PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Motivation, challenges and realities of volunteer community cardiac arrest response: A qualitative study of 'lay' community first responders
AUTHORS	Barry, Tomás; Guerin, Suzanne; Bury, Gerard

VERSION 1 - REVIEW

REVIEWER	Bridie Evans School of Medicine, Swansea University, Wales, UK
REVIEW RETURNED	31-Jan-2019

GENERAL COMMENTS	I am confused by the justification for the paper. Although the authors cite literature claiming that community first responders do help save lives in cases of out of hospital cardiac arrest, these papers appear to be from outside Ireland. Even though there are more than 500 CFR schemes in Ireland, it is unclear how many OHCAs are attended by CFRs (possibly very few – p6 says '...a rare event...' - or most CFRs attend very few?). This begs the question whether the CFR scheme actually works in Ireland, where the distinctively rural characteristics are very different from other countries in Europe where CFRs are well established. If we don't even know whether CFR works, what justification is there for exploring members' experiences? A paper reporting numbers of CFRs, OHCAs, OHCAs attended by CFRs, survival rates etc is needed. I can't see it in the list of references but apologies if I have missed this. A stronger justification for the study is needed. Nevertheless, I can see that there may be an argument for exploring some of the implementation issues as part of understanding how the scheme works in different geographic and socio-demographic contexts. In that sense, I don't feel the authors make the most of the particular context that this study comes from and the wider messages. For that reason, I think it would be a more informative and relevant paper if the authors were to concentrate on just some of the data in Domain 2. If this paper were to focus on organisational/scope of practice/relationship with health services, they may then wish to write an additional paper reporting Domain 1 findings exploring motivation for participating in Ireland, compared to other contexts. The experiences of members could go in the Domain 1 paper, while the aspects concerning management/implementation (such as need for emotional support, different motivations for volunteering, recruiting and retaining volunteers) could sit in the Domain 2 paper. These arrangements are suggestions and the authors may feel other arrangements are more logical. However, I wish to prompt consideration of how to make the most of the data and how to present it most informatively. This may help clarify the key messages.

	I have questions about the sampling process which, although described as purposive, doesn't appear to have followed that method since no criteria were listed in the sampling strategy adopted to identify 15 CFR groups. 'Random' (p7) is not 'purposive' (p6). Since 15 CFR teams is a very small proportion of 500 teams, it would be helpful to understand the selection approach. Did the authors direct CFR Ireland? How did the authors reflect geography (N/S/E/W), rural/urban/inland/coastal characteristics, different socio-economic levels? Also, respondents appear to be mainly managers. Again, was there a stratified approach to selecting individuals (levels of experience, time in the team, day job etc). Reporting results The authors have made a strong effort to present a lot of data within the results section. I am not familiar with the method of using tables to report themes and quotations. Overall, I don't find it a satisfactory way of thoroughly exploring the richness and the nuance of respondents' views. Neither do I find the thematic map adds to my understanding, since the relationship between facets is not explored. It is unclear how quotations have been selected and why some themes have more quotations than others. Do some themes generate more comment? How much divergence is there amongst respondents? This is not reported at present. Many of the themes and quotes raise more questions than they answer since the text does not explore at any depth what is being reported. This is partly a consequence of too much data and too broad an aim for the paper. I suggest results are presented narratively with quotations included to illuminate and expand. I think this would be more digestible and also more rewarding for the reader. The structure of the two domains is based on the objectives and the structure of the interview schedule and not derived from the data which would be in line with the phenomenological and thematic approaches underpinning the method. The actual themes are likely to be more closely in line with some of those described as sub-themes, such as 'Dilemmas', or a merging of some of those, such as 'skills and qualities' and 'relationships'. In that sense, the analysis appears to require some further work. Domain 1 results The tense switches between present and past which makes this section difficult to follow. It should be past, since results report what respondents said, rather than present which suggests the authors are recounting a series of facts. There are areas which could be explored further and, for this reader, several unanswered questions. One of these is whether any of these respondents were 'blue light junkies'? It is unlikely any would admit to this, which raises questions about how much probing was undertaken. Also, how do the events causing psychological distress affect motivation? Domain 2 This section contains an enormous quantity of data, so much of which deserves a lot more exploration. I have mentioned elsewhere that I feel much of this section should stand more fully on its own. Role of a CFR It would be helpful to have a section describing the role of a CFR – that is, what is the intervention being explored in this paper. The

