

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Switching antipsychotics to support the physical health of people with severe mental illness: a qualitative study of healthcare professionals' perspectives
AUTHORS	Nash, Annabel; Kingstone, Tom; Farooq, Saeed; Tunmore, Jessica; Chew-Graham, Carolyn

VERSION 1 – REVIEW

REVIEWER	Michele Fornaro Federico II University of Naples, Italy
REVIEW RETURNED	05-Oct-2020

GENERAL COMMENTS	<p>1) Please provide additional info about the study participants, if possible. For example, the specialty doctors may self-report a more biological or psychologically-oriented background, or they may deal with resistant patients, issues that may theoretically influence their attitude towards the search of novel evidence-based reports regarding the cardiometabolic safety of the antipsychotics.</p> <p>2) The title, and the discussion in the abstract should be tentative. Specifically, the conclusions in the abstract state that the present reports generate new knowledge... Actually, I would rather emphasize that the present report, whilst providing evidence for a plea for further informed prescriptions for SMI people exposed to antipsychotics, relies on a preliminary cohort, which control group is unknown (i.e. practitioners from other regions or backgrounds).</p> <p>3) I would therefore expand the background and the critical discussion against the existing literature from other settings.</p>
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REVIEWER	Aoife Fleming University College Cork Ireland
REVIEW RETURNED	07-Oct-2020

GENERAL COMMENTS	<p>Overall an interesting study which</p> <p>The abstract requires another sentence in the objective to justify/present evidence that switching APs can potentially improve physical health.</p> <p>Abstract results: term 'lack of agreement' suggest replacing with 'differing views' as the study was not trying to seek out or find agreement so it should not be represented in this way. The abstract conclusion last sentence regarding collaboration should be addressed in the results to demonstrate that the conclusion was derived from the findings/results.</p>
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	<p>Strengths and limitations:</p> <ul style="list-style-type: none"> - first point: change manuscript to study. Consistency in terms would be helpful, physical health used in the abstract objective, then cardiometabolic side effects listed - could this be one or the other or elaborated on? - second point: reference needed for 60% <p>Introduction:</p> <p>Second paragraph line 24/25: need to explain if these trials included participants with SMI who were prescribed APs. Not clear if these trials are relevant.</p> <p>Line 30/31: not appropriate to make causative statement here between APs reduce the impact of lifestyle modifications unless further elaboration outlines this from past research. Is this a finding or hypothesis from other studies or your own hypothesis?</p> <p>Line 47: insert 'that' between recommends and APs.</p> <p>Line 50: state GPs in full in the first instance and abbreviate thereafter.</p> <p>Methods:</p> <p>Design & setting: first sentence - semi-structured interviews were conducted, rather than the study included semi-structured interviews.</p> <p>Need a reference to support the use of this method to support in-depth exploration.</p> <p>Participants: how were participants contacted? By email, phone, face to face?</p> <p>Were there any other participant parameters of interest that you included in the sample e.g. gender, years of experience or was it very open?</p> <p>Data collection:</p> <p>It is not clear what was included in the topic guide, how many questions on what types of topics? Was it based on literature or evidence or only PPIE?</p> <p>What modifications were made after the pilot interviews and why? Who transcribed the interviews?</p> <p>The current statement on data saturation is not informative - Were participants given the option to review their transcripts?</p> <p>Data analysis: this section is not described in sufficient detail to outline all the steps involved, what was the constant comparison, who was involved? How were themes found and did all three researchers analyse all transcripts? Was it conducted manually or using a software package?</p> <p>Results:</p> <p>Overall it is an interesting study but the results would benefit from more elaboration or explanation of themes, there is a large dependence on quotes.</p> <p>Strengths: the rigorous approach to data analysis needs to be explained in far more detail in the methods to make this statement.</p> <p>Implications for practice and future research: explain what is the Lester tool?</p>
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REVIEWER	Alexander M. Ponizovsky Ministry of Health, Israel
REVIEW RETURNED	11-Oct-2020

