PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	EXAMINING PATIENT DISTRESS AND UNMET NEED FOR SUPPORT ACROSS UK RENAL UNITS WITH VARYING MODELS OF PSYCHOSOCIAL CARE DELIVERY: A CROSS-SECTIONAL SURVEY STUDY.
AUTHORS	Seekles, Maaike; Ormandy, Paula; Kamerāde, Daiga

VERSION 1 – REVIEW

REVIEWER	Stephanie Toth-Manikowski University of Illinois College of Medicine USA
REVIEW RETURNED	04-Feb-2020

GENERAL COMMENTS	Dear authors, This is a well written, interesting article that in my opinion is near completion. Please see below for minor comments that I believe will improve the overall reading of the manuscript: Abstract: I would recommend starting any sentence with a number. This occurs in the abstract and I believe later on in the body of the paper as well. Also, in the third sentence of the abstract, the tense is off (showed / are). Please correct this. Introduction: Chronic Kidney Disease, End Stage Renal Disease, and Confidence Intervals do not need to be capitalized when they are spelled out in the body of the paper. Methods: please be more specific about how the services you are comparing (psychology services, social worker, psychiatrist, combination, etc.) differ exactly. What services does the SW provide compared to a psychiatrist. While these differences might seem obvious, each country or region might provide slightly different services, training, etc. and are relevant to the readership. When discussing sample size, 752 patients were on dialysis on the days of data collection. How many "should have there been"? I.e., how many people missed dialysis on those days? In addition, this needs to be added as a limitation of the study as you were unable to capture the unmet needs of those who missed dialysis on those days. Perhaps those patients have the highest needs? Lastly, DT is not spelled out for readers when it's first used (DT first appears under the subheading "Sample" but is not spelled out until later in the paper). Please check this. Measurements: What is NCCN? Data analysis methods: how exactly was "perceived need for support" defined? What question were patients asked to determine this?

	Results: what is "LR"? This is never spelled out for readers. When you grouped psychologist and counselors together for their low numbers, please provide the N - The last sentence in the second paragraph under "implications" is very broad. You did not show this and I would recommend removing it.

REVIEWER	Dr Sameera Senanayake Queensland University of Technology, Australia
REVIEW RETURNED	23-Mar-2020

GENERAL COMMENTS	Congratulations to the authors for submitting this manuscript. Here are some comments for your consideration: Introduction : Very clear and describes the most important aspects related to the study. However, if possible include the proportions of patients treated with different dialysis methods (i.e. in-center HD, satellite HD, peritoneal D) in the UK. Methods : • Page 6, line 16 : Authors have mentioned: “unit G having the best ratio of staff availability”. How was the “best ratio” defined? • It would be good if the authors can include a supplementary file describing each unit (A to G) in detail (i.e. staff categories available, different psychosocial staff-to-ICHD patient ratios). Table 1 briefly describes this but, with the given information, the readers cannot differentiate the services provided from unit F & unit G. • 32.3% of the patients did not participate in the study giving a response rate of 67.7%. Is there any information about the reasons for not participating? • The response rates between different units show a wide variation. This should be discussed in the discussion, may be as a limitation • Page 7, line 41 : The acronym “DT” should be defined here. It has been defined in page 9, which is after this. • Methods; Measurement subsection o Please indicate the sensitivity and specificity of the study instrument in detecting distress o Indicate the minimum and the maximum scores that are possible in NCCN Distress Thermometer • Methods; Data analysis subsection o The terms the authors have used are “univariate” and “multivariate” logistic regression. These should be changed to “uni-variable” and “multi-variable” logistic regression. Multivariate is when you have more than one dependent variable, whereas, multi-variable is when you have more than one input (independent) variables in a model. Please see the following paper for more clarification “Hidalgo B, Goodman M. Multivariate or multivariable regression?. American journal of public health. 2013 Jan;103(1):39-40.” Please make this correction throughout the manuscript Results • Not to start sentences with numbers, is an accepted practice in scientific writing. However, there are a couple of sentences that have been started with numbers (eg: page 10, line 14). Discussion

	• Can these results be generalized to whole dialysis population (eg. Peritoneal D)? • What are the health system challenges in implementing psychological support to renal patients?

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Stephanie Toth-Manikowski
Institution and Country:
University of Illinois College of Medicine
USA
Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below
Dear authors,

This is a well written, interesting article that in my opinion is near completion. Please see below for minor comments that I believe will improve the overall reading of the manuscript:
Thank you for your suggestions, we have made changes to the document as per your comments.

Abstract: I would recommend starting any sentence with a number. This occurs in the abstract and I believe later on in the body of the paper as well. Also, in the third sentence of the abstract, the tense is off (showed / are). Please correct this.
The tense is now corrected and any sentences starting with a number have been changed.
Introduction: Chronic Kidney Disease, End Stage Renal Disease, and Confidence Intervals do not need to be capitalized when they are spelled out in the body of the paper.
This has been changed.

Methods: please be more specific about how the services you are comparing (psychology services, social worker, psychiatrist, combination, etc.) differ exactly. What services does the SW provide compared to a psychiatrist. While these differences might seem obvious, each country or region might provide slightly different services, training, etc. and are relevant to the readership.
A section detailing different approaches to support and training of these professionals has now been added.

