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)	Delivering Dementia Care Differently. Evaluating the differences and similarities between a specialist medical and mental health unit and standard acute care wards: A qualitative study of family carers' perceptions of quality of care.
AUTHORS	Spencer, Karen; Foster, Pippa; Whittamore, Kathy; Goldberg, Sarah; Harwood, Rowan

VERSION 1 - REVIEW

REVIEWER	Milne, Alisoun University of Kent
REVIEW RETURNED	31-Oct-2013

GENERAL COMMENTS	I think clarity about when a carer is acting as a proxy for the patient and when they are being a respondent in their own right is required; this occasionally becomes muddled.

REVIEWER	Lisby, Marianne Aarhus University Hospital, Centre of Emergency Medicine Research
REVIEW RETURNED	03-Nov-2013

GENERAL COMMENTS	Response to the authors The manuscript focuses an interesting and relevant area in healthcare of how we take care of patients with dementia or delirium in acute care hospitals. In general, I find the manuscript well-written and easy to comprehend. Despite, the findings only represent one hospital; it can be assumed that similar findings could be found in other settings and countries. However, there are some minor issues and questions to be answered which is not obvious when reading the manuscript. These are listed below. On page 2, line 43 (abstract) – you write that participants were recruited into a randomised control trial. Since this is the first place you refer to the RCT, it makes it unclear whether and why you did this qualitative study in a RCT design. I suggest that you briefly address the RCT study in objectives. My main concern is the selection of participants into the study. The number of participants (20) in each group seems to be fixed or decided prior to study start and contradicts the statement at page 8, line 12/13 "Sampling continued until data saturation was achieved during the analysis of key themes". Interestingly, this number was exactly the same in each group. One could assume that data

	saturation would be achieved by a different number of participants. Could you elaborate further on the selection of participants? How were they recruited/invited? Were all invitations send at one time or were they recruited during the interview process? What exactly do you mean by purposively recruitment in this context or study? (page 7,line 39/40) Did you make any strategic sampling regarding the participants relation to the patient recruited in the RCT study e.g. spouse, children (son or daughter), grand children, siblings or any sampling related to gender and age? Could you explain your sampling process or criteria further? In the MMHC group the distribution of participants were – 2 spouses; 13 daughters and 2 sons; 1 brother; 2 grandchildren VERSUS 6 spouses; 6 daughters and 5 sons; 1 sister; 1 grandchild; 1 nephew in the standard care group. Distributed at gender there were only 2 males in the MMHC group versus 6 males in the standard care group! How might these differences in participants affect the answers provided through the interviews? Did you notice any differences in statements from the males compared to females and did children of the patients view the situations differently than spouses? This is particular of interest as you compare the findings from the interviews between the groups and if there are any differences, the finding might lead to wrong conclusions. What was the “scientific” background for the topics selected in the interview-guide (page 7, line47) – were they based on the literature, a decision made by the authors or a combination?

VERSION 1 – AUTHOR RESPONSE

In response to reviewer one’s comments we have changed the communication theme to communication between carers and staff and the communication heading on page 15 to communication between carers and staff to clarify that carers were being respondents in their own right in this section.

As suggested by reviewer two, we have addressed the location of the study alongside an RCT in the abstract objectives by adding ‘This qualitative study complemented the quantitative findings of a randomised controlled trial’. In addition we added a line to the end of the introduction on page 7, explaining that carer experience is both an outcome in itself and a check on the ‘fidelity’ of the intervention.

We would also like to clarify and answer the questions below from reviewer two.

1) My main concern is the selection of participants into the study. The number of participants (20) in each group seems to be fixed or decided prior to study start and contradicts the statement at page 8, line 12/13 "Sampling continued until data saturation was achieved during the analysis of key themes". Interestingly, this number was exactly the same in each group. One could assume that data saturation would be achieved by a different number of participants. Could you elaborate further on the selection of participants? How were they recruited/invited? Were all invitations sent at one time or were they recruited during the interview process?

The sentence about sampling was included carelessly and in error, for which apologies. We included 20 participants from each setting towards the end of the RCT (the last four months) due to delays in recruiting to the qualitative researcher post. We assumed that the tardiness in the University staff recruitment process was prosaic and of little interest to readers, so did not spell this out. The recruitment process has been explained more transparently at the bottom of page 7 under ‘sampling and data collection’.

Fortunately we recruited beyond saturation. We have added a sentence stating this at the beginning of the findings section on page, 9 reading ‘Data saturation of key themes was achieved by interview fifteen (MMHU) and interview eighteen (standard care)’.

2) What exactly do you mean by purposively recruitment in this context or study? (page 7,line 39/40) Did you make any strategic sampling regarding the participants relation to the patient recruited in the RCT study e.g. spouse, children (son or daughter), grand children, siblings or any sampling related to gender and age? Could you explain your sampling process or criteria further?

The sampling and recruitment process has been clarified as in answer to point 1). We have removed the wording ‘purposively sampling’ on page 2 and page 7. Due to time constraints consecutive recruitment was conducted. We were unable to make any strategic sampling regarding any potential differences in responses across the sample i.e. age, gender or relationship to the patient. This would have been an interesting addition to the qualitative study but was beyond the scope of the research.

3) In the MMHC group the distribution of participants were - 2 spouses; 13 daughters and 2 sons; 1 brother; 2 grandchildren VERSUS 6 spouses; 6 daughters and 5 sons; 1 sister; 1 grandchild; 1 nephew in the standard care group. Distributed at gender there were only 2 males in the MMHC group versus 6 males in the standard care group! How might these differences in participants affect the answers provided through the interviews? Did you notice any differences in statements from the males compared to females and did children of the patients view the situations differently than spouses? This is particular of interest as you compare the findings from the interviews between the groups and if there are any differences, the finding might lead to wrong conclusions.

We did not find any systematic difference between participants of different gender or relationship, but numbers were too small to study this systematically. The main aim of the study was to compare participants’ general comments about the quality of care they perceived their family member received whilst in hospital and explore the differences and similarities across the two settings. Exploring differences in such a strategic way would have meant continuing sampling over a longer period of time to ensure that similar numbers of spouses, daughters, sons, grandchildren etc. where recruited from both settings.

4) What was the "scientific" background for the topics selected in the interview-guide (page 7, line 47) - were they based on the literature, a decision made by the authors or a combination?

Initially topics were selected from the literature and subsequent topics were added if further issues arose during face-to-face interviews with participants. This is now stated on page 8.