GENERAL COMMENTS	This is a well-written paper. I have no concerns.
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REVIEWER	Erik Jönsson Institute of Clinical Medicine, University of Oslo, Oslo, Norway
REVIEW RETURNED	12-Oct-2020

GENERAL COMMENTS	<p>The authors have performed semi-structured interviews with nine general practitioners, ten psychiatrists and four mental health nurses in a region of England with the aim to explore the views of healthcare professionals about switching antipsychotics to improve physical health in people with severe mental illness. The authors found that not all participants were aware of cardiometabolic side-effects of antipsychotic drugs, or that different drugs may have different risk profiles in this regard. There was a lack of agreement of whom should monitor physical health and be responsible for changes of treatment.</p> <p>This qualitative report has a good rationale. The report is well-written and seems to be well conducted. See below a few suggestions.</p> <ol style="list-style-type: none"> 1. The readers of this article is supposed to be well-known with the British healthcare system. For readers outside United Kingdom, the manuscript would benefit from a presentation of the British system treating patients with severe mental illness, and if it varies in different parts of UK, a presentation of the health system in the part of England where the study was performed. It should also facilitate for non-British readers if the authors indicated on a map where the investigation was taken place. Was this an urban or a rural area? 2. Introduction, 1st paragraph: explain NHS. 3. Introduction, 3rd paragraph, second sentence: Here the authors mention five antipsychotics and their propensity to cause weight gain and metabolic side-effects. Why was these five drugs mentioned? Were these the most used drugs in the area investigated? Other reason? Please, note that these drugs all were second generation antipsychotics, which should be mentioned. 4. Introduction, 4th paragraph: explain GP. 5. Participant and recruitment. Please give the number of the total number of GPs, psychiatrists and health care nurses in the area.
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REVIEWER	Drigissa Andrada Ilies University of Montreal, Department of Psychiatry and Addictology
REVIEW RETURNED	20-Oct-2020

