

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Protocol for a pragmatic feasibility randomised controlled trial of peer coaching for adults with long term conditions: PEER CONNECT
AUTHORS	Dennett, Rachel; Thompson, T; Clyne, Wendy; Straukiene, Agne; Davies-Cox, Helen; Hosking, Joanne; Bones, Krystina; Weight, Olivia; Elston, Julian

VERSION 1 – REVIEW

REVIEWER	Calitri, Raff University of Exeter Medical School, Primary Care
REVIEW RETURNED	23-Jan-2022

GENERAL COMMENTS	<p>This is a well-written and generally clear protocol. I have only a few minor comments:</p> <p>Methods</p> <p>1) The target N you plan to recruit for the peers and coaches is not clear in the body of the method. Your flow diagrams suggest you will be recruiting up to 60 peers and it is implied that there will be ~15-30 coaches (each coach will have 1-2 peers). Please can you clarify this in the text and provide some justification for these target Ns. In addition, I'm assuming that the planned recruitment targets will be sufficient to yield an adequate sample of completed questionnaires from which to derive your sample size estimate for a definitive trial. It would be helpful if you could clarify how many datasets you need in order to calculate a definitive trial sample size and at what level of statistical precision.</p> <p>2) You outline how long the intervention is to run for and the outcome assessment periods. However, there is other important information about your proposed timeline missing. How long are you planning to recruit for? When is recruitment planned to commence? How long has been allocated for analysis, write up and dissemination?</p> <p>Ethics</p> <p>3) There are plans to store data within the Trust and the University. Please clarify whether any data sharing agreements are necessary (and if so, will be in place) as part of your management and storage plans.</p>
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REVIEWER	Langer, Dr. Bernhard University of Applied Sciences Neubrandenburg
REVIEW RETURNED	24-Mar-2022

GENERAL COMMENTS	Pages (page number in the upper left corner) and lines in this text refer to
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the pdf-version of the first submission of the manuscript that was sent to the reviewers.

Thank you for letting me review this interesting manuscript. It is an interesting study with an interesting approach planned. I also congratulate the authors for their excellent reporting. I have some minor comments as follows:

TITLE:

Adequate.

ABSTRACT:

In general, well written.

Page 4 lines 9-25: The authors listed some strengths, but only one limitation. Is this the only limitation? I don't think so, so I suggest listing other (expected) limitations. Another option is to add a detailed "Strengths and Limitations" section at the end of the study protocol.

INTRODUCTION:

In general, very well written.

Page 5 line 14: "...Patient Activation Measure (PAM))."
Please cite <https://doi.org/10.1111/j.1475-6773.2004.00269.x> as an appropriate reference for PAM.

Page 5 line 24: "...of the NHS Personalised Care Model (PCM)...".
Please add "NHS" for better understanding. Right?

Page 5 line 24: Are you sure that the components of the PCM are described in reference 2, because I could not find them there. Please check and cite another reference, if applicable.

Page 5 line 54: you stated: "...effectiveness of peer coaching..." and you cited reference 7. But in page 6 line 15 you cited also reference 7 for contrasting findings. And if I look in reference 7, I find only contrasting arguments. Therefore, is reference 7 suitable to support the statement "...effectiveness of peer coaching..."? Please revise accordingly.

Page 6 lines 38-43: "People with low levels of activation stand to benefit most from an intervention designed to improve confidence, problem solving and ability to manage their health care and wellbeing." You are right, but please cite a suitable reference for this statement.

Page 7 lines 22-60: Objectives clearly stated.

Page 7 line 39: A follow-up at nine months is fine, but is it sufficient to assess the sustainability of the intervention?

Page 8 lines 6-16: Definitions clearly stated.

METHODS AND ANALYSIS:

Page 9 line 3-6 and page 9 lines 51-56: You reported a recruiting only at out-patient clinics, but in Figure 2 you reported a recruiting also through database searching and self-referral. Please clarify and revise accordingly.

	<p>Figure 2 and Figure 3: In general, well done.</p> <p>In Figure 2 you wrote that “Coach allocated peer n=1 or 2. But below you wrote “...coaching sessions for n=2...” “n=1 or 2” or “n=2”? Please clarify.</p> <p>In Figure 2 you wrote only one time that “Participant declines invitation”, but in Figure 3 you wrote it several times. Why? Please clarify.</p> <p>Before measuring the PAM, the two flowcharts should be identical, but they are not. Why?</p> <p>In Figure 3 you wrote “...ineligible for PAM 3 and 4 score ...”. Are you sure that this is correct? I believe you must write: “...ineligible for PAM 1 and 2 score ...”.</p> <p>Page 13 line 3: "...15 hours...". Are you sure? 8 sessions of 90 minutes each make a total of 12 hours, right?</p> <p>Page 15 line 43: Why only two sessions, why not more? Is it justified to speak of "retention"?</p> <p>Page 16 line 27: “...health questionnaires at baseline...”. Please describe these questionnaires a little bit more detailed. However, the questionnaires listed below are probably not meant here, right?</p> <p>Page 17 line 31: “...participants...”. Better “...peers...”, right?</p> <p>Page 19 lines 27-30: Please describe the recruitment of the PPI group a little bit more detailed.</p> <p>Page 20 lines 24-27: Redundancy to lines 14-17. Please check and revise accordingly.</p> <p>ETHICS AND DISSEMINATION:</p> <p>Adequate.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments	Author response
<p>1.Appendices / Supplementary Files Citation</p> <p>Please ensure that these are cited in the main text as (See Appendix 1) or (See Supplementary 1) (See Supplementary 2).</p>	<p>We do not have any appendices or supplementary files. Figures 1-3 are cited in the main text.</p>
<p>Methods</p> <p>1) The target N you plan to recruit for the peers and coaches is not clear in the body of the method. Your flow diagrams suggest you will be recruiting up to 60 peers and it is implied that there will be ~15-30 coaches (each coach will have 1-2 peers). Please can you clarify this in the text and provide some justification for these target Ns. In addition, I'm</p>	<p>Our numbers and justification have been added to the recruitment section on line 163. In addition this has been referenced.</p>

