PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Mapping the Progress and Impacts of Public Health approaches to Palliative Care: a scoping review protocol
AUTHORS	Archibald, Daryll; Patterson, Rebecca; Haradsdottir, Erna; Hazelwood, Mark; Fife, Shirley; Murray, Scott

VERSION 1 - REVIEW

REVIEWER	Julian Abel Weston Area Health Trust UK
REVIEW RETURNED	14-Apr-2016

GENERAL COMMENTS	I think this is a much needed study. There is some information available about the range of activities with the new public health approach to end of life care. This field is expanding quite rapidly and it is a good idea to know what is going on where and what kinds of evaluation take place. The outcomes from this research will inform other researchers where to focus their intentions. I also think this information will be valuable to grant making bodies. I do have a comment to make about terminology. The problems associated with current terminology are outlined but I suggest that the term community engagement is insufficient and can be a source of confusion. I do not think that community engagement is coterminous with the other terms, such as public health approaches or health promoting palliative care. On the ground, through my practical experience of working in this field in England, community engagement is seen as talking about death and dying. For many health professionals, distinguishing between community engagement and community development, or increasing community capacity, is poorly understood and not thought to be different. I realise that this study defines community engagement as being co terminus but I do not think that this helps to clarify a problem that exists. I would also add that the evidence to show that community engagement increases community capacity is slim. It is possible to participate in community engagement without paying any attention to community development. This has been one of the criticisms of Dying Matters, who are now revaluating their approach to make sure that there is a focus on capacity building. I am not sure which term is the right one, and my suggestion is to choose one of the others. There is now an international association of Public Health Palliative Care (PHPCI) and the international conference has the same title. It may be appropriate to use Public Health and Palliative and End of Life Care. This is more inclusive but remains a bit of a mouthful and difficult.

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REVIEWER	Professor Sonja McIlfatrick Institute of Nursing and Health Research Ulster University, Northern Ireland, UK Senior Investigator: All Ireland Institute of Hospice and Palliative Care, Dublin
REVIEW RETURNED	06-May-2016

GENERAL COMMENTS	This is a very interesting and timely scoping review protocol that should clearly address a gap in knowledge and literature around the impact of community engagement and health promoting palliative care in end of life care. the overall aim of the scoping review and rationale for this approach is outlined and justified. the authors are to be commended in terms of seeking to determine a framework for presenting a narrative account ie modified version of PRISMA. the only point I would caution the authors is in terms of statements on page 4 around what this type of scoping review will achieve. they state it can increase awareness of different understandings and approaches and provide valuable information about how the theory of community engagement can be applied in various settings. I would question whether these outcomes can be achieved from this scoping review which will provide a descriptive account of types of activities and document potential impact. this is a gap but I think clarity and focus around what such a review can and cannot obtain would be helpful.

VERSION 1 – AUTHOR RESPONSE

Dear Dr Abel and Professor McIlfatrick,

We would like to take this opportunity to convey our thanks for the insightful comments and suggestions you have both provided on our protocol paper. We are delighted that only minor revisions have been recommended and outline below what we have done to address the issues raised in your respective reviews of the protocol.

Firstly, we respond to Dr Abel's comments regarding terminology. Having reflected on these comments, we agree that the focus on the term 'community engagement' is insufficient and thank Dr Abel for concisely articulating the existing limitations associated with this term. We have therefore decided to make use of the alternative term 'Public Health Palliative Care' suggested by Dr Abel. This term has therefore replaced 'Community engagement' throughout the paper and a re-worked paragraph to explain our choice of terminology is found at the foot of page 3. In addition, we have also added 'Public Health Palliative Care' as a specific term to the search strategy (Appendix 1, Line 4).

Secondly, in response to Professor McIlfatrick's helpful comment regarding what we have said the scoping review can achieve, we have made the following amendments to the original statements at the foot of page 4:

• Instead of stating that the review will "increase awareness of the different understandings, interpretations and approaches" we now focus on the fact that it will set out some of the different understandings, interpretations and approaches that have been used in the past.

• Instead of stating that it will provide information about how the theory can be applied in practice, we focus on the fact that the review will provide information about how the theory has been applied in practice in the past, and state that this information can be used to inform future work."

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