GENERAL COMMENTS	<p>Title: Switching antipsychotics to improve physical health in people with severe mental illness: a qualitative study of healthcare professionals' perspectives.</p> <p>The topic of the paper is relevant and important. It addresses complex clinical situations, especially given the vulnerability of the patients with severe mental health disorders to metabolic complications.</p> <p>Abstract</p> <p>Results: The results could be presented with more precision and clarity. For example, the differences in awareness about the risk profiles of APs in primary and secondary care could be more</p>
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	<p>clearly stated. Also, some formulations are difficult to read: “Priority was given to mental health, and control of the symptoms, with physical health considered a reactive intervention, once side-effects or complications had developed.”</p> <p>Conclusion: The first part of the conclusion does not appear clear: “This study generates new knowledge about the challenges encountered in, and opportunities for health care professionals, supporting people with SMI to switch antipsychotic medication to improve physical health.” I suggest using shorter sentences. Also, I am not sure that this study generates information about opportunities to switch antipsychotics to improve physical health. It’s more about the challenges, awareness, decision making process and perceived responsibility to make an AP switch.</p> <p>Content:</p> <p>Strengths and limitations of this study (p. 3)</p> <p>This section, containing up to five short bullet points, no longer than one sentence each that relate specifically to the methods, should not include results or repeat the objective of the study. I find the exploration of perspectives, on switching antipsychotics to target cardiometabolic side effects, of three categories of healthcare professionals managing people with SMI in primary and secondary care, as one of the main strengths of the paper.</p> <p>Authors mention as a strength, that patients and service-users contributed to design of study and interpretation of findings. Yet, this is addressed only very briefly in the manuscript (page 5, line 27). Also, the PPIE group composition is not described. It would be interesting to know the contribution of patients and public to the design of the study and their involvement in the interpretation of the results.</p> <p>Is there a difference between a patient and a service-user in your study?</p> <p>Methods</p> <p>Participants and recruitment</p> <p>Authors mention that GPs were offered reimbursement but not psychiatrists or mental health nurses. Can you, please detail the rationale behind this choice? Given that primary care is responsible for the screening and physical health interventions for 60% of people with SMI on GP registers, did you want to ensure mostly GPs participation in the study? I would wonder if this differential financial compensation would have had an influence on the limited participation rates of mental health nurses, interviews duration (some of them twice as long than others) and if it could have influenced the results. I feel that clarifying this decision would be helpful.</p> <p>Please note that this sentence “...psychiatrists and nurses were identified and invited to participate psychiatrists and mental health nurse were identified through Midlands Partnership NHS Foundation Trust (MPFT)” does not read well.</p> <p>Data collection</p> <p>No information is available on the main topic/questions supporting the exploration of emergent themes. What were the principal questions asked to GPs, psychiatrists and nurses to address the objective of the study? Additional information would be helpful in order to understand this process.</p> <p>For those unfamiliar with the different roles of participants described in Table 1, it would be helpful to include a brief description of these roles.</p> <p>How the concept of saturation, the point where no new data arose, applied to guide analysis was considered in the study?</p> <p>Discussion</p>
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	<p>Strengths and limitations The authors mention that “The study provides an in-depth exploration of current switching practices in primary and secondary care. It rather provides an in-depth exploration of the current views of HCPs in primary and secondary care on the barriers and facilitators to switching APs, as it does not seem to in-depth explore other aspects of the switching APs practices. The research team attempted to recruit GPs working in localities with generally little APs prescriptions with no success. I would wonder why recruit GPs from these localities if they are unlikely to prescribe APs? Comparison with existing literature Switching APs for patients with APs metabolic complications is one of the strategies to improve physical health. Others well documented strategies of management of metabolic complications in patients with SMI should equally be mentioned in the study, such as raising awareness for choosing as a first treatment option an AP with a lower metabolic risk, follow the metabolic monitoring guidelines to ensure early detection and management of APs metabolic complications, consider the use of metformin. (Mizuno et al., Pharmacological Strategies to Counteract Antipsychotic-Induced Weight Gain and Metabolic Adverse Effects in Schizophrenia: A Systematic Review and Meta-analysis, Schizophrenia Bulletin vol. 40 no. 6 pp. 1385–1403, 2014, Prahara et al., Metformin for olanzapine-induced weight gain: A systematic review and meta-analysis, British Journal of Clinical Pharmacology 71(3):377-82, De Silva et al., Metformin in prevention and treatment of antipsychotic induced weight gain: a systematic review and meta-analysis, BMC Psychiatry. 2016; 16: 341, National Institute for Health and Care Excellence Surveillance Program: Surveillance proposal consultation document Psychosis and schizophrenia in adults: prevention and management NICE guideline CG178 - 4-year surveillance review (2017), Keepers et al., The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia, America Journal of Psychiatry, Published Online:1 Sep 2020https://doi.org/10.1176/appi.ajp.2020.177901). Page 12, line 5-7: This formulation is not clear: “Previous research has highlighted challenges facing GPs prescribing APs for older people with dementia, particular around issues of deprescribing and a lack of appropriate clinical guidance.” Competing interests Page 12, line 55: Could you, please clarify the abbreviation for WM ARC?</p>
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VERSION 1 – AUTHOR RESPONSE

Section	Reviewer comments	Author Response
Title	Reviewer 1: The title, and the discussion in the abstract should be tentative.	<i>We have altered the title wording to ‘support’ physical health rather than ‘improve’ physical health.</i>
Abstract	Reviewer 1: The title, and the discussion in the abstract should be	<i>We have adjusted the conclusions stated in the abstract by specifying the</i>

