

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Understanding public trust in services provided by community pharmacists relative to those provided by general practitioners
AUTHORS	Wendy, Gidman Paul, Ward Lesley, Mcgregor

VERSION 1 - REVIEW

REVIEWER	Adam Mackridge, Senior Lecturer in Pharmacy Practice, Liverpool John Moores University, UK
REVIEW RETURNED	25-Feb-2012

THE STUDY	Statistical methods are not appropriate in a study of this kind.
GENERAL COMMENTS	<p>This paper outlines an interesting and novel study and is generally well written. The approach taken appears to have uncovered additional explanations for the poor uptake of extended pharmacy services and gives useful ideas to support any further service development</p> <p>Whilst reading the paper, I noted the following points that I feel need addressing.</p> <ol style="list-style-type: none">1. There are some minor typographical errors (additional spaces, rogue capitalisation).2. The COREQ checklist supplied (page 34-36) does not appear to relate to the study reported.3. The statement relating to ICMJE criteria (Page 1) appear to relate to a different study as the individuals names are not listed authors and some of the authors are not referred to.4. IN the abstract (page 3), the authors state "Twenty-six theoretically sampled members of the public...". It may be clearer to refer to "purposively sampled", since this appears to be the approach taken.5. In the abstract and summary, the authors state that improved working relationships between GPs and pharmacists could build trust. I am not sure that this is clear from the study - it appears from the main body of the paper that if GPs were to show greater overt support of pharmacy based services, this may enhance trust, but this may not necessarily follow from improved working relationships.

REVIEWER	Anna Thomas Research Fellow Faculty of Life and Social Science Swinburne University of Technology Melbourne, Australia
-----------------	--

REVIEW RETURNED	08-Mar-2012
------------------------	-------------

THE STUDY	<p>Research aim and research questions need to be stated more clearly in the methodology.</p> <p>Methods used needs more detail in the analysis section - ie how were the themes identified (eg what sort of strategies or tools did you use to code text - did you use a version of open coding or something different?</p> <p>Statistical methods N/A</p> <p>the COREQ used to answer criteria for qualitative studies is very clearly an incomplete cut & paste from another study as it refers to samling of children and different sample numbers. It is therefore impossible to provide any response re this. It needs to be completed correctly and resubmitted.</p>
RESULTS & CONCLUSIONS	<p>No research question/s included - results to appear to answer the very vague para at the end of lit review.</p>
REPORTING & ETHICS	<p>AA this is incomplete and needs to be resubmitted.</p> <p>I would like to see reference to consent forms if used and particularly consent to recording and transcribing of focus group data.</p>
GENERAL COMMENTS	<p>This is a well written study with some interesting findings which I think provides a good contribution to the field. A few additional issues I picked up on are listed below.</p> <p>Author details provided in terms of individual author contributions do not match authors provided in submission. Suggests another incomplete cut & paste. Cut & paste here does makes me query how carefully individual contibutions have been considered.</p> <p>Numerals under 10 should be reported in words rather than numerals.</p> <p>p8, line 54 close parentheses after interpersonal trust.</p> <p>I would like to see the details under 'sample' incorporated under 'participants', I looked for this here. Also I think Table 2 is unnecessary.</p> <p>Something strange happend to you boxes (2 & 3) - the actual box appears to have only enclosed part of the relevant text.</p> <p>Your heading 'risk' in box 2 I think should be underlined not bolded.</p> <p>I understand you are trying to make a link to institutional aspects of trust in the second section of results but I think the theme heading 'Registration and appointment systems' I think would be more appropriately called something like 'Personalised service systems' as I think data discussed this theme relates more to issues of confidentiality and personalised service than registrations/appointments.</p> <p>I also think the 'service settings' theme should be split into two sub-themes as the data indicates to quite separate aspects of the service setting, (a) separation of customers from pharmacists and (b)</p>

	<p>commercial interests versus customer interests (very interesting theme though).</p> <p>Finally I think the final quote under 'the service setting' in box 3 fits better under the currently named 'registration and appointment setting' and rounds that theme out better in terms of evidence of the theme.</p>
--	---

VERSION 1 – AUTHOR RESPONSE

I would like to thank the reviewers for their insightful and helpful comments which have improved this paper. I have addressed all of the reviewers' concerns as outlined below:

From the managing editor:

The summary box is missing a Strengths and Limitations section. There are two contributorship statements that don't match.

Response: I have included strengths and limitations and altered the statements.

Please include the study type in the title.

Response: I have altered the title and it now reads "Understanding public trust in services provided by community pharmacists relative to those provided by general practitioners; a qualitative study".

.

Reviewer: Adam Mackridge, Senior Lecturer in Pharmacy Practice, Liverpool John Moores University, UK:

This paper outlines an interesting and novel study and is generally well written. The approach taken appears to have uncovered additional explanations for the poor uptake of extended pharmacy services and gives useful ideas to support any further service development

Whilst reading the paper, I noted the following points that I feel need addressing.

