Reviewer's report

Title: Community pharmacy integration within the primary care pathway for people with longterm conditions: a focus group study of patients', pharmacists' and GPs' experiences and expectations

Version: 0 Date: 18 Sep 2018

Reviewer: Nicola Hall

Reviewer's report:

This paper describes a qualitative focus group study on the experiences and expectations of patients (with long term respiratory conditions and type 2 diabetes), pharmacists and GPs in relation to their experience and expectations of community pharmacy services. Overall, the paper is well-written, the use of marketing theory in this area is novel and some useful and important findings are presented. Although I feel this paper would be of interest to the journal's readership, there are a number of areas that I believe would benefit from being addressed before publication.

1. The main issues that I feel that should be addressed are as follows:

1.1 The rationale for and implications of the use of marketing theory
Whilst this is a novel and valid approach, the rationale for the use of marketing theory in this context could be clearer. Some explanation is provided, however, further detail or context in relation to the debated relevance, role and applicability of marketing in the public sector would help to explain and justify the approach used. In particular, clarification of what the added value/knowledge gained from using marketing theory has been would be beneficial within the discussion/conclusions.

1.2 A need for clearer explanation and descriptions of how the inductive themes map onto the 7P areas
Please add more information about the marketing theory used; the 7Ps marketing mix is not explained in the background and many readers may be unfamiliar with this framework. Although table 1 gives some indication of how the authors have interpreted this framework and applied this to the evaluation of community pharmacy services, some explanation of what the 7Ps refer to within the original framework would help the reader to assess the validity of the findings and more importantly the way in which the "inductive" themes (and sub-themes) have been mapped to each of the 7Ps.

The consistency of the theme descriptions and the way these are mapped to the 7P areas needs some review as there is currently conceptual overlap between them in places. Some examples are provided below, however this applies to all of the results section. In my opinion, this section would benefit generally from some further consideration and review.
Product - In my opinion, this section does not seem to provide a good overview of what community pharmacy services for people with LTCs are, how they are used or how they could be integrated within primary care pathways (as per the aims of the study). There is little explanation of what the "product" consists of, nor of the elements considered to be important within the services provided. Community pharmacy services are varied and there is considerable heterogeneity in community pharmacy types and organisations which are likely to impact people's expectations of the "product/services" - this does not seem to have been accounted for in the analysis. If this is due to a lack of awareness/knowledge from the different participant groups, this should be explained more clearly. It is not clear from the description and examples used within "key pharmacy services" which services participants were aware are already provided and which were suggestions for new services/promotion.

Service delivery - This section contains some useful information on the desire for services that focus on one particular problem, however, I would argue this is describing expectations about the "product" rather than the delivery of it. This occurs in other sections too and I would recommend that the results section is reviewed. The comment in relation to disparities in service delivery and quality (and the lack of clear specifications) which fits here better, could be usefully expanded, however.

Accessibility of community pharmacies - in this section there is a paragraph that describes" GP practices to be more suitable than community pharmacies" for the management of .." It is unclear how this links to accessibility - if this is referring to a perception that the GP practice is more a "clinical location" (i.e. facilities/infrastructure or community pharmacy premises) than a pharmacy and is specific to "place" (accessibility and location) then this needs to be explained and evidenced more clearly. Similarly, "GPs and practice nurses were viewed as more experienced and authoritative healthcare professionals" seems to be more suited to "People" than place? If these views are in relation to people's perception of "place" - then again this needs to be explained more clearly. The quote provided in this section needs further explanation as it implies that pharmacists do not see themselves as experienced health professionals and this has important implications for service development (i.e. are GPs/the public/ policy makers' expectations of what pharmacists able to provide unrealistic?)

Commissioning of services - the issues raised in this section are important for the promotion and referral of patients by GPs, however it needs to be clarified how this relates specifically to promotion/awareness, as it currently reads as though this is about services (product) and delivery (process).