	brief information provided focuses on providing support in the event of cardiac arrest. The results provide more information which it is difficult to make sense of from the introductory section. Table 2 reports a number of other roles, including community engagement and supporting other members. Is this core or extra volunteering opportunities? Also, clarification on which members have managerial responsibility (and what those are) and which are volunteers (and what their roles and responsibilities are). Conclusion Some new information about technological advances is mentioned in the conclusion, the first time this is mentioned in the paper. In that sense, it confuses what should be a short paragraph drawing together the message of the paper. But it also emphasises the need to be clearer about the message of the paper, since recruitment is a very minor element of the results, so it is unclear why this has been included at this point.

REVIEWER	Conrad A. Bjørshol Stavanger University Hospital.
REVIEW RETURNED	02-Feb-2019

GENERAL COMMENTS	The study is well performed and the manuscript is well written. I do miss a discussion on the selection bias: most participants had a senior role. How could the findings be if minor participants or previous members of the CFR system were interviewed?

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Thank you for the opportunity to review this paper which concerns a very interesting topic. Congratulations to the authors on undertaking this study and collecting a wealth of informative and illuminating data.

Thank you for your detailed review and positive comments regarding the significance of the data obtained.

Infact, I feel the authors are not doing justice to the data they have collected and, with some restructuring and refocusing, this paper could be considerably stronger. Overall, I think the authors have set too broad an aim for the paper and are trying to squeeze too much of the interview data into the paper.

Thank you for your comment. Our manuscript endeavors to accurately report the methodology and findings of a focused study that examined two key issues.

Motivation to participate in out-of-hospital OHCA community first response (CFR)

Reality of experience of providing OHCA CFR care

This research area and its findings have not been explored in any detail to date. For this reason the methodological design described was undertaken and we consider it most appropriate to report this research as one comprehensive paper.

We fully agree with the reviewer that the findings represent a complex breath of themes. This in itself is a very significant finding as heretofore CFR has been conceptualized as a basic level of care.

As you rightly comment below – this research raises more questions than provides answers. This is an accurate reflection of the findings of our thematic analysis and reflects the data obtained. Follow on further research that examines the specific themes and issues raised in more depth is needed and is ongoing.

I am confused by the justification for the paper. Although the authors cite literature claiming that community first responders do help save lives in cases of out of hospital cardiac arrest, these papers appear to be from outside Ireland. Even though there are more than 500 CFR schemes in Ireland, it is unclear how many OHCAs are attended by CFRs (possibly very few – p6 says '...a rare event...' - or most CFRs attend very few?). This begs the question whether the CFR scheme actually works in Ireland, where the distinctively rural characteristics are very different from other countries in Europe where CFRs are well established. If we don't even know whether CFR works, what justification is there for exploring members' experiences? A paper reporting numbers of CFRs, OHCAs, OHCAs attended by CFRs, survival rates etc is needed. I can't see it in the list of references but apologies if I have missed this. A stronger justification for the study is needed.

Thank you, we agree that data concerning CFR activity levels and outcomes are of great importance. Despite the fact that many CFRs schemes are in existence in Ireland and CFRs are already dispatched to OHCA, as stated in the paper no data are currently available from the National Ambulance Service, which oversees their deployment. CFR Ireland is a forum made up of CFR groups and volunteers who participate in a busy annual conference – however CFR Ireland has no operational role in the deployment of volunteers and no access to clinical data.

Our group is a core member of a HRB funded research initiative to explore this issue and to embed CFR data collection within routine OHCA data collection in Ireland.

We draw your attention to the following section

''Despite the observation that CFRs are established as a key element of OHCA response in Ireland and over 500 individual response schemes (including approximately 200 lay CFR groups) are now in place, virtually no data is available concerning CFR activities. Research in this area is urgently required''.

The fundamental rationale for proceeding with this research is that CFRs are already being mobilized to OHCA. Despite this observation almost nothing is currently known about this clinical intervention in Ireland and little is reported elsewhere. Our research begins to address this data gap.

