

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Protocol for a process-oriented qualitative evaluation of the Waltham Forest and East London Collaborative (WELC) integrated care pioneer programme using the Researcher-in-Residence model.
<b>AUTHORS</b>	Eyre, Laura; George, Bethan; Marshall, Martin

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Barbara DiCicco-Bloom RN PhD College of Staten Island, Graduate Center, City University of New York, New York City, USA.
<b>REVIEW RETURNED</b>	13-Aug-2015

<b>GENERAL COMMENTS</b>	<p>This protocol describes a process oriented qualitative evaluation of a program that integrates social care and health care using a research-in-residence model. The proposal suggests an important step in evaluating these projects. I have some questions about and suggestions for the protocol in its present state.</p> <p>The authors discuss the selection of 14 sites that were deemed “successful.” What does successful pioneering sites mean? (pg. 3, line 44-45)</p> <p>The authors include the definition of integrative care from the perspective of service users in a quote (pg. 3, line 56-57). I realize that this definition was developed by a representative group but the authors do not give us their take on the definition nor whether they will use it as a guide. I found the definition unhelpful in its abstract form. Is there an operational definition that the authors are using as a guide for their study? Is the point of their study to develop an operational definition of integrated care?</p> <p>In the abstract the authors focus on the fact that no one has explored the processes involved with developing integrative care programs and that the purpose of their work is to explore these processes. The data collection methods especially the participant observation support the focus on process and if conducted comprehensively as described in the protocol, should make an important contribution to the literature.</p> <p>The review of the model, “researcher-in residence” (page 6, line 13-47) is poor. The authors have only one citation with little explanation of its previous use and its contribution to the literature. I put researcher-in-residence into google scholar and several articles that</p>
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	<p>discussed the concept appeared. Three had the word in the title while others discussed the model in the body of the paper. Why did the authors cite only one article and what is the critique of the method? What are the benefits and drawbacks of this approach based on the literature and how did the authors take these into consideration?</p> <p>The discussion on critical discourse analysis is effectively presented, but the authors do not integrate the point of view of CDA into other aspects of this proposal. For example, the focus of CDA is how power dynamics through use of language influence processes and outcomes. Yet, the “Aim” of this study comes across as somewhat neutral in focus. If the authors are using CDA as an analytic tool, then the Aim of their study is to explore power dynamics to understand how the processes of integrating social care and health care are influenced by this dynamic. Do the authors have expertise in using this analysis technique? The focus on CDA would also require an attention to certain interactions and aspects of data collection that could be specified in the proposal.</p> <p>The proposal attempts to contribute to our understanding of the integrative processes involved in providing social care and health care in a specific setting. The proposal is important but some of the details about how the authors plan to use these approaches as they collect and analyze their data could be strengthened.</p>
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<b>REVIEWER</b>	<p>Fiona Aspinal Social Policy Research Unit University of York</p> <p>England</p>
<b>REVIEW RETURNED</b>	17-Aug-2015

<b>GENERAL COMMENTS</b>	<p>Overall this proposal clearly justifies the aims of the study and the methods being employed. However, there are a couple of issues that could be addressed to improve the clarity:</p> <p>1. Methods: It would be helpful to know who the researcher in residence will be. Is it someone who is already employed in the WELC or is it a researcher who will have an honorary contract? There might be different ethical implications for these different scenarios (see below).</p> <p>2. Ethics: The authors have indicated that the study has undergone internal ethical review and they explain how they will get consent for interviews. However, it is not clear how consent will be attained from patients whose case is being discussed in front of the researcher at meetings. If the authors argue that consent is not needed in these cases, it would be helpful to provide a summary of the reasons for this (I acknowledge that this might depend on the response to the first point).</p> <p>b. A comment about having a confidentiality agreement with the transcription service would be helpful.</p>
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	<p>Study limitations: Although I have ticked 'not applicable' to this question on the check-list because this is a study protocol, I would like to acknowledge that the authors have outlined the limits of the methodological approaches they are taking.</p> <p>Editorial issues: There are several grammatical mistakes/typos in the text, but I presume that these will be picked up by the editorial team.</p>
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<b>REVIEWER</b>	Esther Suter Alberta Health Services, Canada
<b>REVIEW RETURNED</b>	25-Aug-2015

