

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	'Just another vial...': A qualitative study to explore the acceptability and feasibility of routine blood-borne virus testing in an emergency department setting in the UK
<b>AUTHORS</b>	Cullen, Lucy; Grenfell, Pippa; Rodger, Alison; Orkin, Chloe; Mandal, Sema; Rhodes, Tim

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Professor Rebecca Bennett University of Manchester UK
<b>REVIEW RETURNED</b>	13-Sep-2018

<b>GENERAL COMMENTS</b>	<p>This is a really interesting paper and study. I cannot comment on the quality of actual study and assume another reviewer will be addressing this. It is important that the small sample was addressed and it has been adequately.</p> <p>The minor suggestions are suggested to give the paper great impact. These area as follows:</p> <p>1) Be clearer from the outset about the aims of the study - what was the question driving this study? It seems to me that you were wanting to gauge the public's response to this initiative to inform further expansion of this kind of routine out out testing. If you make this clearer from the outset it will really bring readers in.</p> <p>2) Be clearer about what you have got out of this study. At times the writing is a bit difficult to follow for the non-specialist and therefore the your findings are sometimes not as clear as they might be. This is particularly evident in the conclusion section of the abstract that could be much clearer about what this conclusion is. There area also few other places where the non-specialist would find following the discussion more difficult.</p> <p>It would be really great to reach a non-specialist audience with this study so just ensuring that the aims and outcomes of this study are clearer would really improve its impact.</p> <p>One final thing to consider but that is not essential. It seems to me that what this study does is raises a number of questions and considerations that might be addressed by anyone considering whether and how to implement this kind of routine testing. Identifying what these questions and considerations are very clearly might also be a really valuable outcome of this study for policy makers, ethicists etc. As an ethicists myself this is the particularly interesting aspect of this paper and one that could be made more of.</p>
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<b>REVIEWER</b>	Limin Mao UNSW Sydney Australia Prof. Tim Rhodes holds a conjoint academic position in the Centre for Social Research in Health UNSW where I am based.
<b>REVIEW RETURNED</b>	18-Sep-2018

<b>GENERAL COMMENTS</b>	This paper is well-written. It taps into an area of interest not only to the HIV epidemic but the general prevention/intervention integrated into treatment and care. In this paper, the authors discussed various aspects of introducing routine HIV testing (opt-out) in the emergency department acute care settings. By mainly following a socio-medical approach of data analysis, the authors provided a balanced view of how this practice was perceived/reflected by patients and clinicians. The context of intervention amidst acute care (e.g., time, location) was also clearly articulated. Overall this paper offers valuable insights into how prevention and treatment could be integrated in the pursuit of ending HIV in countries with the potential.
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<b>REVIEWER</b>	Karen Bell The University of North Texas Health Science Center, USA
<b>REVIEW RETURNED</b>	31-Oct-2018

<b>GENERAL COMMENTS</b>	does literature exist that supports the lack of qualitative research regarding BBV testing? If so- I would recommend citing the lack of research in the field during your introduction.  In the Methods- why did you operate as "no news is good news"? Also in Methods- what was the timeframe when the interviews were conducted (one month, two months, etc...).Provide more detail about what was asked. Was there any theory that drove the work that was done.  Be clearer about your research questions.
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Professor Rebecca Bennett

This is a really interesting paper and study. I cannot comment on the quality of actual study and assume another reviewer will be addressing this. It is important that the small sample was addressed and it has been adequately.

Thank you for your review of the paper – your comments have been particularly helpful in identifying ways to improve the work to make it more accessible to a wider audience, which has always been a critical objective of both the study and the article. Please see below for our responses to your individual suggestions:

1) Be clearer from the outset about the aims of the study - what was the question driving this study? It seems to me that you were wanting to gauge the public's response to this initiative to inform further expansion of this kind of routine opt out testing. If you make this clearer from the outset it will really bring readers in.

