Author’s response to reviews

Title: The impact of governance in primary health care delivery: a systems thinking approach with a European panel

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Author’s response to reviews:

Reviewer reports:

>> Reviewer #1: Many thanks for the opportunity to review this paper - a mixed method study (combining a lit review and a 3-stage Delphi process, analysed quantitatively and qualitatively). I have relatively few comments on what I think is an interesting paper with a potentially important contribution.

Thank you very much reviewing our manuscript. We have provided a point-by-point answer to your comments in the following paragraphs.

>>BACKGROUND:

>> Useful descriptions of different frameworks through which PHC might be understood, and outlines nicely the complexity of delivering PHC, given multiple stakeholders with different drivers.

>> Strong justification for 'systems-thinking' perspective taken in this project, given limited understanding of the interactions between financing and regulation of PHC.

Thank you for your positive comments.

>> Minor point - I struggled to follow the chronology set out between the fall of communism, the global economic crisis (am guessing this refers to 2007-8?), then in the last 10 years an
increased interest in development of PHC. It seems to me that the last two points don't quite marry up.

Thank you for pointing this out. We agree that the sequence of events in this paragraph was somewhat confusing. The intention was to provide some introductory notes on the events following the Declaration of Alma-Ata that, according to literature, could explain the insufficient implementation of PHC. Particularly in Europe, the literature points out the political and social instability during the Cold War and the fall of Soviet Union in 1991 on the one hand, and the economic instability succeeding the fluctuations in oil production during the 1970s and 1980s on the other. In addition, the World Bank and international donors were strong health actors at that time and favoured vertical interventions. The World Health Organization and other stakeholders called for a reintroduction of PHC in the global health agenda in 2008. Since then, the political and public interest in PHC has increased, with a renewal of the stakeholders’ commitment in the 2018 Global Conference in Primary Health Care in Astana, Kazakhstan. Following your comment, we have revised this paragraph and provided a more specific summary of these events.

>> METHOD

>> Design seems a sensible approach - building a framework from a lit review, then adapting in response to Delphi feedback and additional literature. Sample seems well chosen, and snowballing approach likely to increase likelihood of good inclusion of experts in the field.

>> A question (prompted by Figure 2): it looks as though the UK was treated as a single entity: do the data suggest full UK-wide alignment on all of the characteristics studied? Given that the devolved nations of the UK govern healthcare somewhat differently in some cases, there may be value in considering these systems (and associated data submissions) separately.

Thank you for raising this point. We agree that the organisation and provision of health care in the British NHS are devolved to nations and some differences across regions exists. The same is the case, to some extent, for other countries such as Spain and Finland, which also have health systems functions devolved to regions.

The unit of analysis in our study was set at country level and, although the variables used to define each country’s PHC system do not reflect their internal differences, they reflect the degree of decentralisation of the characteristics analysed as well as the predominant type (e.g., main type of ownership of PHC facilities) and the mix of mechanisms available (e.g., types of provider’s payment mechanisms or types of provider’s employment status present in the country). Following your input, we have clarified this in the methods section.

We fully agree that the application of the framework to analyse PHC systems within the UK would be an excellent opportunity to compare health outputs and outcomes as a function of the
characteristics analysed using lower level data of devolved UK systems and this is now mentioned in the article (end of discussion section) as potential future work.

>> RESULTS

>> Overall, the relationships described seem to make sense, and the paper draws together clearly the published evidence and responses to the Delphi process. The use of worked examples - especially in relation to Table 4 - is a useful way of communicating the results.

Thank you for this positive feedback.

>> However, given the amount of information, I felt the authors might consider mapping out the results section a bit more explicitly, and consider signposting where we are up to more regularly.

We agree that the results section is a bit dense. Following your input, we have included more subheadings and references to Figure 3 and Table 4, which we hope will be of help in going through the results section.

>> I found myself wondering whether the authors might find it useful to consider framing the work in terms of different 'modes' of governances (e.g. as set out by Davies C, Anand P, Artigas L, Holloway J, McConway K, Newman J, et al. Links between governance, incentives and outcomes: a review of the literature. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO) London: NCCSDO 2005)

Thank you very much for suggesting this report. The description of the theories from which the analysis of governance has been approached, providing examples from literature, has been very informative and we think it is an excellent reference for our study and it is now added to the manuscript.

We agree that the relationships between governing actors and the incentives described in the report, particularly regarding hierarchy, networks and market types of governance and the specific mechanism used to exert governance in each type, resonate with our findings. To some extent, the conceptual relationships described in the report constitute the findings we achieved empirically with the Delphi process and certainly the reporting of our findings could have been framed around the modes of governance described. However, in this case the aim of our study was emphasising the interactions between governance, financing and regulation and why these matter for PHC delivery, highlighting the importance of systems thinking approach to understand them, rather than focusing on the identification of the types of financing and regulatory mechanisms under different governing actors. This is the reason why our results section tries to
emphasise the existence of relationships with only including examples of the actors and mechanisms interrelated.

