

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Testing a model of facilitated reflection on network feedback: a mixed method study on integration of rural mental health care services for older people
AUTHORS	Fuller, Jeff; Oster, Candice; Muir-Cochrane, Eimear; Dawson, Suzanne; Lawn, Sharon; Henderson, Julie; O'Kane, Debra; Gerace, Adam; McPhail, Ruth; Sparkes, Deb; Fuller, Michelle; Reed, Richard

VERSION 1 - REVIEW

REVIEWER	Heather R. Clark Texas A&M University, United States
REVIEW RETURNED	08-Jul-2015

GENERAL COMMENTS	<p>Excellent paper and a timely discussion with respect to mental health services and network management. There are a few minor revisions I suggest to clarify different areas of the paper, in addition to a few editing issues which need to be addressed.</p> <p>Clarification Issues: Page 6 line 12: "For networks to function effective they require cooperation and commitment between organisations...." At this time it would be helpful to define commitment for this study. It is not defined until much later in the results section of the paper.</p> <p>Page 6 paragraph 2 under "facilitated reflection" section: It seems logical that an additional role for network management is to underscore the common goal of network members as well allowing members to reflect on their situation and work together to solve problems. This is inferred on Page 7 in the second paragraph under Governance structure. Connect these two thoughts.</p> <p>Methods section - data collection: This section lacks a description of the organizational network analysis tool and examples of the qualitative questions.</p> <p>Results section: This section lacks a general description of the network. Network statistics such as network size (already stated), total number of ties, types of organizations with highest degree centrality (therefore are likely to drive the network), etc. would be the minimal information that would assist in understanding the network. The description of the types of nodes (lines 52-55) should include the n for each of the sectors.</p> <p>Discussion section: Lacks a discussion of network analysis limitations - lack of generalizability to other service networks or networks beyond this one, defining of the network boundary, network membership organization staff/administration turnover, etc.</p>
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	<p>Editorial comments:</p> <p>Page 5, paragraph 1: Be consistent with comma use in lists - Oxford comma or not.</p> <p>Page 5, line 38: However, they</p> <p>Page 5 line 48: organisations included the state government rural mental...</p> <p>Page 8 line 50: coordination</p> <p>Page 10 line 22 ...case scenarios in relation to: a)...</p> <p>Page 11 line 44: ...of the network, including linkage strategies....</p> <p>Page 11 line 45: ...over the course of</p> <p>Page 16 line 14: consumer-focused</p>
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REVIEWER	Joyce Halliday Plymouth University, UK
REVIEW RETURNED	20-Aug-2015

