Reviewer's report

**Title:** Patient involvement in healthcare improvement priority-setting: a cluster randomized trial

**Version:** 2  **Date:** 18 September 2013

**Reviewer:** Francois-Pierre Gauvin

**Reviewer's report:**

It was a pleasure to read this manuscript and to see researchers using an experimental design to address this issue. The authors will make a very interesting contribution to the field. All my recommendations are discretionary revisions.

1. Is the question posed by the authors new and well defined?

The authors have clearly identified and defined the question/problem in this manuscript. Finding effective and meaningful ways to involve patients in healthcare improvement/priority setting is crucial.

Recommendation: The authors could expand about what is known about patient involvement in strategic healthcare improvement and policy decisions.(see p.3) For instance, they could highlight what are, in theory, the benefits of involving patients on macro level issues (e.g., to guide coverage policies and coverage decisions, priority setting, and resource allocation).

They authors could also draw more explicit parallels with the public involvement literature on healthcare improvement and priority setting.

I wonder if the authors could review their use of the expression “local health authorities.” I believe the ministry in Quebec is actually using the following expression: health and social services centres.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

There is a paucity of good quality empirical research in the field of patient/public involvement. Such experimental design is unique and makes a significant contribution to the field, especially about the impacts of deliberations on patients/professionals’ priorities.

Recommendation: The authors could distinguish how many patients vs. how many professionals were involved in the pilot-tests.(see p.5)

The authors could also expand on the expert panel who agreed upon a preliminary set of indicators.(see p.5) Who were they and how was it done?

It may be worth expanding on the patient recruitment strategy. The authors mentioned that they used a purposeful and random sampling strategy, but do not
clearly explain how patients where recruited in practice.

The authors mention that the deliberation used a nominal group technique, but provide little information about how the deliberation was conducted in both the intervention and control groups. This is a bit of a ‘black box’ and the authors could improve the manuscript by describing the deliberations in more details.

3. Are the data sound and well controlled?
The study design ensured that the data are sound and well controlled.

The authors could report whether there were any costs involved in the control groups? Right now, only costs for the intervention groups are provided.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, the manuscript appears to adhere to standards for reporting and data deposition.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion and conclusions are well balanced and clearly aligned with the findings.

Recommendation: The authors briefly reported on the costs of patient involvement, but it would be interesting if they could discuss whether the benefits of patient involvement outweigh the costs. It may be too early since we do not have the imp

6. Do the title and abstract accurately convey what has been found?
Yes, the title and abstract are very clear.

7. Is the writing acceptable?
Yes

**Level of interest:** An article of outstanding merit and interest in its field

**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 that I have no competing interests.