

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Vision impairment and differential access to eye health services in Aotearoa New Zealand: Protocol for a scoping review
AUTHORS	Rogers, Jaymie; Black, Joanna; Harwood, Matire; Wilkinson, Ben; Gordon, Iris; Ramke, Jacqueline

VERSION 1 – REVIEW

REVIEWER	Wittich, Walter Universite de Montreal, School of Optometry
REVIEW RETURNED	04-Feb-2021

GENERAL COMMENTS	<p>Thank you for giving me the opportunity to review this protocol manuscript. The authors have chosen a topic that has not received much attention, neither local in New Zealand, nor in many other countries across the globe for that matter. The questions the authors propose are indeed important, not just for their local context, but also summarize important information for synthesis at a global level. The comments below are intended to further elevate and already clear and well-constructed protocol.</p> <p>Please define “eye health services” earlier on in the manuscript – does this include vision rehabilitation? You mention optometric services later on: are you including services for persons that are blind? Is the provision of braille training included, for example?</p> <p>When citing Arksey and O’Malley (Reff #22), please clearly indicate in the methodology that this is the process and framework you will follow. Have the authors considered including the optional 6th step proposed by Arksey and O’Malley to conduct a stakeholder consultation after the review is complete, in order to confirm whether their summary of what information is available sounds true to stakeholders in New Zealand? If you do not take this step, please justify why.</p> <p>Since you will employ “snowballing”, you can cite this search approach and explore further which way may be the best approach in this context (Jalali & Wohlin, 2012)</p> <p>Please state if any of the authors have previous experience with conducting and publishing scoping reviews, and cite these previous studies.</p> <p>Please consider incorporating the recommendations of Peters and colleagues by reporting operational definition of ‘population’, ‘concept’, and ‘context’ of the review (Peters et al., 2015).</p> <p>Page 6 of 13 (page 4 of document), please define “a full text must be</p>
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	<p>available”. Please clarify which resources (e.g., libraries) will be accessed, whether authors will be contacted, or after how much time such efforts will be abandoned. What is the limit of results that will be explored in Google Scholar? Top 200 hits? More? Please clarify.</p> <p>Supplementary annex 2 replaces the list of search terms on page 7 of 13 (page 5 of document). These lines with examples can be deleted, just refer to the annex.</p> <p>Suggested References</p> <p>Jalali, S., & Wohlin, C. (2012). Systematic literature studies: Database searches vs. backward snowballing. <i>International Symposium on Empirical Software Engineering and Measurement</i>, 29–38. https://doi.org/10.1145/2372251.2372257</p> <p>Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. <i>International Journal of Evidence-Based Healthcare</i>, 13(3), 141–146. https://doi.org/10.1097/XEB.0000000000000050</p>
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VERSION 1 – AUTHOR RESPONSE

1. Please define “eye health services” earlier on in the manuscript – does this include vision rehabilitation? You mention optometric services later on: are you including services for persons that are blind? Is the provision of braille training included, for example?

Response: Thank you for your feedback, we have defined eye health using the definition proposed in the recent *Lancet Global Health Commission on Global Eye Health*: “eye health is maximised vision, ocular health, and functional ability, thereby contributing to overall health and wellbeing, social inclusion, and quality of life”. Eye health services are then considered any service which contributes to this broad definition of eye health and includes vision rehabilitation.

The amendment we have made in the manuscript are as follows:

Section: Introduction

“The Lancet Global Health Commission defined eye health as “maximised vision, ocular health, and functional ability, thereby contributing to overall health and wellbeing, social inclusion, and quality of life”. Eye health services are then considered any service which contributes to this broad definition of eye health. The need for accessible eye health services is large and increasing.”

2. When citing Arksey and O’Malley (Reff #22), please clearly indicate in the methodology that this is the process and framework you will follow.

Response: We have amended our manuscript to clearly state that the scoping review will be following the Arksey and O'Malley process. We have made these changes in our methodology section.

The amendment we have made in the manuscript are as follows:

Section: Methods and analysis

"We will follow the methodological steps for scoping reviews outlined by Arksey and O'Malley."

3. Have the authors considered including the optional 6th step proposed by Arksey and O'Malley to conduct a stakeholder consultation after the review is complete, in order to confirm whether their summary of what information is available sounds true to stakeholders in New Zealand? If you do not take this step, please justify why.

Response: Thank you for this suggestion we will include the optional 6th step consultation exercise. We will contact field experts and key stakeholders to share our list of included studies to see if they can nominate further potentially relevant studies for consideration. We will then consult with this group again to share the synthesis of our results as a sense-check of our findings.