GENERAL COMMENTS	<p>The context for this paper has considerable resonance, focusing as it does on the 'wicked' issue of how financially stressed and organisationally fractured care systems can best adapt to serve the growing number of older people with chronic co-morbidities. Networks in their various forms, as the paper explains, are often advocated as a solution, capable of responding flexibly and rapidly to new challenges and bridging organisational and professional divides. However, the theory does not necessarily translate readily into practice. The solution of facilitated reflection offered in this interesting paper raises perhaps as many questions as it answers.</p> <p>A first issue for clarification relates to the definition of a network and the place of the studied network on a spectrum of formality. The grouping discussed here seems embryonic in having little/no collective identity, membership or vision prior to the research. This presumably has implications for the process of network reflection and development. Indeed, one interviewee suggests the absence of a network, whilst the authors suggest the existence of a number of separate networks. Such a debate highlights the need for conceptual rigour.</p> <p>A second question, drawing on this rather nebulous form, relates to the ability of the process to capture complexity adequately and handle potential bias. The paper refers variously to engaging with 32 staff from 24 services (p2) (or 26 organisations (p9 line 45)) and 12 senior service managers. This suggests contact with one or two members of staff per organisation. Given that these were identified by purposive snowball sampling and that partnership formation activities were found to be a feature of workers engaged in service delivery (rather than managers), it would be interesting to know how confident the authors are that these individual informants could speak for their organisation as a whole in terms of mapping linkages and identifying enablers. I also wonder whether they found any difficulties in recruiting across the organisational spectrum or indeed how the GP respondents fitted into the organisational schema. Figure 2 shows the cycle of reflection moving onwards but there is</p>
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	<p>no evidence of, for example, a feedback loop from workshop 2 allowing new organisational informants to be identified and included once a first attempt had been made to map the network.</p> <p>Similarly, when the workshops are described on page 10, attendance ranges from 12-17. It would help to know whether there was a core of attendees, whether there were any notable organisational absences and whether there was any evidence that individual attendance translated into organisational (as opposed to network) learning. Rather confusingly, Figure 3 depicts (I think) 37 nodes, 22 of which represent nominated linked organisations that were not surveyed. It is not clear how this number of nodes and their coding maps onto the 24/26 organisations surveyed but it does suggest a large number of organisations were not included (some of whom seem relatively well connected) yet the implications are not explored. Overall, it would be helpful to know a little more about the organisational context. Whilst sector is indicated, size and ownership for example remain tacit – yet must surely influence network capacity?</p> <p>A third question relates to the ability to replicate the model and hence carry learning forward. This is particularly important given that networks are favoured for their evolutionary ability. Figure 2 suggests a network reflection cycle, with the network taking responsibility for subsequent iterations. Yet there seems to be little guidance as to how progress can be measured. This is in marked contrast to partnership assessment tools (such as the Nuffield Institute for Health's Partnership Assessment Tool (Hardy et al., 2000) or the World Health Organization's Verona Benchmark (World Health Organization/Health Education Board for Scotland, 2000) that were designed to explore the strength of partnership working over time amongst health and social care organisations and included replicable measures of, for example, commitment and ownership, and trust.</p> <p>The downplaying of the consumer voice is, as the paper suggests a limitation. I feel this relates perhaps not just to their absence from the governance group or to the stage in the data collection cycle at which their views were sought but also from the way in which network outputs or 'core artefacts' were defined. For example, there is no mention of assessing the effectiveness of the network in terms of improvements to service quality, patient experience, or satisfaction (other than the extent to which improved coordination, partnership working, or protocols might be visible to the patient). Interestingly, a recent study for the NIHR on integration in primary care started, as this paper suggests, with the patient pathway (Sheaff et al. 2015) but still found a partial view of the service-environment and (illuminatingly) confusion as to where particular people or roles fitted into the organisational landscape.</p> <p>A final question relates to location. In an effort to stress generalisability the particular seems to be underplayed. The network analysed was located in rural South Australia. Rurality arguably carries with it a specific set of challenges yet, when discussing the setting there is no reference to the constraints that, for example, distance, sparsity and levels of resourcing may pose to both the delivery of services or the establishment and maintenance of networks, nor indeed to the size of the area over which the network operated. I think a greater sense of place would help increase the impact of the findings.</p>
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	Overall, this paper identifies important requirements for network maintenance and development, such as a consistent policy environment, organisational stability and adequate funding. The contrast between these requirements and the challenges faced by the network under study are tangible and provide a salutary lesson.
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VERSION 1 – AUTHOR RESPONSE

REVIEWER 1

1. Page 6 line 12: "For networks to function effective they require cooperation and commitment between organisations...." At this time it would be helpful to define commitment for this study. It is not defined until much later in the results section of the paper.

We have added a definition of commitment for the purposes of the study to the methods section, as follows:

"For the purposes of this study, commitment was defined as ongoing participation and engagement of study participants throughout the project, and the formulation of an agreement from the three stakeholder organisations to continue meeting and working together following the conclusion of the project."

2. Page 6 paragraph 2 under "facilitated reflection" section: It seems logical that an additional role for network management is to underscore the common goal of network members as well allowing members to reflect on their situation and work together to solve problems. This is inferred on Page 7 in the second paragraph under Governance structure. Connect these two thoughts.

This sentence has been amended to read:

"We propose that a key role for network management is to underscore the common goal of network members while facilitating them to reflect on their situation and work together to solve identified problems"

3. Methods section - data collection: This section lacks a description of the organizational network analysis tool and examples of the qualitative questions.