Nevertheless, I can see that there may be an argument for exploring some of the implementation issues as part of understanding how the scheme works in different geographic and socio-demographic contexts. In that sense, I don't feel the authors make the most of the particular context that this study comes from and the wider messages. For that reason, I think it would be a more informative and relevant paper if the authors were to concentrate on just some of the data in Domain 2. If this paper were to focus on organisational/scope of practice/relationship with health services, they may then wish to write an additional paper reporting Domain 1 findings exploring motivation for participating in Ireland, compared to other contexts. The experiences of members could go in the Domain 1 paper, while the aspects concerning management/implementation (such as need for emotional support, different motivations for volunteering, recruiting and retaining volunteers) could sit in the Domain 2 paper. These arrangements are suggestions and the authors may feel other

arrangements are more logical. However, I wish to prompt consideration of how to make the most of the data and how to present it most informatively. This may help clarify the key messages.

We appreciate your suggestion and have given it significant consideration.

Ultimately it is our position that it is more appropriate that our paper contain both the results of thematic analysis relating to CFR motivation and experience as this reflects the research project's specific aims, its conduct and importantly the primary data obtained.

Little or no existing data has considered OHCA CFR motivation and experiences – issues which cut to the heart of the sustainability and resilience of any volunteer activity. Together the results of these elements represent important considerations for the organisation and delivery of OHCA CFR interventions.

I have questions about the sampling process which, although described as purposive, doesn't appear to have followed that method since no criteria were listed in the sampling strategy adopted to identify 15 CFR groups. 'Random' (p7) is not 'purposive' (p6). Since 15 CFR teams is a very small proportion of 500 teams, it would be helpful to understand the selection approach. Did the authors direct CFR Ireland? How did the authors reflect geography (N/S/E/W), rural/urban/inland/coastal characteristics, different socio-economic levels? Also, respondents appear to be mainly managers. Again, was there a stratified approach to selecting individuals (levels of experience, time in the team, day job etc).

Thank you. We have provided more detail about the sampling process to further clarify.

Clarifying approx. 200 lay CFR groups exist

Clarifying our specific request to CFR Ireland 'In order to gain a spread of perspectives and experience the research team specifically requested that CFR Ireland help recruit 'twelve CFRs with experience of OHCA response from four different geographical areas'

Clarifying how CFR Ireland reported they selected the groups – CFR Ireland contacted fifteen geographically disparate CFR groups on behalf of the research team. Selection of groups was a matter for CFR Ireland who reported to the research team that they 'selected groups and individuals based on urban or rural, large or small, very busy or not so busy, gender mix and attempting to give a national spread.' CFR Ireland reported they contacted 15 groups to increase the likelihood of ultimately a good spread of 12 different CFRs.'

To our minds this suggests that CFR Ireland made reasonable efforts to obtain a spread of participants for our research.

Reporting results

The authors have made a strong effort to present a lot of data within the results section. I am not familiar with the method of using tables to report themes and quotations. Overall, I don't find it a satisfactory way of thoroughly exploring the richness and the nuance of respondents' views. Neither do I find the thematic map adds to my understanding, since the relationship between facets is not explored.

Thank you for your comments.

The themes presented within the results section reflect the thematic analysis undertaken and repersent units of patterened meaning present across the data set, with importance in meaning in relation to our two research questions.

We agree fully with the reviewer that there is a significant breadth of data here, however we are satisfied that this observation reflects the primary data obtained, the thematic analysis process as outlined and the reality of the breadth and complexity of themes identified.

The thematic map illustrates how an overarching theme of complexity permeates the interview content. Following a robust attentiveness to the methodological principles outlined by Braun and Clarke we are satisfied that the overarching thematic map and follow on themes/ subthemes reflects a coherent analysis of the primary data.

The decision to provide the themes and subthemes alongside supporting evidence (quotations from the data sat) in tabular format was a considered one. It reflects the findings of our thematic analysis in the breadth and complexity of resulting themes and subthemes. In the context of such complexity the tables allow readers to gain a sense of the overall data and its analysis in an efficient way. Our key target audience for this work is made up of clinicians, policy makers and volunteer agencies with responsibility for the organisation of cardiac arrest response systems. The tables allow such groups easy access to the findings of the research which are further explored in the written sections. We appreciate and have considered the reviewer's suggestion relating to the tables but are of the opinion for the reasons outlined that the paper is stronger with these retained.

We fully agree that further exploration of the nuanced issues raised by many of the themes will be important going forward, however this requires further follow on research. This is in progress.

