

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Australian general practice experiences of implementing a structured approach to initiating advance care planning and palliative care: a qualitative study
AUTHORS	Vilapakkam Nagarajan, Srivalli; Lewis, Virginia; Halcomb, Elizabeth J.; Rhee, Joel; Tieman, Jennifer; Clayton, Josephine

VERSION 1 – REVIEW

REVIEWER	Kuusisto, Anne University of Turku
REVIEW RETURNED	26-Sep-2021

GENERAL COMMENTS	<p>RESEARCH QUESTION: The study aim is presented in different ways in abstract, introduction and discussion. It is unclear me, what was the study aim? Please refine the study aim.</p> <p>ABSTRACT: Please rewritten abstract.</p> <p>STUDY DESIGN: The study design section is not appropriate. Please add a table showing participant selection and settings involved.</p> <p>METHODS: Please tell more about data analysis and show at least one or two examples of theme formulation.</p> <p>RESULTS: The main problem in this article lies in mind in Results. In my mind the analysis is not ready, because authors present much more quotations than results. Perhaps the problems lies in there that study aim is very broad and unclear. Please refine.</p>
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REVIEWER	Fahner, Jurriane C. UMC Utrecht
REVIEW RETURNED	29-Oct-2021

GENERAL COMMENTS	<p>This manuscript describes experiences with the implementation of the Advance Project in general practice. I thank the authors for their great work. The Advance Project is a comprehensive project with a multi-level approach that promotes the implementation of ACP and PC needs assessment in general practice from the professionals' point of view. The manuscript shows how peer support and support by a dedicated network helps individual practices to change behavior. This is important since we all know initiation of ACP is highly influenced by the individual clinician's attitude and behavior towards ACP. I do have some concerns about the methodological rigor of the study and the description of the results. The study includes a lot of cases, which is expected to</p>
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have resulted in a lot of and hopefully rich data. However the thematic analysis mainly describes 'categorical themes' instead of themes that describe the experiences of the participants in depth. I would prefer to see a description of the themes on a more abstract and conceptual level. I also think the manuscript covers a very broad range of topics, not only specific to the Advance project but also to ACP in general, which limits the authors to describe the findings in a detailed and comprehensive way. For example theme 6 is just a list of 'codes/findings' but these are not explained or integrated with the other findings. I believe that searching for overarching themes on a more abstract and conceptual level that highlight the specific experiences with the Advance Project could make the manuscript much more focused and interesting to readers and could give a better insight in the added value of the Advance Project and the strategies that are used within the project that makes it so powerful and a beneficial experience for general practitioners and co.

Abstract:
 Line 20: I would suggest to remove 'successful' in the objectives or add a reference of a paper that showed already the successful implementation. Whether or not the intervention was implemented successful, is one of the findings/conclusions of the study based on the identified experiences. Besides this, facilitators can still be identified, even when an implementation overall might not be considered as successful.

Introduction
 Line 31: Please make clear the difference between ACP and palliative care discussions? Why are these concepts combined/both needed? It might be helpful to add a short definition of ACP, especially having in mind the ongoing discussions in the field about the concept/value of ACP (see recent in JAMA Morrison).

Page 3: I would prefer more insight in the content of the training, shortly described in the text. Of course all resources and so on are available on the website, but some more content described in the manuscript would be beneficial to me as a reader.

Methods
 Page 4, line 45: could you add the interview guide as supplement?
 Page 4, line 47: Interviews without capital?

Results
 Page 5, line 21: how many participants participated in an individual interview and how many in a group interview? This can be found in the data collection part, I would prefer to have this information here. So 12 participants had an individual interview and 33 participants took part in small group interviews with ??? persons. $13 \times 2 =$ already 26, so most groups had 2-3 participants? Please add this information.

Page 6, line 14-15: I wonder if the thematic analysis could lead to more descriptive, content-containing description of the themes. The list of themes 'revealed' from the data analysis is now more or less a list of code categories that logistically appear from the objectives and research questions. So, for example, is it possible to define not the theme 'training/resources', but formulate a description of theme that reflects the experiences with the training/resources. In this way the results can show that a thorough thematic analysis was performed with themes and concepts on a more abstract and conceptual level as result. For example: many quotes in the training/resources part reflect the experienced support of the materials/training in explaining the concept and to use the right words. So probably a theme could be:

