PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Commissioning through competition and cooperation in the English NHS under the Health and Social Care Act 2012: evidence from a qualitative study of four clinical commissioning groups
AUTHORS	Allen, Pauline; Osipovic, Dorota; Shepherd, Elizabeth; Coleman, Anna; Perkins, Neil; Garnett, Emma

VERSION 1 - REVIEW

REVIEWER	Nick Krachler Cornell University, United States of America
REVIEW RETURNED	14-Jun-2016

GENERAL COMMENTS	I thoroughly enjoyed reading the paper and think that it is very relevant to research in the political economy of healthcare. I recommended minor revisions though there is one point that I think requires a lot more revision because it entails generating more data. If this revision is not undertaken I would say the paper is not of publishable quality. The major revision is that the paper is framed around the impact of the Five Year Forward View but the follow-up interviews that actually discuss the impact of this policy document are very few in comparison to the bulk of the research work. For example, for CCG1 there are only 2 interviews out of an initial 10 and there is only 1 follow up interview with providers. Especially the providers need to be updated because they also constitute part of the second research question and indirectly also the third research question on page 8. I could also imagine leaving out the framing around the 5 Year Forward View because the bulk of the paper is about competition and collaboration but then the paper would not be a great improvement on past papers dealing with commissioning in the NHS (such as the Checkland et al. paper cited). I would recommend following up with providers and commissioners once more now because this would also make the research more robust and as it stands, the evidence provided for evaluating the impact of the policy document is very limited. I also find that this paper is very consistent with a 2015 paper by Ian Greer and me in Social Science & Medicine: "When Does Marketisation Lead to Privatisation? Profit-Making in English Health Services after the 2012 Health and Social Care Act". In this paper we review the effect of the commissioning changes after the 2012 HSCA and show that independent providers feel that commissioners tend to be biased against for-profit providers; we also show that the system changes are inert; moreover, we also find that the regulatory framework is very complex, unclear and fragmented for providers which creates issues for their business. All of our findings are consistent with what the paper finds on pages 23 and 24, so our paper can be used to bolster the findings of this paper. Moreover,

	our paper evaluates the 2012 HSCA commissioning impact which is in contradiction with the sentence on page 7: "In light of the absence of evidence about the operation of the HSCA 2012". Another citation that is necessary to discuss is Sheaff et al's 2013 paper called "How managed a market? Modes of commissioning in England and Germany". It explains that England has a history of strong commissioner power and of micro-commissioning which is consistent with the findings on page 21. The Sheaff et al paper can thus also bolster this paper. More minor revisions include the following: -The title should not read "of four local health economies" but "of four Clinical Commissioning Groups". According to http://www.nhscc.org/ccgs/ there are 209 CCGs, so being upfront about the small number of cases is more transparent. The number should also be discussed in the methodology section of the paper. -the research design you've chosen does not allow you to make claims about the appropriateness of competition and collaboration in the NHS because you do not evaluate any outcomes (e.g. quality outcomes) associated with different mixes of competition and collaboration. The conclusion on page 2 "The use of both competition and cooperation is appropriate in the NHS currently" and on the bottom of page 24 should therefore be removed. One way would be to say that in spite of regulatory unclarity commissioners choose collaboration for core services and competition for peripheral services; and then, more clarity is needed. -bottom of p. 3 states it's not possible to collect routine data; this is incorrect, it would just require large amounts of resources; better to put 'routine data are not available' -the section entitled "Introduction to NHS quasi market and competition policy" lacks focus in as far as it is currently all about major system changes in the NHS but not focused enough on the commissioning function in the NHS (which is clearly the main focus of the paper). For example: what were the bodies before the 2012 HSCA (i.e. SHAs and PCTs)? What are the current bodies (i.e. CCGs) and how are the different bodies different in terms of make up, regulatory scope and professional composition (e.g. CCGs are driven strongly by primary care doctors whereas PCTs were driven by administrators)? Moreover, the paper lacks any discussion of the evolution of Commissioning Support Units which are important in giving advice and doing consulting services for CCGs. Finally, there is some literature on the lacking clarity of section 75 in the 2012 HSCA (see the 2013 paper by Davies). These are relevant aspects to commissioning but they also come up in the findings (e.g. on page 20; currently this is difficult to understand for anyone who doesn't know the background to these changes). This section therefore needs to be restructured and refocused according to those aspects. -on page 8 there is no citation of any methodological literature related to case study design; case studies can be used deductively to test causal claims or inductively to generate theory or new categories about under-researched phenomena; if you wanted to use the case study inductively, a more careful research design that controls for more factors would have been necessary; also the data analysis looks like it's inductive, so something like grounded theory would fit. -p. 9: which functions did the provider senior managers have? Finance? CEOs? Medical Direction? -bottom p. 9: what is the function of this list? You mention it further below but it is unclear to me there too. Also, in the version I have I could not see CCG4, so perhaps the table needs to be redone. -p. 10: in the example, was the provider finally paid despite not being