<b>GENERAL COMMENTS</b>	<p>Thank you for giving me an opportunity to review this manuscript. The topic is timely and addressed the need for thorough evaluations that capture the complexity of integration interventions within health and social care. The evaluation protocol draws on some interesting approaches; the overall evaluation protocol is well conceptualized and uses different data sources.</p> <p>However, some sections would benefit from further clarification and I would like to offer a few comments for consideration:</p> <ul style="list-style-type: none"> <li>• Researcher in Residence model: the embeddedness is an interesting component; however, through the description, it didn't become clear what the difference is between an embedded evaluator and an external evaluator that uses participatory and formative evaluation approaches. It would be helpful to have more detail on what constitutes embeddedness in this evaluation. Also, the section is poorly referenced, drawing on one reference only.</li> <li>• Critical discourse analysis/data analysis these sections are quite technical for readers not familiar with CDA; For example, p7 first and last paragraph use a lot of direct quotes (rather than paraphrasing) that make it difficult to read; some of the terms are not sufficiently explained. Consider simplifying these sections to make them easier to understand.</li> <li>• The authors describe in detail their approach to informed consent for interviewing. However, informed consent for observations of participants and non-participants is not discussed. Also, it is not explained what participants and non-participants are.</li> </ul> <p>Minor comments:  P 2 line 42: optimize effectiveness of program objectives - awkward wording  P9, line12: 'unstructured observation will inform development and planning of the project' – it is not clear what project refers to and how observation will inform planning  P11 line 4: Define DHS  P11 line 10: it is not clear what the four levels of context are</p>
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**VERSION 1 – AUTHOR RESPONSE**

Reviewer 1 - Barbara DiCicco-Bloom RN PhD

Comment from Barbara DiCicco-Bloom RN PhD: The authors discuss the selection of 14 sites that were deemed “successful.” What does successful pioneering sites mean? (pg. 3, line 44-45)

Our response: We have clarified the meaning of 'successful' pioneer sites for integrated care (pg. 3, line 44-45)

Comment from Barbara DiCicco-Bloom RN PhD: The authors include the definition of integrative care from the perspective of service users in a quote (pg. 3, line 56-57). I realize that this definition was developed by a representative group but the authors do not give us their take on the definition nor whether they will use it as a guide. I found the definition unhelpful in its abstract form. Is there an operational definition that the authors are using as a guide for their study? Is the point of their study to develop an operational definition of integrated care?

Our response: There are many definitions of integrated care and we make this point in the introduction. We also state that the narrative definition developed by National Voices 'underpins many of the integrated care programmes in progress across the UK, including the Waltham Forest, East London and City (WELC) integrated care pioneer programme which is the focus of the research for which this protocol has been designed.' The point of our study is not to develop an operational definition of integrated care. The 'person centred' definition of integrated care drives the WELC programme and the aims and objectives of the WELC programme are further detailed in the second paragraph of the section entitled 'The Waltham Forest and East London Collaborative Programme'.

Comment from Barbara DiCicco-Bloom RN PhD: In the abstract the authors focus on the fact that no one has explored the processes involved with developing integrative care programs and that the purpose of their work is to explore these processes. The data collection methods especially the participant observation support the focus on process and if conducted comprehensively as described in the protocol, should make an important contribution to the literature.

Our response: We would like to thank the reviewer for their positive comment.

Comment from Barbara DiCicco-Bloom RN PhD: The review of the model, "researcher-in residence" (page 6, line 13-47) is poor. The authors have only one citation with little explanation of its previous use and its contribution to the literature. I put researcher-in-residence into google scholar and several articles that discussed the concept appeared. Three had the word in the title while others discussed the model in the body of the paper. Why did the authors cite only one article and what is the critique of the method? What are the benefits and drawbacks of this approach based on the literature and how did the authors take these into consideration?

Our response: The researcher-in-residence model is a new practical manifestation in health care of existing participative and collaborative research methodologies and hence there is currently very little about the model in existing health care literature. Future research will critique the model and this project is partly being used to develop the model further. We have revised the manuscript and added a small section of text in the 'Researcher in Residence' section to clarify these points and expand the description of the model to further anchor it in related literature.

Comment from Barbara DiCicco-Bloom RN PhD: The discussion on critical discourse analysis is effectively presented, but the authors do not integrate the point of view of CDA into other aspects of this proposal. For example, the focus of CDA is how power dynamics through use of language influence processes and outcomes. Yet, the "Aim" of this study comes across as somewhat neutral in focus. If the authors are using CDA as an analytic tool, then the Aim of their study is to explore power dynamics to understand how the processes of integrating social care and health care are influenced by this dynamic. Do the authors have expertise in using this analysis technique? The focus on CDA would also require an attention to certain interactions and aspects of data collection that could be specified in the proposal.

Our response: The lead author, Laura Eyre, has experience and expertise in using CDA. For the purpose of the evaluation specific concepts from CDA are being used rather than the study representing a full critical discourse analysis. We have clarified this point on page 7 in the first paragraph of the 'Critical Discourse Analysis' section.

Comment from Barbara DiCicco-Bloom RN PhD: The proposal attempts to contribute to our understanding of the integrative processes involved in providing social care and health care in a specific setting. The proposal is important but some of the details about how the authors plan to use these approaches as they collect and analyze their data could be strengthened.

Our response: We thank the reviewer for their comments and hope that the revised manuscript strengthens the protocol.

