PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Barriers and facilitators to implementation of shared medical appointments in primary care for the management of long-term conditions: a systematic review and synthesis of qualitative studies
AUTHORS	Graham, Fiona; Tang, Mei; Jackson, Katherine; Martin, Helen; O'Donnell, Amy; Ogunbayo, Oladapo; Sniehotta, Falko; Kaner, Eileen

VERSION 1 – REVIEW

REVIEWER	Stults, Cheryl Palo Alto Medical Foundation for Health Care Research and Education
REVIEW RETURNED	21-Jan-2021

GENERAL COMMENTS	This is article does a good job of synthesizing the qualitative research around the barriers and facilitators of shared medical appointments (SMAs) from the perspectives of practitioners, patients, and carers. One strength is that this their coding involved a set of codes based on that found in previous reviews, while also allowing for emergent codes. Additionally, they incorporated the perspective of patients by not only sharing the programme and obtaining their perspectives on facilitators and barriers to SMAs, the authors also had patients review the manuscript and will be working with them to further disseminate these findings beyond the article. There are some items that need to be addressed to further strengthen and clarify the findings: - Given that they consulted with patients, why were some practitioners not similarly consulted to obtain their perspectives about the main barriers/facilitators and reviewing the paper? Given that the discussion mentions that the practitioner perspective had richer data than the patients/carers, it would provide some more balance to also be obtaining practitioners perspectives on the programme in a similar manner. If unable to consult with some practitioners, should be mentioned as a limitation - Tables 1 and 2 need some column formatting to fix some words that are cut off in odd places, which makes it difficult for the reader to follow. - Tables 3 and 4: The authors provide insight into how they generated some of their main themes, subthemes and exemplar codes. However, it is unclear which of the included quotes fall into which exemplar codes- or are there overlapping codes in some of the quotes? It needs to be made more explicit which quotes are associated with each code (or codes). For example, with the theme “Advantages and Benefits”, there are three specific exemplar codes yet only 2 sample quotations. Need to make explicit which code each quote goes to (or multiple codes if

	applicable) and so additional quotations need to be added to clearly represent each exemplar code. - Line 360-361 talks only about how practitioners found the SMAs to be efficient, yet on lines 628-630, it is said that practitioners had "mixed views". Please reconcile these two statements, or provide more information in the earlier section about how the views were mixed. - Line 565-567 mentions that the "richness of the supporting data was lower", yet I as a reader am uncertain as to how the patient data was not as rich. It is clear that the carer perspective has not been investigated/reported on as much, but more clarification is necessary into how the patient data was not as rich- is it that there was not a similar theme to "implementation success and sustainability"? Please make more explicit on where the supporting data was lacking.

REVIEWER	Stevens, John Southern Cross University
REVIEW RETURNED	03-Mar-2021

GENERAL COMMENTS	This is a comprehensive review of qualitative studies. The authors have been systematic in their approach. They have been objective in their findings and their is a veracity to their findings that my I find to reflect mine and my colleagues experiences of undertaking SMAs in practice. It is a good paper and will be useful in informing practice.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1- Comments	Author response
This is article does a good job of synthesizing the qualitative research around the barriers and facilitators of shared medical appointments (SMAs) from the perspectives of practitioners, patients, and carers. One strength is that this their coding involved a set of codes based on that found in previous reviews, while also allowing for emergent codes. Additionally, they incorporated the perspective of patients by not only sharing the programme and obtaining their perspectives on facilitators and barriers to SMAs, the authors also had patients review the manuscript and will be working with them to further disseminate these findings beyond the article.	Thank you for recognising the strengths of this paper, including patient involvement in this research.
- Given that they consulted with patients, why were some practitioners not similarly consulted to obtain their perspectives about the main barriers/facilitators and reviewing the paper? Given that the discussion	Thank you for raising this point. Given that practitioner accounts were rich and plentiful in comparison to patient data we did not member check our findings with practitioners. Nevertheless, we recognise that this would increase the