	<p>tentative. Specifically, the conclusions in the abstract state that the present reports generate new knowledge... Actually, I would rather emphasize that the present report, whilst providing evidence for a plea for further informed prescriptions for SMI people exposed to antipsychotics, relies on a preliminary cohort, which control group is unknown (i.e. practitioners from other regions or backgrounds).</p>	<p><i>areas in which the research has generated new knowledge. Page 2.</i></p> <p><i>We have amended the strengths and limitations section to highlight how the transferability of the findings to other settings may be impacted by sampling of secondary care clinicians from a single mental health trust. We have further expanded on this point in the strengths and limitations section within the discussion.</i></p>
	<p>Reviewer 2: The abstract requires another sentence in the objective to justify/present evidence that switching APs can potentially improve physical health.</p>	<p><i>Additional information has been added to the objectives section of the abstract as suggested.</i></p>
	<p>Reviewer 2: Abstract results: term 'lack of agreement' suggest replacing with 'differing views' as the study was not trying to seek out or find agreement so it should not be represented in this way.</p> <p>The abstract conclusion last sentence regarding collaboration should be addressed in the results to demonstrate that the conclusion was derived from the findings/results.</p>	<p><i>We have rephrased the term 'lack of agreement' to 'differing views' as suggested.</i></p> <p><i>A sentence has been added in the results section to outline that collaboration was identified as a way of overcoming some of the barriers to switching. Page 2</i></p>
	<p>Reviewer 5: The results could be presented with more precision and clarity. For example, the differences in awareness about the risk profiles of APs in primary and secondary care could be more clearly stated. Also, some formulations are difficult to read: "Priority was given to mental health, and control of the symptoms, with physical health considered a reactive intervention, once side-effects or complications had developed."</p>	<p><i>The results section has been re-phrased and additional information added to present the key findings with increased clarity and precision. Some of the sentences have been altered to improve readability. Page 2</i></p>
	<p>Reviewer 5: The first part of the conclusion does not appear clear: "This study generates new knowledge</p>	<p><i>This section has been rephrased to increase clarity and more accurately reflect the outcomes of the study. We</i></p>

	<p>about the challenges encountered in, and opportunities for health care professionals, supporting people with SMI to switch antipsychotic medication to improve physical health.” I suggest using shorter sentences. Also, I am not sure that this study generates information about opportunities to switch antipsychotics to improve physical health. It’s more about the challenges, awareness, decision making process and perceived responsibility to make an AP switch.</p>	<p><i>agree that the study identifies the challenges, awareness, decision making process and perceived responsibility in switching antipsychotics. However, we also believe that the study does identify some opportunities to facilitate switching, such as collaborative working between primary and secondary care. We have therefore kept this point, but added further context to justify this point.</i></p>
<p>Strengths and limitations</p>	<p>Editorial requirements: Please revise the ‘Strengths and limitations’ section of your manuscript (after the abstract). This section should contain five short bullet points, no longer than one sentence each, that relate specifically to the methods. The results of the study should not be summarised here.</p>	<p><i>Thank you for clarifying the guidance for the strengths and limitations section. This section has been altered to follow the guidance.</i></p>
	<p>Reviewer 5: This section, containing up to five short bullet points, no longer than one sentence each that relate specifically to the methods, should not include results or repeat the objective of the study. I find the exploration of perspectives, on switching antipsychotics to target cardiometabolic side effects, of three categories of healthcare professionals managing people with SMI in primary and secondary care, as one of the main strengths of the paper.</p>	<p><i>As above, we have amended this section to focus on the methodological strengths and limitations of the study. Thank you for your comment about the variety of perspectives included in the study being a main strength, we have included this.</i></p>
	<p>Reviewer 2: first point: change manuscript to study.</p> <p>Consistency in terms would be helpful, physical health used in the abstract objective, then cardiometabolic side effects listed - could this be one or the other or elaborated on?</p>	<p><i>The word ‘manuscript’ has been changed to ‘study’.</i></p> <p><i>We have used the term physical health throughout the abstract for consistency. We have described cardiometabolic risk factors (CVD, diabetes) in the introduction and used this where applicable in the article.</i></p>