A description of the network analysis tool and examples of qualitative questions has been added to the Methods under Participants and Process.

4. Results section: This section lacks a general description of the network. Network statistics such as network size (already stated), total number of ties, types of organizations with highest degree centrality (therefore are likely to drive the network), etc. would be the minimal information that would assist in understanding the network. The description of the types of nodes (lines 52-55) should include the n for each of the sectors.

This additional detail has been added in the Methods and the Results. Because network analysis was conducted across three subregions the network maps were constructed separately for each subregion, and so some network data needs to be considered in this way.

However, to show which service had the highest degree of centrality overall we have provided this to reinforce the lack of a clear network lead organisation.

5. Discussion section: Lacks a discussion of network analysis limitations - lack of generalizability to other service networks or networks beyond this one, defining of the network boundary, network

membership organization staff/administration turnover, etc.

More detail on limitations has been added to the discussion. See also response to Reviewer 2 below.

6. Editorial Comments.

The editorial comments have been addressed as recommended.

REVIEWER 2

1. The context for this paper has considerable resonance, focusing as it does on the 'wicked' issue of how financially stressed and organisationally fractured care systems can best adapt to serve the growing number of older people with chronic co-morbidities. Networks in their various forms, as the paper explains, are often advocated as a solution, capable of responding flexibly and rapidly to new challenges and bridging organisational and professional divides. However, the theory does not necessarily translate readily into practice. The solution of facilitated reflection offered in this interesting paper raises perhaps as many questions as it answers.

The reviewer has highlighted the theoretical and measurement complexities of networks and network analysis, particularly in a project such as this one that uses participatory research methods. The reviewer does show an appreciation of the use of network analysis here more as a heuristic device, than for empirical measurement, albeit still needing to be a reasonable representation of the actual network. There were strengths as well as limitations of the method and we have attempted to address these in response to both reviewers.

2. A first issue for clarification relates to the definition of a network and the place of the studied network on a spectrum of formality. The grouping discussed here seems embryonic in having little/no collective identity, membership or vision prior to the research. This presumably has implications for the process of network reflection and development. Indeed, one interviewee suggests the absence of a network, whilst the authors suggest the existence of a number of separate networks. Such a debate highlights the need for conceptual rigour.

The reviewer has highlighted an important point, which we have now explained more fully in relation to the embryonic nature of the network as a varying grouping of organisations and the lack of a lead organisation. We have also discussed the potential role for one of the organisations (Medicare Local) to take on a network administrative organisation function.

3. A second question, drawing on this rather nebulous form, relates to the ability of the process to capture complexity adequately and handle potential bias. The paper refers variously to engaging with 32 staff from 24 services (p2) (or 26 organisations (p9 line 45)) and 12 senior service managers. This suggests contact with one or two members of staff per organisation. Given that these were identified by purposive snowball sampling and that partnership formation activities were found to be a feature of workers engaged in service delivery (rather than managers), it would be interesting to know how confident the authors are that these individual informants could speak for their organisation as a whole in terms of mapping linkages and identifying enablers. I also wonder whether they found any difficulties in recruiting across the organisational spectrum or indeed how the GP respondents fitted into the organisational schema. Figure 2 shows the cycle of reflection moving onwards but there is no evidence of, for example, a feedback loop from workshop 2 allowing new organisational informants to be identified and included once a first attempt had been made to map the network.

We have corrected the error as the number of organisations surveyed was 24.

Regarding our confidence in the informants to adequately represent the networks, we have added text to the Discussion to explain how our purposive sampling attempted to recruit the most experienced informants, and we have also added how we checked back with participants at workshop two about this. We have also added an explanation about how we considered General Practice as a network node in each location along with the potential for bias that this may have introduced.

Regarding a feedback loop post workshop two, this did in fact occur and we thank the reviewer for suggesting we mention this. Additional text has been added in the Results in the section “Establish network commitment” by describing how the feedback loop identified the need to engage higher level leadership across the sectors than had occurred through the network survey.

