

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)	Service use, clinical outcomes and user experience associated with urgent care services that utilise telephone based digital triage: A systematic review
AUTHORS	Sexton, Vanashree; Dale, Jeremy; Bryce, Carol; Barry, James; Sellers, Elizabeth; Atherton, Helen

VERSION 1 – REVIEW

REVIEWER	Chambers, Duncan The University of Sheffield, ScHARR
REVIEW RETURNED	06-Jul-2021

GENERAL COMMENTS	<p>Overall, this review is quite well conducted and clearly reported. I have a few minor comments and suggestions:</p> <p>Quality assessment: The MMAT is not particularly well known/widely used. I suggest adding full QA results as a supplementary file.</p> <p>Tables: I suggest you add study reference numbers to support reading from text to tables</p> <p>The tables are highly detailed but it might be helpful to have something that summarises the real 'headline' findings and strength of evidence for each outcome: perhaps something like a harvest plot?</p> <p>Headings: Could you clarify the difference between 'user experience' and 'service user experience' (or merge the two sections)</p> <p>PPI: I suggest removing the paragraph about PPI (p5) and mentioning this as a limitation of the review</p> <p>Clarifications: Page 32, last paragraph: do you mean those who attended ED after receiving triage advice not to do so? Page 27 and Table 3 report on 'wider health service use' but under strengths and limitations (p3) you say that outcomes related to broader utilisation of services were outside your scope.</p>
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REVIEWER	Islam, Farah KU Leuven, Social Aetiology of Mental Illness Training Program
REVIEW RETURNED	07-Jul-2021

GENERAL COMMENTS	Thank you for asking me to review this important review evaluating telephone-based digital triage in urgent out-of-hours care. Overall,
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	<p>this systematic review is well written, and the aims are appropriately examined.</p> <p>I would like to propose the following comments/questions to improve the clarity of this manuscript:</p> <p>General comments</p> <ol style="list-style-type: none"> 1. I agree with the authors that digital triage is a complex and rapidly evolving concept. However, while the development and literature on digital triage based on newer technologies such as video-enabled devices, wearables, etc might still be in their earlier stages (rapidly growing) it is also important to acknowledge in your text that telephone triage has been well underway for some time and is less new in the literature. 2. Consistency of terms: from my understanding, this review is about telephone-based digital triage in urgent out-of-hours care. This key concept should be used consistently throughout the text. 3. Please double-check grammar, punctuation, references, etc throughout the text. <p>Abstract</p> <ol style="list-style-type: none"> 4. Some important information is missing i.e. context/background, details in the results section, conclusion. 5. Study design should be included in the methods section. <p>Introduction</p> <ol style="list-style-type: none"> 6. Page 4, line 16-19: it should be specified in the aims that this review is about telephone-based digital triage in urgent out-of-hours care. <p>Methods</p> <ol style="list-style-type: none"> 7. Page 5, line 4: citation missing 8. Page 5, line 14: Please state that you are using the PICO's principle and cite accordingly. 9. Page 5, line 21: Does it make sense to include studies/cases dispatched to GP appointments and/or self advice? These are generally reserved for non-urgent rather than urgent care 10. Were any amendments made to the published protocol during the implementation of this research? <p>Results</p> <ol style="list-style-type: none"> 11. Please add a paragraph to describe your search results in detail as well as add PRISMA flow chart 12. Please also include the MMAT assessment in the appendix 13. Page 18, line 2: To guide the reader a bit more clearly, I would suggest to briefly describe the findings of this section that you report on in the table about and in the following paragraphs (i.e. Characteristics of patients and callers, User characteristics and triage advice urgency). 14. Page 32, line 6: There are only six references here. Please double-check. 15. Page 33, Table 4: Please be consistent in how your present numbers and percentages in the tables (i.e. "Of 4493 calls to NHS Direct, 8% (n=358)" versus "2.4%: (99 of 4135)") 16. Page 37, line 20: Same comment as above (see comment 13) 17. Page 38, Table 5: Please define "SHD" first time used <p>Discussion</p>
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	<p>18. Page 44, line 14-18: It would be great if the authors could elaborate on this a bit further based on findings presented in Table 5.</p> <p>19. Page 44, line 22: Given the rapidly evolving changes in digital triage, maybe good to elaborate the discussion on what is meant by "evolving digital tools"</p> <p>20. Page 46, line 2: Please specify: other reviews focusing on "..."</p> <p>21. Page 46, line 6: Not sure if was meant to add the same reference here?</p> <p>22. Page 46, line 14-15: perhaps this could be related to the inclusion criteria to restrict manuscripts in English only?</p>
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VERSION 1 – AUTHOR RESPONSE

Dear Dr Andy McLarnon

Thank you to you and the two reviewers for your detailed feedback on our review paper that investigates digital triage in urgent care. We have addressed this feedback, please see attached for our responses

We look forward to hearing from you soon,

VERSION 2 – REVIEW

REVIEWER	Islam, Farah KU Leuven, Social Aetiology of Mental Illness Training Program
REVIEW RETURNED	05-Nov-2021

GENERAL COMMENTS	Thank you for these revisions. I have no further comments.
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