	Reviewer 2: second point: reference needed for 60%	<i>This point has been moved from the strengths and limitations section, therefore a reference is no longer required.</i>
	Reviewer 5: Authors mention as a strength, that patients and service-users contributed to design of study and interpretation of findings. Yet, this is addressed only very briefly in the manuscript (page 5, line 27). Also, the PPIE group composition is not described. It would be interesting to know the contribution of patients and public to the design of the study and their involvement in the interpretation of the results.	<i>We appreciate there was not sufficient information about the patient and public involvement in the research to support the statement that this is a strength of the study. We have added additional information under the patient and public involvement section within the method to outline how patients were involved and their contributions to the study.</i>
	Reviewer 5: Is there a difference between a patient and a service-user in your study?	<i>There is no difference between patient and service user and we used these terms interchangeably. We acknowledge this may be confusing for readers so have chosen to use the term 'patient' throughout the study.</i>
Introduction	Reviewer 1: I would therefore expand the background and the critical discussion against the existing literature from other settings.	<i>Throughout the introduction and discussion we have presented regional, national and international literature within the article to provide an overview from different geographical settings. Within the discussion we have compared our findings to other clinical settings by discussing the similar issues faced when prescribing antipsychotics to individuals with dementia. We have tried to provide an overview of the relevant literature whilst taking into account the overall word count.</i>
	Reviewer 2: Second paragraph line 24/25: need to explain if these trials included participants with SMI who were prescribed APs. Not clear if these trials are relevant.	<i>We have provided additional information to clarify that the trials of lifestyle interventions included individuals with SMI who were prescribed APs.</i>
	Reviewer 2: Line 30/31: not appropriate to make causative statement here between APs reduce the impact of lifestyle modifications unless further elaboration outlines this from past	<i>We have removed this sentence and instead highlighted the recommendation from current guidelines that interventions need to take a more holistic approach to</i>

	research. Is this a finding or hypothesis from other studies or your own hypothesis?	<i>physical health, rather than considering lifestyle factors alone.</i>
	Reviewer 2: Line 47: insert 'that' between recommends and APs.	<i>This has been completed.</i>
	Reviewer 2: Line 50: state GPs in full in the first instance and abbreviate thereafter. Reviewer 4: Introduction, 4th paragraph: explain GP.	<i>We have added General Practitioner in full and then used the abbreviation GP from this point onwards. We have also added a list of abbreviations used in the article. Page 14-15</i>
	Reviewer 4: The readers of this article is supposed to be well-known with the British healthcare system. For readers outside United Kingdom, the manuscript would benefit from a presentation of the British system treating patients with severe mental illness, and if it varies in different parts of UK, a presentation of the health system in the part of England where the study was performed. It should also facilitate for non-British readers if the authors indicated on a map where the investigation was taken place. Was this an urban or a rural area?	<i>We have referenced the current NICE guideline to signpost readers to an overview of the care provided for individuals within the UK.</i> NICE. Psychosis and Schizophrenia in adults: prevention and management. Clinical guideline [CG178]. 2014. https://www.nice.org.uk/guidance/cg178/ifp/chapter/Antipsychotic-medication (Accessed online 01 May 2020) <i>We have also added a summary of the roles of each healthcare professional (GP, nurse, psychiatrist) in supporting the physical health of individuals with SMI and prescribing antipsychotic medication in a supplementary file.</i> <i>We have added some additional contextual information about the characteristics of the area (urban, semi-rural and rural areas) in which the research was set in the design and setting section of the method.</i>
	Reviewer 4: Introduction, 1st paragraph: explain NHS	<i>We have added the National Health Service in full before using the</i>

