Reviewer’s report

Title: Improving engagement with healthcare in hepatitis C: a randomised controlled trial of a Peer Support intervention

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Reviewer: Jake Rance

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This paper reports on findings from a randomised controlled trial (RCT) assessing the efficacy of peer support as a means of engaging people experiencing homelessness and drug dependence with healthcare services for hepatitis C (HCV). The primary outcome of interest was successful engagement with clinical hepatitis services. Potential participants were recruited via relevant outreach services in London, UK, and, after confirmatory testing, those identified with chronic infections were randomised into either 'peer support' or 'standard of care' arms. The authors conclude that indeed, peer support can improve the engagement of patients with chronic HCV with healthcare services.

The paper is refreshingly well written and the study very clearly explained (even if much of the detail is appended as supplementary material). Moreover, the matter of peer support is an important one, not least in ensuring that 'no one is left behind' in our collective determination to achieve HCV 'elimination'. Nonetheless, despite the undoubted academic quality of the paper I have one principal reservation. Why, in this era, when the benefits of 'peer support' among people who inject drugs have been so widely and convincingly demonstrated (see for example, the 2012 WHO 'Guidance' document) was an RCT considered necessary? Why, when, as the authors themselves point out, there is no shortage of observational data and qualitative evidence - including experiential knowledge from both clinicians and service users - attesting to the effectiveness of peer support? Is it simply that 'evidence' from RCTs is necessarily privileged over and above other forms of evidence? If so, this would seem somewhat ironic in light of the recent 'Cochrane Controversy' concerning the absence of (so-called) 'gold standard' RCT evidence supporting the efficacy of direct acting antivirals.

I would also make an additional point. I find the paper's representation of the 'underserved and vulnerable' (p.4) troubling. Terms like 'chaotic lifestyle factors' may inadvertently contribute to othering people already experiencing significant social stigmatisation, not least by implying that they find themselves in their current circumstances somehow as a result of their own making. This is not to suggest that we in any way gloss over the extent (and accompanying risks) of such disadvantage, but rather that we be clear about the determining influence of boarder social-structural factors (the criminalisation of drug use, chronic unemployment, shortage of public housing etc.). In other words, the social determinants of health.

These concerns aside, I congratulate the authors on a fine piece of academic writing. Epistemological reservations notwithstanding, if such trials help strengthen the involvement of
peers in the provision of much needed care and support for people who inject drugs experiencing social disadvantage - including in treatment for chronic HCV - then good luck!

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