mentions that the practitioner perspective had richer data than the patients/carers, it would provide some more balance to also be obtaining practitioners perspectives on the programme in a similar manner. If unable to consult with some practitioners, should be mentioned as a limitation	credibility of the review findings and have therefore included this limitation in the Discussion section p27, line 711-713. *Although the quality of included studies was generally good, most of the healthcare professionals were GPs and nurse practitioners which may limit the generalisability of our findings to other healthcare professionals in primary care such as pharmacists, physiotherapists and dieticians etc. Few studies provided rich detailed accounts of patient and carers, thus insights offered from the literature are limited. Whilst PPI members were involved throughout this review, we did not involve nor conduct member checking with practitioners. This would have helped to strengthen the credibility of the review findings.*
- Tables 1 and 2 need some column formatting to fix some words that are cut off in odd places, which makes it difficult for the reader to follow	Thank you for highlighting this. To address these issues we've shortened some of the words in Table 1 to enable us to change the size of the columns and have adjusted Table 2 see pages 8 and 14, respectively.
- Tables 3 and 4: The authors provide insight into how they generated some of their main themes, subthemes and exemplar codes. However, it is unclear which of the included quotes fall into which exemplar codes- or are there overlapping codes in some of the quotes? It needs to be made more explicit which quotes are associated with each code (or codes). For example, with the theme "Advantages and Benefits", there are three specific exemplar codes yet only 2 sample quotations. Need to make explicit which code each quote goes to (or multiple codes if applicable) and so additional quotations need to be added to clearly represent each exemplar code	Thank you for raising this point. We've removed the bullet points and used rows to denote the different subthemes and exemplar codes and quotes. We've added some more sample quotations. See Tables 3 p17 and Table 4 p23.
- Line 360-361 talks only about how practitioners found the SMAs to be efficient, yet on lines 628-630, it is said that practitioners had "mixed views". Please reconcile these two statements, or provide more information in the earlier section about how the views were mixed.	Thank you for highlighting the need to clarify this point. Views were mixed as GPs and managerial staff reported to perceive SMAs a time efficient yet reports from nurses and other providers suggested large amounts of time and resources needed to organise and run the SMAs. We have added the following sentences in the results and discussions sections to clarify this.

	P19/20, lines 407-409 *GPs and other managerial staff perceived SMAs to be more time efficient and cost-effective than usual 1:1 appointments [19,28,33] and improved patient access to healthcare [28,33]. The multidisciplinary nature enabled them to get 'a lot of work done' [23] and meet evidence-based guidelines [33]. However, nursing staff did not report time and cost efficiencies, rather they described the additional time and resources involved in setting-up the SMAs.* P27, lines 703-704 *Practitioners reported mixed views about the efficiency of SMAs compared to 1:1 appointments in light of the additional time and resources to set them up; this requires further exploration.*
- Line 565-567 mentions that the "richness of the supporting data was lower", yet I as a reader am uncertain as to how the patient data was not as rich. It is clear that the carer perspective has not been investigated/reported on as much, but more clarification is necessary into how the patient data was not as rich- is it that there was not a similar theme to "implementation success and sustainability"? Please make more explicit on where the supporting data was lacking.	Thank you. We have added the following sentences to p25, lines 656 to 659, to clarify our point about the richness of data supporting the patient perspectives. *Whilst most studies included patient perspectives, the richness of the supporting data varied between studies and was lower compared with practitioner perspectives overall. The patient quotes reported to support author interpretation were short and few in some studies and often demographic information was missing limiting the readers ability to judge the transferability of findings. There was notably less comparable evidence examining carer perspectives.*
Reviewer 2	
This is a comprehensive review of qualitative studies. The authors have been systematic in their approach. They have been objective in their findings and their is a veracity to their findings that my I find to reflect mine and my colleagues experiences of undertaking SMAs in practice. It is a good paper and will be useful in informing practice.	Thank you for highlighting the strengths of this paper. We are pleased you agree it will be useful for informing practice.

VERSION 2 – REVIEW

REVIEWER	Stults, Cheryl Palo Alto Medical Foundation for Health Care Research and Education
REVIEW RETURNED	28-Jul-2021

GENERAL COMMENTS	The authors have done a great job of making the requested revisions, particularly improving Tables 3 and 4 for