Reviewer's report

Title: Enabling Public, Patient and Practitioner Involvement in Co-Designing Frailty Pathways in the Acute Care Setting

Version: 0 Date: 21 May 2019

Reviewer: René Melis

Reviewer's report:

This study discusses the co-design process and outcomes (public, patient and practitioner involvement) to enhance care pathways for frail older people in the acute care setting. Priority areas are identified as well as characteristics of the co-design process. In this sense, the manuscript targets multiple objectives in parallel, without clearly prioritizing them and therefore results in an awkwardly hybrid paper describing aspects of both the co-design process and how the outcomes were implemented in clinical practice that misses a clear structure the results, discussion and conclusion. As a result the paper addresses too many aspects of both the co-design process as well as the different initiatives (FITT, IR) that resulted from the co-design process at once and without a clear underlying narrative/framework guiding the research. While the work conducted is clearly rich and valuable in its considerations and outcomes, the whole fails to convincing communicate it's too many messages. We have a number of major and minor comments and remarks with the hope to help further improve this work.

Major comments

- In your abstract you mention this paper "discusses the co-design process". I would suggest making a clear division between outcome of the co-design process and the process of co-designing itself. The result section is filled with outcomes of the co-design process, whereas remarks and finding of the process of co-designing are placed everywhere. We would suggest stating the process of co-designing in the result section as well, because it is a result. Perhaps it would even be better to focus on the process of co-design completely if a measurable objective that has relevance to scientific literature can be identified.

  o In this is not clear to us how the findings about the process of co-designing were collected. It would be helpful to state the methods used for this in the method section, e.g. use of transcribed data or observations from the researchers present at the co-design meetings. (i.e. for how the data collection on co-design process for scientific purposes was designed)

- Methodological approach is frequently mentioned. What is meant by it is still unclear to us (e.g. l. 150 p.7).

- The first paragraph of the results section could also be methods (l.228 - 236 p.10). Were the six meetings scheduled on forehand? If so, I would say that it should be part of the method section. In my opinion statements about recording and transcription should be part of the method section of the paper.
- The paper has a qualitative approach, why is this not stated in the method section? Though the qualitative approach is not systematically developed following state-of-the-art methodology for qualitative research designs.

- Discussion:
  o The structure of the discussion is not clear to us and would benefit from implementing the usual structure of summary, comparison to literature, reflection on the findings, strength/limitations, impact on research and clinical practice. We miss a summary at the beginning of what - according to the authors - are the main findings. This is a very rich set of results, but the authors can help the readers to prioritize findings.
  o It would be nice if you could link your results to previous studies looking at a similar approach or outcome.
  o Also, rather than a discussion, you present new results in the discussion. I would suggest moving this to the result section.
  o I miss strengths and weaknesses of your innovative methodological approach. I think this is essential to educate others interested in implementing a similar co-design process.

- Conclusion:
  o You present new information in your conclusion e.g. about participant views on their participation in the co-design team (l.489 - 493 p.21). I would suggest concluding what the main findings of this study were and recommendations for future similar co-design processes.

Minor comments
- What is meant with "implementing a model of excellence" (l. 103 p.5)?
- What is the difference between public and patient participants? In my opinion they are all frail older people or representatives of frail older people.
- One family carer is insufficient in my opinion. I think family carers are very valuable for such a co-design approach. Family carers experience the healthcare for frail older persons from close by, but from another perspective than patients. Furthermore, how family members are treated and involved in the care arrangements for the frail loved one is in my view important as well for the quality of care.
- In the co-design participant recruitment paragraph you start with a (N=x) notation, why do you stop after the part about public and patient participants? In our opinion it would be more consistent to use the notation throughout the rest of the paragraph (l. 137-148 p.6).
You mention that practitioners were involved on a rotating basis ensuring a critical mass of public/patient participants. I am curious what the average number of co-design participants was during the meetings? I think it is useful to mention, also for implementing this method.

"The academic participants in the SAFE co-design meetings acted as facilitators focussing on enhancing PPR input into the process" (l.160 p.7). I would expect that academic experts know a lot from literature about feasibility and effectiveness of interventions suggested by the PPR. Why did you choose to give them a facilitating role instead of active participation when necessary? Also, how can they be co-design team member and external facilitator at once?

L.171 p.8 "...outside of meetings to capture additional insights", what did you do with these insights? Are these used for this study?

L. 179 - 181 p. 8. PPR participants are nominated by NGO organizations. It is possible that this way of recruiting resulted in a selected PPR group of similar, over critical, active and verbal people? For implementation on a large scale we would suggest inviting all interested to write an application.

We were not sure what you mean with pathway development (l.234 p.10), could you explain this?

Reviewed by Dorien Oostra, PhD candidate, and René Melis, senior researcher together for training purposes. Final approval of the review comments and review decision is on behalf of René Melis.

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.

Unable to assess

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

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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