		<i>abbreviation. We have also added a list of abbreviations used in the article.</i>
	Reviewer 4: Introduction, 3rd paragraph, second sentence: Here the authors mention five antipsychotics and their propensity to cause weight gain and metabolic side-effects. Why was these five drugs mentioned? Were these the most used drugs in the area investigated? Other reason? Please, note that these drugs all were second generation antipsychotics, which should be mentioned.	<i>We have added additional information to provide some context as to why these particular antipsychotic medications are presented. We have added a reference to show the higher and moderate risk antipsychotics are some of the most commonly prescribed antipsychotics. We then present aripiprazole and lurasidone as they are shown to have a lower risk than these commonly prescribed antipsychotics. We have also acknowledged that these are all second generation antipsychotics.</i>
Methods Design & setting	Reviewer 2: Design & setting: first sentence - semi-structured interviews were conducted, rather than the study included semi-structured interviews. Need a reference to support the use of this method to support in-depth exploration.	<i>We have altered the phrasing of this sentence to 'semi-structured interviews were conducted'. Thank you for highlighting this, we have added a reference to justify using this approach.</i>
Participants and recruitment	Reviewer 2: Participants: how were participants contacted? By email, phone, face to face? Were there any other participant parameters of interest that you included in the sample e.g. gender, years of experience or was it very open?	<i>We have added more detail to clarify that:</i> <i>1) Information about the study was shared with all participants by email.</i> <i>2) The inclusion criteria was intentionally kept broad to allow for exploration of a wide range of experiences. Page 4.</i>
	Reviewer 4: Please give the number of the total number of GPs, psychiatrists and health care nurses in the area.	<i>We have provided data which outlines how many GP practices, nurses and psychiatrists were approached about the research. We do not have access to data about the total number of GPs, psychiatrists and nurses within the region. Furthermore, as this is a qualitative study with a non-probability sample, we do not think this information is relevant nor would it help interpretation of findings.</i>

	<p>Reviewer 5: Authors mention that GPs were offered reimbursement but not psychiatrists or mental health nurses. Can you, please detail the rationale behind this choice?</p> <p>I would wonder if this differential financial compensation would have had an influence on the limited participation rates of mental health nurses, interviews duration (some of them twice as long than others) and if it could have influenced the results. I feel that clarifying this decision would be helpful.</p> <p>Given that primary care is responsible for the screening and physical health interventions for 60% of people with SMI on GP registers, did you want to ensure mostly GPs participation in the study?</p>	<p><i>Thank you for your thoughts on the provision of a financial incentive. We have clarified that the decision to reimburse GPs was made as GPs are self-employed, independent contractors; reimbursement is indicated as per British Medical Association guidance on page 5.</i></p> <p><i>Psychiatrists and mental health nurses are employed by a mental health trust; interviews with these clinicians were conducted during their normal work time, with the approval and support of team managers to participate during work time.</i></p> <p><i>As noted in the discussion section, nurses reported barriers to participation in the research as: not perceiving switching to be part of their clinical role and not having time to participate.</i></p> <p><i>Primary care is responsible for the care of people on GP registers for people with SMI. Over half of people with SMI on a GP list are looked after solely by the practice. We have made this point clearer on page 3. We felt that it was important to include the perspectives of the range of clinicians involved in the care of people with SMI, in primary and specialist care.</i></p>
	<p>Reviewer 5: Please note that this sentence "...psychiatrists and nurses were identified and invited to participate psychiatrists and mental health nurse were identified through Midlands Partnership NHS Foundation Trust (MPFT)" does not read well.</p>	<p><i>This sentence has been altered to improve readability. Page 4</i></p>

<p>Data collection</p>	<p>Reviewer 2: It is not clear what was included in the topic guide, how many questions on what types of topics? Was it based on literature or evidence or only PPIE?</p> <p>Reviewer 5: No information is available on the main topic/questions supporting the exploration of emergent themes. What were the principal questions asked to GPs, psychiatrists and nurses to address the objective of the study? Additional information would be helpful in order to understand this process.</p>	<p><i>We have clarified that the development of the topic guide was based on evidence from the literature, the team's clinical experience and the PPIE group (page 5). A summary of the key questions in the topic guide has been added to provide more information about the areas discussed during interviews (page 19).</i></p>
	<p>Reviewer 2: What modifications were made after the pilot interviews and why?</p>	<p><i>We have added a sentence outlining the changes we made to the topic guide following the pilot interviews. We have also clarified that these changes were made to allow for further exploration of emerging themes. Page 5.</i></p>
	<p>Reviewer 2: Who transcribed the interviews?</p>	<p><i>A sentence has been added to outline that the interviews were transcribed by an external company and a member of the research team. Page 5.</i></p>
	<p>Reviewer 2: The current statement on data saturation is not informative</p> <p>Reviewer 5: How the concept of saturation, the point where no new data arose, applied to guide analysis was considered in the study?</p>	<p><i>Additional information has been added to outline how we conceptualised data saturation in this research and how this informed data collection. Page 5.</i></p>
	<p>Reviewer 2: Were participants given the option to review their transcripts?</p>	<p><i>Participants were not given the option to review their transcripts and this was due to time constraints of clinicians. We have clarified this in the text. Participants were made aware of their right to withdraw data from analysis, up to two weeks after the interview. Page 5.</i></p>
	<p>Reviewer 5: For those unfamiliar with the different roles of participants</p>	<p><i>We have added a figure in a supplementary file which provides a</i></p>

