Reviewer's report
Title: Palliative care specialists' perceptions concerning referral of haematology patients to their services: findings from a qualitative study

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Reviewer: Pippa Blackburn

Reviewer's report:
Thank you for the opportunity to read this well written paper.

Background:
The background summarises the key literature. The aim of the research is clear. The authors explore the perceptions of SPC practitioners of barriers to referrals of patients with haematological malignancies to SPC. As this is the first UK study, this provides an important contribution to the literature.

Methods:
For the most part, the methods section offers oversight of the methods however data analysis requires more attention. The topic guide used to guide questions is appropriate and relevant.

Data Analysis
The authors state that the Framework method was used however this section requires more detail. For example, which authors actively participated in the analysis and what is their backgrounds, how was consensus of codes reached? How was the initial framework developed i.e. through a particular software program or manually and by whom? How many themes were identified in the initial framework? Was subsequent indexing/charting done by different authors? How many codes/categories/elements were identified following subsequent review by the authors of the initial framework? Although the authors state 'An experienced qualitative researcher checked the coding of two interviews to promote transparency, rigour and trustworthiness of the analytic process' how was methodological rigour achieved throughout
earlier stages of analysis ie. member checking, verification etc? How was trustworthiness of the data ensured ie. decision trail?

Results:
Use of quotes from interviews support key themes identified.

Discussion:
I think the discussion of perceived barriers and facilitators to referrals to SPC and the implications of UK policy is important. The influence of UK policy in particular, and how this may impact on operationalising the factors identified in this study (along with factors identified in the extant literature) into best practice models is of significant importance.

The authors discussed facilitators which include early, frank discussions about prognosis and treatment cessation, early referral to SPC and co-working between disciplines form diagnosis etc. I think the co-location of services in the one area/site is also an important facilitator ie. opportunistic conversations and supports relationship building. Although the authors identified this in their findings (SPC nurse 13), co-location per se is not included here in the discussion section.

The authors have identified the benefits of a concurrent haematological-palliative care pathway (shared care) model identified in their findings which they refer to as 'upstream integration'. Factors that contribute to this as a successful model identified by the authors include 'the presence of palliative care specialists in haematology ward rounds, during multidisciplinary team meetings and clinics...contributing to patient care whilst also providing the opportunity to share expertise.' These factors provide fundamental elements that support best practice models identified in the extant literature which the authors may wish to consider including or referring to (see: McGrath P, & Holewa H. (2002). Haematology and Palliative Care: Towards an Integrated Practice. International Program of Psycho-Social Health Research (IPP-SHR). [publication] Central Queensland University, Australia. Available from: http://acquire.cqu.edu.au:8080/vital/access/manager/Repository/cqu:167
The authors have noted an extremely salient point - that the 'upstream integration' model is at odds with UK policy ie. UK commissioning guidance. The authors state in their findings that 'administration of life prolonging therapies (e.g. blood product transfusions and antibiotics), on which many patients depend, was said to conflict with some hospices' admission criteria.' The authors identify this as being at odds with UK policy however the use of life prolonging therapies is recognised in the WHO definition "palliative care is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications." The authors may wish to discuss if the UK policy is also at odds with the WHO definition?

This is an article important in its field as it is the first study in the UK exploring referral pathways to SPC by patients with haematological malignancies and highlights the potential for future models of care ie. shared-care model or 'upstream integration.' The authors have also identified policy implications that have the potential to impact on the quality of life and quality of care for patients with haematological malignancies which makes this a valuable contribution to the literature.

Suggested Revisions
Page 15, lines 10-17
The authors discuss barriers and in the following sentence state 'Uncertainty (due to fluctuating trajectories, sudden deterioration and death, "last ditch" attempts at salvage, and indistinct transitions) was important….' This sentence is a little confusing - consider rephrasing? This reads that uncertainty is important however is it more the case that uncertainty was a significant barrier along with the other factors?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
No
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Unable to assess

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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