This is an interesting paper on an important area for end of life care which has been neglected in research up to now. I have some suggestions below to improve the paper.

Abstract: the methods are a little unclear. You state 18 cases and then list numerous people without it being clear that the family members and staff are linked to each patient/case. This is a major strength of the approach and should be made clear. It is also a bit confusing how data were collected from HCPs i.e. through group interviews and then individual follow-up interviews - this needs justifying in the methods section.

1. Background: the case for why this study is so important and why advanced care planning needs investigating hasn't really been made. I suggest starting with the importance of and evidence relating to advanced care planning first, including its place in policy, and then discussing your study afterwards in terms of the gaps you are seeking to fill. The sentence defining advanced care planning in the Discussion belongs in the Background.

2. Methods:
i. Please clarify exactly how all participants were identified and recruited into the study.

   ii. What portions of the topic guide does this paper relate to? It would be useful to ask what questions/topics were explored (some of this is in the Findings section at present).

   iii. Again, I think you could make it more clear that you are using a sophisticated case study approach to generate multiple sources of data on one case rather than interviewing groups of patients, carers and staff who are not related.

3. Analysis:
i. what theoretical approach did you take to the analysis? comparative analysis is a general technique which fits into many different approaches http://ebn.bmj.com/content/3/3/68.full.

   ii. It sounds like a thematic approach, in which case how was the coding frame developed? how many people took part in the development and the application of the coding frame?
iii. The fact that the coding frame had 56 items should be in the Findings section.

4. Findings.
i. Where are the demographic characteristics of the participants? This information is essential to judge transferability. Perhaps present in a table together with when they were interviewed.

ii. The findings are presented in quite a descriptive and numerical way. e.g. 'the five participants in the nursing care home appeared least likely to have had..' I wonder whether it would be better to present some of the numerical data on who had and hadn't had PPC discussions at the different services in tables. This could help avoid using language which sounds like you are making statistical generalisations.

iii. Table 2 - there is nothing in the notes regarding the lack of follow-up at site 4

5. Limitations: please reflect on:
i. the fact that the sample of health care professionals was self-selected and what implications that might have for your findings.

ii. the fact that only some cases were followed up.

iii. more generally, the difference it will have made to the findings that recruitment was delayed at sites 3-5, leaving no time for follow-up. This is a major weakness and should be discussed.

iv. the fact that some interviews were conducted separately and others joint - what difference would this have made?

6. Language: throughout, use of terms and abbreviations is not consistent. Please make sure that the first time an abbreviation is used it is stated in full with the abbreviation in brackets, and that throughout the remainder of the text this abbreviation is always used. Examples where this is done incorrectly (often numerous times) are EOLC, PPC, HCPs, GPs. Also, sometimes you use italics for terms and sometimes not.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests