PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Accountable to whom, for what? An exploration of the early development of Clinical Commissioning Groups in the English NHS
AUTHORS	Checkland, Kath; Allen, Pauline; Coleman, Anna; Segar, Julia; McDermott, Imelda; Harrison, Stephen; Petsoulas, Christina; Peckham, Stephen

VERSION 1 - REVIEW

REVIEWER	Catherine Pope University of Southampton UK
REVIEW RETURNED	20-Sep-2013

GENERAL COMMENTS	I apologise for the time it has taken to review this paper, which is a beautifully written and well-crafted report of a well-executed study of the emerging clinical commissioning landscape in the reconfigured NHS. This is an important paper which I would expect to be well cited over time as further evidence about the roll out and impact of the reforms emerges. The account of the NHS reforms provided in the introduction provides a readable, clear and accurate summary of key changes to commissioning which many involved in delivering, planning and researching health care are still trying to comprehend (I can see this being well used for teaching). The paper reports a well-designed qualitative study with an appropriate number of case study sites (n=8) and a large volume of data (96 interviews and associated observation and documentary evidence). The authors have done well to condense a considerable amount of data and to navigate their way through the complex new structures, and the paper provides a very cogent critical assessment of the emerging modes of accountability in the new NHS. I feel the paper is both timely and politically important for the BMJ Open audience. I have very minor, mainly stylistic comments as follows: This paper necessarily has a large number of acronyms – these have been imposed on us by the reforms. I cannot see a way round this though it does mean that those with no familiarity with the new NHS may need to go back through the paper to see what these refer to. Also some of these – like NHSCB have already changed (and this is noted in the paper). It may be helpful/possible to have an online glossary – I am especially thinking about international readers here. While it is a bit more long winded I wonder if 'practices' should be changed to 'General Practices' throughout to differentiate from 'practices' used to mean behaviours. P2 Abstract : I would put numbers of interviews and perhaps a rough idea of numbers of documents/observations here just to indicate the size of the data – this is a very substantial qualitative study. P6 line 44 could reference the scandals you refer to P7 line 4. Are the relationships 'unspecified' or just 'under-specified'?

	P8 line 18. Rephrase for clarity? as ‘ (p555), that has extended beyond an original concern… ‘ P9 to reduce words/repetition you could put the ‘who, what for, sanctions, managerial or political’ questions of accountability in a box here and to save repeating these on p12. P11 table 1. Appreciate you are attempting to protect anonymity of the sites but some additional information might help the reader have more of a contextual understanding of the data, would North/South, rural urban or other information in column 3 make them too easy to identify? Did you use Jarman deprivation scores? P12 this is a personal methodological quibble – I prefer to say (line 26) ‘supported by Atlas ti’ lest an army of future researchers convince themselves that qualitative research can be automated. P13 could delete ‘through the NHSCB mandate’ preserving the reference – without reducing the point P14 line 37 add ‘then’ before Secretary of State P28 line 42-57 As I read this I was struck by the similarity to debates about the politicisation of Police Commissioner and mayoral functions in North America and wondered if this might be alluded to, to strengthen this concern.

REVIEWER	Prof. Mark Exworthy Professor of Health Policy and Management School of Management, Royal Holloway-University of London
REVIEW RETURNED	24-Oct-2013

GENERAL COMMENTS	The paper is written by a group of researchers who are well versed in NHS commissioning and in executing the methods described. The `PRU-Comm’ team is one of the leading groups in the country which examines current NHS commissioning and its members are skilled at the qualitative methodologies adopted for this study. The paper explores the on-going formation of CCGs in terms of their accountabilities to which these new organisations are subject. The paper begins by presenting contrasting perspectives of accountability and the authors settle on a definition which addresses accountability for what, to whom, with what sanctions and with what conflicts. The distinction between giving an account (reporting) and holding to account (in terms of sanctions) was apparent in the early part of the paper but was less so in later sections. The accountability of members to CCGs was examined but the wider issue was not fully explored. Also, HWBs are “able to ask” CCGs to provide an account (p.19). The web of accountabilities in which other agencies are also accountable to the CCG (rather than vice versa) was hardly explored. Such an evaluation of the balance of accountabilities might offer a more rounded picture since organisations invariably have mutual obligations of accountability to each other.

