

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Information needs of parents for acute childhood illness: determining the 'what, how, where and when' of safety netting using a qualitative exploration with parents and clinicians
AUTHORS	Ones, Caroline; Neill, Sarah; Lakhanpaul, Monica; Roland, Damian; Singlehurst, Hayley; Thompson, Matthew

VERSION 1 - REVIEW

REVIEWER	Rianne Oostenbrink Erasmus MC, dept General pediatrics Rotterdam, The Netherlands
REVIEW RETURNED	25-Sep-2013

GENERAL COMMENTS	<p>The authors address an important topic in the field of evaluating children at risk of serious illness, i.e. follow-up instructions to parents.</p> <p>Qualitative studies are not of my expertise, so I don't judge this paper on its methodological content. My focus in this evaluation is on the clinical relevance of this manuscript.</p> <p>My major comment is on the potential generalizability of the results to other settings among Europe, who have a primary and secondary care as well. The authors very well retrieve their respondents from different professional (parents, nurses, clinicians), cultural (travelling, Asian-British and white-British) and experience (number of children, health care setting) perspective. What I miss in the paper is insight in the influence of this difference to the observed results. I.e. did Asian-British parents differ from British parents, and did different settings/health careworkers impact on the type of needed safety netting. There should be differences, given previous publications on cultural determined healthseeking behaviour. Cultural distribution is different among European countries (e.g. UK having more Asian, and southern Europe more Middle East immigrants). Also differences in health care organisation exist.</p> <p>From the numbers in this study I can imagine that impact of the diversity of responders cannot be evaluated correctly, but then I would expect a paragraph dealing with this issue, and hypotheses of the authors on this topic.</p> <p>Another comment is on the structure of the paper. It has a long description of different answers, and is shortly summarized into Figure 1. I know this is a usual way of describing qualitative studies, but I think the readability could improve by a table summarizing main topics and some typical examples, with description of their background (e.g. health care worker or parent) to guide the reader</p>
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	<p>through it. Figure 1 seems a very simplified summary of all their results, and does not look that innovative (although I think that it is well supported by their study results). To value the results of this study better, it might be interested to judge the present existing information (e.g. NICE brochure) on these identified items.</p>
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REVIEWER	Jan Verbakel Department of General Practice, KU Leuven Belgium
REVIEW RETURNED	04-Oct-2013

GENERAL COMMENTS	<p>The focus, methodology and results of this paper are very relevant to the field of safety netting in acutely ill children. The authors have performed a unique study, covering the information needs through a qualitative approach, exploring the opinions of clinicians, but even more important those of parents. They included diverse groups of parents with different literacy levels, which is again a major strength of this study.</p> <p>In the methods section, it is stated that a grounded theory approach was used to analyse the data. Two researchers developed the coding schemes. It is, however, unclear if both researchers both coded all content (of the focus groups and interviews of both parents and clinicians) and then reviewed the analysis, calculating a kappa for the inter-rater variability and at which interval the coding schemes were edited as data collection and analysis progressed. It is also not stated how exactly the comparison between parent and clinician data was performed, other than amongst the wider research team.</p> <p>As mentioned above, this is a well-conducted, relevant study, most definitely to improve insights in the appropriate approach and delivery of safety netting advice in first contact care for sick children.</p>
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REVIEWER	Christie Cabral University of Bristol, UK
REVIEW RETURNED	29-Oct-2013

GENERAL COMMENTS	<p>This is a well written paper on an important topic which usefully reports the views of both parents & clinicians.</p> <p>I suggest a few minor amendments:</p> <p>Where participants (parents-clinicians or the different parent groups) agreed or disagreed wasn't very clear to me - could this be drawn out more - e.g. were there any tensions between what parents wanted & what clinicians thought they ought to have?</p> <p>Many of the suggestions come across as a bit speculative - particularly those in which clinicians are saying what they think parents might want. Some points seem a bit hypothetical - which is fine given the stated objectives of this study but I wondered if there was anything in the data which could help ground these ideas in people's experience. There is a lovely example of this on page 8</p>
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	<p>where a parent explains why being able to look at info on her phone would be useful. In contrast the 2nd paragraph on page 9 states all participants suggest written materials but then that no one uses the currently available written materials. Is there anything that would help us understand why, when or whether written materials would be useful (in the data or the literature)?</p> <p>The literature used is very focussed on safety-netting in the consultation, but the paper also makes a good point about pre-consultation 'safety netting' / educational information & the growing importance of web & phone based delivery modes & the inclusion of audiovisual material. The discussion would be improved by including literature on a) parents pre-consultation information needs & b) what had been tried / found effective in getting health information to parents (e.g. there's a couple of systematic reviews on parent web-use) & what people might think is a good idea but are actually not effective or even have negative unintended consequences.</p> <p>The strengths & limitations in the article summary section should include the limitations identified in the paper - i.e. poss limited generalisability to other parent populations.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

The authors address an important topic in the field of evaluating children at risk of serious illness, i.e. follow-up instructions to parents.

Qualitative studies are not of my expertise, so I don't judge this paper on its methodological content. My focus in this evaluation is on the clinical relevance of this manuscript.

My major comment is on the potential generalizability of the results to other settings among Europe, who have a primary and secondary care as well. The authors very well retrieve their respondents from different professional (parents, nurses, clinicians), cultural (travelling, Asian-British and white-British) and experience (number of children, health care setting) perspective. What I miss in the paper is insight in the influence of this difference to the observed results. I.e. did Asian-British parents differ from British parents, and did different settings/health careworkers impact on the type of needed safety netting. There should be differences, given previous publications on cultural determined healthseeking behaviour. Cultural distribution is different among European countries (e.g. UK having more Asian, and southern Europe more Middle East immigrants). Also differences in health care organisation exist.

