

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The Cost of Living Crisis: A UK crisis with global implications. A call to action for paediatricians
AUTHORS	Singh, Guddi Uthayakumar-Cumarasamy, Amaran

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Dr. Simon Lenton Institution and Country: 29, Maple Grove, United Kingdom of Great Britain and Northern Ireland Competing interests: None
REVIEW RETURNED	16-Sep-2022

GENERAL COMMENTS	<p>COLC review.</p> <p>Major comments.</p> <p>The title of this article includes two phrases “the cost of living crisis” and “what can paediatricians do?” The first paragraph goes on to state “this seeks to stimulate a meaningful conversation about how we might reimagine paediatrics for life in the 21st century”. This is a very timely and laudable goal since poverty and inequity run deep in UK society, the results of which are seen by many professional groups working with children and families, including paediatricians. The authors recognise that concerted action is required both inside and outside of health systems to improve the lives of children. However defining and reimagining the role of paediatricians receives less text and structure within the main article than it deserves. Reference to the NHS Long-Term Plan and its priorities including the development of population health management for clinicians might also be a useful addition.</p> <p>The sections “what is the cost of living crisis” and “what is the impact on child health” are succinct well written overviews.</p> <p>The section “the moral and practical considerations for paediatricians addressing inequality” requires a succinct introduction to explain why a world driven by the current “free market” creates inequalities and possibly a mention of emerging circular economic thinking and its benefits to society to further support the statement in the first paragraph the conclusion “what is needed is a deeper, wholesale change in how the economy and society is organised”.</p> <p>The final paragraph in this section refers to tables 1 and 2 which together run to 4 pages! Personally I don’t find the content of tables easy to assimilate and it would be better to distil and include the key points and examples within the main article.</p> <p>The “what does it mean to be a paediatrician in a time of crisis” is the most essential element of this article and could be structured better to engage and clarify the roles of paediatricians and the child health service more generally. Childhood offers the greatest lifetime opportunity to tackle inequalities/inequities as Michael Marmot in his reports has frequently highlighted.</p> <p>The focus of this section should be on the needs and benefits for families</p>
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	<p>Local responses. Individual. "In clinic" asking about financial difficulties (and other health determinants) providing information about resources and signposting to further information and support services. Developing data structures and coding to document concerns. The second paragraph in the introduction refers to understanding the "causes of the causes" and yet there is no mention of using this thinking, for example using the "5 why" approach in clinical consultations. Community. Working with local agencies and public health to better define "at risk" groups and enabling their participation then developing community-based services, including better access to NHS services in deprived areas. Using NHS clinical data to support the case of need. Using the NHS Plan within integrated care systems to highlight the needs of children and families. National responses. Professional development. Improving education and training of paediatricians of understanding the contribution and interaction of health determinants to achieving better health service outcomes together with public health interventions i.e. addressing the "underlying causes". Advocacy. Lobbying and influencing for change on the issues of poverty and inequities of health outcomes. Proposing better joined up government "child health in all policies" type approach.</p> <p>Minor comments. Include poverty and inequity in keywords. Amarans place of work. Use health determinants rather than social determinants. Use of inequity rather than inequality throughout? The 5 whys https://www.ihi.org/resources/Pages/Tools/5-Whys-Finding-the-Root-Cause.aspx</p> <p>Additional references Keila N. Lopez, MD, MPH1; Elena Fuentes-Afflick, MD, MPH2 Engaging Pediatric Subspecialists in Pursuit of Health Equity— Breaking Out of the Silo. JAMA Pediatr. 2022;176(9):841-842. doi:10.1001/jamapediatrics.2022.2420 Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf</p>
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REVIEWER	Reviewer name: Dr. Nick Spencer Institution and Country: University of Warwick Warwick Medical School, United Kingdom of Great Britain and Northern Ireland Competing interests: None
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REVIEW RETURNED	19-Sep-2022
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GENERAL COMMENTS	<p>The Cost of Living Crisis (COLC) is affecting many countries but is particularly severe in the UK. Many households will be precipitated into poverty and those already in poverty will face destitution. The consequences for the health and wellbeing of many children are likely to be significant. This paper is timely, alerting paediatricians to the impact the COLC will have on their patients.</p> <p>Overall the paper is well argued drawing attention to the 'causes of</p>
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	<p>causes' of the crisis and characterising it as a 'crisis of inequality'; however, I think there are some issues that need to be addressed.</p> <p>1. Page 4, lines 14-20 need to be revised as the UK gov has been forced to freeze energy prices at April 2022 level (ave. £2500) – comparison with France & other comparable countries is still valid but not as extreme</p> <p>2. In order to support the characterisation as a 'crisis of inequality' the authors need to include more evidence of increasing inequality & its impact. They could include a box with details of the increasing gap between rich and poor as a result of neoliberal policies (see possible box from Resolution Foundation study below) or alternatively a figure</p> <p>3. Two paragraphs on p4 - 23-34 & 36-46 represent a powerful summary of 'causes of causes'; however, the critical impact of austerity is not mentioned. The authors might consider citing the study by Rajmil et al (ref below) that demonstrates the effect of austerity imposed by governments after the 2008 financial crisis on perinatal outcomes.</p> <p>In summary, the review is a valuable contribution that has the potential to raise awareness among paediatricians of the impact of the COLC on child health and wellbeing and provides approaches that clinicians can take in response to the crisis. The suggestions above are intended to strengthen the evidence for statements made in the review.</p> <p>Reference: Rajmil L, Taylor-Robinson D, Gunnlaugsson G, et al. Trends in social determinants of child health and perinatal outcomes in European countries 2005–2015 by level of austerity imposed by governments: a repeat cross-sectional analysis of routinely available data. <i>BMJ Open</i> 2018;8:e022932. doi:10.1136/bmjopen-2018-022932</p> <p>Resolution Foundation Arrears fears The distribution of UK household wealth and the impact on families 20 July 2022 Link: Arrears fears • Resolution Foundation</p> <ul style="list-style-type: none"> • Since the mid-1980s, the share of wealth held at the top of the distribution has been fairly stable, with the richest tenth of families consistently owning about half of total wealth. • Total household wealth holdings have increased in value from around three-times national income in the 1980s to closer to eight-times. • In 2006, the average family in the richest tenth of families had wealth of close to £900,000 more per adult than a family in the fifth decile – by the start of 2020, that gap had increased to over £1.2 million per adult. • Rising asset prices have benefitted wealthier families most: a family at the 80th percentile has seen real wealth increase by 37 per cent between 2006-08 and 2018-20. • Low-income families are far more vulnerable to the cost of living crisis due to the absence of a savings buffer: the lowest income tenth of families were four-times more likely to have no savings than the richest tenth. • 32 per cent of families with no savings say they will need to rely on family and friends to cope with income shocks compared to 3 per cent of families with savings in excess of one month's income.
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REVIEWER	Reviewer name: Dr. Luis Rajmil Institution and Country: Homer 22 1rst 1, Spain Competing interests: None
REVIEW RETURNED	16-Sep-2022

