Reviewer’s report

Title: Feasibility, acceptability and effectiveness of young-people specific, integrated out-of-hospital services: A protocol for systematic review

Version: 0 Date: 15 Nov 2017

Reviewer: Laure Perrier

Reviewer's report:

The authors have identified a subject related to young people and integrated out-of-hospital services that is topical and of global interest. A few items that would strengthen the manuscript have been identified. Several items outlined below involve minor clarifications, however there are some major issues that need to be addressed as well.

1. Background
   * Lines 47-49: This sentence requires a reference to support the statement
   * Lines 50-53: This sentence requires a reference to support the statement
   * Lines 54-55: This sentence requires a reference to support the statement
   * Lines 56-57: Sentence construction is poor - consider re-wording

2. Methods
   * Table 1: Population - Provide a source for 'young people' as being between 10-24 years of age
   * Table 1: Population - Although different organizations identify 'young people' as large, there is great diversity between a 10 year old and a 24 year old
   - Part of this group would be considered 'children' (pediatrics) and another part would be considered adults. It is critical to acknowledge this in your paper as there is the question of whether a 10 year old and a 24 year old would have very different needs with regards to integrated services/care - consider outlining strategies for how the review will address/report on this. If these age groups should be grouped together with regards to services, the rationale needs to be clearly outlined and explained in the Background.
   * Table 1: Study Design - Consider removing 'etc.' with listing of study designs
   - Rather than saying primary studies (which could include qualitative studies and it does not appear you are including them), you could consider stating something like: 'experimental (randomised controlled trials, quasi-randomised controlled trials, non-randomised clinical trials), quasi-experimental (interrupted time series, controlled before-after studies), observational (cohort, case-control, cross-sectional, case series)'
   * Table 1: Outcomes - How will you determine effectiveness, feasibility, and acceptability have been measured when assessing eligibility? Is it strictly based on the authors using these terms in the reporting of their studies, or will you be using other strategies to identify them, e.g. if a study measured satisfaction (rather than using the term acceptability) in their outcomes, would this study be included in the systematic review? If so, what source will be used to indicate that these two attributes are similar? Are there other terms for 'effectiveness' or 'feasibility' that
would be considered equal - if so, how will this be determined?

* Search Strategy: Table 1 says the studies will be restricted to English language only - The search strategy indicates there will be no language restrictions. Consider harmonizing these two.

* Search Strategy (Appendix 2):
  1) There are some terms not used that would be considered synonyms to integrated care such as, integrated health, comprehensive care, multi-agency care/multiagency care, integrated services.

  2) The search for a systematic review must be exhaustive - there are no variations on spellings, e.g., co-ordinated care, care co-ordination

  3) No wildcards are used in the 'integrated care' portion of the search that would ensure a comprehensive search.

  4) For MEDLINE/Cochrane: MeSH (Medical Subject Headings) need to be added to the 'young people' portion of the search, e.g., Adolescent/, Young Adult/, Child/.

  5) For EMBASE/CINAHL: Subject Headings need to be added to the 'young people' portion of the search; as well, the search terms used have been restricted to Abstracts only and should include searching titles for this portion of the search.

* Consider searching the grey literature - One strategy would be to identify a list of websites that focus on 'young people', e.g., WHO, PRB, UN and search their sites for relevant studies

* Line 94: Provide more information about how the data extraction forms will be piloted, e.g., how many records will be used to pilot the forms, what level of agreement will be needed before moving to extraction of all eligible studies

* Lines 100-101:
  1) The reference is not to the primary research on the Newcastle-Ottawa Scale;

  2) The reference used does not look at the Modified Newcastle-Ottawa Scale;

  3) The Newcastle-Ottawa Scale is only relevant for nonrandomized studies - Scales for other study types, e.g., trials, need to be identified

  4) If a Modified Newcastle-Ottawa Scale is being used, indicate why the modified version is preferred over the original version

* Lines 104-106 and Lines 112-113: It is not possible to know the results of your systematic review before conducting it, therefore this speculation should not be included in the protocol - If trials are included in the study types accepted into the systematic review, provisions for handling them within the systematic review must be made

3. Discussion

* Line 120-121: It is challenging to declare that evidence will be provided before the review is done as it is possible there may be no studies that fulfill the eligibility criteria

5. References

* Please review all of your References and ensure they are listed in the correct format - e.g., include website links where appropriate and follow NLM reference style
6. **Other**

   * Author Contributions: Line 147 - 'AP was the lead reviewer' - Given this is the protocol, no reviewing would have taken place yet

**Level of interest**

Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

**Quality of written English**

Please indicate the quality of language in the manuscript:

Acceptable

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