

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Exploration of pain assessment and management processes in oncology outpatient services with healthcare professionals: a qualitative study
AUTHORS	Robinson, Olivia Claire; Pini, Simon; Flemming, Kate; Campling, Natasha; Fallon, Marie; Richards, Suzanne; Mayland, C; Boland, Elaine; Swinson, Daniel; Hurlow, Adam; Hartup, Sue; Mulvey, Matthew

VERSION 1 – REVIEW

REVIEWER	Delaney, Geoffrey Liverpool Cancer Therapy Centre
REVIEW RETURNED	16-Aug-2023

GENERAL COMMENTS	<p>Thanks for asking me to review this article on pain assessment and management in Northern England. I think overall the paper reads well, the study is of appropriate design and the conclusions were appropriate. I believe that the paper may be enhanced with a few minor changes.</p> <p>A study limitation not mentioned is that the entire sample were taken from Northern England. Perhaps other health systems in the UK or internationally may be different and therefore the findings may or may not be generalisable to other services.</p> <p>Grammar - please check grammar throughout. 3 examples include the first dot point under strengths, on page 15 first line, and on page 19 line 50 - a patients' opportunity should read a patient's opportunity. There may be others so please give it a better review than what was done on submission.</p>
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REVIEWER	Roberts, Natasha The University of Queensland
REVIEW RETURNED	04-Sep-2023

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript. Cancer pain management is a complex phenomenon which impacts clinical care and patient outcomes. It also impacts clinical teams and their work satisfaction. Your findings resonated and this is an important study.</p> <p>I have the following comments: Abstract</p>
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	<p>Lines 28-33, p5: I am surprised that this is the first study to explore in depth pain as it is a cause of emergency presentations. I would suggest that the findings, were more descriptive than in depth.</p> <p>Lines 49-54, p3: can you be more specific rather than a broad term of “our methodological approach”</p> <p>Methods: Generally, can you provide much more detail and granularity about the methods used.</p> <p>Lines 52-55, p6: can you clarify how participants were identified in more detail</p> <p>Lines 14-23, p 8: can you provide some further detail on PPI involvement. Ie., what aspects of design and delivery, how was their input sought and what were their priorities/recommendations. I note later that they referred to additional file 1 – unfortunately I could not see this document, but maybe provide a summary in a text box or similar within the main document</p> <p>17-25, p10: “shared with wider team and PPI to develop review and refine themes” please provide more detail on what is meant by this, how it was done, what was their input and how did they contribute to the final outcome</p> <p>Results: The themes and sub-themes table was not clear - please consider a different format to the table and lay terms/language</p> <p>Discussion: Generally, more attention is needed to highlight the complex nature of pain, and, the tension that comes from many competing priorities of HCPs in a busy outpatient unit</p> <p>lines 38-41, p24, “Implementation of a structured pain assessment used by all HCPs ensure all patients receive a consistent thorough assessment of pain” – this is a broad statement about a very complex phenomenon</p>
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VERSION 1 – AUTHOR RESPONSE

Comments from reviewers	Response to editor
<p>- Please complete a thorough proofread of the text and correct any spelling and grammar errors that you identify e.g. strengths and limitations section: “To our knowledge, this study is the first to qualitative study..” The 2nd bullet point of this section also needs to be split into two sentences.</p>	<p>A thorough proofread has been conducted on the paper. This has addressed the comments from the editor and reviewers related to spelling and grammar errors.</p>
<p>A study limitation not mentioned is that the entire sample were taken from Northern England. Perhaps other health systems in the UK or internationally may be different and therefore the findings may or may not be generalisable to other services.</p>	<p>An additional limitation has been added to strengths and limitations (pg. 16). This is to acknowledge we have used a sample from Northern England and the associated challenges with generalising the findings to other regional or international services.</p>

<p>Grammar - please check grammar throughout. 3 examples include the first dot point under strengths, on page 15 first line, and on page 19 line 50 - a patients' opportunity should read a patient's opportunity. There may be others so please give it a better review than what was done on submission.</p>	<p>A thorough proofread has been conducted on the paper. This has addressed the comments from the editor and reviewers related to spelling and grammar errors.</p>
<p>Abstract Lines 28-33, p5: I am surprised that this is the first study to explore in depth pain as it is a cause of emergency presentations. I would suggest that the findings, were more descriptive than in depth.</p> <p>Lines 49-54, p3: can you be more specific rather than a broad term of “our methodological approach”</p>	<p>P.2. Thank you for highlighting this, we have re-worded the abstract to reflect the descriptive nature of the study.</p> <p>Lines 69-71. p.3 We have re-worded ‘our methodological approach’ to be more specific. This includes recognising our recruitment strategy (i.e. self-referral sampling) may have led to bias. This has also been incorporated into the strengths and limitations section (p.16).</p>
<p>Methods: Generally, can you provide much more detail and granularity about the methods used.</p> <p>Lines 52-55, p6: can you clarify how participants were identified in more detail</p> <p>Lines 14-23, p 8: can you provide some further detail on PPI involvement. I.e., what aspects of design and delivery, how was their input sought and what were their priorities/recommendations.</p> <p>I note later that they referred to additional file 1 – unfortunately I could not see this document, but maybe provide a summary in a text box or similar within the main document</p> <p>17-25, p10: “shared with wider team and PPI to develop review and refine themes” please provide more detail on what is meant by this, how it was done, what was their input and how did they contribute to the final outcome</p>	<p>Lines 132-138 p.56 Added more information about how participants were identified and recruited (i.e. co-applicants embedded within clinician teams emailed study information packs to entire clinical teams)</p> <p>Lines 144-150 p.5. Added additional information that acknowledges how PPI were involved in the design and delivery of the study (i.e., providing feedback on study documents and processes).</p> <p>A supplementary file (Topic guide) was uploaded at the time of submission. We apologise reviewer 2 was unable to see this, we will upload it again.</p> <p>Line 174-176 p6 Provided more detailed information about the refinement and development of themes (i.e., having data analysis meetings to discuss themes and sub-themes)</p>

<p>Results:</p> <p>The themes and sub-themes table was not clear - please consider a different format to the table and lay terms/language</p>	<p>We have edited the layout and content of Table 2 to make the presentation clearer.</p>
<p>Discussion:</p> <p>Generally, more attention is needed to highlight the complex nature of pain, and, the tension that comes from many competing priorities of HCPs in a busy outpatient unit</p> <p>lines 38-41, p24, "Implementation of a structured pain assessment used by all HCPs ensure all patients receive a consistent thorough assessment of pain" – this is a broad statement about a very complex phenomenon</p>	<p>Line 79-84 P.3 We have added a paragraph into the introduction describing the complex nature of cancer pain pathophysiology and the challenging clinical environment in outpatient departments.</p> <p>Line 374-381. P.15. Agreed. We have re-written this paragraph and provided a supporting reference. The paragraph's focus was on the concept of 'diffusion of responsibility in a clinical setting of shared accountability'. We hope our re-write of this paragraph has made this concept clearer.</p>

VERSION 2 – REVIEW

REVIEWER	Roberts, Natasha The University of Queensland
REVIEW RETURNED	13-Oct-2023
GENERAL COMMENTS	Congratulations on this manuscript.

VERSION 2 – AUTHOR RESPONSE