

## 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

<b>TITLE (PROVISIONAL)</b>	Improving primary prevention of acute rheumatic fever in Australia: consensus primary care priorities identified through an eDelphi process
<b>AUTHORS</b>	Wyber, Rosemary; Lizama, Catalina; Wade, Vicki; Pearson, Glenn; Carapetis, Jonathan; Ralph, A; Bowen, Asha; Peiris, David

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Norström, Fredrik Umea University, Epidemiology and Global Health
<b>REVIEW RETURNED</b>	21-Sep-2021

<b>GENERAL COMMENTS</b>	<p>This is one of the most well written manuscripts I have reviewed. Most things are well in detail explained so I only few comments to provide. The authors convinces me of the importance of the study and that it is needed to help prevent RHD among the indigenous populations in Australia.</p> <p>* The performance of the google search is not clear, including what, if any, search terms that was used. I am convinced that it was conducted in a suitable way but please clarify this a little bit bettr.</p> <p>* The process behind the literature review is not very clear. A number of papers was identified but a bit more can be explained about how the information from these articles were extracted and used in your study.</p> <p>* It is not stated when the expert group met and when the eDelphi study was conducted.</p> <p>* I don't want all data from the surveys to be presented in results but I am expecting a bit more numbers and information to be brought up so that the reader will be better informed about the key information. The survey almost disappears now and it makes you wonder if it even was of any use at all. So the process on how to translate information from survey to important messages used for direct or indirect (through other parts of your study) conclusions in the manuscript is what I would like to know more about.</p> <p>* The language is very well. Should it not be were not instead of not were on row 32 at page</p> <p>*</p>
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<b>REVIEWER</b>	Spurling, Geoffrey University of Queensland
<b>REVIEW RETURNED</b>	28-Sep-2021

<b>GENERAL COMMENTS</b>	This paper describes an electronic Delphi technique to gather expert views from primary care in Australia about how primary
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	<p>prevention of rheumatic fever can be improved. The methodology is well described and appears to be well conducted. The paper is well written, and the authors have reflected carefully on their findings to produce conclusions which both reflect their results, and may not have been easy given the initial expert views on the direction the Delphi study should take. The paper is worth publishing because of this self-reflection which is a key strength. The main weakness is a lack of Aboriginal and Torres Strait Islander voices which is acknowledged, but could perhaps get more air time. I think it would be worth declaring whether the authors of this paper were Aboriginal and/ or Torres Strait Islander or not.</p> <p>A couple of further comments:</p> <p>There is nothing in the first paragraph that I would disagree with, but unless racism and ongoing colonisation are foregrounded upfront as causes of marginalisation for Aboriginal and Torres Strait Islander peoples then the door is open for non-Indigenous people to say/ think that Aboriginal and Torres Strait Islander peoples' socioeconomic disadvantage/ skin disease is their own fault. This is particularly important to avoid when discussing topics like impetigo, scabies, trachoma...</p> <p>Regarding the focus group discussed in Page 6, Line 7, was there any effort to include Indigenous voices in this group?</p> <p>p.8: Line 40: I guess it would be good to know if any of the experts were Indigenous. I am assuming the researchers must have had an interest in RHD given they were from the CRE. Would be good to know if the clinicians were from primary care?</p> <p>p.8: Line 48: I am not sure what, "exploring community workers", "disruptive technologies" mean.</p> <p>p.12: p11, Line 28. I'm glad you made this point about how the expert group came to different conclusions about what was important compared to the primary healthcare people. I wonder what you mean by integrated approaches? Do you mean integrating what the primary care clinicians said with what the expert group said? I would have thought that there was little point prioritising what the expert group thought given the results of the study. Surely, the resources need to go to what your Delphi findings indicate? Perhaps I have misunderstood. Disclaimer: I am a primary care clinician.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1  
Dr. Fredrik Norström, Umea University

Comments to the Author:  
This is one of the most well written manuscripts I have reviewed. Most things are well in detail

explained so I only few comments to provide. The authors convinces me of the importance of the study and that it is needed to help prevent RHD among the indigenous populations in Australia.  
Thank you

\* The performance of the google search is not clear, including what, if any, search terms that was used. I am convinced that it was conducted in a suitable way but please clarify this a little bit better. We have updated the methods section to better reflect the targeted Google search for grey literature: (A supplemental grey literature search using Google was conducted to identify operational reports and program evaluations using adapted search terms [rheumatic fever + (prevention / plan / program / strategy) + ( Australia / New Zealand)].)

\* The process behind the literature review is not very clear. A number of papers was identified but a bit more can be explained about how the information from these articles were extracted and used in your study.

We have provided further clarity on extraction and classification of strategies to improve primary prevention: "All documents were reviewed for specific strategies to improve assessment and treatment of skin sores and/or sore throats. Strategies were eligible for inclusion if they were an 'implementable action', specifically something which clinics or communities could do. Suggestions about research priorities and broad statements about general strategies were not included. Strategies identified in each document were extracted to a Microsoft Excel file by two authors and duplicates removed. Strategies were then sorted into thematic areas of the Levesque et al. access framework, reviewed by the authorship team, and transformed into statements suitable for eDelphi review."