	<p>Support in clarification and broaching the topic/concept, and then the paragraph can explain in what way (better understanding by the profs themselves, adequate language, practice different wording, overcoming discomfort, peer discussions etc.). A next theme can describe the more practical pro-cons of the training (duration, setting etc.).</p> <p>Page 8 line 12: And for example: Impact of training -> Change in providers' behavior and routine strategies/ increased awareness and adapted routine strategies.</p> <p>In this paragraph not all aspects might be an 'impact of the training'? But also of the resources and materials, or of the 'total package' of the intervention?</p> <p>Page 8, line 14-15: the GPs and GPNs with ACP experience were a smaller group? I would probably start the section with the main findings -> most participants experienced a behavior change and adapted their working strategies/routines</p> <p>Page 9, line 49- page 10 line 7: this section consists of a lot of information/qualitative data, mainly presented as a list and with very few quotes. I would value some more insight in what the perceived experiences could mean to the patients from the perspective of the participants. Like why is increased awareness of ACP a benefit for the patient? I would also like a separate quote for each subgroup: patients, carers and practice outcomes.</p> <p>Current quotes contains practice an patient.</p> <p>Besides this it is not clear for me of the perceived benefits derive from what the participants think what could be beneficial, or what they have experienced as beneficial. I guess it is both, reading the quote that contains an assumption 'I suppose there are...' and descriptions of actual experiences of the benefits. Could you please clarify this point?</p> <p>Page 10 line 24: Themes 4,5 ,6 have another layout as the other themes with underlined parts/subthemes and a table in 6? Why is this? I would prefer more uniformity in the description of the themes for the readability?</p> <p>Page 10 line 59 en page 11 line 3: please explain the abbreviations?</p> <p>Page 12, line 21: there can be more consistency in the use of alternatives for reporting actual names: sometimes [Faciliator name} and here <presenter 1>. Change in [name presenter 1].</p> <p>Besides this I was wondering if the quote does not report too many details that could lead to the identification of GP/presenter 3?</p> <p>Page 12, line 46: it seems to me that most of the identified barriers are barriers to ACP in general and not specific to the Advance Project. Could you reflect on that?</p> <p>Page 15, line 55: Theme 6 lacks a descriptive part but is just a table/list of the identified strategies. The key of qualitative research is to describe how participants experience 'their lifeworld' and what this means to them. Just providing a list of identified items does not give me enough insight in their experiences.</p> <p>Page 16: why did you decide to split the strategies in GPs and PHNs? Please describe this in the text.</p> <p>Page 17 line 38-41: although I think this is an important part of the project (the role of the network and the mentoring/coaching on the job facilities), this conclusion was not that clear for me reading the results. Besides this I wonder if speaking of 'more successful' and 'significant changes' is language that is suitable to qualitative research? Do these words real describe the experiences of the participants?</p>
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	Page 18, line 12: I miss the study limitations. Of course they are integrated in the suggestions for future work, but I would prefer the limitations to be described in more detail.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

1. RESEARCH QUESTION: The study aim is presented in different ways in abstract, introduction and discussion. It is unclear to me, what was the study aim? Please refine the study aim.

The aim has been re-worded so it is clear to the readers. We have used exact wording (for describing the study aims) both in the abstract and in the introduction section of the paper to avoid any confusion. It has been revised as follows.

“This paper aims to understand: 1) general practice participants’ experiences of undertaking Advance Project training and implementing the Advance Project resources in their practices; 2) barriers and facilitators to implementation of Advance Project resources; and 3) primary health network staff experiences of supporting general practices through training and practical support for implementation of the Advance Project resources.”

2. ABSTRACT: Please rewritten abstract.

The abstract has been updated (study aim revised and abbreviations expanded in full).

3. STUDY DESIGN: The study design section is not appropriate. Please add a table showing participant selection and settings involved.

General description of participant selection procedures and settings is described under methods section as per BMJ Open journal style. Demographics regarding interviewed participants is provided in Results section of the paper.

4. METHODS: Please tell more about data analysis and show at least one or two examples of theme formulation.

Data analysis section has been updated with additional information regarding the approach used in the study.

“This study used a qualitative descriptive approach (Sandelowski, 2000; Bradshaw et al. 2017). Qualitative descriptive studies are useful in situations where information is sought directly from participants who experienced a phenomenon or an event under investigation, when time and resources are limited and researchers seek to capture various elements of an event and when used as part of a mixed-methods approaches to understand a phenomenon. The goal is not theory generation but development of comprehensive summary of participant experiences by staying close to the data and using quotes to illustrate meanings participants attribute to events or facts (Sandelowski, 2000; Bradshaw et al. 2017).”

Generic principles of thematic analysis such as familiarisation with data, coding to describe content, looking for themes or patterns across codes from different interviews were employed.”