Response: We have amended the final sentence of the objectives section of the abstract as follows to make clearer the primary aims of the study:

'This paper presents findings from a qualitative study which aimed to explore the acceptability and feasibility of a routine opt-out combined blood-borne virus testing intervention implemented at an inner London ED.'

We have also amended the final sentences of the introduction (p6), making specific reference to informing any future roll-out of the intervention. This now reads as follows:

'This study aimed to explore the acceptability and feasibility of a combined HIV, HCV and HBV routine opt-out testing initiative delivered to adult patients receiving routine bloods as part of their emergency care, from the perspectives of emergency department patients and staff. The work offers a theoretically driven examination of intervention practice and experience alongside an applied value to inform any potential expansion of the test initiative.'

2) Be clearer about what you have got out of this study. At times the writing is a bit difficult to follow for the non-specialist and therefore the your findings are sometimes not as clear as they might be. This is particularly evident in the conclusion section of the abstract that could be much clearer about what this conclusion is. There area also few other places where the non-specialist would find following the discussion more difficult.

It would be really great to reach a non-specialist audience with this study so just ensuring that the aims and outcomes of this study are clearer would really improve its impact.

Response: We have made substantial edits to the abstract conclusion which now reads as follows:

Study findings demonstrate how relational and spatial dynamics specific to the ED setting shape test-meaning and engagement. We found acceptability of the test practice was articulated through narratives of situated responsibility, with the value of the test offset by perceptions of health-need and justification of the test expense. Participant accounts indicate the non-targeted approach of the test to afford a productive disruption to 'at risk' identities, yet also reveals limits to the test-interventions' 'normalising' effect. Evaluation of the intervention must attend to the situated dynamics of the test practice if the opportunities of an opt-out BBV test procedure are to be fully realised. Findings also highlight the critical need and to further evaluate post-test intervention practices and experiences.

In addition we have also made minor edits throughout the findings and discussion sections of the paper, to clarify the key messages using more accessible language for non-specialist readers. All such revisions are highlighted in tracked changes within the resubmitted manuscript.

3) One final thing to consider but that is not essential. It seems to me that what this study does is raises a number of questions and considerations that might be addressed by anyone considering whether and how to implement this kind of routine testing. Identifying what these questions and considerations are very clearly might also be a really valuable outcome of this study for policy makers, ethicists etc. As an ethicists myself this is the particularly interesting aspect of this paper and one that could be made more of.

Response: We strongly agree with your observation relating to both the significance and interest of the ethical questions arising from the study. This was something that was discussed across the team over the course of the study fieldwork, analysis and write-up. The collective response was that

detailed identification and discussion of these questions and their implications – given that they are quite extensive – warranted an independent paper that could fully accommodate the degree of discussion that the topic evidently deserved. It was therefore decided that this submitted paper would focus more directly on the findings relating to intervention practice/logistics/experience, highlighting implications for ethics and policy within the narrative of the analysis as the paper affords (for example potential presence of family members p10; complex, pressurised clinic situations p11; appropriateness of ED site p13; implications for patients negotiating potential positive p12; demands on already over-stretched resources p11). It was hoped that a second, complementary paper where examination of ethical considerations could take the primary focus of the article would be written, insofar as research funding/resources permit.

Reviewer: 2

Reviewer Name: Limin Mao

This paper is well-written. It taps into an area of interest not only to the HIV epidemic but the general prevention/intervention integrated into treatment and care. In this paper, the authors discussed various aspects of introducing routine HIV testing (opt-out) in the emergency department acute care settings. By mainly following a socio-medical approach of data analysis, the authors provided a balanced view of how this practice was perceived/reflected by patients and clinicians. The context of intervention amidst acute care (e.g., time, location) was also clearly articulated.

Overall this paper offers valuable insights into how prevention and treatment could be integrated in the pursuit of ending HIV in countries with the potential.

