Reviewer’s report

Title: Community participation to design remote rural primary healthcare models

Version: 1  Date: 4 November 2013

Reviewer: Tere Dawson

Reviewer’s report:

General comments

The article Community participation to design remote rural primary healthcare models is a valuable contribution to the critical analysis of community participation in the design of healthcare services in remote communities.

The study shows that community based participatory action research (CBPAR) can be effective in capturing the health issues affecting communities and their desires for better healthcare services. This type of research is challenging for the researchers and the communities invited to participate. The article is an honest account of an empirical study and as such it offers a candid description of the challenges the authors found in implementing the participatory methodology.

The fact that two of the communities invited to participate were about to lose their GP and nurse practitioners may have played a pivotal role in the outcome of the research and the limited participation of one of the communities.

It is of interest that the participants were surprised to find that the main common conditions people presented to GPs clinics were conditions they could prevent and address (smoking and obesity). Participants nominated as main health problems the lack of health services (emergency and after hours call-outs) and cancer and alcohol abuse. This may reflect the community’s desire that “healthcare workers should reside and work locally” and hence the characteristics of the healthcare model they proposed.

The study showed an understandable desire for having “resident practitioner(s)” in a remote Scottish primary healthcare model. Equally, the community put forward the idea of “community volunteering” and “expert emergency triage” which are also an understandable strategies because, as the authors point out, they rely on the communities’ own resources.

The authors rightly argue that more research is needed on community participation in system change but their study goes a long way to show a useful methodology for this important area of research.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. Paragraph “Researchers found about initiatives through internet searching…”

Did the researchers seek initiatives for healthcare services suitable to remote
communities and acknowledging that workforce retainment is an issue in these communities?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. In ‘Data Collection’ – Workshop 1
The terminology (“the role of health”) used in workshop 1: Future health, is unclear. This phrase reads: “identifying the role of health in the community’s future and comparing this with current health assets and challenges”.

It is unclear what the authors refer to by “the role of health” in the community’s future. Do they mean the “health status” of the community presently and how can it be improved in the future; or what are the health risks facing the community in the future?

In the section ‘Findings’, the authors present the responses provided by the community to these questions, including: “a strong future was described as requiring young families, with consequent requirements for local jobs”; “health and healthcare had a role as young families and employers would be attracted to places that were perceived to be healthy, vibrant and had local health services”; and “a community where older people could live with quality of life until they died, was another aspiration”.

The responses refer to social, demographic and economic aspirations and the availability of healthcare services. If the authors could explain the rationale for using “the role of health” in this context, it would help the reader to understand the purpose of the first workshop and the responses provided by the participants. As it is, is unclear.

2. Paragraph: “Numbers attending varied…”
The numbers provided in brackets are unclear.

3. Paragraph: “As co-production, resilience and… that brings”
This sentence seems to have a word missing.

4. Section: “Conclusions” – Paragraph: “therefore community participation has a role in designing acceptable local services”. Community participation cannot have a role… it is the relevant stakeholders (health authorities, bureaucrats, etc) who “have a role” or “play a part” in designing acceptable local services by establishing effective and appropriate community participation processes.

5. Section: Conclusions” – Paragraph: “There may be a role for standard models… provide ‘ideal types’.
This sentence is not clear; need to be re-written.

6. Section: “Conclusions” - Paragraph: “Inviting communities to participate … acknowledge by policy”.

Do the authors mean “policy makers”?

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

**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