**Author’s response to reviews**

**Title:** Selecting, refining and identifying priority Cochrane Reviews in health communication and participation in partnership with consumers and other stakeholders

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**Author’s response to reviews:**

To Editor:
Dear Rosanna,

RE: Response to peer review on manuscript HRPS-D-18-00136

Thank you very much for your guidance on how to address the peer review. We have addressed all comments in the list below. Where changes have been made to the manuscript, we have noted the change and location.

With kind regards,

Sophie Hill, Allison Tong and Anneliese Synnot on behalf of the author team.

COMMENTS TO REVIEWERS

Reviewer #1: This is a very well written article, but reports on a very small piece of work, and is of limited interest as it stands. This is one of a series of activities, including an online survey (already published), this single workshop and a set of actions for future Cochrane reviews. It is interesting that five sets of authors are now working on reviews, taking into account the actions from this work.

The work will be of greater interest if the results of this workshop (run in 2015) are a small part of the wider work, and are included with further work assessing the 5 reviews, including the experiences of the review teams (what they did differently) to incorporate the recommendations and the reactions/responses of consumers and professionals of the 'new' format of the five reviews. This would provide a more substantial piece of work that will enable others to learn lessons and improve the useability of future systematic reviews. There should have been time, in the intervening 3 years, for the reviews to be complete.

RESPONSE

We believe the workshop warrants a standalone paper, in which we identify and describe stakeholder priorities for Cochrane reviews in health communication and participation; and which contributed new knowledge. Similar workshop reports have been previously published and are referenced in the paper.

The assessment of the directions that the five priority reviews take is beyond the scope of this current paper and would not be feasible to include. The five Cochrane reviews are all potentially large and complex (at least one will have a minimum of 80 included studies), they will address a
wide range of needs within different health sectors, and may take a few years to complete. All are still in preparation.

In response to this comment, we have now added this to our Discussion as an implication for future research, as suggested by Reviewer 1: “We plan to evaluate the implications of being priority reviews with the five teams once they complete.” [page 28, Lines 13-14 of marked copy]

Reviewer #1: There were 151 responses to the online survey, which is not a huge response given the breadth of interest in this area. This paper is reporting on the discussions and deliberations of a workshop of 28 people, not really representative of the wider community. The authors claim this is international, but the majority of participants (and authors) are Australian. I don't think the results of the single workshop with 28 people can directly lead to the conclusion in the paper 'Consumers, health professionals and health decision makers want Cochrane Reviews that address the underlying structural and cultural challenges in health communication and participation, and in doing so explicitly consider health equity'.

RESPONSE

We involved a diverse mix of Australian consumers, carers, clinicians and policy makers, who were key informants chosen for the depth and relevance of their knowledge and experiences on patient experiences, quality and safety, and consumer and carer participation. This follows the leading methods in this field (ref 20).

The priorities selected, such as person-centred care or end of life communication, are of high relevance to many countries, not only our country, and the similarities between our findings and other studies are discussed. References from the UK and USA include studies with similar methods and participant approaches (eg Ref 34).

As suggested, we have revised the relevant sentence in the Discussion to limit our applicability.

The original text read:

“Comparing the results of these studies with ours reveals considerable overlap, and suggests international transferability of our results.”

The revised text reads: “Comparing the results of these studies with ours reveals considerable overlap, and suggests [DELETE international] transferability of our results to similar settings. [Page 27, lines 17-18 of marked copy]
Reviewer #1: The paper talks about strengths, but does not include anything about the limitations of the work. The strengths are largely process-oriented about the actual workshop itself, and it is debatable whether the group itself was representative of wider consumers, as claimed. There are limitations around including 'professional representatives' whose interests are often different from the groups that they are to represent. This is a huge dilemma, much commented on in the literature, as it is important that groups actively involve consumers and other stakeholders - so more about these issues would be more relevant for reporting on this work.

Work to include people/consumers/etc in decision making about health issues is really important, but the same issues are still arising after many years of discussion/action.

RESPONSE

The paper does discuss weaknesses.

Our selection and sampling strategy of participants was informed by other priority setting activities and this is the approach recommended for priority setting workshops.

We ensured that consumers comprised half the group (addressing power imbalance) and we included a range of clinicians, researchers, and policy makers in various roles (ensuring researchers could not dominate).

However, changes to the Discussion noted above have added to the limitations.

Reviewer #1: There are 17 authors on this paper, reporting on a workshop with 28 people.

RESPONSE

There are 17 authors because all members of the Stakeholders Advisory Committee contributed as co-authors (and as per the ICJME guidelines for authorship). This reflects emergent practice of involving stakeholders in research (and its outputs). The 17 authors did not have decision making capacity on the day of the workshop.

Reviewer #2: I do not have any issues with this manuscript.

RESPONSE

We thank Reviewer 2 very much for this comment.
Reviewer #3: This paper reports the results of a priority-setting exercise for Cochrane Reviews in health communication and participation in partnership with consumers and other stakeholders. Cochrane Reviews are considered my many as the gold standard in evidence synthesis and assessment. They are highly time and labour intensive and are often carried out by large groups of researchers and dedicated international centres. Therefore, the results of the reported priority-setting exercise are of great significance for policy and practice internationally and can help reduce research waste. Moreover, the priority-setting exercise is reported in great detail and in accordance with the relevant guidelines. It may serve as the gold standard for other Cochrane Collaboration groups and researchers internationally undertaking similar exercises or looking for methodology to set priorities in a rigorous and transparent manner. I recommend it for publication as it is.

RESPONSE

We are very pleased to read Reviewer’s response and also to read of the recognition of the scope and quality of the manuscript.