#### Reviewer 2 – Fiona Aspinal

Comment from Fiona Aspinal: Methods: It would be helpful to know who the researcher in residence will be. Is it someone who is already employed in the WELC or is it a researcher who will have an honorary contract? There might be different ethical implications for these different scenarios (see below).

Our response: The researcher in residence is employed by UCL but has a research passport and agreement with all of the WELC organisations. We have clarified this in the manuscript (pg. 6).

Comment from Fiona Aspinal: Ethics: The authors have indicated that the study has undergone internal ethical review and they explain how they will get consent for interviews. However, it is not clear how consent will be attained from patients whose case is being discussed in front of the researcher at meetings. If the authors argue that consent is not needed in these cases, it would be helpful to provide a summary of the reasons for this (I acknowledge that this might depend on the response to the first point).

Our response: The reviewer raises an interesting issue relating to ethics in participatory research. It is an issue that was not raised when we applied for and were granted ethical approval. We have not set out to listen to or hear patient data as part of the evaluation. The focus of the evaluation is on the working practices, behaviours and relationships between front line staff and clinicians in developing and delivering integrated care. The researcher is constantly working with stakeholders and organisations to keep abreast of emerging ethical issues and challenges. We have addressed this comment further in the manuscript (pg. 10 / pg. 12-13).

Comment from Fiona Aspinal: A comment about having a confidentiality agreement with the transcription service would be helpful.

Our response: We have amended the manuscript as suggested (pg. 13).

Comment from Fiona Aspinal: Study limitations: Although I have ticked 'not applicable' to this question on the check-list because this is a study protocol, I would like to acknowledge that the authors have outlined the limits of the methodological approaches they are taking.

Our response: We would like to thank the reviewer for their positive comment.

Comment from Fiona Aspinal: Editorial issues: There are several grammatical mistakes/typos in the text, but I presume that these will be picked up by the editorial team.

Our response: We have checked the transcript for grammatical mistakes and typos.

#### Reviewer 3 – Esther Suter

Comment from Esther Suter: The topic is timely and addressed the need for thorough evaluations that capture the complexity of integration interventions within health and social care. The evaluation protocol draws on some interesting approaches; the overall evaluation protocol is well conceptualized and uses different data sources.

Our response: We would like to thank the reviewer for their positive comments.

Comment from Esther Suter: Researcher in Residence model: the embeddedness is an interesting component; however, through the description, it didn't become clear what the difference is between an embedded evaluator and an external evaluator that uses participatory and formative evaluation approaches. It would be helpful to have more detail on what constitutes embeddedness in this evaluation. Also, the section is poorly referenced, drawing on one reference only.

Our response: The researcher-in-residence model is a new practical manifestation in health care of existing participative and collaborative research methodologies and hence there is currently very little about the model in existing health care literature. Future research will critique the model and this project is partly being used to develop the model further, particularly in relation to 'embeddedness'. We have revised the manuscript and added a small section of text in the 'Researcher in Residence' section to clarify these points and expand the description of the model to further anchor it in related literature.

Comment from Esther Suter: Critical discourse analysis/data analysis these sections are quite technical for readers not familiar with CDA; For example, p7 first and last paragraph use a lot of direct quotes (rather than paraphrasing) that make it difficult to read; some of the terms are not sufficiently explained. Consider simplifying these sections to make them easier to understand.

Our response: We acknowledge the technicalities of some of the CDA section but would suggest that, as this is a technical area, it does require certain elements to be explained. The protocol has been through a rigorous peer-review process with stakeholders and collaborative partners in WELC and much work has been undertaken in simplifying and clarifying relevant concepts in CDA. We have revised some of the section as suggested re. paraphrasing and direct quotes (pg. 7).

Comment from Esther Suter: The authors describe in detail their approach to informed consent for interviewing. However, informed consent for observations of participants and non-participants is not discussed. Also, it is not explained what participants and non-participants are.

Our response: We have addressed this issue in the manuscript (pg. 12-13). Participant and non-participant refers to the style of observation rather than to research participants. This has been clarified in the manuscript (pg. 9).

Comment from Esther Suter: P 2 line 42: optimize effectiveness of program objectives - awkward wording

Our response: The wording is consistent with programme documents as agreed by WELC stakeholders and collaborative partners

Comment from Esther Suter: P9, line12: 'unstructured observation will inform development and planning of the project' – it is not clear what project refers to and how observation will inform planning

Our response: Project refers to evaluation – this has been amended in the manuscript. Observation will inform the researcher's understanding of the WELC integrated care programme (p.9)

Comment from Esther Suter: P11 line 4: Define DHS

Our response: There is no 'DHS' acronym in the manuscript.

Comment from Esther Suter: P11 line 10: it is not clear what the four levels of context are

Our response: The four levels of context and listed and exemplified on page 11 and are also referenced.