Reviewer’s report

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

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Reviewer: Ruth Mc Menamin

Reviewer's report:

Dear Authors,

I enjoyed reading your article entitled "Using PLA research techniques for inter-stakeholder dialogue in primary healthcare: An analysis of stakeholders' experiences". As you know in the last decade there has been an increasing emphasis in research, policy imperatives and practice about the importance of stakeholder involvement in primary healthcare. However, while there is widespread recognition and support from healthcare professionals, academics, policy makers, researchers and service users about the importance of inclusion there is a paucity of information about how to practically achieve meaningful dialogues across stakeholder groups. In my opinion this article offers an important contribution to this gap in our knowledge by providing empirical data from the RESTORE study about how positive and productive inter-stakeholder dialogue can be achieved across diverse settings and stakeholder groups. The stakeholders' experiences of involvement through the PLA approach in your study are captured in a variety of ways which in my opinion increase the veracity of the data. I was very interested in the authors description of the different levels of inter-stakeholder dialogue in the RESTORE study. This data provides the reader with valuable insights into how the inter-stakeholder groups evolved over time in terms of trust relationships and transformative experiences. The challenge of equalising power dynamics within the diverse inter-stakeholder groups was also addressed with empirical evidence about stakeholders experiences of group relationships over a significant period of time. This data was interesting because in my experience it is difficult to move away from traditional hierarchies of power in groups where researchers and stakeholders may be biased by issues of education and perceptions of power. This article demonstrates how PLA can be used as a successful methodological approach to create meaningful dialogues between diverse stakeholders in primary healthcare and the analysis of the stakeholder experiences in this study augur well for all those interested in this type of involvement work. Thank you for this very valuable contribution to the literature.
My suggestions for revision are minor and are aimed at enhancing clarity for the reader in some areas. I hope they are of benefit to you.

p.2 2nd paragraph: Can you provide a breakdown of the 78 participants in your study? You mention migrants, doctors etc. but the reader does not know how many participants were in each group. Also it is not clear what you mean by 'PLA session'.

The sentence beginning "For instance a GP...." I suggest you use the term 'doctor' instead of GP to be consistent with your previous sentence. Similarly, instead of 'PLA discussions' may I suggest using the same terminology as you used in your first sentence in this paragraph 'PLA sessions'. This makes it clear to the reader that you are speaking about the same experience.

p.2. 'Methods' May I suggest numbering the countries e.g. 1) Austria; 2) Greece etc. This numbering will provide a clear link for the reader for the 1st sentence on P.3 when you mention 'five sites'.

p.3 1st sentence - Could you include in a bracket who the 78 stakeholders were? This will provide continuity from your lay summary. Can you clarify whether 'PLA inter-stakeholder dialogue sessions' are different from the 'PLA sessions' you mention in your 'Plain summary' on page 2. This terminology may be new to the reader.

p.3. 1st sentence- You introduce the term inter-stakeholder but the meaning of this term is not clear to the reader. May I suggest including this term in Box 1. and refer the reader to box 1 here. There are also many different interpretations of the term 'stakeholder' so you may wish to consider explaining what you mean by the term 'stakeholder' in box. I also.

p3. I understand that you mean General Practitioner but you have not given the reader an explanation of this abbreviation at this stage in the paper. You provide an explanation on p7. for RESTORE so perhaps you could explain the terminology earlier? Is the term GP used consistently internationally?

p5. last sentence: ? TYPO 'Over the last years...' Did you want to include the number of years? Also can you provide a reference for this statement?

P.6 1st sentence: '.....no detailed analysis to date of the use of PLA methods for inter-stakeholder dialogues in health research.' Did you mean with migrants?

p7. Last paragraph: In my opinion it would be valuable to briefly explain to the reader what you mean by stakeholder groups; inter-stakeholder groups and inter-stakeholder dialogues earlier in the paper. If this terminology is unfamiliar I am concerned that the reader may not appreciate the similarities and/or differences between the different types of groups etc.

p8. 'Sampling and Recruitment of stakeholders' Did you have inclusion/exclusion criteria? Could you briefly explain this and provide more detailed information about the nature of the 78
stakeholders recruited across countries? This is the first time you have told me that a PLA inter-stakeholder dialogue' is about 2-3 hrs in duration. This detail is useful to help me understand what you mean when you say 'PLA dialogue' and I think it would be valuable to include it earlier in the paper.

p.9. Evaluation of Stakeholders' experiences of PLA - 1st sentence - I think it is important to say that 'data were generated about stakeholders' experiences of using PLA techniques to support inter-stakeholder dialogue because this reflects the title and aim of your paper. You mention that the speed evaluations were 'transcribed' and other evaluations were 'professionally transcribed' How did you select data for 'professional transcription'? What was your rationale?

p.9. 2nd paragraph: Please refer the reader to Box. 1 for an explanation of the term 'researcher-catalysts'

p.9. 3rd paragraph - Do you mean that research teams consistently used the same template for fieldwork reports or do you mean that the template was actually standardised? Standardising has a very specific meaning in the domain of healthcare.

p.9. 4th paragraph - It would be valuable for the reader if you named the 4/5 sites for bullets 1 and 2 because the reader does not know if the data sources were provided by the same 4 sites for both points.

p.9. Data Analysis: last sentence: If I understand the data sources and analysis correctly the data included from the researchers was data about the researches' perceptions of the stakeholders experiences of the dialogue. In my opinion this distinction is not captured in the last sentence on p9. May I suggest that you consider re-phrasing this sentence to capture this distinction for the reader.

p.10. Half way down the page: Line 31:Can you provide further explanation of your intended meaning here? "Each of the levels is porous and should......boundaries' meaning that......"

P.10: Line 37 Figure 2 is super but can you give a more detailed explanation about Figure 2 in your narrative account?

p12. Line 48: 'key necessary components'. May I suggest that you refer the reader to Figure 2 for a reminder!

p.13: Line 49: Was the 'incremental nature of the inter-stakeholder dialogue a design feature in the study or did it evolve organically? I am interested to hear your thoughts about this...

p14: Line 24: Level 3 optimal components - Again may I suggest that refer the reader to Figure 2 for a reminder.

p.15. line 46: Can you provide the reader with some details about your analysis process for the emergent negative experiences? - Codes; Themes etc.
Discussion and Conclusions - no suggested revisions. Both sections interesting and clearly written.

Good luck with the revisions and I look forward to reading the revised article.

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An article of importance in its field

**Quality of written English**
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Acceptable

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