

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	General Practitioners' views of clinically-led commissioning: cross-sectional survey in England.
AUTHORS	Moran, Valerie; Checkland, Kath; Coleman, Anna; Spooner, Sharon; Gibson, Jonathan; Sutton, Matt

VERSION 1 - REVIEW

REVIEWER	Holly Holder Nuffield Trust UK
REVIEW RETURNED	05-Jan-2017

GENERAL COMMENTS	<p>This is a very topical and interesting article which will contribute to current debates on the role and future of clinical commissioning. It outlines the complexities of trying to increase the participation of GPs in CCGs including for example, the impact it has on their clinical time and differing attitudes towards legitimacy. The article concludes with a clear indication of where further research is needed and on-going concerns that CCGs and policy-makers should consider (e.g. succession planning and the GP workforce).</p> <p>The article is well written and the results are presented clearly. Two points I think should be addressed. First is that the majority of question 7 and 8 replicate or draw heavily on questions published in a previous survey of CCG members (your reference 17/18). This should be acknowledged in the methodology and elsewhere. Second is that more explanation is needed on the logit model and estimation sample. Why did you use this methodology, what is it, what does it tell you, etc.?</p>
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REVIEWER	Jonathan Erskine Durham University UK
REVIEW RETURNED	09-Feb-2017

GENERAL COMMENTS	<p>This study addresses an on-going and highly relevant topic: the current and future willingness of GPs to lead the organisations with responsibility for commissioning many of the services provided by the NHS in England. The findings are certainly in line with previous research on GP attitudes to commissioning roles, and are of interest precisely because they show that there has been little change in this regard, despite new commissioning structures being put in place since 2012.</p> <p>The authors are quite right to point out that the relatively low</p>
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	<p>numbers of GPs willing to take an active role in CCG work is very concerning, and all the more so given the proportion of GPs who intend to retire or otherwise cease GP work in the coming years. The study is another piece of solid evidence that the reorganisation of the NHS following the 2012 Health and Social Care Act was unnecessary, expensive and possibly damaging.</p> <p>The discussion section rightly notes that the limitations of the data and that survey represents a only snapshot in time, but nonetheless draws out some useful recommendations for CCGs and NHS England to consider in the future. Engagement with a broader range of GPs would seem to be a priority, based on the analysis in the study.</p> <p>The section on unanswered questions is helpful. I would suggest that any future qualitative research on GP motivations for becoming involved (or not) in CCG activity could usefully included some analysis of how the leadership styles of GPS who are actively engaged in CCG work impacts on the likelihood of other GPs following this path. It would also be interesting to understand if there are any significant regional variations in the attitudes of GPs to commissioning responsibilities; i.e. whether there are differences between urban and rural settings, or between different regions of England. The survey questionnaire includes a single question on whether the respondent's practice is part of a GP Federation. Since the GP Federations are now more common and better established than in 2015, it would be consider whether they are making any difference to the willingness of GPs to engage in commissioning duties.</p>
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REVIEWER	Lesley Wye Univ of Bristol, UK
REVIEW RETURNED	10-Mar-2017

GENERAL COMMENTS	<p>I enjoyed reading this paper and appreciate the opportunity to remember the original policy objectives of the 2012 Health and Social Care Act (to create CCGs as membership organisations) and reflect on the reality 3 years on. The paper is well-written with an engaging conversational style and clear findings, which made it an easy read.</p> <p>Specific comments:</p> <p>The abstract is clear and the conclusions follow on logically from the results.</p> <p>Intro: The policy context is well-described and hopefully comprehensible to an international audience.</p> <p>Methods: I can't comment on logistic regression. I'd like another sentence about the GP Work Life survey. Is this a national survey that ONS or another body operates that the authors piggy-backed on or is it a regular academically-led survey (or something else)?</p> <p>Results: I like the way that at the start of the results the authors compare the study sample against the general population.</p> <p>As I was reading, a key message emerging was that there's a real</p>
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	<p>split between GPs with a formal CCG role and those without in terms of sense that CCGs are 'membership organisations'. So those who are working to make CCGs membership organisations largely feel they are membership organisations whereas those who aren't working for CCGs to become membership organisations largely feel they are not. This is clearly brought out in the discussion section, but is rather lost in the abstract. Perhaps all that is needed an additional phrase in the results section with the sentence starting "CCGs were set up...they had ownership of their local CCG AND THESE WERE OFTEN THOSE WITH FORMAL CCG ROLES."</p> <p>Discussion: Personal preference - I didn't really like the paper ending on an 'unanswered question'. I found it blunted the strong, helpful final sentences in the previous section. Could the 'unanswered question' go somewhere else in the discussion section?</p> <p>Overall, A really lovely paper and I recommend publishing it.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Holly Holder

