Reviewer’s report

Title: Integrated respiratory and palliative care leads to high levels of satisfaction: a survey of patients and carers

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Reviewer: Kylie Johnston

Reviewer's report:

Firstly, could the authors please supply a copy of the survey used? This was referenced in the manuscript as being available in Appendix S1, but the Supplementary material submitted did not include the survey. It is difficult to comment on the rest of the paper without the actual survey, so some of the questions below will be clearly resolved when the survey has been supplied.

Introduction: The first sentence of paragraph 3 should use a different term rather than "demonstrated improved outcomes". Consulting the reference about the ALDS by the same authors as this manuscript, the single-group cohort study (combination of retrospective and prospective data collection) uses the language of "association". This would be more accurate.

The third stated aim of the study was to determine priorities for service development. It was not clear how this aim was explored in the survey (except possibly the question "in the ALDS clinic would you like to see any other health professionals?") or addressed in the discussion. Please include this in your presentation.

Methods

Survey distribution: Were participants given a choice of how they would prefer to complete the survey? (ie by post, at hospital outpatient appointment by completion of paper questionnaire, or as a face-to-face interview). If not, how was it determined which method was used? From my reading of the paragraph, they were all posted, and the latter 2 options offered only if the questionnaire was not returned by post, but please clarify.

Please report in the results section how many questionnaires were completed by each method.

Results: While number of ALDS appointments is reported, is it possible to know over what time period these appointments occurred? This would help with the interpretation of comments made about the value of "long-term" care including in the discussion.
In Table 2 please indicate that/if these excepts supporting the themes are examples only, rather than being the whole extent of free text comments related to each theme.

Supplying a copy of the survey will help with interpretation of the results, such as the rating of what aspects of the service are considered important (not clear how this was presented in the survey eg yes/no or important/unimportant).

Interpretation of Table 3 could be enhanced by information on how many of the participants were experiencing the various symptoms: this information may have been asked in the survey but not reported? Also the question about feeling more confident to manage symptoms: did this refer to symptoms in general? It would have been very helpful to know which of the listed symptoms the ALDS helped the participants to feel more confident with managing. Please present this information if it is available. This also might help indicate directions for future service development (as per the 3rd stated aim). For example, fatigue is not included as a symptom although common in this patient group: was this on the questionnaire?

Discussion:

As perspective, how do the therapeutic relationship qualities of this service compare with value/satisfaction with therapeutic relationships reported between health professionals and people with advanced disease in other health care services?

The aspect of working relationships with primary care/community teams is mentioned in the discussion, but without the survey it is unclear if this aspect, or its value to participants, was explored in the survey. A comment on the sustainability of the service being available for urgent review appointments, and how this service fits with being reviewed by participants' usual respiratory physician and GP would be of interest.

Did the question "Would you like to see any other health professionals?" have a space for "Why or Why not?" In the discussion the authors suggest that "one stop" clinic visits may be exhausting and overwhelming and it would be good to know if that is coming from patient comments, or the existing literature? Interpretation could also be enhanced by information about the usual length/time commitment of the ALDS visits if that is available.

Again related to the stated 3rd aim of priorities for service development: given the data from this survey, do the authors see the "physician" role in an advanced lung disease service could be taken on by either: a respiratory care physician with extra palliative care training; or a palliative care physician with an interest and expertise in respiratory end of life care)? ie it could be either/or? The conclusion seems to indicate the authors suggest the former option.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Unable to assess

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:

Acceptable

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