Reviewer’s report

Title: Negotiating commissioning pathways for the successful implementation of innovative health technology in primary care

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Reviewer: Gro Berntsen

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Review of: BMC Health Services Research: Negotiating commissioning pathways for the successful implementation of innovative health technology in primary care

This paper is a case study of the decision making process linked to the possible commissioning of a new diagnostic technology. They study the decision making process through interviews with a number of key players in the commissioning system. The authors highlight the commissioner's questions and the concerns in this process. The study highlights the complex relationships that must be negotiated before a new pathway can come into place. This paper is original and innovative in its approach as it gives important insights into the specific challenges of decision making in a complex health care organizational hierarchy.

I would like to applaud the authors for this innovative work on issues that are of immediate concern to the much needed innovation and development processes of health care. To identify the commissioning decision making process as an object of research is innovative in a health service research context. Decision making in health care differs from many other domains, in that the interplay and division of work between both professions and organizations are often not "decided" in a structured process, but have emerged over time as a response to highly diverse and fuzzy requirements. There is a paucity of studies in this domain, and this paper provides important insights into generic components of health care decision making.

Major comments

The authors describe this as a study on "commissioning". However, commissioning is itself an artefact of the local British health care system, and has no immediate counterpart in many other national care systems. I would encourage the authors to improve the international relevance of the paper, by identifying the generic elements of the paper that must find place in every care system that wishes to decide upon the implementation of a new technology.

I would suggest that the unit of observation here is actually a "decision making process", which in this particular case happens to be set in the British commissioning system. In other care
systems, such decision-making processes would be set in different contexts, such as hospital boards, local, regional and national health care authorities etc. The idea that a decision making process is a unit of analysis, is something of an eye-opener, because in my health care system (Norway), we have no commissioners, and a decision making process such as the one described here, would be fragmented across many levels and organizational units. By studying commissioning, the decision making process become visible and therefore also possible to study.

Minor comments

1. It would be helpful to provide a concise outline of the kind of information you had gathered from your informants. The study claims to use a semi-structured interviews, but does not outline how interviews were structured. Could the authors provide a description of both the structure that guided the interviews, and a brief argumentation of why such a structure was considered relevant?

2. It is central to the readability of the study that the audience understand the British commissioning system and how the study is positioned in this context. Could the authors give an outline of the commissioning system, or provide a reference that outlines it to an international audience, and then place the roles of the interviewees into that context.

3. The interviewees were selected with the help of an external advisory group. Could you describe who were members of the advisory group and what roles they had?

4. The empirical data were collected as a mix of focus group and individual interviews. These are two different methodologies that are thought to capture qualitatively different types of data. Could the authors reflect upon why they chose one or the other method, and whether these methodological differences might impact upon the results?

5. The readers should be able to understand and transfer methods and thinking to other contexts. It is therefore imperative to describe each step of data analysis well enough for fellow researchers to follow in your footsteps. The authors made a thematic analysis of the empirical data, but apart from a relatively generic methodological reference, there is little information on what kind of theory guided the analysis. Was this a grounded theory (i.e. open and inductive) analysis, or was it in some way informed by the prior theories and ideas such as for instance the theory that informed the interview guide. I would like you to describe more clearly the path you took, which then led you to your themes and results.

6. I was struck by an idea, when I read your results, that the commissioners actually work according to a stepped decision making process. When one set of questions are
answered, this opens the door to the next level of concerns. All steps must be addressed before a final positive decision is made. Concerns starts with identifying value (both benefits and risks) for patients, the professionals and the care system. Secondly, the decision makers explore impacts on the division of work across levels of care and across professions. Finally, there is the financial issues, of redistributing funding, when work is moved from one spot to another. Do the authors agree, that there might be such a pattern, and if yes, I would encourage the authors to make such patterns clearer to the reader.

7. There is a number of "business models" out in the literature that are meant to aid decision makers in structuring their decision-making processes in terms of a new business or a change in an existing business (i.e. Canvas: https://en.wikipedia.org/wiki/Business_Model_Canvas#/media/File:Business_Model_Canvas.png). However, the authors do not discuss their results in light of such models. It would be interesting to compare results, with those of business models, to capture important challenges of health care decision making that might not be addressed in such models.

8. I think it is applaudable that the authors promote new care models for integrated care, but in this case, I am afraid I don't quite understand exactly how the new care models might also improve the commissioning process. Either explain this point further, or leave it out.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript
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