It is unclear how quotations have been selected and why some themes have more quotations than others. Do some themes generate more comment?

As now stated quotations were selected to provide exemplar evidence of a theme/ subtheme within the primary data. One to two quotations have been selected per theme/ subtheme. As with all qualitative research the level of comment varied somewhat between themes, however themes were apparent across the data set.

How much divergence is there amongst respondents? This is not reported at present.

Divergence occurred but was not a frequent feature of the data set and analysis.

Divergence is in fact already reported where it was identified within specific themes. For instance around the suitibility of 'blue light junkies' as CFRs;

"A minority population of those that volunteer appear to be motivated by the dramatic elements of emergency care. One participant termed this group 'Blue Light Junkies'. Most participants appeared to have an awareness of this volunteer type and some considered their attributes to be incompatible with the calm affect and strong interpersonal skills considered necessary for the CFR role"

and around CFR scope of practice;

"Conflicting opinions existed re the CFR scope of practice"

Many of the themes and quotes raise more questions than they answer since the text does not explore at any depth what is being reported. This is partly a consequence of too much data and too broad an aim for the paper. I suggest results are presented narratively with quotations included to illuminate and expand. I think this would be more digestible and also more rewarding for the reader. The structure of the two domains is based on the objectives and the structure of the interview schedule and not derived from the data which would be in line with the phenomenological and thematic approaches underpinning the method. The actual themes are likely to be more closely in line with some of those described as sub-themes, such as 'Dilemmas', or a merging of some of those,

such as ‘skills and qualities’ and ‘relationships’. In that sense, the analysis appears to require some further work.

We agree fully with the reviewer that many themes raise questions rather than providing definite answers. This speaks to the key value of this qualitative research exercise in generating important hypotheses for further research.

The breadth and complexity of themes described is a reflection of the richness of data obtained, the in-depth thematic analysis methodological process undertaken and ultimately the reality of the breadth and complexity of CFR as described by participants.

In relation to the reviewer’s comments and suggestions relating to the specific structure of themes and subthemes, we must be clear that we are confident having had access to the primary data and having engaged in the comprehensive thematic analytic process supported by an ongoing reflexive element that the results as presented are a robust reflection of the primary data and its analysis. Ultimately we agree that many of the themes require more exploration, however in order to achieve this further research exercises are required requiring further data collection. In the setting of little to no previous research in this area the findings of the themes as presented are very significant and have immediate implications for health systems that deploy CFRs to OHCA.

Domain 1 results

The tense switches between present and past which makes this section difficult to follow. It should be past, since results report what respondents said, rather than present which suggests the authors are recounting a series of facts.

Thank you. Past tense is now used throughout

There are areas which could be explored further and, for this reader, several unanswered questions. One of these is whether any of these respondents were ‘blue light junkies’? It is unlikely any would admit to this, which raises questions about how much probing was undertaken. Also, how do the events causing psychological distress affect motivation?

We agree fully that specific areas require further exploration and highlight that the initial research exercise outlined in this paper is both the catalyst and the starting point for further exploration of these specific areas.

Domain 2

This section contains an enormous quantity of data, so much of which deserves a lot more exploration. I have mentioned elsewhere that I feel much of this section should stand more fully on its own.

Thank you. Please see our previous comments.

Role of a CFR

It would be helpful to have a section describing the role of a CFR – that is, what is the intervention being explored in this paper. The brief information provided focuses on providing support in the event of cardiac arrest. The results provide more information which it is difficult to make sense of from the introductory section. Table 2 reports a number of other roles, including community engagement and supporting other members. Is this core or extra volunteering opportunities? Also, clarification on which members have managerial responsibility (and what those are) and which are volunteers (and what their roles and responsibilities are).

The role of the CFR (as understood prior to the novel findings of this current study) namely the provision of early basic life support comprising CPR & defibrillation is now clearly stated in the introduction. The crux of the findings of this paper is that in reality our results suggest CFR is not at all 'Basic' and involves complex multifacted holistic care underpined by sophisticated structures.

All CFR activities are volunteer based, some CFRs take on additional volunteer roles coordinating activities.

Conclusion

Some new information about technological advances is mentioned in the conclusion, the first time this is mentioned in the paper. In that sense, it confuses what should be a short paragraph drawing together the message of the paper. But it also emphasises the need to be clearer about the message of the paper, since recruitment is a very minor element of the results, so it is unclear why this has been included at this point.