Additional information for reviewer (but not included in the manuscript as we believe including examples such as below does not align with the style of BMJ Open journal paper):

For example, interview data coded as 'Primary health network project staff support for implementation' from general practice participants and 'on the ground practical support to champion practices using knowledge of individual practices including assistance to adapt resources to their workflow' from primary health network interview participants were combined in "4: Facilitators to implementation (sub-category: 'Role of PHN').

5. RESULTS: The main problem in this article lies in mind in Results. In my mind the analysis is not ready, because authors present much more quotations than results. Perhaps the problem lies in there that study aim is very broad and unclear. Please refine.

The aims of the study have been clarified. The approach used in the study (qualitative descriptive methodology) is now described in the methods section (as per above point 4). The analysis presented in results section is in line with expectations of qualitative descriptive studies.

Additional information regarding qualitative descriptive studies (not included in the manuscript)

Qualitative descriptive studies have as their goal a comprehensive summary of events in the everyday terms of those events. Researchers conducting qualitative descriptive studies stay close to their data and to the surface of words and events. Qualitative descriptive designs typically are an eclectic but reasonable combination of sampling, and data collection, analysis, and re-presentation techniques. Qualitative descriptive study is the method of choice when straight descriptions of phenomena are desired (Sandelowski, 2000).

We are sharing additional study background information for your consideration.

There were two categories of participants in the study with slightly different roles - 1. general practice staff members who were trained and implemented the project resources and 2. primary health network staff who facilitated face to face training through practical workshops in their local regions and provided on the ground support for implementation of the project resources within participating general practices.

The interviews with general practice participants included a combination of structured questions and some open-ended questions (see Appendix 3 interview guide) primarily focussed on understanding participant experiences of undertaking Advance Project training and implementation of resources. The evaluation team was interested in gathering specific qualitative feedback on domains of interest around participant perspectives on Advance Project training, useful tools/resources, frequency of utilisation of resources, impact of training and resources on practice change and participants' confidence to initiate assessments, perceived benefits, barriers and facilitators and suggestions/ideas for future refinements of the Advance Project training program. A similar approach was used for developing interview guide for primary health network staff and the questions were adapted so it reflected their support/facilitator role in the assisting implementation of Advance Project training and resources at the participating general practices.

This approach to gather qualitative feedback on domains of interest was necessary to report on the impact of the training to the funding provider as well as inform future refinements to the program/training and resources including making recommendations for wider implementation of the project across similar settings across the country. While the interviews were useful to understand perspectives of participants on various topics, opportunities to conduct in-depth analysis of their experiences (which is possible in phenomenology type studies of lived experiences of participants)

was limited in our study. Therefore, a qualitative descriptive study approach was used. Generic principles of thematic analysis such as familiarisation with data, coding to describe content, looking for themes across codes from different interviews were employed. Then a collaborative (team) process of refinement of themes occurred with co-authors. Results were then presented under headings/categories that related to key project implementation related topics.

We have added additional information in the methods section to clarify the approach used. We have also provided two additional references for qualitative descriptive methodology used in our study.

1. Sandelowski M. Whatever happened to qualitative description?. *Res Nurs Health*. 2000; 23: 334-340
2. Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a Qualitative Description Approach in Health Care Research. *Global Qualitative Nursing Research*
<https://doi.org/10.1177/2333393617742282>.

The evaluation team discussed the best approach to present the results given that there were two sets of perspectives from participant categories on domains of interest. As a result, the team decided to present the descriptive summary of themes arising from both participant interviews under categorical headings or domains of interest to the study.

Additional paragraph added to the data analysis section as per below

“This study used a qualitative descriptive approach (Sandelowski, 2000; Bradshaw et al. 2017). Qualitative descriptive studies are useful in situations where information is sought directly from participants who experienced a phenomenon or an event under investigation, when time and resources are limited and researchers seek to capture various elements of an event holistically and when used as part of a mixed-methods approaches to understand a phenomenon. The goal is not theory generation but development of comprehensive summary of participant experiences by staying close to the data and using quotes to illustrate meanings participants attribute to events or facts (Sandelowski, 2000; Bradshaw et al. 2017).”

Reviewer 2

1. This manuscript describes experiences with the implementation of the Advance Project in general practice. I thank the authors for their great work. The Advance Project is a comprehensive project with a multi-level approach that promotes the implementation of ACP and PC needs assessment in general practice from the professionals' point of view. The manuscript shows how peer support and support by a dedicated network helps individual practices to change behavior. This is important since we all know initiation of ACP is highly influenced by the individual clinician's attitude and behavior towards ACP.

Noted with thanks.