1. There are some minor typographical errors (additional spaces, rogue capitalisation).

Response: I have carefully checked the paper and removed errors.

2. The COREQ checklist supplied (page 34-36) does not appear to relate to the study reported.

Response: the attached COREQ checklist is from another submission. I have attached another checklist.

3. The statement relating to ICMJE criteria (Page 1) appear to relate to a different study as the individuals names are not listed authors and some of the authors are not referred to.

Response: the ICMJE checklist is also from another submission. I have included the correct checklist.

4. IN the abstract (page 3), the authors state "Twenty-six theoretically sampled members of the public...". It may be clearer to refer to "purposively sampled", since this appears to be the approach taken.

Response: I have altered this to reflect the reviewer's comments.

5. In the abstract and summary, the authors state that improved working relationships between GPs and pharmacists could build trust. I am not sure that this is clear from the study - it appears from the main body of the paper that if GPs were to show greater overt support of pharmacy based services, this may enhance trust, but this may not necessarily follow from improved working relationships.

Response: I have altered this to reflect thereviewer's comments by replaced the statement with

“gaining GP support for extended pharmacy services”.

Reviewer: Anna Thomas
Research Fellow
Faculty of Life and Social Science
Swinburne University of Technology
Melbourne, Australia

Research aim and research questions need to be stated more clearly in the methodology.

Response: This study was exploratory in nature and the analysis was inductive. We have included the following section in the introduction to address this point:

This study aimed to use focus group methodology to explore public perspectives and experiences of community services following policy changes and role expansion. This study aimed to understand the barriers to pharmacist role expansion from the public's perspective. The approach to analysis was inductive with research themes arising from the data. It became clear during data gathering that trust was an important issue.

Methods used needs more detail in the analysis section - ie how were the themes identified (eg what sort of strategies or tools did you use to code text - did you use a version of open coding or something different?)

Response: I have expanded the analysis section to include the following to clarify how data were analysed:

Researchers read the transcripts and familiarised themselves with the content prior to manually coding them. 29;30 Coded sections of transcripts were collated to develop themes. Researchers indexed themes and grouped quotations into thematic areas prior to identifying sub themes.

No research question/s included - results to appear to answer the very vague para at the end of lit review.

Response: I have aimed to clarify research objectives as outlined above in the introduction.

I would like to see reference to consent forms if used and particularly consent to recording and transcribing of focus group data.

Response: I have addressed this point by including the following sentence.

Specifically participants signed consent forms indicating that they understood study objectives, data collection and analysis methods; as well as, consenting to audio recording and data transcription.

the COREQ used to answer criteria for qualitative studies is very clearly an incomplete cut & paste from another study as it refers to sampling of children and different sample numbers. It is therefore impossible to provide any response re this. It needs to be completed correctly and resubmitted.

Response: the attached COREQ checklist is from another submission. I have attached another checklist as per the COREQ checklist..

This is a well written study with some interesting findings which I think provides a good contribution to the field. A few additional issues I picked up on are listed below.

Author details provided in terms of individual author contributions do not match authors provided in submission. Suggests another incomplete cut & paste. Cut & paste here does makes me query how

carefully individual contributions have been considered.

Response: the ICMJE checklist is also from another submission. I have included the correct checklist.

Numerals under 10 should be reported in words rather than numerals.

Response: I have addressed this issue.

p8, line 54 close parentheses after interpersonal trust.

Response: I have addressed this issue.

I would like to see the details under 'sample' incorporated under 'participants', I looked for this here. Also I think Table 2 is unnecessary.

Response: I have brought these two sections together. Table 2 is necessary to explain participant coding.

Something strange happened to you boxes (2 & 3) - the actual box appears to have only enclosed part of the relevant text.

Response: I have included some discussion between participants which are separated from other comments in boxes. I have altered the following section to clarify this.

One of the criticisms levelled at the reporting of findings from focus groups has been that the interaction and discussion is often neglected.³⁹ Therefore, we have aimed to retain some of the discussion in the use of our direct quotations. Discussions between participants are separated in results boxes.

Your heading 'risk' in box 2 I think should be underlined not bolded.

Response: I have altered this.

I understand you are trying to make a link to institutional aspects of trust in the second section of results but I think the theme heading 'Registration and appointment systems' I think would be more appropriately called something like 'Personalised service systems' as I think data discussed this theme relates more to issues of confidentiality and personalised service than registrations/appointments.

Response: I have altered the title in response to the reviewer's comments.

I also think the 'service settings' theme should be split into two sub-themes as the data indicates to quite separate aspects of the service setting, (a) separation of customers from pharmacists and (b) commercial interests versus customer interests (very interesting theme though).

Response: I have altered this section in response to the reviewer's comments.

Finally I think the final quote under 'the service setting' in box 3 fits better under the currently named 'registration and appointment setting' and rounds that theme out better in terms of evidence of the theme.

Response: I have altered this in response to the reviewer's comments.

Version 2 was accepted and not sent for peer review