PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The benefits of the 'village': a qualitative exploration of the patient experience of COPD in rural Australia
AUTHORS	Glenister, Kristen; Haines, Helen; Disler, Rebecca

VERSION 1 – REVIEW

REVIEWER	Carol Armour Woolcock Institute Australia
REVIEW RETURNED	15-May-2019

GENERAL COMMENTS	This paper is interesting. The focus is on a rural community and the specific feedback provided by COPD patients regarding their health services and support. The work is well described and investigated. Some things that might help the reader: As this work is focussed on a rural community it would be helpful to know the size and what kind of health services are available. GPs are mentioned but how many GPs are available and the size of the population? There are also specialists mentioned - are these available locally? These facts are important as the "village" would include them? Concerning the patients - we dont know how severe their COPD is? They have just had an exacerbation, it is assumed, since they were approached after a hospital admission. Could their COPD be categorised as at a stage as per GOLD or at least in terms of whether they are regular hospital visitors? This paper focusses on rural care and support in COPD. It would be helpful to emphasise what came up that is peculiar to rural care. Many of the points raised are common for all COPD patients based on the literature. How do we know the village is not a concept in urban environments and thus not special about rural? Minor points - some of the sentences are missing a verb, have incorrect plurality or grammar. Not major but an impediment to a well written paper.

REVIEWER	Prof Nick Bosanquet Imperial College. UK
REVIEW RETURNED	01-Jul-2019

GENERAL COMMENTS	1. Please explain if there was any evidence for the positive effects of village life apart from the patients own views in the interview. 2..It would be useful to compare the results with other Australian data.on COPD outcomes. 3.I would suggest that the piece could be shortened especially the attached section at the end on detailed results from the interviews . These could be summarized in selected quotes illustrating the main points about social support, continuity of contact with own doctor etc.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
1. Please state any competing interests or state 'None declared': none declared Response: This has been addressed.
2. This paper is interesting. The focus is on a rural community and the specific feedback provided by COPD patients regarding their health services and support. The work is well described and investigated. Response: We thank the reviewer for their comments.
Some things that might help the reader: 3. As this work is focussed on a rural community it would be helpful to know the size and what kind of health services are available. GPs are mentioned but how many GPs are available and the size of the population? There are also specialists mentioned - are these available locally? These facts are important as the "village" would include them? Response: The catchment size and availability of GPs and specialists per population have been added (lines 137-140).
4. Concerning the patients - we dont know how severe their COPD is? They have just had an exacerbation, it is assumed, since they were approached after a hospital admission. Could their COPD be categorised as at a stage as per GOLD or at least in terms of whether they are regular hospital visitors? Response: Lines 132-134. It was not possible to collect data on disease severity - however all patients, as noted, had experienced an acute admission due to their COPD in the past 12 months, and the study aims looked to explore this experience and services available to them within their community.
5. This paper focusses on rural care and support in COPD. It would be helpful to emphasise what came up that is peculiar to rural care. Many of the points raised are common for all COPD patients based on the literature. How do we know the village is not a concept in urban environments and thus not special about rural? Response: We agree that the understandings gained from this study, while drawn from rural data, are still highly relevant to an international and non-rural population, and we have now made this clear in the piece. We have also noted why these factors are likely to have amplified impact for those living in rural areas 328-331.

6. Minor points - some of the sentences are missing a verb, have incorrect plurality or grammar. Not major but an impediment to a well written paper.

   Response: We have reviewed the paper prior to resubmission.

   Thankyou for your comments.

Reviewer: 2

Please state any competing interests or state 'None declared': None declared.
Response: This has been addressed.

1. Please explain if there was any evidence for the positive effects of village life apart from the patients own views in the interview.

   Response: We have made the connection between social connectedness and the village concept clearer across the paper – this has been used in other contexts such as 'a village to raise a child' and more recently in the ageing through the 'aging-in-place' movement. We have now made this connection clear in the introduction (lines 103-109) and discussion (lines 355-359).

2. It would be useful to compare the results with other Australian data on COPD outcomes.

   Response: As a qualitative study we are not seeking to compare outcomes, but rather to understand the experience of a particular cohort. We have however reflected on other qualitative papers on patient experience in COPD in the introduction and have made this clearer in the discussion now also. 342-345.