	commissioned? How did that work? -p. 14: this is really interesting content but the bottom 5 lines need to be expanded more: how is the performance of these services assessed? What type of indicators? Expand more on what collaboration looks like here, especially because there is little about collaboration in this paper and more about competition. Also related: top of p. 20 talks about collaboration but again very briefly, so you can expand more there. As it stands, the paper is mostly about competition. -there is also a lack of info regarding the differences between the four CCGs; CCG4 is clearly exceptional at several points in the paper (p. 16, bottom p. 17, bottom p. 21). This is not surprising because London regions vary greatly (North and South being resource scarce, Central less so). Discuss the differences in the issues faced by the CCGs in the methods section briefly, take it into account as a limit on the findings in the discussion section, and in Table 1 name the region in London. -also regarding the CCGs: there is no definition of who you count as a commissioner at the CCG; also, in Table 1 show the total nr. of people working at the CCGs in a commissioning function so that the reader understands how many people you interviewed in every CCG. -in table 2: the number of commissioners for CCG3 is low; is this a small CCG or why is the number lower? -table 3 shows that CCG3 had less contracts than the other CCGs; to rule out any variation due to contracting experience: why is this the case? Contracts don't end at the same time so perhaps CCG3's contracts run on for a long time, so they'd have less experience than the other CCGs. This might affect the validity of the findings if there is more variation than is currently discussed in the paper. -in the methodology section you also mention reviewing documents but none are cited or quoted in the findings section. Perhaps developing a vignette from board minutes to illustrate one of your findings would show the breadth of your evidence. If these changes are made, especially increasing the number of follow-up interviews, then I think the paper would be valuable in contributing to our knowledge about how commissioning works in the NHS and how effective the recent Coalition Government changes have been.

REVIEWER	Lucy Frith University of Liverpool UK
REVIEW RETURNED	28-Jun-2016

GENERAL COMMENTS	This is an interesting paper that addresses important policy changes in the NHS since the 2012 Health and Social Care Act, and how clinical commissioning groups (CCGs) and providers manage and negotiate these changes in the face of conflicting policies drivers and uncertainty. I think it should be published and have a few very minor comments. Page 2 , first line of the abstract – I think casting the 2012 Act as introducing competition regulation is misleading, it is just the wording here needs attention, i.e. it is the way this is regulated that has changed.

	In the conclusion and throughout the paper (i.e. page 7) it is stated: 'the use of both competition and cooperation are appropriate' – what does appropriate mean in this context? It would be useful to explain what 'hierarchical elements' means in the NHS, as this term is frequently used, but it is a broad categorisation, and how these elements play out in the NHS could be further explained. In the methods, how were the case study sites chosen and what was the rationale for the choices? Also more interviews were conducted in phase I, why was phase II smaller and where the same people interviewed again in phase II – I assume they were, but this could be made clear in the methods as it is mentioned later on that they were re-interviews. First paragraph page 12 – the issue raised in the first sentence, is then not discussed in the paragraph, which talks about potential conflicts of interest. From top of page 12 to the heading (middle of page) three different issues are discussed, but they are run together – separate and comment on each of them: competition of services that are not a priority; conflicts of interest between providers and CCGs ie GPs being providers and commissioners; and Monitor's conflicting duties. Page end of 22-beginning of 23 – big bracket and a full stop after see. Mentioned as one of the limitations of the study, that there is poor quality routine data on competitive commissioning throughout the NHS, I think this is an important issue that should be highlighted and good quality data needs to be nationally collected, so that these policies can be evaluated in order to form the basis for evidence based policy.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Professor Krachler

