

## 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.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	What's the difference between comprehensive and selective primary health care? Evidence from a five year longitudinal realist case study in South Australia
<b>AUTHORS</b>	Baum, Fran; Freeman, Toby; Lawless, Angela; Labonte, Ronald; Sanders, David

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Rae Walker La Trobe University Australia
<b>REVIEW RETURNED</b>	21-Feb-2017

<b>GENERAL COMMENTS</b>	<p>This is a very interesting paper because studies of health systems during periods of policy change, that observe service changes and their implications for community health and wellbeing, are rare. This paper clearly draws out the connections between political debates, primary care policy decisions, services and consequences for communities. For this reason it makes a very important contribution to the primary health care research literature. I would have found this a very useful resource when I worked in the sector.</p> <p>This paper has the potential to provide a concrete example of problems that occur in the health sector when the priorities and perspectives of policy elites disconnect from society. In this case study the policy squabbles, and decision making flowing from them, redirected services away from complex and diverse health needs of communities towards people with narrow sets of health needs to the exclusion of others. It also describes how health systems can be shifted away from addressing the social determinants of health towards their ill-health consequences. It is an example of how policy elites contribute to the erosion of trust in public institutions – an issue currently generating great debate but little illumination.</p> <p>There are two minor revisions that I think would strengthen the paper. The first is a brief elaboration of the methods to include and documentary analyses. The second is a brief discussion of limitations.</p>
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<b>REVIEWER</b>	Professor Albert Lee The Chinese University of Hong Kong, Hong Kong
<b>REVIEW RETURNED</b>	23-Feb-2017

<b>GENERAL COMMENTS</b>	This is an very interesting paper addressing important issues for future direction of primary health care which will be useful for countries planning to strengthen primary health care. It would be useful if the outcomes would also cover some of the content areas of
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	practice audit of primary health care particularly for chronic disease management and/or management of special client groups. It would also be helpful to recap the readers on the professional team composition of the different case studies.
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**VERSION 1 – AUTHOR RESPONSE**

Reviewer 1: Rae Walker	
<p>This is a very interesting paper because studies of health systems during periods of policy change, that observe service changes and their implications for community health and wellbeing, are rare. This paper clearly draws out the connections between political debates, primary care policy decisions, services and consequences for communities. For this reason it makes a very important contribution to the primary health care research literature. I would have found this a very useful resource when I worked in the sector.</p> <p>This paper has the potential to provide a concrete example of problems that occur in the health sector when the priorities and perspectives of policy elites disconnect from society. In this case study the policy squabbles, and decision making flowing from them, redirected services away from complex and diverse health needs of communities towards people with narrow sets of health needs to the exclusion of others. It also describes how health systems can be shifted away from addressing the social determinants of health towards their ill-health consequences. It is an example of how policy elites contribute to the erosion of trust in public institutions – an issue currently generating great debate but little illumination.</p>	<p>Thanks very much to the reviewer for the supportive comments</p>
<p>There are two minor revisions that I think would strengthen the paper. The first is a brief elaboration of the methods to include and documentary analyses.</p>	<p>After the sentence “In 2009 all services had organisational statements which demonstrated strong commitment to the Alma Ata Declaration principles including an explicit commitment to social determinants of health and health promotion.” We have added the following:</p> <p>“These documents were analysed as part of this study. This paper also draws on previous work in our 5 year study which reports on a detail analysis of Federal and State government policy documents which demonstrate the changing context that drove the change from comprehensive to selective PHC detailed in this paper [14].” (p.6)</p>

The second is a brief discussion of limitations	We have added a limitations section to the paper
<b>Reviewer 2: Albert Lee</b>	
This is an very interesting paper addressing important issues for future direction of primary health care which will be useful for countries planning to strengthen primary health care. It would be useful if the outcomes would also cover some of the content areas of practice audit of primary health care particularly for chronic disease management and/or management of special client groups.	<p>We have added the following sentence to p. 9:          “The program logic models we used are not akin to practice audits although we note that the dimension specified in the Australian Quality and Safety Commission’s [17] PHC practice level indicators of quality do overlap significantly with the mechanism and activities in the selective program logic.”</p> <p>We have also added two sentences on special client groups (p. 11):          “Some services also had less capacity to flexibly respond to incorporate the needs of client groups, such as Aboriginal and Torres Strait Islander peoples, people from supported housing, and migrants. Health promotion activities, outreach, and community development work were curtailed.”</p> <p>We believe the paper contained our key findings on chronic disease management.</p>
It would also be helpful to recap the readers on the professional team composition of the different case studies.	We have reworked Table 1 to include example professions employed at each service.

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Rae Walker Emeritus Professor La Trobe University Australia
<b>REVIEW RETURNED</b>	20-Mar-2017

<b>GENERAL COMMENTS</b>	This paper reads very well. There remain a couple of typos, eg the date 2013 appears as 2103 on p6, that should be corrected.
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<b>REVIEWER</b>	Albert Lee JC School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong
<b>REVIEW RETURNED</b>	27-Mar-2017

**GENERAL COMMENTS**

The authors have revised the paper based on suggestions by reviewers. The paper has expanded the range of services delivered by different centres.