Thank you for your suggestion, we have removed this reference.

Overall, I think this paper has potential to be a very interesting contribution to the literature and I encourage the authors to consider how to take best advantage of the rich potential in the data they have collected.

Thank you. Your comments have been very helpful and have prompted us to reflect on our research process and how we present the methodology undertaken and results obtained.

Reviewer: 2

Reviewer Name: Conrad A. Bjørshol

Institution and Country: Stavanger University Hospital.

Please state any competing interests or state 'None declared': Leader of a national survival campaign for OHCA and time-critical conditions.

Please leave your comments for the authors below

Thank you for an interesting survey on community first-responder experiences. The study is well performed and the manuscript is well written.

Thank you for reviewing our paper and for your positive comments affirming both our methodological approach and the approach taken to presenting the research and its findings.

I do miss a discussion on the selection bias: most participants had a senior role. How could the findings be if minor participants or previous members of the CFR system were interviewed?

Thank you for raising this important issue which is now considered in more detail in the discussion section;

"Although the semi-structured interview is a flexible and adaptable way of generating findings, the lack of standardisation can raise concerns about reliability and biases are ultimately difficult to rule out12. The fact that participants were recruited via CFR Ireland and self-selected to participate could result in selection bias. This strategy did however provide a sample of experienced CFRs, many of whom had strategic roles within their organisations and ultimately facilitated significant depth of topic exploration and the development of evolved themes at data analysis. The observation that the study participants all had significant experience of OHCA response and had senior roles within their individual schemes

warrants some consideration. Individuals new to CFR or with less experience of providing clinical care may have different perspectives."

VERSION 2 – REVIEW

REVIEWER	Conrad A. Bjørshol Stavanger University Hospital, Norway.
REVIEW RETURNED	14-Mar-2019

GENERAL COMMENTS	Thank you for submitting an improved manuscript. I think the text has been improved and have no further comments

REVIEWER	Bridie Evans Swansea University Medical School Swansea Wales`
REVIEW RETURNED	02-Apr-2019

GENERAL COMMENTS	Thank you for the opportunity to review this paper once again. The authors have responded to many of the points raised. I have a few further comments. Generally in research, data are referred to in the plural. The authors should check whether this is the convention of this journal also. Methods: Data collection - could you say more about the potential biases identified relating to the researcher and how these were dealt with PPI - could the authors explain why there was no public and patient involvement in this study Results - It is important to understand the roles and experiences of the respondents in order to understand the context for their comments. This is also important because the discussion makes reference to two healthcare professionals but their role is not clear within the results section. Please could the authors provide a table listing profiles of all respondents identified by their ID number to include the type of area they practice in (rural/urban etc), their length of service, the number of OHCAs they each had attended, background, role (senior, junior, coordinator). Phrases such as 'extensive experience of OHCA response' are not informative and potentially confusing since the introduction states that the 500 CFR groups in Ireland attend 2000 OHCAs per annum which suggests it is potentially a small number per individual - please clarify their actual levels of activity. Could the authors clarify whether CFRs with a clinical background are able to use these skills in their CFR role (if not, why not). Please clarify what a senior role involves compared to other roles. Does it relate to length of service, do they meet criteria to be senior, do they apply for this role?

VERSION 2 – AUTHOR RESPONSE

Reviewer 2 - Thank you for submitting an improved manuscript. I think the text has been improved and have no further comments.

Reviewer 1 - Thank you for the opportunity to review this paper once again. The authors have responded to many of the points raised. I have a few further comments.

Thank you both for your ongoing assistance in preparing the dissemination of our novel and important findings which we believe will stimulate further research and have significant immediate implications for the understanding, policy and practice of OHCA CFR.

Generally in research, data are referred to in the plural. The authors should check whether this is the convention of this journal also.

Amended as advised.

Methods: Data collection - could you say more about the potential biases identified relating to the researcher and how these were dealt with?

Thank you, the paper now states;

'The observation that the researcher came from the 'world view perspective' of a doctor who himself participated in cardiac arrest response was considered in detail at this stage. Via a personal reflexivity statement, the researcher attempted to consider any pre-existing biases he might possess related to the factors that motivate CFRs to participate in OHCA care and the nature of CFR OHCA care. The researcher reflected on any previous interactions with CFRs and attempted to consider and make explicit any pre-formed perspectives in an effort to limit how personal bias might influence the research process.'

