Reviewer's report

Title: Using Participatory Learning & Action (PLA) research techniques for inter-stakeholder dialogue in primary healthcare: An analysis of stakeholders' experiences

Version: 0 Date: 15 May 2017

Reviewer: Janet Harris

Reviewer's report:

This paper fills a real gap in terms of providing concrete examples of how PLA can facilitate dialogue, and the evolution in relationships leading to collaborative work. Overall, it was a really interesting read and I only have a few comments.

p 9 line 8: 'Qualitative speed...' missing words or incomplete sentence? Cross reference to box with definitions of terms?

The data analysis is very clearly described. The references for this approach (Cornwall, Gaventa, Cargo, Chambers) all discuss positive and negative interactions - but readers who are less familiar with their work might benefit from a brief description of these. It looks like you may have used these authors as a preliminary framework but the process as described appears inductive. Can you explain a bit more how the authors were used.

In the analysis, the quotes in level 2 and level 3 relate really well to Table 1 Levels of Dialogue. In Level 1 there are quotes directly linked to trusting relationships in a safe space, but the links between quotes and themes B ) Collegiality and collaboration and C) Balanced asymmetrical power relations aren't as apparent. Can these be made clearer?

Negative experiences are reported but were there any data to explain why these happened, or how they could have been mitigated? I ask because this is a new approach with general practices and people reading the article might be put off by the issues related to time commitment. For example, GPs had to adjust to the time commitment - was there any discussion at the beginning of the project related to the amount of time usually involved, in order to help set expectations? Who set the original timeline for the project, was it researchers with funders or were stakeholders involved in the proposal process? Did researchers have any reflection/discussion on how to facilitate or get group involvement in moving the project along? Why was there such a heavy workload for researchers; did it relate to using new skills of PLA, for example, or decisions made during the project to do more exploration and facilitation than originally planned? Is there anywhere in the article where there could be some consideration how the potential benefits when people commit the time - this isn't coming out clearly at the moment.

There are several mentions of PLA contributing to implementation and being unable to realise implementation. Was the PLA process aiming to implement something, and if so, how does PLA
contribute to the process of implementation? I'm also wondering if uptake was low over the short term, or over the longer term. Did people expect to see an immediate uptake of the service?

Discussion

Is there any literature related to your negative findings?

Can some detail be added to the following sentence be changed to give some idea of how your work is actually related to the 2 authors cited. "Interestingly, we observed that clinicians who were engaged gave a time efficient way (for further details see Lionis et al. 201657 and Teunissen et al.)"

Small point p 19 line 22: Would it be more accurate to say that the mode of engagement might be appropriate and productive - rather than 'transferable'.

Level of interest

Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English

Please indicate the quality of language in the manuscript:

Acceptable

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