there. Please check and cite another reference, if applicable.	
Page 5 line 54: you stated: "...effectiveness of peer coaching..." and you cited reference 7. But in page 6 line 15 you cited also reference 7 for contrasting findings. And if I look in reference 7, I find only contrasting arguments. Therefore, is reference 7 suitable to support the statement "...effectiveness of peer coaching..."? Please revise accordingly.	We have clarified this sentence (line 82) regarding the format of peer coaching delivery. <i>There is an expanding body of research exploring the effectiveness of peer coaching provided via a range of delivery modes; in-person^{6, 7}; telephone^{8, 9} and digital.</i>
Page 6 lines 38-43: "People with low levels of activation stand to benefit most from an intervention designed to improve confidence, problem solving and ability to manage their health care and wellbeing." You are right, but please cite a suitable reference for this statement.	We have added a supporting reference here and updated the rest of our referencing accordingly.
Page 7 line 39: A follow-up at nine months is fine, but is it sufficient to assess the sustainability of the intervention?	We recognise that the 3 month follow up period will only provide information regarding short-term sustainability. However, this timeline was selected in line with the scope of a feasibility trial i.e. to establish if we can follow up people sufficiently to progress to a definitive trial.
METHODS AND ANALYSIS: Page 9 line 3-6 and page 9 lines 51-56: You reported a recruiting only at out-patient clinics, but in Figure 2 you reported a recruiting also through database searching and self-referral. Please clarify and revise accordingly.	This has been clarified on line 173-8 to indicate that recruitment includes clinics, databases and self-referral via adverts.
In Figure 2 you wrote that "Coach allocated peer n=1 or 2. But below you wrote "...coaching sessions for n=2..." "n=1 or 2" or "n=2"? Please clarify.	Thank you, we have revised this for consistency and clarity to n=1 or 2
In Figure 2 you wrote only one time that "Participant declines invitation", but in Figure 3 you wrote it several times. Why? Please clarify.	Thank you for highlighting this consistency that we have now amended.
Before measuring the PAM, the two flowcharts should be identical, but they are not. Why?	Thank you for highlighting this consistency that we have now amended.
In Figure 3 you wrote "...ineligible for PAM 3 and 4 score ...". Are you sure that this is correct? I believe you must write: "...ineligible for PAM 1 and 2 score ...".	Thank you , we agree and have clarified this
Page 13 line 3: "...15 hours...". Are you sure? 8 sessions of 90 minutes each make a total of 12 hours, right?	Thank you for this point. The training sessions do indeed total 12 hours. The additional time incorporates the "homework" element described. This has been clarified on line 242.
Page 15 line 43: Why only two sessions, why not more? Is it justified to speak of "retention"?	In this section we're speaking of adherence to a 'dose' of the intervention rather than retention. Two

	<p>session would indicate engagement with intervention processes like goal setting, rapport building, reflecting on progress, problem solving and represent a minimum 'dose' of the intervention, speaking to levels of acceptability for this trial. Attending only 1 session would indicate failure of engagement. This type of classification of 'dose' has been used before in similar motivational/goal setting interventions (TARS):</p> <p>Taylor A, Thompson TP, Ussher M, et al Randomised controlled trial of tailored support to increase physical activity and reduce smoking in smokers not immediately ready to quit: protocol for the Trial of physical Activity-assisted Reduction of Smoking (TARS) Study BMJ Open 2020;10:e043331. doi: 10.1136/bmjopen-2020-043331 This has been clarified and referenced in the text.</p>
<p>Page 16 line 27: "...health questionnaires at baseline...". Please describe these questionnaires a little bit more detailed. However, the questionnaires listed below are probably not meant here, right?</p>	<p>The secondary outcome data collection has been clarified (line 314).</p>
<p>Page 17 line 31: "...participants...". Better "...peers...", right?</p>	<p>Thank you. Yes, indeed. We have amended this.</p>
<p>Page 19 lines 27-30: Please describe the recruitment of the PPI group a little bit more detailed.</p>	<p>We have added more detail regarding recruitment of the group, numbers and gender make up.</p>
<p>Page 20 lines 24-27: Redundancy to lines 14-17. Please check and revise accordingly.</p>	<p>Thank you. The lines have been deleted.</p>