2. I do have some concerns about the methodological rigor of the study and the description of the results. The study includes a lot of cases, which is expected to have resulted in a lot of and hopefully rich data. However the thematic analysis mainly describes 'categorical themes' instead of themes that describe the experiences of the participants in depth. I would prefer to see a description of the themes on a more abstract and conceptual level. I also think the manuscript covers a very broad range of topics, not only specific to the Advance project but also to ACP in general, which limits the authors to describe the findings in a detailed and comprehensive way. For example theme 6 is just a list of 'codes/findings' but these are not explained or integrated with the other findings. I believe that searching for overarching themes on a more abstract and conceptual level that highlight the specific experiences with the Advance Project could make the manuscript much more focused and interesting to readers and could give a better insight in the added value of the Advance Project and the strategies that are used within the project that makes it so powerful and a beneficial experience for general practitioners and co.

Please refer to additional information provided in response to reviewer 1 comments (refer point 5).

3. Abstract

Line 20: I would suggest to remove 'successful' in the objectives or add a reference of a paper that showed already the successful implementation. Whether or not the intervention was implemented successful, is one of the findings/conclusions of the study based on the identified experiences. Besides this, facilitators can still be identified, even when an implementation overall might not be considered as successful.

The objectives section has been revised. We have deleted 'successful' in the objectives as per suggestion above.

4. Introduction

Line 31: Please make clear the difference between ACP and palliative care discussions? Why are these concepts combined/both needed? It might be helpful to add a short definition of ACP, especially having in mind the ongoing discussions in the field about the concept/value of ACP (see recent in JAMA Morrison).

A figure (Figure 1) containing definitions for key terms advance care planning, supportive care, and palliative care has been added to the manuscript in the introduction section.

5. Page 3: I would prefer more insight in the content of the training, shortly described in the text. Of course all resources and so on are available on the website, but some more content described in the manuscript would be beneficial to me as a reader.

We have added a sentence in the manuscript and a table in the Appendix listing the screening and assessment tools used in the Advance Project toolkit and training. A detailed description of the training, toolkit resources will be in a companion paper which is currently under preparation. We have added the information about the screening and assessment tools in an online Appendix rather than a Table within the manuscript as we would like to retain the copyright for this Appendix so we can re-use the Appendix in other journal papers/publications arising from our Advance Project.

“Resources included a toolkit (See Appendix 2), online training modules and training videos which provided an explanation of the Advance Project Guide and demonstrated how to use the assessment tools in consultations with patients and carers.”

Appendix 2 Screening and assessment tools in the Advance Project Toolkit

Assessment tools	Brief description
Advance Project Guide	<ul style="list-style-type: none"> “The Advance Project Guide: a model for initiating advance care planning and palliative care in general practice”. This guide explains how to implement the various resources in the toolkit in everyday clinical practice.
Advance Care Planning^a (ACP) Tools	
ACP screening interview tool	<ul style="list-style-type: none"> A step-by-step guide for general practice nurses (GPNs), with exemplar questions and prompts, for initiating conversations about ACP during routine health assessments Promotes patient awareness of ACP, identifies any prior ACP and the patient’s preferred substitute decision makers, any wishes the patient may have already thought about regarding their future care should their health deteriorate, as well as the patient’s readiness to further discuss ACP There is space within the tool to record the patient’s responses to interview questions, and it can be uploaded into general practice software as a record of the initial ACP discussion Developed initially for acute care settings¹, then adapted and piloted for use by GPNs.²
The Advance Project: Quick guide for introducing advance care planning in routine consultations or health assessments in General Practice	<ul style="list-style-type: none"> This quick guide supports general practitioners (GPs) to initiate conversations about ACP. It complements the more structured interview for initiating ACP that was developed for nurses in Phase 1 of the Advance Project. It includes similar prompts as the ACP screening interview tool but does not provide spaces within the guide to record patient responses.
The Advance Project: “Preparing for an advance care planning conversation - A guide to help you prepare for a conversation with your family or health care team about your wishes	<ul style="list-style-type: none"> A patient resource that guides patients through the next steps in ACP and helps them prepare for further discussions about ACP with their family or GP or nurse. It prompts reflection about the person’s values and preferences for future care and encourages the person to share their responses with their family and health care team.

