi
Associate Editor, The BMJ
+1 410 706 0527  pdoshi@bmj.com
Baltimore, MD, U.S.A.
pdoshi@bmj.com

Reviewer: 1

Recommendation:

Comments:
The paper presents a call to action for the UK health care system to pay more attention to collecting and acting on social risk factors at the individual level rather than simply accounting for area level social data. Generally I like the idea behind this article and
believe it is timely/relevant for a UK audience—especially given the recent introduction of link worker requirements.

That said, I found the flow of the article to be a little confusing. I felt like the sub-section on "The duty of doctors to ensure equality, and its negation in politics and policy" comes a little out of the blue and seems to be broadening scope after the paper has already zeroed in on social prescribing. I might suggest the authors consider moving that section up and move from broad to narrow over the course of the paper. I also felt that the use of examples could be more pointed. The flow of the Canada example, for instance, I think that could be a little more straightforward. Why is this the right example and what is the essential point the reader should take from it?

I did wish that the new NHS link worker requirements had been emphasized a bit more/fleshed out. How will this differ than previous NHS requirements? Maybe could add a call for research on how this a) is implemented; b) impacts health of populations (if any)...My understanding is that the link workers will still be quite insufficient to enable health trusts to really connect patients with social services—especially in places where there are few robust social services.

In addition to reorganizing the good and relevant ideas presented, I might suggest just a very thorough edit. For example, several sentences would benefit from simplification. There are multiple examples in sub-section "Developments in the US and Canada: social prescribing and equity monitoring" (e.g. “Even while evidence is still awaited on the ultimate health and cost impacts of socioeconomic assessments and social referrals in the US, practitioners in the UK should take note.”) Also, I think the use of semi-colons in several places is grammatically incorrect.

Overall, I think it's an interesting piece and could be a good contribution if reorganized a little.

Additional Questions:
Please enter your name: Laura Gottlieb

Job Title: associate professor, family and community medicine

Institution: UCSF

Reimbursement for attending a symposium?: No

A fee for speaking?: Yes

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: Yes

Fees for consulting?: Yes

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
Reviewer: 2
Recommendation:

Comments:
This is a fantastic paper.

It would be stronger with a summary of the small but growing literature that looks at patient-level versus community-level SDH data, and their associations with health.

The case for patient-level data and how it can be used in practice needs to be stronger.

There are arguments against SDH screening in clinics which should be briefly described.

Additional Questions:
Please enter your name: Rachel Gold

Job Title: Investigator

Institution: KPCHR / OCHIN

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?: 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

Reviewer: 3
Recommendation:
Comments:
In general, the piece is a reasonable but perfunctory nod toward an important topic. I noted immediately that the piece does not include a patient as one of the authors. In this newish world of “nothing about us, without us,” this is a major limitation—I acknowledge that this is easier said than done.

Nevertheless, shouldn't they have asked patients about this first? Or if they have, they should have said so.

As such, while it may not be noticeable to the authors, their privilege shows. I cannot emphasize enough how paternalistic this comes across from the patient's perspective. No matter how socio-economically disadvantaged someone may be, their viewpoint, rather than “what can I do as a doctor,” should be front of mind.

A few small points:

- The piece could use with a bit of a trim. The argument for the need for individual socio-economic data and support is made early. It does not need to be made often.
- The authors should review the distinction between equality and equity, what they should be pursuing and their role.
- The international examples do not support their contention as much as they’d hope.
- The US example is as likely to be about reducing insurance risk as it is to improving health in the underprivileged. Many changes are about shifting risk to, and/or removing patients from, private plans. Moreover, most physician payment incentives rely heavily on fee-for-service, rather than the NHS physician incentive system.
- The Canadian example is from a system that also uses primarily fee-for-service. While the Canadian system is more closely aligned with the UK, it also suffers by being the only developed nation with “universal” health care that does NOT cover drugs. So, Canadians face a US style drug market, which skews everything.
- Both are poor examples of working health care systems.
- My understanding is that the three countries considered have also done a relatively poor job of implementing decent electronic health records. These are essential to being able to allow the secure collection of socio-economic data.
- While I have not followed the debate in the UK for some time, I was shocked to realize that the poorly implemented RAWN mortality ratios from the 70’s still seem to be alive and kicking.
- The submission could have well used some consideration of their thesis from the patient perspective: How would patients feel about this? Is it something that patients want from their doctors? Is the information system robust enough to put concerns of patients at ease?
- Finally, they may wish to step back from their roles and consider how THEY would feel if this approach was taken on their behalf.

Additional Questions:
Please enter your name: Bill Swan

Job Title: Lead

Institution: Faces of Pharmacare

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?: Yes

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The journal(s) (if any) you have selected at submission are:

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