

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Understanding patient views and experiences of the IDENTification of PALLiative care needs (IDENTI-Pall): A qualitative interview study protocol
AUTHORS	Mitchell, Sarah; Leach, Isabel; Turner, Nicola; Mayland, C

VERSION 1 – REVIEW

REVIEWER	Gutiérrez Sánchez, Daniel Universidad de Málaga, Fisioterapia
REVIEW RETURNED	26-Mar-2022

GENERAL COMMENTS	<p>Thank you for the opportunity to review the manuscript entitled: "Understanding patient views and experiences of the IDENTification of PALLiative care needs (IDENTI-Pall): A qualitative interview study protocol". The topic the authors address in this manuscript is relevant. However, I have some comments and questions that the authors should consider.</p> <ol style="list-style-type: none">1. Abstract section, what is the overall aim of the study? Please, the abstract should include the study aim.2. Introduction section, Why is the perspectives of patients about the process of identification of their palliative care important?. Please, the introduction section should include this topic.3. Methods and analysis section, the authors state that "Qualitative data management software, NVivo, will be used to support data analysis". The software version should be provided. In addition, it's necessary that you reference this software.4. Methods and analysis section, cognitive impairment of family carers could be an exclusion criteria? If that is the case, please, explain and add to the exclusion criteria section.
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REVIEWER	Virdun, Claudia University of Technology Sydney, Faculty of Health
REVIEW RETURNED	08-May-2022

GENERAL COMMENTS	<p>Understanding patient views and experiences of the IDENTification of PALLiative care needs (IDENTI-Pall): A qualitative interview study protocol</p> <p>Thank you so much for the opportunity to review this study protocol which is well written, clear and detailed. This area of research is an important area as noted by the authorship team and will be</p>
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	<p>invaluable in progressing practice and policy in relation to palliative care. I only have a very few minor comments for consideration:</p> <ol style="list-style-type: none"> 1. You note: Other activities include the development of patient-centred outcomes for clinical practice and policy in relation to the use of palliative care identification tools. I wonder if this needs to be a bit clearer in terms of the development of measures / indicators / survey tools. Also, would you see this work as informing patient-reported experience measures in addition to outcomes? 2. Key words: Palliative, End-of-life, Patient Experience, Qualitative research – Here you have noted patient experience whereas above only refers to outcomes. Be great to be consistent throughout 3. Just check your WHO definition in the introduction is the most up to date one. You mention ‘impeccable’ assessment and I think this has now been changed to ‘correct’ assessment 4. Line 51 (introduction) you note: Line 51 - In terms of healthcare, this may include the opportunity to describe their wishes and preferences for care, and to consider referral to specialist palliative care services, where available[6]. I wonder whether where ‘appropriate’ is better than where ‘available’? (That is – it ought to be available in an integrated palliative care system but access should be based on need?) 5. Note a small typo in Table 1 (numbering in the inclusion criteria moves from 1 to 5.) 6. Typos within reference list – journal names needing to be noted in full <p>Thanks again for the opportunity to review this important and well-reported work. I look forward to reading your study outcomes and recommendations. All the best as you complete this work.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

1. Abstract section, what is the overall aim of the study? Please, the abstract should include the study aim. Abstract reworded to outline the aim of the study more clearly

2. Introduction section, Why is the perspectives of patients about the process of identification of their palliative care important?. Please, the introduction section should include this topic. Final paragraph of the Introduction section reworded to provide further clarity and propose that the patient experience should inform the implementation of such tools and processes.

3. Methods and analysis section, the authors state that “Qualitative data management software, NVivo, will be used to support data analysis”. The software version should be provided. In addition, it’s necessary that you reference this software. Software version added. We would appreciate clarity from the editor please about referencing the software – this seems inconsistent in published papers.

4. Methods and analysis section, cognitive impairment of family carers could be an exclusion criteria? If that is the case, please, explain and add to the exclusion criteria section. Detail added to Table 1

Reviewer: 2

1. You note: Other activities include the development of patient-centred outcomes for clinical practice and policy in relation to the use of palliative care identification tools. I wonder if this needs to be a bit clearer in terms of the development of measures / indicators / survey tools. Also, would you see this work as informing patient- reported experience measures in addition to outcomes? The development

of patient-centred outcomes is beyond the scope of this study. We aim to propose patient-centred recommendations for policy and practice based on the findings of the study.

2. Key words: Palliative, End-of-life, Patient Experience, Qualitative research – Here you have noted patient experience whereas above only refers to outcomes. Be great to be consistent throughout. Please see response to comment 1 above.

3. Just check your WHO definition in the introduction is the most up to date one. You mention 'impeccable' assessment and I think this has now been changed to 'correct' assessment. Thank you, updated in the text.

4. Line 51 (introduction) you note: Line 51 - In terms of healthcare, this may include the opportunity to describe their wishes and preferences for care, and to consider referral to specialist palliative care services, where available[6]. I wonder whether where 'appropriate' is better than where 'available'? (That is – it ought to be available in an integrated palliative care system but access should be based on need?) We agree with Reviewer 2 but are aware of the variability internationally in the availability of specialist palliative care services. In some countries and regions these are not available.

5. Note a small typo in Table 1 (numbering in the inclusion criteria moves from 1 to 5.) Corrected

6. Typos within reference list – journal names needing to be noted in full We have used the Medline / PubMed abbreviations which is the BMJ referencing style

The enclosed manuscript has been read and approved by all authors. It is not under active consideration for publication elsewhere, has not been accepted for publication, nor has it been published in full or in part.