Institution and Country: Nuffield Trust, UK Please state any competing interests: None declared

Please leave your comments for the authors below

This is a very topical and interesting article which will contribute to current debates on the role and future of clinical commissioning. It outlines the complexities of trying to increase the participation of GPs in CCGs including for example, the impact it has on their clinical time and differing attitudes towards legitimacy. The article concludes with a clear indication of where further research is needed and on-going concerns that CCGs and policy-makers should consider (e.g. succession planning and the GP workforce).

The article is well written and the results are presented clearly.

Thank you for this positive feedback.

Two points I think should be addressed. First is that the majority of question 7 and 8 replicate or draw heavily on questions published in a previous survey of CCG members (your reference 17/18). This should be acknowledged in the methodology and elsewhere.

We have acknowledged this survey in the Introduction and Methods sections on Page 3:

“In order to allow comparisons, some questions used in the survey are derived from a similar survey carried out by the Nuffield Trust”

“The 2015 Survey contained a number of questions on respondents’ opinions on clinical commissioning and knowledge of and engagement with their CCG, with the wording of some of the questions drawing upon a local survey carried out by the Nuffield Trust (12).”

Second is that more explanation is needed on the logit model and estimation sample. Why did you use this methodology, what is it, what does it tell you, etc.?

We have included more information on the logit model on Page 4 as follows:

“We chose a logit model as we have a binary dependent or response variable that is constrained to take on values of zero and one. The logistic regression shows how the probability of a value of one depends on the set of independent or control variables.”

We have also included an additional sentence explaining the reduced estimation sample for the logit model on Page 7 as follows:

“We undertook a complete case analysis for the logistic regression. The estimation sample was reduced to 1,734 due to missing data for the dependent and independent variables.”

Reviewer: 2

Reviewer Name: Jonathan Erskine

Institution and Country: Durham University, UK Please state any competing interests: None declared

Please leave your comments for the authors below

This study addresses an on-going and highly relevant topic: the current and future willingness of GPs to lead the organisations with responsibility for commissioning many of the services provided by the NHS in England. The findings are certainly in line with previous research on GP attitudes to commissioning roles, and are of interest precisely because they show that there has been little change in this regard, despite new commissioning structures being put in place since 2012.

The authors are quite right to point out that the relatively low numbers of GPs willing to take an active role in CCG work is very concerning, and all the more so given the proportion of GPs who intend to retire or otherwise cease GP work in the coming years. The study is another piece of solid evidence that the reorganisation of the NHS following the 2012 Health and Social Care Act was unnecessary, expensive and possibly damaging.

The discussion section rightly notes that the limitations of the data and that survey represents a only snapshot in time, but nonetheless draws out some useful recommendations for CCGs and NHS England to consider in the future. Engagement with a broader range of GPs would seem to be a priority, based on the analysis in the study.

Thank you for this positive feedback.

The section on unanswered questions is helpful. I would suggest that any future qualitative research on GP motivations for becoming involved (or not) in CCG activity could usefully include some analysis of how the leadership styles of GPs who are actively engaged in CCG work impacts on the likelihood of other GPs following this path. It would also be interesting to understand if there are any significant regional variations in the attitudes of GPs to commissioning responsibilities; i.e. whether there are differences between urban and rural settings, or between different regions of England. The survey questionnaire includes a single question on whether the respondent's practice is part of a GP Federation. Since the GP Federations are now more common and better established than in 2015, it would be consider whether they are making any difference to the willingness of GPs to engage in commissioning duties.