	described in Table 1, it would be helpful to include a brief description of these roles.	<i>brief outline of the different role of each HCP in relation to managing antipsychotics and promoting the physical health of individuals with SMI.</i>
Data analysis	Reviewer 2: This section is not described in sufficient detail to outline all the steps involved, what was the constant comparison, who was involved? How were themes found and did all three researchers analyse all transcripts? Was it conducted manually or using a software package?	<i>Further detail has been added to this section to outline the approach taken to data analysis. Page 5</i>
Results	Reviewer 1: Please provide additional info about the study participants, if possible. For example, the specialty doctors may self-report a more biological or psychologically-oriented background, or they may deal with resistant patients, issues that may theoretically influence their attitude towards the search of novel evidence-based reports regarding the cardiometabolic safety of the antipsychotics.	<i>Thank you for raising this point. We appreciate that factors such as which model clinicians are informed by may influence their attitudes towards switching. This was not explicitly explored in the interviews, therefore we are unable to add this detail. We have highlighted this as a limitation of the research. Page 12.</i>
	Reviewer 2: Overall it is an interesting study but the results would benefit from more elaboration or explanation of themes, there is a large dependence on quotes.	<i>Thank you, we are pleased to hear you found this an interesting study. Due to the word count we omitted some of the narrative between quotes. We have now revised this and added more linking sentences where we believe this will further expand our interpretation. There are some instances where we have kept two quotes together, this is to provide a comparison of perspectives between primary and specialist care on the same issue, we believe it is important to include both perspectives to provide a holistic picture of how the different themes are applicable to HCPs in both primary and secondary care. We have also expanded on some of our existing interpretations.</i>
	Reviewer 2: Strengths: the rigorous approach to data analysis needs to be explained in far more detail in the methods to make this statement.	<i>We have added more explanation to outline the approach to data analysis to justify this. Page 5.</i>

	Reviewer 2: Implications for practice and future research: explain what is the Lester tool?	<i>We have added a sentence (and citation) to summarise the Lester Tool. Page 13.</i>
Discussion	Reviewer 5: The authors mention that “The study provides an in-depth exploration of current switching practices in primary and secondary care.” It rather provides an in-depth exploration of the current views of HCPs in primary and secondary care on the barriers and facilitators to switching APs, as it does not seem to in-depth explore other aspects of the switching APs practices	<i>We have amended this sentence to more accurately reflect the results of the study. Page 12.</i>
Strengths and limitations		
	Reviewer 5: The research team attempted to recruit GPs working in localities with generally little APs prescriptions with no success. I would wonder why recruit GPs from these localities if they are unlikely to prescribe APs?	<i>We have further clarified our decision to approach GPs in areas where there had been a recent change of prescribing practices to explore the barriers this presented to collaborative working. Page 12.</i>
Comparison with existing literature	Reviewer 1: I would therefore expand the background and the critical discussion against the existing literature from other settings	<i>Throughout the introduction and discussion we have presented regional, national and international literature within the article to provide an overview from different geographical settings. Within the discussion we have compared our findings to other clinical settings by discussing the similar issues faced when prescribing antipsychotics to individuals with dementia. We have tried to provide an overview of the relevant literature whilst taking into account the overall word count.</i>
	Reviewer 5: Switching APs for patients with APs metabolic complications is one of the strategies to improve physical health. Others well documented strategies of management of metabolic complications in patients with SMI should equally be mentioned in the study, such as raising awareness for choosing as a first treatment option an AP with a lower metabolic risk, follow the metabolic monitoring guidelines to ensure early detection and management of APs metabolic	<i>Thank you for providing the additional references. We have clarified in the paper that switching is not the only option to support physical health in people with SMI and listed the other well documented strategies and referenced the clinical guidelines outlining these approaches. Page 13.</i>

