

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.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

(This paper received three reviews from its previous journal but only two reviewers agreed to published their review.)

ARTICLE DETAILS

TITLE (PROVISIONAL)	UNDERSTANDING AND EVALUATING NEW MODELS OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN SOUTH-EAST ENGLAND: A STUDY PROTOCOL FOR AN OBSERVATIONAL MIXED-METHODS STUDY
AUTHORS	Rocks, Stephen; Stepney, Melissa; Glogowska, Margaret; Fazel, Mina; Tsiachristas, Apostolos

VERSION 1 – REVIEW

REVIEWER	Miranda Wolpert UCL, UK There is some indication in the paper that part of the transformation being considered may be drawing on the THRIVE framework which I led (as the paper refers to the "getting more help" pathway, but this is not clear so not sure if a COI of not!
REVIEW RETURNED	07-Jun-2018

GENERAL COMMENTS	This looks like an worthwhile and important project with an interesting protocol. I was left a little unclear about exactly which "two novel models of service delivery" were and on what theoretical or other framework(s) they were based- it would be good to have a few lines explaining this more clearly.
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REVIEWER	Nicola Brimblecombe London School of Economics and Political Science, UK
REVIEW RETURNED	Thank you for the opportunity to review this extremely well-written and clear manuscript on an important and relevant topic. I would recommend it to be published, following a few minor revisions: 1. It is not clear what the timeframe of the research is and it would be helpful to have this included in the abstract and at other relevant points, for example in the section on the outcomes analysis plan and in the final sentence of the paper. 2. In the Introduction, it would be helpful to specific age range of children, adolescents, young people, when outlined the literature. 3. It is not clear from the way it is written, and the way it follows on from the preceding paragraph, that the last paragraph of the Introduction refers to the authors study. 4. Lines 7-10, page 9 ('Based on theory and literature...'), a. needs more detail; b. appears to be contradicted by the later statement in the Discussion, first sentence.

	5. There are a few proofing errors that need correcting, including in the references.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

1. Clarification on the theoretical model of transformation requested.

DONE: Thank you for raising this point. To clarify this, we have added a paragraph in the “Study setting and service transformation” section that now reads “*The CAMHS provided by Oxford Health share common transformation goals (e.g. improve accessibility and early intervention), are all working towards a THRIVE model, and have some similar core components of transformation, variously: a Single Point of Access (SPA) for referrals; a School InReach Service; changes to pathways for treating young people who need a more intense or targeted approach; and finally, Community InReach, where CAMHS work more closely with third-sector partner organisations*”.

As noted by the reviewer, THRIVE is an element of the transformations, but, as we now clarify, the components of transformation also include new ways of working within schools, ways of working with community sector organisations, and a single point of access (SPA). While the broad components of transformation are similar across the two sites, the detail, intensity, timing, and pace of transformations differ. It is not clear that the components of transformation are founded in any theoretical framework, so much as an effort to respond to an agenda set by the Government following *Future in Mind* among other documents. This may be elicited as part of the qualitative research.

Reviewer: 2

1. Provide clarification on the timeframe of the research

DONE: We provide more information about the data and observation period in the revised second paragraph of the “Outcomes” section that now reads: “*Data from the electronic patient record systems, CareNotes, is expected to be available for at least 3 years (from 2015) before which a different case recording system was used, from which we will have access to a further 5 years (from 2010). ROMs are expected to be available from 2015, but matched pre- and post-data is likely to be more limited. The observation period for this study will therefore include a pre-transformation period, transformation, and at follow-up, which will be at least six months after transformation (longer in the case of Buckinghamshire). Data will be available at a patient level and analysed in repeated cross-sections.*”

We have also sought to clarify the period over which the CAMHS Transformations are taking place. We have added in both the abstract and as the final sentence of the introduction, that the research is assessing CAMHS transformations “*from 2015 onwards*”.

2. Specify in the Introduction the specific age range of children, adolescents, young people, when outlined the literature.

DONE: The age ranges have been added for the two prevalence figures cited in the first and second paragraphs of the “Introduction” section.

3. Provide further clarity on the wording at the end of the introduction.

DONE: To avoid confusion, we improved the wording in the last sentence of the “Introduction” section, which now reads: “*This protocol sets out our approach to conducting a large observational retrospective research study commissioned by two large Clinical Commissioning Groups (CCGs) in South East England and the Oxford-Collaboration for Leadership in Applied Health Research and Care (CLAHRC) to examine CAMHS provided by Oxford Health NHS Foundation Trust (Oxford Health) transforming between 2015 and 2018*”.

4. Provide more detail on Lines 7-10, page 9 ('Based on theory and literature...') section.

DONE: Thank you, we agree this was potentially misleading. We are aware that service transformations are complex processes and take time to implement– hence our reference to theory and literature. That is not specific to CAMHS though, and instead we have amended the final sentence of the paragraph in the section “Comparators” to read: *“In view of the complex nature of service transformation, the hypothesis will be that CAMHS at a more advanced stage of the transformation process will be more effective and cost-effective when compared to conventional CAMHS or those at an earlier phase.”*

VERSION 2 – REVIEW

REVIEWER	Nicola Brimblecombe London School of Economics and Political Science, UK
REVIEW RETURNED	07-Sep-2018
GENERAL COMMENTS	Thank you for taking on board my suggestions. I have no further comments.