for future health and personal care.”	<ul style="list-style-type: none"> It fills an identified gap between the conversation being initiated by a nurse or GP, and the person being prepared for further discussions about ACP or considering completing a formal advance care directive.
The Advance Project patient resource: “Who will speak for you if you can’t speak for yourself?” A guide for choosing a substitute decision maker for health care decisions.	<ul style="list-style-type: none"> A guide for choosing a substitute decision maker for health care decisions.
Palliative Care^b and Supportive Care^c needs assessment tools	
Surprise question and/or the Supportive and Palliative Indicator Tool (SPICIT TM)	<ul style="list-style-type: none"> A screening process to identify patients who may benefit from a comprehensive assessment of their unmet palliative and supportive care needs. The surprise question is “Would you be surprised if this patient died in the next 6 to 12 months?” The SPICITTM tool identifies patients who may be at risk of deteriorating and dying and was developed by Boyd et al³
The Advance Project Patient Assessment Booklet: “Supporting you to live well with a chronic illness.”	<p>A patient and clinician resource to assess patients’ palliative and supportive care needs. This booklet includes an introduction regarding the purpose of the assessment and instruction for use, so that the assessment can be self-administered if appropriate. It includes the following:</p> <ul style="list-style-type: none"> Integrated palliative outcome scale (IPOS)- a well validated tool for assessing common physical and psychological symptoms in patients with life limiting illnesses. The nurse or GP can assist the patient to complete this, to inform the GPs’ consultation with the patient. Alternatively, patients with good health literacy may complete this tool on their own after it is introduced by the nurse. The IPOS provides a two-page summary of the patient’s symptoms.⁴ Patient concerns and questions checklist (NAT-CC patient): this tool was adapted from the NAT-CC carer version⁵ and informed by a question prompt list previously developed and evaluated in specialist palliative care settings.^{6 7} The original prompt list was significantly shortened and simplified as part of the Advance Project for use in primary care. The tool helps patients to identify the questions and concerns they want to discuss with their GP about their illness, practical issues and future care planning.
The Advance Project Carer Assessment Booklet: “Looking after you while you care for someone with a chronic illness.”	<p>A carer and clinician resource to assess carers’ supportive care needs. It includes an introduction regarding the purpose of the assessment and instructions for use, so that the assessment can be self-administered, and:</p> <ul style="list-style-type: none"> Carer needs and concerns/questions assessment tool (NAT-CC carer): This tool was adapted from the NAT-CC (Needs assessment tool for cancer carers) to be relevant to carers of

	<p>patients with other life limiting illnesses, and for administration by practice nurses. The NAT-CC was previously developed by one of the Advance Project consortium members⁵ and adapted to be relevant for carers of patients with a chronic condition (not only cancer). It was also informed by a question prompt list previously developed and evaluated in specialist palliative care settings.^{6 7}</p>
The Advance Project Referral Triage Tool	<ul style="list-style-type: none"> • A guide for determining the need for additional supportive care services for people at risk of deteriorating and dying, including clear triggers/indicators for considering early referral to specialist palliative care services. This tool was informed by a literature review and developed by a subgroup of the Advance Project advisory group team.
Other	
The Advance Project and Medicare Benefits Schedule (MBS) Items Fact Sheet.	<ul style="list-style-type: none"> • This fact sheet outlines Medicare items that can be used to fund initiation of ACP and/or palliative and supportive care needs assessment in general practice in Australia. It was released after review by the Medical Benefits Division of the Australian Government Department of Health.

^aAdvance care planning is a process of reflection, discussion and communication that enables a person to plan (in advance) for their future medical treatment and other care, for a time when they are not competent to make, or communicate, decisions for themselves⁸

^bPalliative care can be defined as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual⁹

^cSupportive care is care that eases the symptoms of a disease or the side effects of treatment for a disease. Supportive care does not cure the disease. It is aimed at improving quality of life and it addresses the psychological, social and spiritual needs of patients and their carers¹⁰

References:

1. Cheang F, Finnegan T, Hession A, Clayton JM (2014). A Cross-Sectional Analysis of Advance Care Planning among Elderly Inpatients. *Internal Medicine Journal*, 44(10): 967-974
2. Franklin AE, Rhee J, Raymond B, Clayton JM (2020). Incorporating an advance care planning screening tool into routine elderly health assessments. *Australian Journal of Primary Health Care*, 2020 Jun; 26(3):240-246. doi: 10.1071/PY19195. PMID: 32327028.
3. Boyd K, Murray SA (2010). Recognising and managing key transitions in end of life care. *BMJ*, 341, c4863
4. Hearn J, Higginson IJ (1999). Development and validation of a core outcome measure for palliative care: the palliative care outcome scale. *Palliative Care Core Audit Project Advisory Group. Qual Health Care*, 8(4):219-27.
5. Mitchell GK et al (2013). Providing general practice needs-based care for carers of people with advanced cancer: a randomised trial. *British Journal of General Practice*, DOI: 10.3399/bjgp13X673694
6. Clayton J et al (2003). Asking questions can help: development and preliminary evaluation of a question prompt list for palliative care patients. *British Journal of Cancer*, 89: 2069-2077.
7. Clayton JM et al (2007). Randomized Controlled Trial of a Prompt List to Help Advanced Cancer Patients and Their Caregivers to Ask Questions About Prognosis and End-of-Life Care. *Journal of Clinical Oncology*, 25 (6): 715-723.

