

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Providing effective trauma care: the potential for service provider views to enhance the quality of care (Qualitative study nested within a multicentre longitudinal quantitative study)
AUTHORS	Beckett, Kate; Earthy, Sarah; Slaney, Judith; Barnes, Jo; Kellezi, Blerina; Barker, Marcus; Clarkson, Julie; Coffey, Frank; Elder, Georgina; Kendrick, Denise

VERSION 1 - REVIEW

REVIEWER	Amy Schneeberg & Mariana Brussoni University of British Columbia
REVIEW RETURNED	31-May-2014

GENERAL COMMENTS	<p>It was a pleasure to review this qualitative manuscript exploring the views of health service providers of injured people on how well NHS trauma care meets the needs of their patient's. This well-written paper is methodologically sound and addresses a gap in the literature. The tables and boxes are well used, summarizing key points and possible actionable items. The application of the COREQ checklist is appreciated. Below are some suggestions that could aid with clarity for the reader.</p> <p>Editorial Comment</p> <ol style="list-style-type: none">1. Suggest ensuring that standard for either spelling out or using numerals to represent numbers throughout the manuscript is applied (for example: on line 28 the numeric 4 is used and on line 51 the number six is spelt out) <p>Abstract</p> <p>Abstract provides relevant information in a concise manner.</p> <p>Introduction</p> <ol style="list-style-type: none">1. Paragraph 2, line 15 suggest spelling out "National Health Service" prior to using the acronym. <p>Methods</p> <ol style="list-style-type: none">2. How many lay research advisors provided input, how were they chosen and how did they provide their input?3. Description of sampling frame for service providers is somewhat confusing and seemingly contradictory. On the one hand, providers most frequently consulted where sampled, on the other hand providers less frequently consulted were sampled. Perhaps some clarification could be provided.4. How many people did the authors invite to participant and how many responded/agreed to participate?5. Data should be plural, not singular. <p>Results</p> <ol style="list-style-type: none">6. Was the entire sample NHS staff? Page 5, line 35 – If sample demographic was representative of NHS staff, roughly what are the
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	<p>demographics of NHS staff? Based on the list in Table 1, it looks like a substantial portion of participants were off-site service providers. Were they also NHS staff?</p> <p>7. Line 51 “Between six and 15 providers were interviewed in each site depending on levels of response.” Suggest clarifying what is meant by “levels of response” – does this refer to the number of providers that responded to the call for participants?</p> <p>8. Were participants specifically asked about “ideal” versus “real” model of care or did these themes emerge spontaneously?</p> <p>9. Page 10, Line 3 – it might be helpful to define what is meant by “trust” for those not well acquainted with British system of care.</p> <p>Discussion</p> <p>10. Page 11, Line 56 suggest spelling out what “IOIS” patient stands for.</p> <p>11. Box 2 provides a nice summary of suggestions for change to trauma care. While it reflects participants’ observations, it doesn’t appear that participants were specifically asked for their recommendations for improvement – were they?</p> <p>12. Relatedly, Box 2 is a very long list, most of which represent recommendations with considerable resource implications attached and some of which are overly vague to be of use (e.g., “ensure adequate staff numbers...”). Policy makers reading this article could not be faulted for feeling daunted by this list. Do the authors have recommendations for the most important 2-3 aspects to address? This might be where practitioner perspectives – such as in focus groups, would be interesting – when they have to choose priorities for action, rather than merely identify a list of problems, what do they see as the most important?</p>
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REVIEWER	Belinda Gabbe Monash University, Australia
REVIEW RETURNED	02-Jun-2014

GENERAL COMMENTS	<p>Thank you for the opportunity to review this very interesting and well written manuscript. The need to describe and explore perceptions of trauma care quality are needed to highlight issues and make recommendations for improving systems of care. The methodology is well described and appropriate. Box 1 and Box 2 are particularly well structured and useful. My comments are relatively minor and provided here:</p> <p>1. The authors assume the reader is aware of the structure of the NHS but a description of the NHS for acute and post-acute care is needed for the international reader.</p> <p>2. Similarly, Darzi’s model is not explained and prior knowledge is assumed. It would be worthwhile investing a few sentences in bringing the reader up to speed with this. Of note, the references for this are from online reports. It would be good to provide alternative referencing as online reports (grey literature) make up a substantial proportion of the reference list.</p> <p>3. The sampling of multiple service providers is well thought out, though the absence of social services and private physiotherapy services is noted as a limitation. What is unclear is how great an omission this is. What proportion of patients would use these services?</p>
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	4. The results are well presented and logical with good use of participant quotes to support the themes. The exception is the "Research" section which lacks the continuity of themes and despite including in the Results, is not addressed in the Discussion or Box 2 which includes the recommendations from the study.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
 Reviewer Name Amy Schneeberg & Mariana Brussoni
 Institution and Country University of British Columbia

