

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Eye care delivery models to improve access to eye care for Indigenous peoples in high income countries: protocol for a scoping review
AUTHORS	Burn, Helen; Black, Joanna; Harwood, Matire; Gordon, Iris; Burnett, Anthea; Hamm, Lisa; Evans, Jennifer; Ramke, Jacqueline

VERSION 1 - REVIEW

REVIEWER	Benoit Tousignant Université de Montréal School of Optometry Montréal, Quebec Canada
REVIEW RETURNED	19-Feb-2019

GENERAL COMMENTS	Very interesting topic, much need research. Minor comments: In Data Items (page 6): a) in 2a, perhaps include some historical description of the context (i.e. established project with many years since implementation vs. new or pilot project) - in the absence of any M&E data (which will probably be frequent, unfortunately), could serve as a proxy for programme sustainability/continuity, although an imperfect one. b) section 2c, authors should consider including inputs pertaining to language and translation: is there a language barrier in a model's Indigenous population (e.g. Inuktitut for some Canadian Inuit children and elders) and if so, are there translation services included in the model? Type/quality of translation may vary considerably and link to 2e (Levesque's Appropriateness and Acceptability) c) also for 2c, HR inputs should be quantified (i.e. number of health care professionals involved, frequency of HCP visits, etc.) as well as qualified (type of HCP: nurse, MD, optom, ophthal, optician, etc.)
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REVIEWER	Alexa McArthur Joanna Briggs Institute University of Adelaide South Australia
REVIEW RETURNED	27-Feb-2019

GENERAL COMMENTS	Well done to the authors for a very well constructed protocol to conduct a scoping review on this very important topic within
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	<p>Indigenous healthcare. I found one minor detail - in the manuscript you have referenced 8 as the PRISMA-ScR, but in the reference list it is 11. There are two additional publications which might be useful to consider as you conduct this scoping review. 1. Harfield S, Davy C, et al. Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. <i>Globalization and Health</i>. 2018; 14:12. 2. Davy C, Harfield S, et al. Access to primary health care services for Indigenous peoples: A framework synthesis. <i>International Journal for Equity in Health</i>, 2016. 15;163.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. In Data Items (page 6):

a) in 2a, perhaps include some historical description of the context (i.e. established project with many years since implementation vs. new or pilot project) - in the absence of any M&E data (which will probably be frequent, unfortunately), could serve as a proxy for programme sustainability/continuity, although an imperfect one.

duration of model was added.

2. b) section 2c, authors should consider including inputs pertaining to language and translation: is there a language barrier in a model's Indigenous population (e.g. Inuktitut for some Canadian Inuit children and elders) and if so, are there translation services included in the model? Type/quality of translation may vary considerably and link to 2e (Levesque's Appropriateness and Acceptability)

The underlined addition was made:

...facilities/location, ophthalmic equipment, language of delivery [including translation if appropriate]);

3. c) also for 2c, HR inputs should be quantified (i.e. number of health care professionals involved, frequency of HCP visits, etc.) as well as qualified (type of HCP: nurse, MD, optom, ophthal, optician, etc).

The underlined addition was made:

What service inputs were modified in the model? (e.g. human resources [number, cadre, frequency of service], medicines

Reviewer: 2

4. I found one minor detail - in the manuscript you have referenced 8 as the PRISMA-ScR, but in the reference list it is 11.

Thank you for identifying this error, we have amended the reference number.

5. There are two additional publications which might be useful to consider as you conduct this scoping review.

1. Harfield S, Davy C, et al. Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. *Globalization and Health*. 2018; 14:12.

2. Davy C, Harfield S, et al. Access to primary health care services for Indigenous peoples: A framework synthesis. *International Journal for Equity in Health*, 2016. 15:163.

Thank you for this suggestion, we will look at both of these.