	<p>complications, consider the use of metformin. (Mizuno et al., Pharmacological Strategies to Counteract Antipsychotic-Induced Weight Gain and Metabolic Adverse Effects in Schizophrenia: A Systematic Review and Meta-analysis, Schizophrenia Bulletin vol. 40 no. 6 pp. 1385–1403, 2014, Prahara et al., Metformin for olanzapine-induced weight gain: A systematic review and meta-analysis, British Journal of Clinical Pharmacology 71(3):377-82, De Silva et al., Metformin in prevention and treatment of antipsychotic induced weight gain: a systematic review and meta-analysis, BMC Psychiatry. 2016; 16: 341, National Institute for Health and Care Excellence Surveillance Program: Surveillance proposal consultation document Psychosis and schizophrenia in adults: prevention and management NICE guideline CG178 - 4-year surveillance review (2017), Keepers et al., The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia, American Journal of Psychiatry, Published Online:1 Sep 2020https://doi.org/10.1176/appi.ajp.2020.177901).</p>	
	<p>Reviewer 5: Page 12, line 5-7: This formulation is not clear: “Previous research has highlighted challenges facing GPs prescribing APs for older people with dementia, particular around issues of deprescribing and a lack of appropriate clinical guidance.”</p>	<p><i>We have amended this sentence to improve clarify.</i></p>
<p>Competing interests</p>	<p>Reviewer 5: Page 12, line 55: Could you, please clarify the abbreviation for WM ARC?</p>	<p><i>We have added the full name West Midlands Applied Research Collaboration, rather than the abbreviation WM ARC.</i></p>
<p>Formatting amendments</p>	<p>1. Author's name mismatch: - The author “Annabelle Nash” in your main document is registered as “Annabel Nash in ScholarOne.</p>	<p><i>Thank you for highlighting this, we have corrected this misspelling.</i></p>

	Please ensure that the author has same registered name.	
	<p>2. Patient and Public Involvement: - We have implemented an additional requirement to all articles to include 'Patient and Public Involvement' statement within the main text of your main document. Please refer below for more information regarding this new instruction:</p> <p>Authors must include a statement in the methods section of the manuscript under the sub-heading 'Patient and Public Involvement'.</p> <p>This should provide a brief response to the following questions:</p> <p>How was the development of the research question and outcome measures informed by patients' priorities, experience, and preferences? How did you involve patients in the design of this study? Were patients involved in the recruitment to and conduct of the study? How will the results be disseminated to study participants? For randomised controlled trials, was the burden of the intervention assessed by patients themselves?</p> <p>Patient advisers should also be thanked in the contributor statement/acknowledgements. If patients and or public were not involved please state this.</p>	<p><i>Thank you for highlighting this change. We have added a patient and public involvement sub-section within the methods section which addresses the points listed.</i></p>

VERSION 2 – REVIEW

REVIEWER	Michele Fornaro Federico II University of Naples, Italy
REVIEW RETURNED	23-Jan-2021

GENERAL COMMENTS	Thank you for incorporating my suggested editing.
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REVIEWER	Aoife Fleming
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	University College Cork Ireland
REVIEW RETURNED	26-Jan-2021

GENERAL COMMENTS	The authors have addressed the comments from reviewers comprehensively. The overall paper is interesting and worth publishing. No further comments to make.
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REVIEWER	Erik Jönsson University of Oslo, Oslo, Norway
REVIEW RETURNED	28-Jan-2021

GENERAL COMMENTS	I have no further comments.
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REVIEWER	Ilies, Drigissa University of Montreal, Department of Psychiatry and Addictology
REVIEW RETURNED	06-Feb-2021

GENERAL COMMENTS	The authors responded adequately to all my questions/remarks and modified the paper accordingly.
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