1. Although we did not collect as much data about the experiences of local actors after the publication of the Five Year Forward View as we did in respect of the period between the enactment of the HSCA 2012 and the publication of the Five Year Forward View (5YFV) in October 2014, we consider that the data we are able to present is sufficient to give readers an understanding of the early effects of this new policy (i.e. the 5YFV), particularly on commissioners.

We have amended the paper, on page 10, to indicate that we are mainly reporting the views of commissioners in this latter period because we took the view that their understanding of this policy change was crucial, as any consequent changes in their behaviour had the potential to shape how competition and cooperation were used.

Moreover, we should point out that, in fact, this paper significantly builds on the paper by Checkland et al from 2012 because we present empirical findings collected specifically to investigate actors' understanding and use of competition in four case study sites here. Thus, the main focus of the empirical data in the paper on the period before the publication of the Five Year Forward View is, in fact, novel.

We are aware of Krachler and Greer's 2015 paper, and are sorry that we omitted to refer to it in the first version of the paper. This is now remedied on pages 7 and 25. While we greatly admire that paper (which we consider makes an entirely novel and very useful contribution), it should be noted that its focus is not exactly the same as ours – it is interested primarily in the link between

marketization and privatisation in the English NHS, concentrating on interviewing private providers, while our paper focusses on how NHS commissioners choose to use competition and cooperation in respect of all providers (most of which continue to be NHS owned).
We have also remedied our omission of reference to Sheaff et al's 2013 paper, which we now refer to on page 6.

2. We have amended the title to refer to 'Clinical Commissioning Groups' rather than 'Local Health Economies'.

3. We agree that it is not possible, using the data we present, to state that both competition and competition are appropriate and we have amended our wording on pages 2 and 24 to state that both mechanisms are being used by commissioners who wish to continue to have access to both.

4. We have amended our statement about the availability of routine data on page 3.

5. We have retained the information about the competitive structure and incentives in the NHS quasi market, as this information is essential in order to understand the context within which the actors in our case study sites were operating. For example, the pricing rules affect how competition operates, as we explain later in the paper. We have amended the introductory section on page 6 to give the reader more information about the changes in commissioning bodies, as this was not adequately explained.

We have not dealt with CSUs however, because, interesting though they are, they are not germane to this paper. (In fact, the reviewer may be interested to know that we have published research on them elsewhere in the BMJ Open - Petsoulas, C., Allen, P., Checkland, K., Coleman, A., Segar, J., Peckham, S, McDermott, I., (2014) 'Views of NHS commissioners on commissioning support provision. Evidence from a qualitative study examining the early development of clinical commissioning groups in England' BMJ Open 2014;4:e005970. doi:10.1136/bmjopen-2014-005970)

6. We are well aware of the Davies paper of 2013 which analyses the legal structure of the HSCA 2012 and have now included reference to it on page 6.

7. We have expanded the methods section on page 9 better to explain our use of case studies, including making reference to the leading case study methodologist, Yin.

8. The provider senior managers were either contracting leads or chief executives. This information has been included on page 10.

9. The list of services put out to tender is designed to show the range of services which were subject to competition in each CCG, (and by implication, which were not, as they were not listed). This is explained on page 11. A revised version of the table now shows CCG4.

10. We do not know if the provider was paid by the CCG, as it was still vigorously resisting doing so when we left the field.

11. We have expanded the section on cooperative approaches on pages 16 and 17. But we have not given details of the indicators to be used in the outcomes based contracts mentioned because these were at a very early stage during the fieldwork and such issues had not yet been formulated.