Thank you for these suggestions for additional future research. We have incorporated these into the text on Page 9 on unanswered questions so that it now reads:

“We are also unable to explore GPs' motivation for current and future CCG involvement, and how the

leadership styles of GPs who are actively engaged in CCG work impacts on the likelihood of other GPs following this path. These questions could be explored in a future qualitative analysis. Future work could also exploit the longitudinal nature of the survey data to provide insights into how responses have evolved over time. The survey includes a question on whether the respondent's practice is part of a GP Federation. With increasing coverage and development of GP Federations over time, it would be interesting to consider whether they have an impact on the willingness of GPs to engage in commissioning duties. Future iterations of the survey could elicit information on the geographical location of the practice in order to investigate if there are any significant regional variations in the attitudes of GPs to commissioning responsibilities.”

Reviewer: 3

Reviewer Name: Lesley Wye

Institution and Country: Univ of Bristol, UK Please state any competing interests: None declared

Please leave your comments for the authors below

I enjoyed reading this paper and appreciate the opportunity to remember the original policy objectives of the 2012 Health and Social Care Act (to create CCGs as membership organisations) and reflect on the reality 3 years on. The paper is well-written with an engaging conversational style and clear findings, which made it an easy read.

Thank you for this positive feedback.

Specific comments:

The abstract is clear and the conclusions follow on logically from the results.

Intro: The policy context is well-described and hopefully comprehensible to an international audience.

Methods: I can't comment on logistic regression. I'd like another sentence about the GP Work Life survey. Is this a national survey that ONS or another body operates that the authors piggy-backed on or is it a regular academically-led survey (or something else)?

The GP Worklife survey is a regular survey that has been carried out by the University of Manchester since 1998. We have clarified that the survey is run by the University of Manchester in the text on Page 3 as follows:

“Against this background, we conducted a National GP Worklife Survey in spring 2015. This survey has been carried out by the University of Manchester eight times since 1998, asking questions about GP workload, job satisfaction and sources of pressure (11) (<http://research.bmh.manchester.ac.uk/healthconomics/research/reports>).”

“We used data from the Eighth National GP Worklife Survey (13) which was collected by the University of Manchester between March and May 2015.”

Results: I like the way that at the start of the results the authors compare the study sample against the general population.

As I was reading, a key message emerging was that there's a real split between GPs with a formal CCG role and those without in terms of sense that CCGs are 'membership organisations'. So those who are working to make CCGs membership organisations largely feel they are membership organisations whereas those who aren't working for CCGs to become membership organisations

largely feel they are not. This is clearly brought out in the discussion section, but is rather lost in the abstract. Perhaps all that is needed an additional phrase in the results section with the sentence starting "CCGs were set up...they had ownership of their local CCG AND THESE WERE OFTEN THOSE WITH FORMAL CCG ROLES."

We have revised the text in the Results paragraph of the Abstract (on Page 1) as you suggest so that it now reads:

"CCGs were set up as 'membership organisations' but only a minority of respondents reported feeling that they had 'ownership' of their local CCG and these were often GPs with formal CCG roles."

Discussion: Personal preference - I didn't really like the paper ending on an 'unanswered question'. I found it blunted the strong, helpful final sentences in the previous section. Could the 'unanswered question' go somewhere else in the discussion section?

We have moved the section on "Unanswered questions" to Page 9 so that it follows the section on "Strengths and limitations".

Overall, A really lovely paper and I recommend publishing it.

VERSION 2 – REVIEW

REVIEWER	Lesley Wye University of Bristol, UK
REVIEW RETURNED	03-Apr-2017
GENERAL COMMENTS	All my suggestions have been incorporated into this revised draft. Happy to proceed to publication.