When discussing sample size, 752 patients were on dialysis on the days of data collection. How many "should have there been"? I.e., how many people missed dialysis on those days? In addition, this needs to be added as a limitation of the study as you were unable to capture the unmet needs of those who missed dialysis on those days. Perhaps those patients have the highest needs?
Thank you for this important suggestion. Unfortunately, we do not have exact numbers on how many patients were non-attendant, since some of the patients that weren't there were on holiday or were admitted as inpatients. However, we were in the dialysis unit ourselves to distribute the questionnaires and we checked with nursing staff if any patients were not there and the number of people who missed their session was minimal.
Lastly, DT is not spelled out for readers when it's first used (DT first appears under the subheading "Sample" but is not spelled out until later in the paper). Please check this. This is now changed.

Measurements: What is NCCN? This is now changed in National Comprehensive Cancer Network.
Data analysis methods: how exactly was "perceived need for support" defined? What question were

patients asked to determine this? This was measured by a yes/no question, this is now clarified in the methods.
Results: what is "LR"? This is never spelled out for readers. Likelihood ratio is now spelled out. When you grouped psychologist and counselors together for their low numbers, please provide the N. This sentence has been changed slightly, and the number of units with counsellors (2) is now provided.
- The last sentence in the second paragraph under "implications" is very broad. You did not show this and I would recommend removing it. Thank you, this sentence is now deleted.

Reviewer: 2

Reviewer Name: Dr Sameera Senanayake
Institution and Country: Queensland University of Technology, Australia
Please state any competing interests or state ‘None declared’: None declared

Please leave your comments for the authors below
Congratulations to the authors for submitting this manuscript. Here are some comments for your consideration:
Thank you for your useful comments.

Introduction : Very clear and describes the most important aspects related to the study. However, if possible include the proportions of patients treated with different dialysis methods (i.e. in-center HD, satellite HD, peritoneal D) in the UK. This has now been added.

Methods :
• Page 6, line 16 : Authors have mentioned: “unit G having the best ratio of staff availability”. How was the “best ratio” defined? A section has been added about how the ratios were calculated.
• It would be good if the authors can include a supplementary file describing each unit (A to G) in detail (i.e. staff categories available, different psychosocial staff-to-ICHD patient ratios). Table 1 briefly describes this but, with the given information, the readers cannot differentiate the services provided from unit F & unit G. Unfortunately, to ensure anonymity of the units, we can not provide exact details on the services provided. A recent workforce audit (Seekles et al., 2019) presents the staffing levels for each unit in the UK and this means that theoretically this document could be used to identify the units. We have added a different table and some more details about the ratios to hopefully make the differences between the units clearer.
• 32.3% of the patients did not participate in the study giving a response rate of 67.7%. Is there any information about the reasons for not participating? The main reasons given for not participating have now been added.
• The response rates between different units show a wide variation. This should be discussed in the discussion, may be as a limitation. This has now been added to the discussion.
• Page 7, line 41 : The acronym “DT” should be defined here. It has been defined in page 9, which is after this. This has now been defined as Distress Thermometer.
• Methods; Measurement subsection
o Please indicate the sensitivity and specificity of the study instrument in detecting distress. Thank you for this comment, we have added a section on the sensitivity and specificity of the tool.
o Indicate the minimum and the maximum scores that are possible in NCCN Distress Thermometer. This was indicated in the original document as zero to ten.
• Methods; Data analysis subsection
o The terms the authors have used are “univariate” and “multivariate” logistic regression. These should be changed to “uni-variable” and “multi-variable” logistic regression. Multivariate is when you have more than one dependent variable, whereas, multi-variable is when you have more than one input (independent) variables in a model. Please see the following paper for more clarification “Hidalgo B, Goodman M. Multivariate or multivariable regression?. American journal of public health.

2013 Jan;103(1):39-40." Thank you, this has now been changed throughout.

Please make this correction throughout the manuscript

Results
• Not to start sentences with numbers, is an accepted practice in scientific writing. However, there are a couple of sentences that have been started with numbers (eg: page 10, line 14). This has now been changed.

Discussion
• Can these results be generalized to whole dialysis population (eg. Peritoneal D)? This is uncertain. Many HD patients explained that the reasons for their distress were linked to waiting times in the renal unit and transport. HHD and PD patients might not face these issues and they might be managed more in the community already. On the other hand, they could also have more issues because they are not as visible to staff. A comment has been added to the discussion to state that further research is needed to explore whether these findings can be generalised to the whole dialysis population.
• What are the health system challenges in implementing psychological support to renal patients? This is a very interesting but large question. The wider study of which this article was part of has identified many challenges to the implementation of this support, yet these publications of these findings are forthcoming. The main ones, lack of adequate staffing levels, lack of evidence to base staffing levels on and issues with identification of patients in need are listed in the discussion.

VERSION 2 – REVIEW

REVIEWER	Sameera Senanayake Queensland University of Technology, Australia
REVIEW RETURNED	13-Jun-2020

GENERAL COMMENTS	I have no further comments.