

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Identifying primary care patient safety research priorities in the UK: a James Lind Alliance Priority Setting Partnership
AUTHORS	Morris, Rebecca L.; Stocks, Susan; Alam, Rahul; Taylor, Sian; Rolfe, Carly; Glover, Steven; Whitcombe, Joanne; Campbell, Stephen

VERSION 1 – REVIEW

REVIEWER	Katherine Deane University of East Anglia UK
REVIEW RETURNED	07-Dec-2017

GENERAL COMMENTS	<p>A very interesting and important paper. It would be helpful if the make up of the steering group was more clearly delineated.</p> <p>I think - considering everyone is a patient in primary care at some point - the exclusion of non-clinical researchers and pharma employees etc. needs better justification- because JLA always do it this way is not sufficient.</p> <p>Although the authors state a very broad interpretation of primary care they do not detail how/if they made particular efforts to included views from/about the "outlier" services ie dentistry, pharmacy, ophthalmology etc.</p> <p>It is a shame the authors did not ask about sexual orientation (other than an implicit question regarding transgender). Also they did not ask for participants location - so although it was a national survey I strongly suspect it had a Manchester bias - which is fine - it just needs acknowledging.</p> <p>I would like a copy of the survey to be provided as an online supplement (AND I'd like to be able to read it as a reviewer)</p> <p>I would like a copy of the top 60 priorities to be provided online. (AND I'd like to be able to read it as a reviewer)</p> <p>I think the authors need to expand their consideration of limitations. As well as the poor BME representation, they need to discuss their lack of data on LGBT participation, the lack of involvement from the care home and education and social work sectors - who could have contributed substantially to this survey, the lack of younger adults (and so young parents) is also a limitation.</p> <p>I think if these limitations were better acknowledged and appropriate recommendations for research in these potentially missing populations made I would be much happier.</p>
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REVIEWER	Andrea Hernan
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	Deakin University, Australia
REVIEW RETURNED	12-Dec-2017

GENERAL COMMENTS	<p>Dear authors, This manuscript addresses a very important issue of research priorities in primary care patient safety research. The methods used to uncover these research priorities were inclusive of both patient and professional views and enhances the relevance and credibility of the findings. The top 10 research priorities are useful to a range of stakeholders including the academic and health services communities, government and non-government funding bodies, and patients and carers. The findings will help to target the areas research should be conducted and could become a framework for priority setting in primary care patient safety. I am happy to recommend this manuscript be accepted for publication. I have attached some minor edits to the manuscript. Thank you for the opportunity to review this manuscript. Kind regards, Andrea Hernan</p> <p>The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Reviewer comment: It would be helpful if the make up of the steering group was more clearly delineated.

Authors' response: We have added a 'steering group' sub heading under project initiation and listed the steering group representatives to make it clearer which organisations we worked with.

Reviewer comment: I think - considering everyone is a patient in primary care at some point - the exclusion of non-clinical researchers and pharma employees etc. needs better justification- because JLA always do it this way is not sufficient.

Authors' response: The JLA is an established approach based on the ethos of addressing the imbalance of who sets the research agenda which has typically been academics and the pharmaceutical industry and not patients and clinicians. While we acknowledge all people are potential patients and have included this critique in the limitations of the study, we have also added the following sentence to that critique:

This approach has been adopted, and supported by the NIHR, as it aims to redress the imbalance in setting the research agenda where wider voices have traditionally not been included (i.e. patients and health care professionals) and whilst potentially all citizens are eligible to be users of primary care services it was deemed appropriate to exclude those who may already influence priority setting through funding applications, research projects and other mechanisms.

Reviewer comment: Although the authors state a very broad interpretation of primary care they do not detail how/if they made particular efforts to included views from/about the "outlier" services ie dentistry, pharmacy, ophthalmology etc.

Authors' response: On the steering group we had representatives from services which might be considered "outlier" including the British Dental Association and the Royal Pharmaceutical Society. We did not have representation from ophthalmology which may have reduced ophthalmologists engagement with the survey however our broader advertisements via twitter were not targeted to a specific group and we have included this as a limitation of the study.