GENERAL COMMENTS	The review addresses a topic of great importance and relevance. The approach as well as the proposals are important regarding the role of professionals, and the lack of training and information regarding social determinants. To improve the presentation, the following aspects
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	<p>could be taken into account:</p> <p>1- The objectives are clearly expressed but the key messages are not presented.</p> <p>2- It would be important to present what procedures the authors carried out to obtain the data that support their evidence</p> <p>2- Some comparison could be made with other countries and times and the consequences of other crises</p>
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VERSION 1 – AUTHOR RESPONSE

Dear Editors,

We are immensely grateful to you for your speedy and thoughtful consideration of our article with a new title: “The Cost of Living Crisis: What can paediatricians do? A UK crisis with global implications”

We found your comments and suggestions extremely helpful for clarifying and honing our messages as well as their presentation, and we have taken almost all of them on board, including suggestions for additional citations. Given the extent of the edits, rather than address each of the comments in the re-submitted text, we can say here in general terms, that we have:

* followed the advice to change the title and framing so that we better specify the UK context as a lens on inequality more globally

* included an abstract and key messages

* reconfigured the tables and main text in a way that now appropriately rebalances the piece; the evidence for inequality is presented in a more tabular form, and the main intervention (“What can paediatricians do?”) has been foregrounded in the main text.

* made sure that the final table makes specific and actionable recommendations for the paediatric community. From other colleagues’ feedback, it seems that the contents of this last table represent the ‘added-value’ of our piece and clinicians respond well to the table as a format for presenting it. We think our changes now make it a tool that paediatricians can refer to and as such a useful contribution to the paper.

A minor note for clarity’s sake: I had to use my partner’s computer for many of the changes, and as such his name, Jason Edward Hickel, comes up on the track changes. For your information, these changes were, in fact, made by me!

We hope that the changes are to your satisfaction and would like to thank you again for your time and effort in helping to make this better.

Yours Sincerely,

Dr Guddi Singh

VERSION 2 – REVIEW

REVIEWER	<p>Reviewer name: Dr. Simon Lenton Institution and Country: 29, Maple Grove, United Kingdom of Great Britain and Northern Ireland Competing interests: None</p>
REVIEW RETURNED	06-Oct-2022

GENERAL COMMENTS	<p>The article is improved - it reads as a "call to action" and that concept could be included in the title.</p> <p>The article should acknowledge that RCPCH has recently produced a toolkit for paediatricians to address inequalities as a step in the right direction. https://www.rcpch.ac.uk/key-topics/child-health-inequalities</p> <p>Reference to Philip Alstons Report on poverty and human rights in the UK would be a useful additional reference. https://ohrh.law.ox.ac.uk/poverty-in-the-uk-is-violating-human-rights-whats-next/</p> <p>There are a number of spelling and grammar "glitches" as a result of tracking changes that need to be addressed.</p>
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REVIEWER	<p>Reviewer name: Dr. Luis Rajmil Institution and Country: Homer 22 1rst 1, Spain Competing interests: None</p>
REVIEW RETURNED	15-Oct-2022

GENERAL COMMENTS	Authors have responded all the previous comments
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REVIEWER	<p>Reviewer name: Dr. Nick Spencer Institution and Country: University of Warwick Warwick Medical School, United Kingdom of Great Britain and Northern Ireland Competing interests: None</p>
REVIEW RETURNED	12-Oct-2022

GENERAL COMMENTS	The authors have responded appropriately to reviewers' comments and I recommend acceptance.
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VERSION 2 – AUTHOR RESPONSE

Dear Editors,

Thank you once again for your comments on our piece. Based on your latest review, as suggested, we have done the following:

- changed the title to include 'A call to action' to reflect the nature of the piece
- slimmed down our references to the specific mechanics of cost of living to just one
- added a reference about the UN rapporteur on poverty
- acknowledged the recently released RCPCH toolkit for paediatricians
- shortened the material in the tables considerably and subdivided to add clarity where it was recommended
- added the references from Table 1 to the main reference list
- taken care of minor wording or typing errors that were kindly pointed out by the reviewers

We believe that abstract is clear and separate and comes in under 300 words.

We hope that the article now meets your satisfaction and are excited for it to reach your audience.

All best,

Dr Guddi Singh