Response: Thank you for taking the time to review the paper, no specific comments to address.

Reviewer: 3

Reviewer Name: Karen Bell

Response: Thank you for your review of the paper. Please see below for our responses to your individual suggestions.

1) Does literature exist that supports the lack of qualitative research regarding BBV testing? If so- I would recommend citing the lack of research in the field during your introduction.

Response: Insofar as we have gauged through literature searches to review existing work in the field, we feel there to be an emerging body of qualitative research in BBV testing in high-income settings – in response to continued concerns of late diagnosis – which we have sought to include and discuss in the introductory material. There is a larger body of work in the area of HIV testing, with recent qualitative work examining novel testing initiatives in the UK (for example Witzel on HIV self-testing) alongside clinic-based initiatives (Burns, Philips). Literature on Hepatitis testing is more limited (Harris, Datta offering UK studies). We felt there to be a lack of qualitative literature on BBV testing in the ED setting in the UK – both HIV and Hep B and C – that explored patient perspective (current ED HIV-testing literature largely US-based publications, Christopoulos.)

We therefore tried to collate and assimilate these different bodies of extant qualitative research across the different aspects of the BBV testing domain – and thus positioning this study in relation to existing works. As such we do not have specific references relating to the lack of qualitative studies across the BBV field more generally. We hope that this sufficiently responds to your query.

2) In the Methods- why did you operate as "no news is good news"?

Response: the 'no news is good news' was the policy operated by ED staff in relation to the test-intervention. While it was a dimension of the intervention we explored with study participants during

their interviews, the research team were not involved in decisions around aspects of intervention procedure that were in operation prior to the commencement of the research project. The study thus examines responses to and experiences/acceptability of intervention components

3) Also in Methods- what was the timeframe when the interviews were conducted (one month, two months, etc...).

Response: Interviews were conducted between May-August 2016, as detailed on p6.

4) (methods) Provide more detail about what was asked.

Response: On p.7, we list all topics explored during interviews. We have amended the introductory statement ("Interview participants were asked about:") to clarify this:

'Interview participants were asked about: views and (where applicable) direct experiences of the test intervention; previous test experiences and current test practices; knowledge and awareness of HIV, HCV and HBV viruses, transmission-risks and treatments; felt and perceived barriers and facilitators to BBV testing; and the felt appropriateness of the emergency department as a site for testing.'

We hope that this provides sufficient detail.

5) Was there any theory that drove the work that was done?

Response: The analysis was inductive, grounded in the data, drawing on relevant theoretical literature when moving from participant descriptions to conceptually-driven categories. The relevant concepts are outlined in the introduction (p. 6) and we have added a sentence (underlined, below) to the methods section (p. 8) to explain how they informed our analysis:

Secondary-level thematic coding was later conducted across the full dataset to further fracture the data and allow for the development of conceptually-driven categories, drawing on relevant theoretical literature, particularly in relation to notions of responsabilisation and biological citizenship [50-55]".

6) Be clearer about your research questions.

As outlined above in response to Reviewer 1, we have signposted the aims of the study more explicitly, both in the abstract (objectives) and at the end of the introduction.

We have amended the final sentence of the 'objectives' section of the abstract to make this clearer:

'This paper presents findings from a qualitative study which aimed to explore the acceptability and feasibility of a routine opt-out combined blood-borne virus testing intervention implemented at an inner London ED.'

We have also amended the final sentences of the introduction (p6), making specific reference to informing any future roll-out of the intervention. This now reads as follows:

'This study aimed to explore the acceptability and feasibility of a combined HIV, HCV and HBV routine opt-out testing initiative delivered to adult patients receiving routine bloods as part of their emergency care, from the perspectives of emergency department patients and staff. The work offers a theoretically driven examination of intervention practice and experience alongside an applied value to inform any potential expansion of the test initiative.'

We would like to thank you for considering our re-submission and we look forward to hearing from you.