4. Similarly, when the workshops are described on page 10, attendance ranges from 12-17. It would help to know whether there was a core of attendees, whether there were any notable organisational absences and whether there was any evidence that individual attendance translated into organisational (as opposed to network) learning. Rather confusingly, Figure 3 depicts (I think) 37 nodes, 22 of which represent nominated linked organisations that were not surveyed. It is not clear how this number of nodes and their coding maps onto the 24/26 organisations surveyed but it does suggest a large number of organisations were not included (some of whom seem relatively well connected) yet the implications are not explored. Overall, it would be helpful to know a little more about the organisational context. Whilst sector is indicated, size and ownership for example remain tacit – yet must surely influence network capacity?

The core attendance at the workshops has already been commented upon (under “establish network commitment”), but with additional text added related to notable absences and what was done about this.

We have only limited information related to organisation learning compared to network learning, however we have added in the Results under “Establish network commitment” that the call for a service agreement was made particularly from a senior mental health service manager, suggesting some organisational learning about this.

Regarding the confusion in the number of organisations surveyed we have corrected this to be 24 (see point 9 above).

Regarding the non-surveyed nodes described on figure 3 we have added detail to the Results section “Networked Servicing”, including commentary about those two non-surveyed but relatively well linked services.

We have also added more detail about the nature of the network (see point 8 above) to give as much of the inter-organisational context as we can fit into this one paper.

5. A third question relates to the ability to replicate the model and hence carry learning forward. This is particularly important given that networks are favoured for their evolutionary ability. Figure 2 suggests a network reflection cycle, with the network taking responsibility for subsequent iterations. Yet there seems to be little guidance as to how progress can be measured. This is in marked contrast to partnership assessment tools (such as the Nuffield Institute for Health’s Partnership Assessment Tool (Hardy et al., 2000) or the World Health Organization’s Verona Benchmark (World Health Organization/Health Education Board for Scotland, 2000) that were designed to explore the strength of partnership working over time amongst health and social care organisations and included replicable measures of, for example, commitment and ownership, and trust.

We thank the reviewer for making this suggestion. We have added further text to the Discussion to

note this limitation and we have added the potential in future reflective cycles to include other tools.

6. The downplaying of the consumer voice is, as the paper suggests a limitation. I feel this relates perhaps not just to their absence from the governance group or to the stage in the data collection cycle at which their views were sought but also from the way in which network outputs or 'core artefacts' were defined. For example, there is no mention of assessing the effectiveness of the network in terms of improvements to service quality, patient experience, or satisfaction (other than the extent to which improved coordination, partnership working, or protocols might be visible to the patient). Interestingly, a recent study for the NIHR on integration in primary care started, as this paper suggests, with the patient pathway (Sheaff et al. 2015) but still found a partial view of the service-environment and (illuminatingly) confusion as to where particular people or roles fitted into the organisational landscape.

We agree and have added further comment on this in the limitations and for future developments.

We have not delved further into this because of space and because this would be the topic of another paper. We thank the reviewer for drawing our attention to the recent Sheaff et al 2015 reference.

7. A final question relates to location. In an effort to stress generalisability the particular seems to be underplayed. The network analysed was located in rural South Australia. Rurality arguably carries with it a specific set of challenges yet, when discussing the setting there is no reference to the constraints that, for example, distance, sparsity and levels of resourcing may pose to both the delivery of services or the establishment and maintenance of networks, nor indeed to the size of the area over which the network operated. I think a greater sense of place would help increase the impact of the findings.

We have added a discussion about this generalisability in the "Limitations" section of the Discussion related to size, funding tied to occasions of service, available staff and distance. From that perspective we have speculated that what has worked in this one rural region may be more logistically and resource-possible in an urban region.

VERSION 2 – REVIEW

REVIEWER	Joyce Halliday Plymouth University United Kingdom
REVIEW RETURNED	24-Sep-2015

GENERAL COMMENTS	The reviewer completed the checklist but made no further comments.
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