Reviewer’s report

Title: ‘Reaching the Hard to Reach’ - Lessons learned from the VCS (Voluntary and Community Sector)

Version: 2 Date: 9 March 2009

Reviewer: Jane South

Reviewer’s report:

This was a small exploratory study with voluntary sector service providers. The topic has relevance for health service management and public health, and the qualitative data presented here are of interest. This paper, however, requires substantial revisions in relation to two broad areas. Firstly the paper needs to locate the research study in wider literature about the role of the VCS, as this will help highlight what this study contributes. Secondly revisions are required in the presentation of findings as currently the paper does not adhere to standards for reporting of qualitative research. The following revisions are indicated:

Major Compulsory revisions

1. The abstract needs to summarise the main results and draw out a conclusion. The areas for improvement can remain but these are recommendations rather than conclusions.

2. There needs to be a short review of literature on the role of the VCS in health in the background section. This will enable the findings to be interpreted in a later discussion. As it stands the paper does not allude to any of the critical debates about voluntary sector provision, the relationship with state services, the advocacy role of the VCS in representing the interests of marginalised groups, and the composition of the VCS. The literature review on terms for ‘hard-to-reach’ is, however, interesting and helpful.

3. The research objectives are clear but the broad aim does not seem to relate to the study as it is focused on primary health care services. Was the study aim about understanding how the VCS approach ‘hard-to-reach’ groups (which might lead to transferable learning vis-à-vis primary health care services), or was it about voluntary sector perspectives on PHC services? This needs to be clarified.

4. More information needs to be given on the sampling strategy. How were the broad groups (p.5) of organisations categorised? Was it only by target group? There also needs to be some explanation of how service leads were selected. Are they key informants? How did selection take place?

5. I have some concerns that the anonymity of respondents will be compromised with Table 1 and the way that respondents are labelled in the results [R*]. Currently it may be possible to identify key informants operating in a local VCS network on the basis of the information given. The authors should ensure that
this is not possible.

6. There is evidence of qualitative analysis and the thematic framework is clear, however, the presentation of results is descriptive rather than thematic. Many sections are simply a list of what each individual respondent said (for example pages 11-12), and this is inappropriate. The results section requires revision to summarise and provide a narrative of the themes, using quotations to both illustrate themes and highlight divergent views.

7. Having the respondent codes as the subject of sentences, e.g. “R1 said…”, is not normal practice in qualitative reporting and appears to objectify the respondents. Where possible the authors should consider using an alternative style of reporting where the codes are used as reference, for example, “One respondent stated (R.1). ..” or “XX was a key theme, illustrated by this quotation from R.1”.

8. The structure of the paper proposes an integration of the discussion and results, but there is very little discussion of results with reference to wider literature. One pages 18 and 19, the authors comment on the results as ‘unsurprising’ but readers are not given a sense of why. Overall there is minimal reference to other studies in the discussion. It is essential that these results, which are of interest, are located in existing literature on the VCS and also that there is reference to literature on access to services/health inequalities. This would help highlight the original contribution of the paper. The conclusions of the paper could then be strengthened.

Minor essential revisions

1. The multiple types of subheadings in the results are not that helpful for the reader. In some cases there is a mismatch with the text. For example, page 8 reports that there are two conceptions of the notion of ‘hard-to-reach’ but then there are three headings.

Discretionary revisions

1. This paper would have wider international relevance if there was some discussion of the terms used in relation to different welfare systems, perhaps extending the discussion on Page 4. For example, looking at how the term ‘underserved’ is used in North American literature in relation to access to health care.

2. Page 7 on methods could be presented more succinctly.

3. It would be helpful to have more detail on the process of analysis with reference to qualitative research literature (page 8).

4. The section on barriers and facilitators was important. The findings relate to both factors the VCS face, such as partnership working and funding, and factors relating the barriers service users face. The authors might consider reporting
these two categories separately.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare I have no competing interests