We have added the following text to the limitation section:

However, there was limited involvement by some health care professional groups, such as ophthalmologists, care homes and social work sectors as there were no organisations representing this group on the steering group as membership of the steering group was a balance between being inclusive whilst being a manageable size. Further PSPs could work with members from these communities to examine in detail patient safety within these diverse settings. Furthermore, despite working with the LGBT foundation there were fewer questions submitted by members of this community.

Reviewer comment: It is a shame the authors did not ask about sexual orientation (other than an implicit question regarding transgender).

Authors' response: We did ask about sexual orientation in the first survey but not in the subsequent prioritisation exercise. The information has been added to the demographics table. It has also been noted in the limitations section that this information was only collected in the first survey.

We have added the following text to the limitation section:

Information about sexual orientation was only collected at the first survey as it was not going to be used for analysis of the prioritisation results and in consultation with the steering group it was decided not to collect the additional information to encourage engagement with the longer second survey.

Reviewer comment: Also they did not ask for participants location - so although it was a national survey I strongly suspect it had a Manchester bias - which is fine - it just needs acknowledging.

Authors' response: We have acknowledged this as a potential limit to the data in the limitations section although we attempted to address any bias by working with national representatives for healthcare professionals and patients who disseminated the survey through their national network. We have added to the limitations section that we did not ask participants to identify the region that they lived in. We have added the following text to the limitations section:

Furthermore, while participants were asked to identify if they lived in the UK we did not ask which region they were located in and it is possible that one geographical location (for example) Manchester was over represented despite the engagement with national organisations to attempt to overcome this but from the demographic data collected we are unable to identify this.

Reviewer comment: I would like a copy of the survey to be provided as an online supplement (AND I'd like to be able to read it as a reviewer).

Authors' response: We have included this as an online supplement with resubmission.

Reviewer comment: I would like a copy of the top 60 priorities to be provided online. (AND I'd like to be able to read it as a reviewer)

Authors' response: We have included this as an online supplement with resubmission.

Reviewer comment: I think the authors need to expand their consideration of limitations. As well as the poor BME representation, they need to discuss their lack of data on LGBT participation, the lack of involvement from the care home and education and social work sectors - who could have contributed substantially to this survey, the lack of younger adults (and so young parents) is also a limitation.

I think if these limitations were better acknowledged and appropriate recommendations for research in these potentially missing populations made I would be much happier.

Authors' response: We have added the following text to the limitations section:

However, there was limited involvement by some health care professional groups, such as ophthalmologists, care homes and social work sectors as there were no organisations representing this group on the steering group as membership of the steering group was a balance between being inclusive whilst being a manageable size. Further PSPs could work with members from these communities to examine in detail patient safety within these diverse settings. Furthermore, despite working with the LGBT foundation there were fewer questions submitted by members of this community.

Additionally, there was little engagement from younger adults and younger parents, as well as members from black and minority ethnic groups which was a limit of this work. Future work may need to use targeted engagement and involvement approaches to work with members of these groups and future PSPs could focus on identifying priorities for these communities.

Reviewer 2

We have made the suggested typographical and formatting changes that the reviewer suggested apart from the request to start a new paragraph part way through the 3rd paragraph in the discussion as the following sentences refer to the point raised at the start of the paragraph.

Reviewer comment: 'Gender same as at birth' why is this relevant?

Authors' response: This was included to ensure that people who had a different gender than their birth gender were reflected in the question. This was requested by the Lesbian, Gay, Bisexual and Trans Foundation representative based on discussions within their community about questions reflecting different genders.

VERSION 2 – REVIEW

REVIEWER	Dr Katherine Deane University of East Anglia United Kingdom
REVIEW RETURNED	24-Dec-2017
GENERAL COMMENTS	Happy with the amendments. Happy for the paper to be published in its current form.