3. I would suggest that the piece could be shortened especially the attached section at the end on detailed results from the interviews. These could be summarized in selected quotes illustrating the main points about social support, continuity of contact with own doctor etc.

   Response: We will take the editors advice on this. The current format is common for the methodological approach taken and in reporting of a qualitative paper.

   Thankyou to the reviewer for the comments.

VERSION 2 – REVIEW

REVIEWER	Professor Carol Armour Woolcock Institute University of Sydney NSW Australia
REVIEW RETURNED	31-Jul-2019

GENERAL COMMENTS	Thank you for the opportunity to review this interesting paper. I have a number of questions. 1. Where did the following statement come from as there is nothing in the interview guide that asks this? "Well; self-management, from what they've told me and what they've taught me, is to live as comfortably as you can with your disease you've got and don't "buggerise around if you get crook" [delay if you get sick].'(P10)"

	The objective of the manuscript is to explore the patient perspective on current barriers and facilitators. In the results this appears to have turned into self management?? 2 .I thought names of pets were removed as they could identify the patient? "He asked 'how is Rufus (my dog)?" 3. One caregiver also expressed distress at seeing the progressive decline and impact: 'He was deteriorating before my eyes. He also suffered depression because of all this pain' (P13). ?caregiver – how many comments from caregivers versus actual patients? 4. We are told how many patients responded but not how many were asked, we do need to know how many was the total sample? 5. Was data saturation reached or were new ideas being generated at the end of the interviews available? 6. The interview guide seems repetitive? 7. The point is made in the manuscript that the rural site might have offered specific advantages/disadvantages. There seem to be lots of barriers peculiar to the rural environment. How do these compare to those identified in ref 33 (6 themes) which was a study in regional Australia? 8. How would the rural village relate to an urban environment?

REVIEWER	Prof Nick Bosanquet Imperial College. UK
REVIEW RETURNED	08-Aug-2019

GENERAL COMMENTS	1.Add in references to the Salford Lung Study exit interviews on patient perspectives--- these showed that the control variable was very important in reducing exacerbations. 2. More information on medicines adherence would be useful.

VERSION 2 – AUTHOR RESPONSE

Reviewer 1.		
1. Where did the following statement come from as there is nothing in the interview guide that asks this? "Well; self-management, from what they've told me and what they've taught me, is to live as comfortably as you can with your disease you've got and don't "buggerise around if you get crook" [delay if you get sick].'(P10)" The objective of the manuscript is to explore the patient perspective on current barriers and facilitators. In the results this appears to have turned into self management??	The methodology involved semi-structured interview, as noted. Open ended questions led to varied discussion about the experience of managing their condition and self management was raised as a term by participants.	NA
2 .I thought names of pets were removed as they could identify the patient? "He asked 'how is Rufus (my dog)?"	Rufus is a pseudonym, as noted in the methods.	144
3. One caregiver also expressed distress at seeing the progressive decline and impact:	Thankyou for raising this point, we have clarified this.	222 &

'He was deteriorating before my eyes. He also suffered depression because of all this pain' (P13). ?caregiver – how many comments from caregivers versus actual patients?		282-283
4. We are told how many patients responded but not how many were asked, we do need to know how many was the total sample?	This has been added. All patients who indicated their interest in an interview participated in an interview.	125-126
5. Was data saturation reached or were new ideas being generated at the end of the interviews available?	This has been clarified. All patients who indicated their interest in an interview participated in an interview. By the final interview no new themes had emerged.	158-160
6. The interview guide seems repetitive?	The interview questions were designed to approach the issue from several angles to allow participants multiple opportunities to tell and explain their story.	NA
7. The point is made in the manuscript that the rural site might have offered specific advantages/disadvantages. There seem to be lots of barriers peculiar to the rural environment. How do these compare to those identified in ref 33 (6 themes) which was a study in regional Australia?	Thankyou for this feedback, a brief discussion has been added.	376-378
8. How would the rural village relate to an urban environment?	The discussion on this has been added.	356-358
Reviewer: 2		
Please leave your comments for the authors below 1.Add in references to the Salford Lung Study exit interviews on patient perspectives--- these showed that the control variable was very important in reducing exacerbations.	Thankyou for this suggestion. The reference has been added.	339
2. More information on medicines adherence would be useful.	The methodology involved semi-structured interviews, and medication adherence was not raised as a discussion point by participants in discussion their experience of COPD in the rural context.	