8. Royal Australian College of General Practitioners (RACGP) Available at: <https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/advance-care-planning> (accessed 14 September 2020)
9. World Health Organisation (WHO) (2016). Available at: <http://www.who.int/cancer/palliative/definition/en/> (accessed 15 September 2020)
10. Fitch MI (1994). Providing supportive care for individuals living with cancer (Task Force Report). Toronto: Ontario Cancer Treatment and Research Foundation.

6. Methods

Page 4, line 45: could you add the interview guide as supplement?

Interview Guide has been added. Following sentence in the Data Collection section has been updated.

“A literature review, and input from the project’s expert advisory group were used to develop the interview guide (See Appendix 3)”

Page 4, line 47: Interviews without capital?

This sentence is now amended as:

“A total of 25 interviews (12 individual and 13 group) were conducted face-to-face or via telephone....”

7. Results

Page 5, line 21: how many participants participated in an individual interview and how many in a group interview? This can be found in the data collection part, I would prefer to have this information here. So 12 participants had an individual interview and 33 participants took part in small group interviews with ???? persons. 13 x 2 = already 26, so most groups had 2-3 participants? Please add this information.

An additional sentence has been added in the results section:

Of the 45 people who participated in the interviews, 13 (28.9%) were GPs, 13 GPNs (28.9%), 9 PMs (20.0%), 3 allied health staff (6.7%) and 7 staff from the PHNs (15.5%) (Table 1). This included 12 individual and 13 group interviews (with most groups having 2-3 participants).

Page 6, line 14-15: I wonder if the thematic analysis could lead to more descriptive, content-containing description of the themes. The list of themes 'revealed' from the data analysis is now more or less a list of code categories that logistically appear from the objectives and research questions. So, for example, is it possible to define not the theme 'training/resources', but formulate a description of theme that reflects the experiences with the training/resources. In this way the results can show that a thorough thematic analysis was performed with themes and concepts on a more abstract and conceptual level as result. For example: many quotes in the training/resources part reflect the experienced support of the materials/training in explaining the concept and to use the right words. So probably a theme could be: Support in clarification and broaching the topic/concept, and then the paragraph can explain in what way (better understanding by the profs themselves, adequate language, practice different wording, overcoming discomfort, peer discussions etc.). A next theme can describe the more practical pro-cons of the training (duration, setting etc.).

Please see our detailed response for Point 2 regarding qualitative descriptive approach used in this study.

While the interviews were useful to understand perspectives of general practice and primary health network participants on various topics, opportunities to conduct in-depth analysis of their experiences to generate abstract and conceptual level themes was limited in our study.

We have presented the results under categorical headings (or domains of interest for the study) which draw together relevant themes arising from the analysis of two different participant group interview data sets (general practice and primary health network staff). Please note the participant groups were asked slightly different questions within the same topic heading. For example, Category 1. Training/resources describes a) general participant perspectives of undertaking training, using project resources, suggestions for refinements to training/resources and b) primary health network staff perspectives of delivery of Advance Project training workshops to participating general practices.

We have amended the sentence in the results section to reflect the above.

“Data analysis revealed six categories.”

Overall, we believe that the analysis presented is in line with the aims of the study and the qualitative descriptive methodology used.

Page 8 line 12: And for example: Impact of training -> Change in providers' behavior and routine strategies/ increased awareness and adapted routine strategies.

In this paragraph not all aspects might be an 'impact of the training'? But also of the resources and materials, or of the 'total package' of the intervention?

Thanks for this suggestion. We have amended the heading as “Impact of training and resources on participant behaviour and awareness of the ACP/PC topics”.

Page 8, line 14-15: the GPs and GPNs with ACP experience were a smaller group? I would probably start the section with the main findings -> most participants experienced a behavior change and adapted their working strategies/routines

Thanks for this suggestion. We have amended this section which now reads:

“Most participants stated that the training led to changes in their behaviour or at practice-level and increased their awareness of the importance of ACP/PC. For those GPs and GPNs who had already been initiating ACP and PC conversations the training provided reassurance regarding their approaches and provided additional resources for patients/carers rather than prompting practice change.”