PPI - could the authors explain why there was no public and patient involvement in this study?

PPI is increasingly being encouraged in health research but has not traditionally been widely employed. Our research group supports the principle that research is greatly enhanced when patients and the public are involved in the entire research process and not simply the 'subjects' of research.

At the time of this study's design it was unfortunately not our standard practice to include PPI in our research projects. The reviewer might however be interested to hear that we are in the process of setting up a community emergency care research stakeholder advisory group which we hope will inform the majority, if not all of our research efforts going forward.

Results - It is important to understand the roles and experiences of the respondents in order to understand the context for their comments. This is also important because the discussion makes reference to two healthcare professionals but their role is not clear within the results section. Please could the authors provide a table listing profiles of all respondents identified by their ID number to include the type of area they practice in (rural/urban etc), their length of service, the number of OHCAs they each had attended, background, role (senior, junior, coordinator).

As stated in the paper and by design;

'Given the sensitivity of the topic area detailed demographic participant elements were not profiled quantitatively'

The exploratory approach undertaken in the context of both a difficult clinical and personal topic and a vacuum of existing CFR data means that we felt it unwise to extensively profile the participants during data collection. At the outset our core criterion for inclusion was that a participant had pre-existing experience of responding to OHCA as a CFR.

We agree this is a limitation of the research and address sampling limitations extensively in the limitations section considering the number of participants, the fact that a non-saturation based strategy was employed, generalisability of the findings and the potential for recruitment bias.

Currently there is no national register of CFR schemes that would allow the attributes you mention (area they practice in (rural/urban etc), their length of service, the number of OHCAs they each had attended, background, role (senior, junior, coordinator)) to be considered in the context of national norms. Furthermore such data profiling of participants in this research exercise could have inadvertently made individuals identifiable. The risk would be highest for participants with a named role in a scheme who were also identified as a specific healthcare professional.

The data you highlight could and should be explored in representative surveys of CFRs. Our paper suggests such research now be undertaken.

Phrases such as ‘extensive experience of OHCA response’ are not informative and potentially confusing since the introduction states that the 500 CFR groups in Ireland attend 2000 OHCAs per annum which suggests it is potentially a small number per individual - please clarify their actual levels of activity.

Thank you, we have replaced the word ‘extensive’ with ‘significant’. The rich data acquired via the research process affirms the ‘significance’ of the experiential data described. You are correct in that (as already stated in the paper) the ‘incidence rate of OHCA with resuscitation attempted in Ireland is 50 per 100,000 population per year, therefore OHCA is likely to be a rare event for individual CFR scheme’s. A rare event can generate significant experience and all participants described rich prior experiences of OHCA responses.

Currently we have no idea how many of the 2000 annual OHCAs where resuscitation is attempted are attended by a CFR. (as mentioned in previous correspondence we are however working to address this data gap). Previous work by our group suggests that a majority of presumed OHCA incidents that CFRs are mobilised to, do not actually transpire to represent resuscitation opportunities but many instead raise end-of-life issues with many patients already being deceased 1.

Could the authors clarify whether CFRs with a clinical background are able to use these skills in their CFR role (if not, why not).

We now state;

‘Where off duty healthcare staff operate in lay CFR groups their scope of practice is restricted to that of other lay CFRs.’

This is mandated by the national ambulance service who dispatch CFRs

Please clarify what a senior role involves compared to other roles. Does it relate to length of service, do they meet criteria to be senior, do they apply for this role?

We now clarify;

‘Most participants occupied a senior role within their respective CFR group by virtue of the fact that they had additional responsibility for the co-ordination or day to day running of their CFR scheme in addition to providing OHCA response’.

As far as we are aware beyond meeting basic data protection, safety and training requirements set down by the ambulance services individual voluntary CFR schemes are largely free to organise the day to day running of their scheme as they see fit.

VERSION 3 – REVIEW

REVIEWER	Bridie Angela Evans PhD Swansea University Medical School, Wales, UK
REVIEW RETURNED	08-May-2019

GENERAL COMMENTS	Thank you for the further amendments you have made to this paper, which is a very interesting piece of work. I have no further comments.