

## PEER REVIEW HISTORY

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## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Using Comprehensive Geriatric Assessment for Quality Improvements in Healthcare of Older People in UK Care Homes: protocol for realist review within Proactive Healthcare of Older People in Care Homes (PEACH) study
<b>AUTHORS</b>	Zubair, Maria; Chadborn, Neil; Gladman, John; Dening, Tom; Gordon, Adam; Goodman, Claire

## VERSION 1 – REVIEW

<b>REVIEWER</b>	Dr. N. Bleijenberg University Medical Center Utrecht, the Netherlands
<b>REVIEW RETURNED</b>	14-May-2017

<b>GENERAL COMMENTS</b>	<p>Overall the approach and methodology is adequately and clearly described. The review can be improved by considering the following concerns.</p> <ol style="list-style-type: none"> <li>1. Outcomes of interest: the rationale for the selecting quality of life in residential care is not clear. Evidence have shown that improving quality of life in older patients is challenging (Kane et al, 2003) and the generic instruments such as SF 36 and RAND 36 may not be sensitive enough to detect changes after implementing a CGA. Furthermore, please clarify how satisfaction will be measured and on which level: patient/provider/both?</li> <li>2. Have the authors considered of developing a logic model (Baxter et al, 2012) after finishing step 1 and 2 and before discussing the results in step 3? A logical model may facilitate an in-depth understanding of the working mechanism.</li> <li>3. Interviews: interviews with experts will be conducted. It is not clear why caregivers or patients will not be included.</li> </ol> <p>Abstract: The aim is not described in the abstract. Little information is provided regarding the methodological approach within the tree stages, please add.</p> <p>Methods Please describe how the methodology of the literature will be assessed.</p>
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<b>REVIEWER</b>	Professor Pam Dawson Northumbria University UK
<b>REVIEW RETURNED</b>	30-May-2017

<b>GENERAL COMMENTS</b>	A very clearly presented protocol for a realist review, which will contribute significantly to the understanding of the theory, evidence base for and impact of Comprehensive Geriatric Assessment.
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## VERSION 1 – AUTHOR RESPONSE

We offer the following responses and amendments:

### 1. Outcomes of interest:

We note the concerns that demonstrating Health Related Quality of Life has previously been shown to be challenging. This is part of the reason that we aim to extract other outcomes data within our literature review. We would like to clarify that we will not be collecting primary data on outcomes. Within the abstract we detail a range of outcomes that we anticipate extracting from literature within our realist review. This includes satisfaction of services for both residents and staff:  
P2 (abstract) “the outcomes of interest are health related quality of life and satisfaction with services; for both residents and staff. Further outcomes may include appropriate use of NHS services and resources of older care home residents.”

### 2. Developing a logic model:

We thank the reviewer for recommending additional interpretation using logic models. At the end of phase one we will have conceptualised putative programme theories using a similar approach to logic models. We feel that using a realist interpretation of mechanisms will be of equivalent ‘depth’ to using a logic model interpretation, and applying both theories may be problematic.

### 3. Interviews with caregivers and patients:

We have described including the perspective of residents (patients) but considered that this may be problematic. It is a challenge to identify residents who have received CGA, whereas, it is straightforward to identify clinical academics with expert knowledge of CGA. We were concerned that if CGA is not current practice for a resident then it would be impossible for that resident to give a view on the experience of CGA. We have since recruited care homes where we understand that CGA is practiced, and we will therefore attempt to interview residents and caregivers to hear their experiences and views.

Amended text: We have added the following paragraph to p6:

“Residents and family carers will also be invited for interview as ‘experts by experience’. These interviews will focus on the experience of assessment and care planning, and include questions about data sharing between practitioners.”

We have also noted this in our Strengths&Weaknesses section:

“Public involvement in studies of CGA has been limited and it is difficult to ascertain views from care home residents with frailty and/or dementia as to their personal experience of CGA.”

Abstract: We have clarified aims and methods.

Methods- Please describe how the methodology of the literature will be assessed:

Our original manuscript contained a paragraph on quality appraisal of the selected evidence, copied below (p10). We feel this sufficiently addresses assessment of literature within a realist review:  
The guiding principle for the review is that the quality of the evidence will be judged will be on its

contribution to the building and testing of relevant theory. Appraisal of the included primary studies and the data extraction process will be conducted taking into account the guidelines for undertaking realist reviews [21,22] and the use of the method as illustrated by Rycroft-Malone et al. [29]. Hence, appraisal of the evidence from the primary studies will involve an assessment of relevance and rigour – involving a consideration of whether the research does address one or more of the theories under test and if it supports the conclusions drawn from it by the researchers.

Additional author:

We have included an additional author, Prof Tom Dening, who was mistakenly not included in the first submission. This error was due to the lead author being on maternity leave and the submitting author (Neil Chadborn) had not been involved in early drafting of the manuscript.

We have amended the formatting of bibliography text to be consistent with journal format.

## VERSION 2 – REVIEW

<b>REVIEWER</b>	Professor Pam Dawson Northumbria University Newcastle upon Tyne UK
<b>REVIEW RETURNED</b>	05-Jul-2017

<b>GENERAL COMMENTS</b>	I was of the opinion that the manuscript was fine first time around. The edits serve to clarify and this remains worthy of publication.
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## VERSION 2 – AUTHOR RESPONSE

We acknowledge the need to include interviews with residents in our work. This also raises issues around governance, given that care home residents are a potentially vulnerable group. These issues were addressed during research governance review of the broader PEACH project and we have modified the article to reflect this:

Amendments - we have added the following text:

Abstract: Ethics and dissemination:

The study protocols have been reviewed as part of good governance by the Nottinghamshire Healthcare Foundation Trust.

We have added the following text to Methods: Stage 1: Interviews with experts

Residents and family carers will also be invited for interview as 'experts by experience'. Only residents with capacity to provide consent to participate in interviews will be included. These interviews will focus on the experience of assessment and care planning, and include questions about data sharing between practitioners.

We have added the following section to Footnotes: Ethics and Dissemination

The PEACH project was identified as service development following submission to the UK Health Research Authority and subsequent review by the University of Nottingham Research Ethics Committee. The study protocols have been reviewed as part of good governance by the Nottinghamshire Healthcare Foundation Trust.

We aim to publish this realist review in a peer-reviewed journal with international readership. We will disseminate findings to public and stakeholders using knowledge mobilisation techniques.

Stakeholders will include the Quality Improvement Collaboratives within PEACH study. National networks, such as British Society of Gerontology and National Care Association will be approached for wider dissemination.

Following these amendments we are confident that we have followed all BMJ Open guidance points on writing a study protocol.