From the numbers in this study I can imagine that impact of the diversity of responders cannot be evaluated correctly, but then I would expect a paragraph dealing with this issue, and hypotheses of the authors on this topic.

This is an important point. We have highlighted where there were differences in responses between groups, for example:

Lines 197-200 – primary care staff focused on signposting parents to the pharmacy/managing the illness at home whilst ED staff focused on communicating when to return to the ED;

Lines 321-32 – clinicians and parents suggested internet and phone-based resources, whilst the travelling community said that this would not be useful for the current generation of parents.

In general, however, the suggestions from all groups were diverse and overlapping, and there were no other notable differences between cultures/settings. However, numbers were low and so differences between groups could not be thoroughly evaluated. We have added a paragraph discussing this (lines 375-87).

As the reviewer mentions, the generalizability of these results to other populations either in the UK or elsewhere cannot be determined. Qualitative research does not aim to be generalizable; we have commented on this in the strengths and limitations section (lines 455-8).

Another comment is on the structure of the paper. It has a long description of different answers, and is shortly summarized into Figure 1. I know this is a usual way of describing qualitative studies, but I think the readability could improve by a table summarizing main topics and some typical examples, with description of their background (e.g. health care worker or parent) to guide the reader through it. Thank you for this helpful suggestion, we have added Tables 4, 5 and 6 which summarise the subthemes within each of the three main themes, with illustrative quotes.

Figure 1 seems a very simplified summary of all their results, and does not look that innovative (although I think that it is well supported by their study results). To value the results of this study better, it might be interested to judge the present existing information (e.g. NICE brochure) on these identified items.

Thank you this is a good idea. We have commented on the fit between the NICE leaflet and Figure 1, on lines 400-3. We believe that having the results simplified in Figure 1 is useful, especially now that we have added Tables 4, 5 and 6 which are more detailed.

Reviewer: 2

The focus, methodology and results of this paper are very relevant to the field of safety netting in acutely ill children. The authors have performed a unique study, covering the information needs through a qualitative approach, exploring the opinions of clinicians, but even more important those of parents. They included diverse groups of parents with different literacy levels, which is again a major strength of this study.

Thank you for your comments.

In the methods section, it is stated that a grounded theory approach was used to analyse the data. Two researchers developed the coding schemes. It is, however, unclear if both researchers both coded all content (of the focus groups and interviews of both parents and clinicians) and then reviewed the analysis, calculating a kappa for the inter-rater variability and at which interval the coding schemes were edited as data collection and analysis progressed. It is also not stated how exactly the comparison between parent and clinician data was performed, other than amongst the wider research team.

Thank you for encouraging us to expand on our methods. We have added more details. Both researchers were familiar with the content of all of the focus groups/interviews and developed the coding schemes together. The coding schemes were edited continually throughout the period of data collection and analysis. Each dataset was coded by one researcher and checked by the other. Inter-rater reliability is not applicable in qualitative research hence kappa scores were not calculated. The comparison between parent and clinician data was done by looking at the data which was coded to the same and different subthemes from parents and clinicians.

As mentioned above, this is a well-conducted, relevant study, most definitely to improve insights in the appropriate approach and delivery of safety netting advice in first contact care for sick children.

Thank you.

Reviewer 3

This is a well written paper on an important topic which usefully reports the views of both parents & clinicians.

I suggest a few minor amendments:

Where participants (parents-clinicians or the different parent groups) agreed or disagreed wasn't very clear to me - could this be drawn out more - e.g. were there any tensions between what parents wanted & what clinicians thought they ought to have?

Thank you for alerting us to this. See above response to reviewer 1's first comment. We have added a paragraph discussing this issue (lines 375-87). We have highlighted where participants disagreed, however in general there was large agreement between all groups. Perhaps surprisingly, we didn't identify tensions between what parents and clinicians wanted from safety netting resources. Throughout the results section we have highlighted more clearly where there was agreement between parents and clinicians for example:
Lines 186, 200, 212, 217-8, 284, 294, 298, 314, 321, 334.

Many of the suggestions come across as a bit speculative - particularly those in which clinicians are saying what they think parents might want. Some points seem a bit hypothetical - which is fine given the stated objectives of this study but I wondered if there was anything in the data which could help ground these ideas in people's experience. There is a lovely example of this on page 8 where a parent explains why being able to look at info on her phone would be useful. In contrast the 2nd paragraph on page 9 states all participants suggest written materials but then that no one uses the currently available written materials. Is there anything that would help us understand why, when or whether written materials would be useful (in the data or the literature)?

Thank you for highlighting this issue. We have added a quote to the paragraph stating that all participants suggest written materials but no one uses them, which will help the reader to understand why (lines 302-4). We have also added Tables 4, 5 and 6 which summarise the main themes and display illustrative quotes. These tables have allowed us to present more quotes, which help to ground the ideas in people's experience, and provide more context and understanding.

The literature used is very focussed on safety-netting in the consultation, but the paper also makes a good point about pre-consultation 'safety netting' / educational information & the growing importance of web & phone based delivery modes & the inclusion of audiovisual material. The discussion would be improved by including literature on a) parents pre-consultation information needs & b) what had been tried / found effective in getting health information to parents (e.g. there's a couple of systematic reviews on parent web-use) & what people might think is a good idea but are actually not effective or even have negative unintended consequences.

Thank you for this important suggestion. We have added some literature about this on page 15, including information on parents' internet use for childhood illness, and a systematic review which we have recently completed looking at the effectiveness of interventions providing information on when to seek medical help for parents of acutely sick children.

The strengths & limitations in the article summary section should include the limitations identified in the paper - i.e. poss limited generalisability to other parent populations.

Thank you for alerting us to this, we have added the limitations to this section.