	The paper describes the methodology used by the authors, viz. 8 case-studies comprising (in total) 96 interviews and 439 hours of observation over a 10 month period (2012-13)(a significant amount of fieldwork, equivalent to about 10 hours per week). Although the data collected was “wide and deep” (p.29), it is not entirely clear how accountability related to others themes within the wider study. For example, the lack of observational data regarding accountability is significant (only 3 references to `being held to account’ were found in 439 hours although details of how this was discerned was lacking). Might have accountability been evident in other domains (though not termed `held to account’)? Also, the interview data were drawn from both GPs and managers. Though these accounted for the majority of interviews, the perspective of, say, lay members or Local Authority representatives (who were interviewed) would have been insightful for their contrasting perspectives on accountability given the internal and external focus of the findings. The complexity of CCG accountability was noted in terms of the numbers of different organisations to whom it is (or could be) accountable, and their formal and informal arrangements. One might also argue that such complexity has beset local NHS organisations (including CCG forerunners) for many years. The authors highlight the ambiguity of the new arrangements (for example, in terms of NHS England) but it is notable that the quote refers to mostly passive processes (eg. “need to play a full role...”(p.7)). The authors note a significant change with the advent of CCGs as mutual organisations. The accountability within the CCG both to and from its members is discussed (p.22 et seq), highlighting salient aspects of the debate. As a distinguishing feature of CCGs. this is highly significant. The lack of a `local parent organisation’ is also noteworthy but is less well explored. The role of the Commissioning Support Unit is hardly mentioned and yet it is an organisation within the web of CCG accountability. Local Area Teams (of NHS England) are not mentioned. The inclusion of LMCs as part of the accountability web of CCGs is interesting (p;.20). Though not a statutory body, LMCs seems to be using the ambiguity of CCG accountability to exert influence in the `new’ NHS. The distinction between giving an account and being held to account might help here since `softer’ forms of accountability might become apparent in the absence of clear, unequivocal arrangements. The authors add a heavy dose of caution by referring several times to the nascent impacts of CCG accountability. As CCGs are only 6 months old, this is important. They refer to “early days” (p.7) and “early stages” (p.17). Such analysis leads them to argue that much “remains to be seen” (pp.4 and 19). This `first glimpse’ approach is problematic. On the one hand, subsequent consequences of CCG decision-making will reflect the infrastructure that is currently being established. On the other hand, it is hard to draw significant conclusions from a sample of 8 (out of 211) CCGs at such an early stage of their development. On balance, the paper does make a

	contribution to setting out the evaluative dimensions of accountability which need to be monitored and evaluated regarding the future development of CCG as organisations. However, although using a maximum variety sample of CCGs and adopting relevant methods, the authors could elaborate further the implications of their findings. This final point begs a question about the value and impact of such a provisional study. The authors draw conclusions about the "risk that different bodies to whom CCGs are accountable will have different or conflicting agendas" (p.4). One might argue that previous organisations have always faced such uncertainty and ambiguity irrespective of their state of organisational development; the nature of the central-local `contract' in the NHS was ever thus. Likewise, the "lack of clarity over sanction regimes" (p.4) is similar (in varying degrees) to previous reforms which have evolved through learning, experience, and trial and error. The authors could make a stronger argument about the continuity of accountability arrangements (rather than just the discontinuities which are rightly noted), highlighting the similarity with PCTs, PCGs, health authorities et seq.. For example, CCGs are required to have two lay members (p.18) but PCGs and HAs also had lay membership. Arguably, these former lay members were tokens of democratic accountability but this might have similar effects in CCGs. As another example, the potential to forge new relations with patients and the public may yet be realised but the failure of previous attempts of commissioning organisations to do so might also be noted more fully; recall, for example, HAs as `champions of the people' in the 1990s. The advent of Healthwatch is also noted as a new form of accountability. However, the paper overlooks other previous efforts at public involvement.  The `findings' are presented in terms of external and internal accountability. This approach has some value as it distinguishes between inter- and intra-organisational domains. The authors do not, however, explore the direct or indirect accountability, or even the formal and symbolic accountability, as well as the balance between them. The GP's quote (p.17) about `holding firm' NHS England against public accountability is overly optimistic!.  Minor points:  · Should NHS-CB now be termed NHS England.  · p.21, line 48: Spelling of `manager'

VERSION 1 – AUTHOR RESPONSE

1. Prof Catherine Pope:
Professor Pope highlighted a number of minor issues, all of which we have addressed. We have added a glossary at the end of the article, but are happy for the editors to decide whether they wish to include this or not
2. Prof Mark Exworthy:
• We have ensured that the distinction between giving and account and holdimg to account are clear throughout
• It is suggested that the paper should have also addressed the extent to which other organisation are accountable to CCGs. This was not the focus of our study, and so we have not made any change here. In addition, many of the organisations which may be accountable to CCGs were not established at the time of the study. The wider accountability relationships across the new health system will be an interesting subject for study in the future.
• We have clarified the section which discusses the extent to which 'accountability' arose in the our observations, and strengthened the reference to lay members
• We agree that the role of Commissioning Support Units will be very interesting in future, However, at the time that this research took place we were unable to study them as they had not yet been fully established. Similarly, Local Area Teams had not yet been established.
• We agree that these findings represent an early 'snapshot' of the new system. We believe that such a snapshot is valuable because it establishes clearly the dimensions of accountability that will be important, highlights issues that require further study and provides the first clear account of the legal and regulatory aspects of accountability. We believe (with Prof Pope) that this account will be of value to others undertaking research in this area.
• We have strengthened the references in the discussion to the previous experiences of PCTs and highlighted issues to do with public accountability.