Page 9, line 49- page 10 line 7: this section consists of a lot of information/qualitative data, mainly presented as a list and with very few quotes. I would value some more insight in what the perceived experiences could mean to the patients from the perspective of the participants. Like why is increased awareness of ACP a benefit for the patient? I would also like a separate quote for each subgroup: patients, carers and practice outcomes. Current quotes contains practice and patient.

The outcomes reported in this section are perspectives of general practitioners and nurses in relation to perceived benefits for patients and carers. We do not have data on benefits reported by patient and carers as part of interview data set. Therefore, we are unable to clarify your question regarding the benefit of increased awareness of ACP for the patient. We have added a sample quote to illustrate an outcome for carer as reported by a GP.

“Well, probably the most important outcome is that it has allowed the carers to make contact with supportive and palliative care. That's the main one. It has triggered in some of them the ability to look for what sort of home care support they can obtain, with regard - because sometimes the younger families are workers, so they're not constantly available (GP)”

Besides this it is not clear for me of the perceived benefits derive from what the participants think what could be beneficial, or what they have experienced as beneficial. I guess it is both, reading the quote that contains an assumption 'I suppose there are...' and descriptions of actual experiences of the benefits. Could you please clarify this point?

As stated above - These are perceptions of benefits as reported by General practitioner and general practice nurse interview participants. Patient feedback (collected through patient surveys/questionnaire) will be reported elsewhere.

Page 10 line 24: Themes 4,5 ,6 have another layout as the other themes with underlined parts/subthemes and a table in 6? Why is this? I would prefer more uniformity in the description of the themes for the readability?

As indicated before we have used a qualitative description approach in this study. The results section is presented based on categorical headings/domains of interest. We have added a short description to Category 6. Due to word limit requirements we have included the strategies indicated by general practice and primary health network staff interview participants as a list.

“General practice participants advocated strategies such as increasing patient and carer awareness about the program through advertising/forums, enabling greater collaboration between GPs and GPNs, campaigning for adequate funding, and ensuring staff at the practice accessed the training and support for conducting Advance Project assessments. PHN participants advocated strategies such as influencing GP attitudes utilising champion GPs, enabling sustainability through ongoing trainer the trainer support for education, and practical support for general practices to embed Advance Project resources into their existing workflow.”

Page 10 line 59 en page 11 line 3: please explain the abbreviations?

We have expanded the abbreviations. OT is Occupational Therapy and ACAT is Aged care assessment team.

These are my concerns, should we get like an OT [Occupational Therapy] assessment or should we have a referral to ACAT [Aged care assessment team], or whatever...I would knock on the door and say, can I have a chat. (GPN)

Page 12, line 21: there can be more consistency in the use of alternatives for reporting actual names: sometimes [Facilitator name} and here <presenter 1>. Change in [name presenter 1]. Besides this I was wondering if the quote does not report too many details that could lead to the identification of

GP/presenter 3?

Presenter 1, 2, 3 are workshop facilitators. We have made the reference consistent by replacing <presenter 1> <presenter 2> and <presenter 3> to <facilitator name>. The de-identified nature of the reporting of results ensure GP/presenter 3 details remain anonymous.

Page 12, line 46: it seems to me that most of the identified barriers are barriers to ACP in general and not specific to the Advance Project. Could you reflect on that?

We agree with the reviewer's observation. Many of the barriers reported are barriers that are common to implementation of new projects/ intervention in general practice settings in general. We have added a sentence to indicate this in the Discussion section.

"Many of these barriers are common to implementation of new projects or practice change in general practices."

The facilitators such as the role of PHN are specific to the Advance Project.

Page 15, line 55: Theme 6 lacks a descriptive part but is just a table/list of the identified strategies. The key of qualitative research is to describe how participants experience 'their lifeworld' and what this means to them. Just providing a list of identified items does not give me enough insight in their experiences.

We have added a short description to Category 6. Due to word limit requirements we have included the strategies indicated by general practice and primary health network staff interview participants as a list.

"General practice participants advocated strategies such as increasing patient and carer awareness about the program through advertising/forums, enabling greater collaboration between GPs and GPNs, campaigning for adequate funding, and ensuring staff at the practice accessed the training and support for conducting Advance Project assessments. PHN participants advocated strategies such as influencing GP attitudes utilising champion GPs, enabling sustainability through ongoing trainer the trainer support for education, and practical support for general practices to embed Advance Project resources into their existing workflow."

Page 16: why did you decide to split the strategies in GPs and PHNs? Please describe this in the text.

A short description to this section has been added (see above).

General practices and PHNs (supporting role) have different roles as outlined in our earlier response and hence we decided to present two tables listing strategies from each category of interview participants.