We think this report will be very useful to frame the results of the next study, which is the application of the framework to identify a PHC taxonomy. Our classification is empirical, as opposed to the modes of governance described in the report, and therefore, finding a cluster that reflects all characteristics of a mode of governance can be difficult. However, having conceptual types as reference is useful to describe taxonomic groups with respect to them. Thank you again for providing this reference.

>> A few minor points -

>> Table 1: final row - presume this should be ‘>4 years’?

Thank you for pointing this out. Yes, the correct label is ‘>4 years’. This is now corrected in Table 1.

>> Figure 2: This is an extremely helpful resource, giving a sense of how PHC varies across European states. Minor suggestion: it would be helpful to avoid abbreviations in the legends. There might also be a need for a note indicating that these are fairly broad characterisations (e.g. UK still has single GP practices)

Thank you for your comment. Yes, indeed we should clarify that we are using the predominant categories to depict the countries’ PHC characteristics in the maps. We added this information to the Figure 2 caption. Regarding the abbreviations, we tried to replace them with their full names, but the resulting legend length obstructed the visualisation of some countries (particularly Malta). We added the abbreviation meanings to the caption of the figure and hope this improves their comprehensibility. Additionally, we realised Malta was not very visible and increased its size in an inset figure.

>> DISCUSSION/CONCLUSIONS

>> The authors make a clear, persuasive case for taking a systems view of factors influencing structure, process, and outcomes of PHC. They present a huge amount of information, which is well-organised and illustrates likely relationships between key levers for quality in the healthcare systems.
They are open about limitations and their sensible efforts to mitigate these.

The implications for future use of this framework - by researchers and policymakers - seem sensible to me. I suspect there is also potential utility for people who lead and manage services at local or regional levels.

Thank you very much for your positive comments. We agree that the framework could be also useful for local or regional health care managers, for example, to try to improve providers’ accountability and job satisfaction by looking at the accountability mechanisms. It can also be helpful to develop strategies to improve adherence to guidelines locally or address inequalities in PHC access by considering different types of ownership, providers’ employment status and payments and developing aligned paths for the regulation of their clinical practice. We have now included a note for this in the discussion and conclusion sections.

Reviewer #2: Reviewer report

TITLE: The impact of governance in primary health care delivery: a systems thinking approach with a European panel

The authors have addressed a very topical issue of governance in PHC which is one of the key elements to a successful health care system. The focus on understanding the interactions amongst the various governance components of the health system is paramount and therefore as a health systems researcher I am very pleased with the health systems approach of this research.

The research methodology is clearly explained by the authors and limitations have also been clarified and how they mitigated such limitations. The authors provide a lot of information which in my view may be distracting for some readers to go back and forth and refer. However, this might be useful for some audiences.

Thank you very much for your review and positive comments. We agree that we provided a lot of information. The three rounds of Delphi process generated abundant findings. We tried to summarise them as much as possible and include the minimum evidence to support the relationships, on which the framework is based, and the conclusions of the study. We also provided additional files, which we thought could be useful for readers interested in following the Delphi process in more detail or contrasting the data presented with the full findings. Following your comment, also raised by Reviewer #1, we included some subheadings and references to the Figure 3 and Table 4 provided to make them a bit easier to follow.

Although the authors explain how governance structures can impact PHC outcomes which in this case include quality, equality and costs, if data would be available, I would recommend in
future to further to look at the actual figures related to these outcomes rather than simply indicating that the way the various interactions happen i.e. regulation process, financing mechanism etc may affect may affect these outcomes differently. I think actual correlations between these outcomes and governance elements would give us better information and evidence of how these affect PHC outcomes. The example of Slovakia and Spain should have been an opportunity to zone a bit more on this.

Thank you for pointing this out. We are currently working on a similar line of research. Following the development of the framework that is based on evidence of the impact of structural elements in PHC delivery and outcomes (i.e., panellists’ opinions and literature supported this impact), we look at countries’ trends on PHC outputs and outcomes, using data obtained from WHO databases, and establish correlations between the PHC characteristics studied and the outcomes measured. Moreover, the Unified Modelling Language model of the framework included in Additional file 5 could also be a starting point to test the relationships identified in the framework using patient or practice level data. We are pleased that you pointed out the utility of the framework and data presented for this type of study.

>> Overall the paper is well written, a lot of work went into the research. Well done to the authors.

Thank you very much for your positive comment.

>> My only request is for the authors to add the objective of the research in the abstract at the end of the background paragraph please!

Thank you very much for pointing this out! Following your input, we have moved the aims to the background section of the abstract.