\* It is not stated when the expert group met and when the eDelphi study was conducted. Thank you for highlighting this oversight – we have amended the results section to indicate when the focus group and eDelphi occurred

\* I don't want all data from the surveys to be presented in results but I am expecting a bit more numbers and information to be brought up so that the reader will be better informed about the key information. The survey almost disappears now and it makes you wonder if it even was of any use at all. So the process on how to translate information from survey to important messages used for direct or indirect (through other parts of your study) conclusions in the manuscript is what I would like to know more about.

Quantitative results are summarised in Figure 4 and presented in detail in Supplementary Material 4; we have added further explanatory detail in the discussion to bring quantitative data to the fore and aid reader interpretation: "These were also the domains with high levels of agreement which were endorsed in Round 1, though agreement varied on specific associated actions. For example, 'engage communities at risk of ARF in preventing the disease' was ranked as high priority by 20/21 (95%) respondents to that question, with support for specific actions ranging from 100% ('Engage communities by addressing attitudes to skin sores including reducing stigma and de-normalising skin sores) to 69% (Engage communities by improving access to local information about the rates of Strep A infection, ARF and RHD)."

\* The language is very well. Should it not be were not instead of not were on row 32 at page  
Typographic error has been corrected with thanks

Reviewer: 2  
Geoffrey Spurling, University of Queensland  
Comments to the Author:

This paper describes an electronic Delphi technique to gather expert views from primary care in

Australia about how primary prevention of rheumatic fever can be improved. The methodology is well described and appears to be well conducted. The paper is well written, and the authors have reflected carefully on their findings to produce conclusions which both reflect their results, and may not have been easy given the initial expert views on the direction the Delphi study should take. The paper is worth publishing because of this self-reflection which is a key strength. The main weakness is a lack of Aboriginal and Torres Strait Islander voices which is acknowledged, but could perhaps get more air time. I think it would be worth declaring whether the authors of this paper were Aboriginal and/ or Torres Strait Islander or not.

We have provided clarity in the methods section by adding: "All authors, two of whom are Aboriginal, contributed to interpretation of results.". We have made the lack of participation by Aboriginal and/or Torres Strait Islander people in the scoping focus group explicit (see subsequent comments). We have reiterated elsewhere in the discussion that this study reflects only the perspectives of primary care providers but must be considered in conjunction with priorities of lived experience experts ("This highlights that different stakeholders - including lived experience experts, service provision experts and subject matter experts - have varying perspectives and priorities. Understanding and integrating these perspectives into service design is likely to best support improved care delivery.")

A couple of further comments:

There is nothing in the first paragraph that I would disagree with, but unless racism and ongoing colonisation are foregrounded upfront as causes of marginalisation for Aboriginal and Torres Strait Islander peoples then the door is open for non-Indigenous people to say/ think that Aboriginal and Torres Strait Islander peoples' socioeconomic disadvantage/ skin disease is their own fault. This is particularly important to avoid when discussing topics like impetigo, scabies, trachoma...

We agree about the importance of these determinants of health and concur that those links were insufficiently explicit in the manuscript. We have revised and added an additional reference to better reflect these issues: "These consequences of colonisation drive very high rates of ARF through indirect and direct risk factors."<sup>6</sup>

Regarding the focus group discussed in Page 6, Line 7, was there any effort to include Indigenous voices in this group?

We have clarified that no Aboriginal or Torres Strait Islander people participated in this focus group.

p.8: Line 40: I guess it would be good to know if any of the experts were Indigenous. I am assuming the researchers must have had an interest in RHD given they were from the CRE. Would be good to know if the clinicians were from primary care?

None of the participants in this focus group were Aboriginal or Torres Strait Islander. We have updated the manuscript to reflect this. ("There were no Aboriginal or Torres Strait Islander participants") We did not ask about clinical speciality in focus group participant information form.

p.8: Line 48: I am not sure what, "exploring community workers", "disruptive technologies" mean.

We have clarified meaning by referring to "community worker roles" and "disruptive technologies such as clinical photography and telehealth"

p.12: p11, Line 28. I'm glad you made this point about how the expert group came to different conclusions about what was important compared to the primary healthcare people. I wonder what you mean by integrated approaches? Do you mean integrating what the primary care clinicians said with what the expert group said? I would have thought that there was little point prioritising what the expert group thought given the results of the study. Surely, the resources need to go to what your Delphi findings indicate? Perhaps I have misunderstood. Disclaimer: I am a primary care clinician.

Thank you for highlighting that wording in this section was ambiguous, we have reworded to clarify our intended meaning: "This highlights that different stakeholders - including lived experience experts,

service provision experts and subject matter experts - have varying perspectives and priorities. Understanding and integrating these perspectives into service design is likely to best support improved care delivery”

Reviewer: 1

Competing interests of Reviewer: I have no competing interests

Reviewer: 2

Competing interests of Reviewer: I am a non-Indigenous primary care clinician which will impact my interpretation of this study. I don't have any other competing interests.

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Norström, Fredrik Umea University, Epidemiology and Global Health
<b>REVIEW RETURNED</b>	21-Dec-2021

<b>GENERAL COMMENTS</b>	The authors' have very well addressed the limited number of issues I brought up in first review round.
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<b>REVIEWER</b>	Spurling, Geoffrey University of Queensland
<b>REVIEW RETURNED</b>	11-Dec-2021

<b>GENERAL COMMENTS</b>	Congratulations on a great paper.
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