12. We have added more detail about the CCGs on page 9, but are concerned to maintain the participating organisations' anonymity as promised to them when they agreed to participate in the research.

13. There are very few actual commissioning staff in CCGs. Our research strategy involved identifying the individual managers within the organisations who were most informed about the cooperative and competitive mechanisms used by a particular CCG, and approaching them for an interview. The figures in table 2 record the number of interviews, rather than the number of people, as some were interviewed more than once.

14. The number of interviews with commissioners is lowest in CCG3 because we were able to obtain all the required information about local commissioning mechanisms from a smaller number of targeted interviews.

15. As explained in the paper on page 17, commissioners in CCG3 initially indicated their reluctance to use competitive methods as they wished to collaborate with the local providers, with whom they had good relationships. But even CCG3 had resorted to competition by the time we re-interviewed them.

16. We used documents from the CCGs (mainly board minutes placed on CCGs' websites, together with some internal documents setting out how money was spent) to find out about the use of competition and cooperation, and we have explained this on page 9. The information from the documents could not form separate vignettes.

Reviewer 2: Dr Frith
17. We have changed the wording on pages 3 and 6 to indicate that it is the way in which competition is regulated that has changed.

18. As mentioned in our response to reviewer 1 (point 3 above), we have changed the wording about appropriateness of competition and cooperation – see pages 2 and 24.

19. We have explained what we mean by 'hierarchical elements' of the NHS on page 7.

20. We have expanded the methods section on page 9 to explain how the case study sites were chosen and why fewer people were interviewed in the second phase. (Please also see our response to reviewer 1 at point 1 above.)

21. We have rewritten the section on page 13 to separate out the different issues included there.

22. We have corrected the punctuation on page 24.

23. We have emphasised the point about the need for routine data on competitive commissioning processes to be collected centrally on page 25.

We look forward to hearing that the paper has now been accepted.

VERSION 2 – REVIEW

REVIEWER	Nick Krachler Cornell University, USA
REVIEW RETURNED	06-Sep-2016

GENERAL COMMENTS	Thanks very much for your clear responses to my previous comments. I think that the amendments are all adequate and made the paper clearer and more robust. I think the paper is at a suitable level to be published, especially given that the limitations have been

	stated clearly. I have one remaining concern that I think cannot be adequately dealt with using this research design. There may be two factors driving the adoption of cooperative or competitive commissioning practices that are not easily distinguishable from the design: looking at CCG3's proximate market structure, it is clear that it only has two competitors and is thus highly concentrated. CCG4's structure on the other hand is very competitive with many providers but CCG4 complains of lacking resources to tender. The quoted information for CCG3 shows that there is no real viability nor tradition of competition and this may well be explained by this market structure. CCG4 on the other hand may be determined more by resources. It would be good to know whether CCG3 has adequate resources to tender and furthermore, whether it would be able to get providers to do work for them who are not local. This would be good to compare across all cases such that the degree of competition in the market as well as the availability of resources could be indicated as something examined and ruled out. Apart from this query, the paper is now publishable in my opinion. Very interesting findings and paper overall indeed!

REVIEWER	Dr Lucy Frith University of Liverpool UK
REVIEW RETURNED	26-Aug-2016

GENERAL COMMENTS	All the comments have been well addressed and the paper is now ready for publication and will make a valuable contribution to the literature in this area.

VERSION 2 – AUTHOR RESPONSE

Thank you for the positive feedback from both reviewers. I am glad that they both think the paper should now be published.

In response to Dr Krachler's final point, I have included an additional limitation in the discussion section of the paper in which I explain that we did not collect comparative data on the resources available for undertaking procurements in each case study CCG. Thus we are unable to speculate about the effect any differences in these resources might have had on commissioners' behaviour.

VERSION 3 – REVIEW

REVIEWER	Nick Krachler Cornell University, USA
REVIEW RETURNED	13-Nov-2016

GENERAL COMMENTS	I believe the amendment to the limitations section covers the concern I voiced previously. In my opinion the paper is sufficiently transparent now about its limitations and ready for publication.