

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	How are Clinical Commissioning Groups managing conflicts of interest under primary care co-commissioning in England? A qualitative analysis.
<b>AUTHORS</b>	Moran, Valerie; Allen, Pauline; McDermott, Imelda; Checkland, Kath; Warwick-Giles, Lynsey; Gore, Oz; Bramwell, Donna; Coleman, Anna

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Rachael Rowe NHS Somerset CCG, England
<b>REVIEW RETURNED</b>	10-Aug-2017

<b>GENERAL COMMENTS</b>	A well written paper on an important subject. The implications of this issue are transferable to other organisations such as cancer alliances and STP boards. In a wider context this does not just impact GPs but consultants and nurses who may sit on commissioning boards, particularly where difficult decisions need to be made. It is also worth remembering that some managerial staff on co-commissioning boards may have clinical backgrounds and can contribute to clinically focused discussions.
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<b>REVIEWER</b>	Tim Stokes Department of General Practice & Rural Health Dunedin School of Medicine University of Otago New Zealand I have co-authored relevant published research in a related area of NHS activity which I suggest in my review could be usefully cited and discussed. I do not consider I have any competing interests.
<b>REVIEW RETURNED</b>	28-Aug-2017

<b>GENERAL COMMENTS</b>	<p>This paper explores how CCGs in the English NHS manage potential conflicts of interest associated with groups of GPs commissioning themselves or their practices to provide services. The study uses a case study approach.</p> <p>The study addresses an important aspect of contemporary NHS policy and uses a highly appropriate methodology. A strength of the study is its use of appropriate social theory, agency theory, to interpret its findings.</p> <p>The background and methods section is appropriately detailed and</p>
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	<p>clearly presents the methods used. The results are presented appropriately and appropriate conclusions and implications for policy and practice are stated.</p> <p>I have only one minor revision to suggest. A brief reference is made to GP behaviour when engaging with the pharmaceutical industry with an old (2006) reference from a general periodical: HSJ [ref 24] and an old opinion piece (2007) [ref 25] cited. There is, however, a current body of work of relevance which looks at how clinical guideline developers deal with financial and non financial COI of committee members. The approach used by the UK's NICE is most relevant here - in terms of having a detailed COI policy with clear actions to be taken if COI is present. See: <a href="https://www.nice.org.uk/about/who-we-are/policies-and-procedures/conflicts-of-interest-policy-consultation">https://www.nice.org.uk/about/who-we-are/policies-and-procedures/conflicts-of-interest-policy-consultation</a> There is a highly relevant qualitative study funded by NICE which explores the process by which NICE guideline development groups interpret and act on the COI guidance in their committee work. It would benefit from being cited and briefly discussed in the comparison with existing literature section of the discussion. Reference: <a href="http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0122313">http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0122313</a></p>
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### VERSION 1 – AUTHOR RESPONSE

#### Reviewer 1

Reviewer Name: Rachael Rowe

Institution and Country: NHS Somerset CCG, England Please state any competing interests: None

Comment: A well written paper on an important subject. The implications of this issue are transferable to other organisations such as cancer alliances and STP boards. In a wider context this does not just impact GPs but consultants and nurses who may sit on commissioning boards, particularly where difficult decisions need to be made. It is also worth remembering that some managerial staff on co-commissioning boards may have clinical backgrounds and can contribute to clinically focused discussions.

Response: Thank you for this positive feedback. We have acknowledged that some managerial staff on co-commissioning boards may have clinical backgrounds in the following sentence on Page 23:

“An additional strategy would be to provide training and support for lay and non-executive members without clinical experience to enable them to make decisions requiring clinical input without relying too heavily on GPs or being influenced by GPs.”

## Reviewer 2

Reviewer Name: Tim Stokes

Institution and Country: Department of General Practice & Rural Health, Dunedin School of Medicine, University of Otago New Zealand Please state any competing interests: I have co-authored relevant published research in a related area of NHS activity which I suggest in my review could be usefully cited and discussed.

I do not consider I have any competing interests.

Comment: This paper explores how CCGs in the English NHS manage potential conflicts of interest associated with groups of GPs commissioning themselves or their practices to provide services. The study uses a case study approach.

The study addresses an important aspect of contemporary NHS policy and uses a highly appropriate methodology. A strength of the study is its use of appropriate social theory, agency theory, to interpret its findings.

The background and methods section is appropriately detailed and clearly presents the methods used.

The results are presented appropriately and appropriate conclusions and implications for policy and practice are stated.

I have only one minor revision to suggest. A brief reference is made to GP behaviour when engaging with the pharmaceutical industry with an old (2006) reference from a general periodical: HSJ [ref 24] and an old opinion piece (2007) [ref 25] cited. There is, however, a current body of work of relevance which looks at how clinical guideline developers deal with financial and non financial COI of committee members. The approach used by the UK's NICE is most relevant here - in terms of having a detailed COI policy with clear actions to be taken if COI is present. See:

<https://www.nice.org.uk/about/who-we-are/policies-and-procedures/conflicts-of-interest-policy-consultation> There is a highly relevant qualitative study funded by NICE which explores the process by which NICE guideline development groups interpret and act on the COI guidance in their committee work. It would benefit from being cited and briefly discussed in the comparison with existing literature section of the discussion. Reference:

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0122313>

Response: Thank you for this positive feedback. We have included the following citation and discussion of this article on Page 23 as follows:

“A parallel can also be drawn with the conflicts of interests faced by clinicians in the development of clinical guidelines. A recent study (26) explored how conflicts of interest are disclosed and managed by a national clinical guideline developer, NICE (The National Institute for Health and Care Excellence) in England. Similar to PCCCs, members of guideline development groups (GDG) were provided with guidance on what constituted a conflict of interest and declarations were made at the outset of meetings. Nevertheless, the study found that some conflicts of interest, in particular, non-financial interests were difficult to identify, and clinicians were often unaware that their activities constituted a conflict. This posed difficulties given that self-reporting was integral to the conflicts of interest policy. The authors concluded that the mere existence of an explicit policy or guidance is insufficient to address conflicts of interest and recommended that GDG chairs and members receive appropriate training in order to manage conflicts of interest.”

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Tim Stokes Department of General Practice & Rural Health Dunedin School of Medicine University of Otago NZ
<b>REVIEW RETURNED</b>	01-Sep-2017
<b>GENERAL COMMENTS</b>	The authors have fully addressed the minor revisions requested.