1.3 The use of quotes
The quotes used do not always provide good evidence for the interpretations being made and are either not always in the correct place or have not been selected appropriately. For example, the first quote used in the "Integrations of services" section seems to refer to duplication rather that the integration of community pharmacy within care plans for patients with LTCs. The latter is an important finding that would be usefully evidenced.

1.4 Definition of the "primary care pathway" for people with long-term conditions
One of the main aims of the study is to explore how community pharmacy services can be better used and integrated within the primary care pathway for people with LTCs, however it is unclear what this refers to or in what context (i.e. is this specific to the UK?). There are a range of Community Pharmacy services mentioned in the background section that "provide opportunities for community pharmacists to offer support for patients within LTCs" , however most of this section is very community pharmacy focused with little information about primary care other than "patients present with a range of healthcare needs, such as... ". Some additional context/definition would be beneficial to help understand more clearly the potential for integration and assess the validity/credibility of the findings in relation to the study aims.

1.5 Focus group methods and analysis
There is no explanation or discussion in relation to the interaction that took place within the groups, which is a key advantage of focus group research. There is very little description of the shared understanding/disagreements apparent within the groups or differences between groups. The latter would be expected in terms of understanding, knowledge, opinions, awareness and expectations. There is some reference to shared understandings and knowledge, but this is not clear. Throughout the results section, it is not always specified who "stakeholders" / "participants" refer to (i.e. which participant group). This is important as they would be expected to have different views/opinions and should be detailed as appropriate.

1.6 A lack of depth in the discussion
The implications of the findings are not discussed in context of the complex socio-political, financial and organisational barriers and structures described in the literature. Some of these barriers are also identified within the findings and the discussion would benefit from a more in-depth consideration of these issues. Some additional emphasis should also be placed on the potential implications of the findings for family practice. Other more specific suggestions include:

the need to relieve the burden on general practice is mentioned throughout the paper, yet there is little mention of the financial and organisational pressures on community pharmacy.

"General expectations and awareness of the extended role of community pharmacies" may not have been covered in the studies referenced, but there has been other more general work published in this area. This should be reworded or clarified.

Many of the issues identified have been previously addressed elsewhere and the discussion would benefit greatly from a clarification of what the added value/knowledge gained from using marketing theory has been (as mentioned above) as well as more consideration of the study context (i.e. are these results only applicable to the UK or are they transferable internationally?)

The patients included were respiratory conditions or type 2 diabetes - it would be useful to have some discussion in relation to the limitations and transferability of findings when considering potential services for people with other LTCs.
The authors conclude that "policy makers could also consider developing services which focus on specific interventions such as influenza vaccinations and inhaler techniques". Is this not something that is already being done?

"Services could enhance the consistency and quality of service provisions and encourage GP referrals" - this is an important point, but this sentence needs clarification.

2. I also have some additional comments in relation to more minor points of accuracy that would benefit from amendment:

2.1 Background:

The background should be amended to ensure that it is clear which aspects of the context provided is UK specific or internationally relevant. This will ensure relevance for a more international readership.

The authors state that "consultation rooms became a prerequisite for community pharmacies". Please explain where/when/how?

"It is important to identify how community pharmacies could be better used and integrated within the patient primary care pathway". Please clarify why?

2.2 Methods:

The explanation of the sampling process for patients (i.e. "one or more of the following common long term conditions for which community pharmacy services already exist etc.… including the wording in brackets) needs to be reworded for clarity.

Can you please explain why was the pilot only with pharmacists and not the other participant groups? Was framework analysis considered?

2.3 Results:

Key pharmacy services section - should this be double-checking "prescriptions" rather than "perceptions"?

2.4 Discussion:

The first line reads "This study used marketing theories" - please amend as only one theory was used.

2.5 Conclusion:

What do you mean by "appropriately distributing services"? This is unclear.

2.6 Tables - Table 2 is titled table 1
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

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