The amendment we have made in the manuscript are as follows:

Section: Search

"In addition, field experts and key stakeholders will be contacted to share our list of included studies and request to identify further potentially relevant studies for consideration in the review."

Section: Synthesis of results

"We will share our synthesis of the results with the field experts and key stakeholders engaged during the search process, to get feedback on our summary of results."

4. Since you will employ "snowballing", you can cite this search approach and explore further which way may be the best approach in this context (Jalali & Wohlin, 2012)

Response: Thank you for providing this suggestion and reference. We will undertake a forward and backward snowball citation method.

The amendment we have made in the manuscript are as follows:

Section: Published literature search

"We will extend our literature coverage by applying a backward and forward snowball citation approach. We will examine reference lists of all included articles (backward) and also examine studies which have cited our included articles (forward) to identify potentially relevant studies."

5. Please state if any of the authors have previous experience with conducting and publishing scoping reviews and cite these previous studies.

Response: We have amended our manuscript to clearly state that members of our research team (JB, MH, JRa) have this experience. We have also cited examples of published studies.

The amendment we have made in the manuscript are as follows:

Section: Methods and analysis

“Our team includes researchers (JB, MH, JRa) with experience in conducting scoping reviews including on service delivery models to address inequities in eye health.”

6. Please consider incorporating the recommendations of Peters and colleagues by reporting operational definition of `population`, `concept`, and `context` of the review (Peters et al., 2015).

Response: Thank you for this suggestion and reference. We have incorporated Peters and colleague’s recommendation by clearly stating our ‘population, concept and context’ in our eligibility criteria.

The amendment we have made in the manuscript are as follows:

Section: Eligibility criteria

“Context

Studies will be included if they report outcomes among residents of New Zealand (whether disaggregated by ethnicity or not), or attendees at New Zealand health facilities (regardless of size, public/private sector, or level of care). Multi-country studies will be included if the results are reported separately for New Zealand.”

“Participants

We will include studies of any population group resident in New Zealand. There will be no age or gender restriction.”

“Concept/Outcomes

We will include studies that report at least one of:

- *the prevalence of vision impairment;*
- *the prevalence of cataract, uncorrected refractive error, macular degeneration, glaucoma or diabetic retinopathy;*
- *the prevalence of vision impairment due to cataract, uncorrected refractive error, macular degeneration, glaucoma or diabetic retinopathy;*
- *attendance at eye health service such as ophthalmology services, optometric services, and eye health screening programmes (e.g., diabetic retinal screening, children vision screening);*
- *rates of treatment for cataract, uncorrected refractive error, macular degeneration, glaucoma, or diabetic retinopathy.”*

We have also taken on board Peters and colleagues’ recommendation on the construction of a clear protocol title.

Our amended protocol title is now “Vision impairment & differential access to eye health services in Aotearoa NZ: a scoping review”

7. Page 6 of 13 (page 4 of document), please define “a full text must be available”.

Response: We have clarified this statement “a full text must be available”

The amendment we have made in the manuscript are as follows:

Section: Eligibility criteria - Types of studies

“Only studies where the full article is available will be included (we will use the University of Auckland’s comprehensive inter-library loan service to retrieve articles not readily available).”

8. Please clarify which resources (e.g., libraries) will be accessed, whether authors will be contacted, or after how much time such efforts will be abandoned.

Response: We had stated in our “Data charting process” section that authors will be contacted, *“We plan to contact study authors in the case of unclear information and will make up to three attempts by email.”*

In terms of the library, we will use the University of Auckland library to retrieve the full text articles, and inter-library loan services to access any reports not readily available. This has been added.

The amendment we have made in the manuscript are as follows:

Section: Eligibility criteria – Types of studies

“We will use the University of Auckland’s comprehensive inter-library loan service to retrieve articles not readily available”

9. What is the limit of results that will be explored in Google Scholar? Top 200 hits? More? Please clarify.

Response: Thank you for this feedback. We have not indicated that we are using google scholar. Our Grey literature search will be using google search engine. We have included the search terms included in our grey literature search. To clarify this further, we will include a limit to our grey literature search to the first 20 items of google search engine.

The amendment we have made in the manuscript are as follows:

Section: Search - Grey literature search

“We will limit our search to the first 20 items of Google search engines.”

10. Supplementary annex 2 replaces the list of search terms on page 7 of 13 (page 5 of document). These lines with examples can be deleted, just refer to the annex.

Response: We have removed these examples and have retained the reference to supplementary annex 2

VERSION 2 – REVIEW

REVIEWER	Wittich, Walter Universite de Montreal, School of Optometry
REVIEW RETURNED	18-Jul-2021
GENERAL COMMENTS	The authors have addressed all my concerns, congratulations on a well-revised manuscript.