Page 17 line 38-41: although I think this is an important part of the project (the role of the network and the mentoring/coaching on the job facilities), this conclusion was not that clear for me reading the results. Besides this I wonder if speaking of 'more successful' and 'significant changes' is language that is suitable to qualitative research? Do these words real describe the experiences of the participants?

The use of these words in this sentence in the discussion indicate our interpretation based on overall analysis of the interview. We have substituted 'significant' with 'substantive'.

Page 18, line 12: I miss the study limitations. Of course they are integrated in the suggestions for future work, but I would prefer the limitations to be described in more detail.

We have added a new sentence to the last paragraph in the discussion section that focuses on study limitations.

“Our study focused mainly on Advance Project training program evaluation aspects and participant perspectives on selected domains of interest were gathered. Detailed in-depth interviews with general practice participants to further explore their experiences of implementation was not feasible due to limited project time and resource constraints.”

Due to word count requirements we are unable to provide detailed discussion of limitations. They are listed in Strengths and Limitations section as well as in the last paragraph of the discussion section.

Again, we appreciate the editorial and review comments that have helped to improve and strengthen the manuscript. Thank you in advance for reviewing our revised manuscript and we look forward to hearing from you.

VERSION 2 – REVIEW

REVIEWER	Fahner, Jurriane C. UMC Utrecht
REVIEW RETURNED	03-Jan-2022

GENERAL COMMENTS	<p>Thank you for the explanations and revised manuscript. I think the revisions made the study objectives and methods more clear. Probably the data could have led to a more detailed analysis, but I understand this is a time consuming procedure. I think it is helpful that this issue is mentioned as a limitation in the current version of the manuscript.</p> <p>I would like to address a few additional points:</p> <p>Page 5: data analysis. The first part describes the usefulness of qualitative research. I would suggest to rewrite the long sentence with the 'list of advantages', not use and/and/and. I would emphasize the insight in 'the life world of the participants' as a key benefit of this qualitative study, and leave time benefits for example. I guess a survey would have been less time consuming for example and could have been an appropriate design as well.</p> <p>I would keep a literature reference with the sentence: General principles of thematic analysis.... The ref of Braun and Clarke is now removed.</p> <p>Language:</p> <ul style="list-style-type: none"> - Definitions of key terms used in this paper is provided in figure 1. -> definitions are provided / an overview of definitions is provided - when used as part of a mixed-methods approaches -> check plural/non plural
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 2

1. Thank you for the explanations and revised manuscript. I think the revisions made the study objectives and methods more clear. Probably the data could have led to a more detailed analysis, but I understand this is a time consuming procedure. I think it is helpful that this issue is mentioned as a limitation in the current version of the manuscript.

Thank you for considering our response and for your understanding.

2. Page 5: data analysis. The first part describes the usefulness of qualitative research. I would suggest to rewrite the long sentence with the 'list of advantages', not use and/and/and. I would emphasize the insight in 'the life world of the participants' as a key benefit of this qualitative study, and leave time benefits for example. I guess a survey would have been less time consuming for example and could have been an appropriate design as well.

Thank you for your suggestion. We have amended that sentence as follows.

Original sentence:

Qualitative descriptive studies are useful in situations where information is sought directly from participants who experienced a phenomenon or an event under investigation, when time and resources are limited and researchers seek to capture various elements of an event, and when used as part of a mixed-methods approach to understand a phenomenon.

Amended sentence:

“Qualitative descriptive studies are useful in situations where information is sought directly from participants who experienced a phenomenon or an event under investigation and researchers seek to capture various elements of an event. Seeking an insight into the life world of the participants is seen as a key benefit and can be part of a mixed-methods approach to understand a phenomenon more deeply.”

3. I would keep a literature reference with the sentence: General principles of thematic analysis....

The ref of Braun and Clarke is now removed.

We have now added the Braun and Clarke reference and adjusted all the other reference numbers in-text and under the list of references at the end.

4. Language:

- Definitions of key terms used in this paper is provided in figure 1. -> definitions are provided /
an overview of definitions is provided

We have now amended this sentence as follow.

“Definitions of key terms¹⁶⁻¹⁸ used in this paper are provided in figure 1”.

- when used as part of a mixed-methods approaches -> check plural/non plural

We have now amended this.

“Qualitative descriptive studies are useful in situations where information is sought directly from participants who experienced a phenomenon or an event under investigation and researchers seek to capture various elements of an event. Seeking an insight into the life world of the participants is seen as a key benefit and can be part of a mixed-methods approach to understand a phenomenon more deeply.”

Again, we appreciate the editorial and review comments that have helped to improve and strengthen the manuscript. Thank you in advance for reviewing our revised manuscript and we look forward to hearing from you.