No.	Comment	Revision
Editorial comment		
1	Suggest ensuring that standard for either spelling out or using numerals to represent numbers throughout the manuscript is applied (for example: on line 28 the numeric 4 is used and on line 51 the number six is spelt out)	Amended throughout
Introduction		
2	Paragraph 2, line 15 suggest spelling out “National Health Service” prior to using the acronym.	Amended P4
Method		
3	How many lay research advisors provided input, how were they chosen and how did they provide their input?	Clarified and expanded upon P4
4	Description of sampling frame for service providers is somewhat confusing and seemingly contradictory. On the one hand, providers most frequently consulted where sampled, on the other hand providers less frequently consulted were sampled. Perhaps some clarification could be provided.	Clarified P5
5	How many people did the authors invite to participate and how many responded/agreed to participate?	Additional information provided page 5
6	Data should be plural, not singular.	Amended throughout
Results		
7	Was the entire sample NHS staff? Page 5, line 35 – If sample demographic was representative of NHS staff, roughly what are the demographics of NHS staff? Based on the list in Table 1, it looks like a substantial portion of participants were off-site service providers. Were they also NHS staff?	Expanded upon P 5, demographic reference inserted ²⁵ P6
8	Line 51 “Between six and 15 providers were	Clarified P6

	interviewed in each site depending on levels of response.” Suggest clarifying what is meant by “levels of response” – does this refer to the number of providers that responded to the call for participants?	
9	Were participants specifically asked about “ideal” versus “real” model of care or did these themes emerge spontaneously?	Clarified P6
10	Page 10, Line 3 – it might be helpful to define what is meant by “trust” for those not well acquainted with British system of care.	Box 3: included on P5 addresses this point
Discussion		
11	Page 11, Line 56 suggest spelling out what “IOIS” patient stands for.	Amended P12
12	Box 2 provides a nice summary of suggestions for change to trauma care. While it reflects participants’ observations, it doesn’t appear that participants were specifically asked for their recommendations for improvement – were they?	Clarified P12
13	Relatedly, Box 2 is a very long list, most of which represent recommendations with considerable resource implications attached and some of which are overly vague to be of use (e.g., “ensure adequate staff numbers...”). Policy makers reading this article could not be faulted for feeling daunted by this list. Do the authors have recommendations for the most important 2-3 aspects to address? This might be where practitioner perspectives – such as in focus groups, would be interesting – when they have to choose priorities for action, rather than merely identify a list of problems, what do they see as the most important?	Expanded upon P12 & 13 3 Key priorities identified P12 New Reference inserted ³⁶

Reviewer: 2

Reviewer Name Belinda Gabbe

Institution and Country Monash University, Australia

No	Comment	Revision
1	The authors assume the reader is aware of the structure of the NHS but a description of the NHS for acute and post-acute care is needed for the international reader.	Box 3 P5 gives brief summary of NHS trauma services
2	Similarly, Darzi's model is not explained and prior knowledge is assumed. It would be worthwhile investing a few sentences in bringing the reader up to speed with this. Of note, the references for this are from online reports. It would be good to provide alternative referencing as online reports (grey literature) make up a substantial proportion of	Clarified P4 Note: online reports chosen specifically to reflect extensive UK media coverage of this issue; references also include ¹⁸

	the reference list.	the Darzi report
3	The sampling of multiple service providers is well thought out, though the absence of social services and private physiotherapy services is noted as a limitation. What is unclear is how great an omission this is. What proportion of patients would use these services?	Addressed P12
4	The results are well presented and logical with good use of participant quotes to support the themes. The exception is the "Research" section which lacks the continuity of themes and despite including in the Results, is not addressed in the Discussion or Box 2 which includes the recommendations from the study.	Research section in results P7 amended; inserted into discussion P12. Now connects better with Point 1 Box 2

VERSION 2 – REVIEW

REVIEWER	Mariana Brussoni & Amy Schneeberg University of British Columbia, British Columbia Injury Research & Prevention Unit, BC Children's Hospital Canada
REVIEW RETURNED	15-Jun-2014

- The reviewer completed the checklist but made no further comments.

REVIEWER	Belinda Gabbe Monash University, Australia
REVIEW RETURNED	19-Jun-2014

GENERAL COMMENTS	The authors have addressed my concerns. I think the manuscript will be a welcome addition to the field.
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