Peer Review File

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Reviewer Comments

Reviewer A

Thank you for the opportunity to review this paper.
The paper highlights the rationale for primary care delivering palliative care.
Overall, it is very well written.
I'd like to add the following comments to improve this paper.

Comment 1:
When referring to primary palliative care, it would be helpful to mention the difference between primary palliative care and specialized palliative care to better understand the role of primary palliative care.

Reply 1: Thank you for your suggestion.

Primary palliative care is palliative care practised by primary health care workers, who are the principal providers of integrated health care for people in local communities throughout their life. It includes early identification and triggering of palliative care as part of integrated and holistic chronic disease management, collaborating with specialist palliative care services where they exist, and strengthening underlying professional capabilities in primary care. (Munday et al. 2019). A Box was added with the definition.

Comment 2:
In the text, not all phrases of palliative care are considered to mean primary palliative care, so it is necessary to clearly distinguish whether each "palliative care" means "primary palliative care" or "specialized palliative care".

Reply 2: We used primary palliative care as indicated above. With this definition im mind, we review the text, and used the word spezialized, given the case or just palliative care, if it refers for the whole concept.

Reviewer B

The idea behind this paper is extremely important and I totally agree with the fundamental idea that general palliative care should be implemented more widely within

societies. However, this paper is visibly written by a non-english native and the argument is sometimes difficult to follow. Furthermore, there are many spelling mistakes (line 134 p. 4: a swell instead of as well, line 146 p.4: On outstanding insted of one outstanding, etc.).

Reply: Thank you for your careful reading. The manuscript has been reviewed by a native speaker.

The figures lack a legend and in the case of figure 2, a source. I also believe figure 1 should be the other way round?

Reply: Thank you for your advice. We corrected the figure and added the legends:

> *Figure 1: Medical poverty trap*
>
> *Figure 2: Total National Health service costs for unscheduled (emergency and urgent) care in Scotland for all people who die in 2016 (33)*
>
> *Legend: A&E=Emergency Department; PCOOH=Primary Care Out of Hours; NHS 24= Telephone advice; M=Million*

Finally, many statements in the paper lack a source such as "line 101 p.3: pallaitive care has been proposed as a "value -for money" rather that (than?) "cost-effective".

Reply: We excluded the sentence, then it is an economical concept which require more explanation and references. We cannot include more references, since we are over the limit.

Reviewer C

Thank you for inviting me to review this editorial piece. It is an important subject area and my comments are intended to strengthen the piece.

General Points
1. Overall requires grammatical and spelling amendments throughout.

Reply: Thank you for your careful reading. The manuscript was reviewed by a native speaker.

2. Title: The take home message from the piece appears to be focussed on the economic benefits of primary palliative care, primarily in LMIC, therefore, should the piece be more aptly titled to reflect this?

Reply: Thank you for your suggestion. We have now included "and economic benefits" in the title We consider that the result are relevant to all countries and have included findings from USA and UK.

3. The points made in the piece seem to imply that the focus is adult palliative care but it would be good to specify this if correct.

Reply: Thank you for your advice, We have focused on adult palliative care where there is most evidence. But we now have added a sentence to state that primary palliative care should include children.

4. References: 41 references, author guidelines suggest a max of 25.

Reply: In the light of these further requests we have been unable to reduce this, and consider them all relevant.

Line by Line Comments
Line 28 - There may be a more fitting term than "serious illness" i.e. life-threating or life-limiting.

Reply: Indeed, there are several terms referring to the people who may benefit form palliative care. We decide to use the term "serious illness" following the definition of palliative care (Radbruch et al 2020) to be aligned with the current narrative.

Line 39 - This statement would benefit from a reference.

Reply: We included the World Health Assembly (WHA) reference: Strengthening of palliative care as a component of comprehensive care throughout the life course (WHA67.19). 2014.

Line 51 - Some notable exceptions such as?

Reply: We have inserted Panama as example.

Line 53 – Change "75% of people" to "75% of patients". "generalists can ably cope with 75% of people" this statement somewhat contradicts line 23 that suggests that generalists could manage all palliative patients.

Reply: We changed "people" for "patients" and change the first sentence to be clearer with our message.

Line 57 – Is this the picture of current generalist palliative internationally, or is this what

the ideal situation would look like? May be worth mentioning how generalist palliative care varies internationally with links to socioeconomics.

Reply: See text adjusted to mention this point.

Line 60/61 – This sounds like these components (training etc) are current needs or issues that need rectifying. Is that correct and if so which generalists (countries) require these? If this is broadly referring to generalists in LMIC, it is important to specify this.

Reply: In our opinion, the needs are worldwide at different intensity, not only referring to LMIC.

Line 65 - https://www.who.int/docs/default-source/primary-health-care-conference/palliative.pdf may be good to substantiate why primary care is aptly placed to provide palliative care.

Reply: Thank you for the reference which we have added.

Line 72 – This statement would benefit from a reference.

Reply: It is our reflection on the need of alignment between need, education and health care provision.

Line 76 – For this section it is important to specify which healthcare structure is being referred to (national health, out-of-pocket etc), as this influences the readers understanding of the economic cost and cost to patients.

Reply: We have clarified this in the text: we mean the national health care structures.

Line 86 – An example of a low-cost high-value treatment would be appreciated.

Reply: We deleted the sentence.

Line 97 – This statement would benefit from a reference.

Reply: Reference was added

Line 101 – Previous content of the piece suggests that palliative care is cost effective, therefore, this statement contradicts with other parts of the piece.

Reply: We deleted the sentence to avoid confusions in the interpretation of our argument

Line 109 – This is a really interesting study result, it may be worth stating that Malawi is a LMIC.

Reply: We added the requested information

Line 119 – This section appears to be discussing previous research, in which case it would be appropriate to change “How to assess" to “The assessment of”.

Reply: We changed the wording

Line 136 – If looking to explore the challenges that need to be overcome then it may be interesting to further explore why the integration has been with specialist palliative care and not generalists. There are recent reviews available that explore the challenges that GPs face when providing palliative care that may be of interest.

Reply: Agree Excellent point that generalists have tended to look to specialist palliative care rather than primary care when they want to adopt the principles of palliative care approach, and there has been much more research by palliative care specialists than generalists as we indicate

Line 156 – Very important point.

Reply: Thank you. No action needed.

Line 174 – What do you think the reason for this is? Could it be due to understanding or lack thereof the ‘palliative care’ term, it would be interesting to hear your opinion on this.

Reply: See clarification in text.

Line 185 – A brief statement of what exact steps you think need to be taken would be beneficial here.

Reply: The 4 steps are now listed and detailed.

Line 197 – Are there societal factors at play here that are stopping these conversations e.g. aging populations and less time to spend discussing such things with patients, or do you think it is purely a lack of tools to trigger such conversations. Again recent reviews concerning challenges that GPs face providing palliative care may be interesting.

Reply: Agreed. We have inserted "There are various cultural, religious and social factors what should be considered to ensure these conversations are helpful for patients, as well as enough time to start and continue the dialogue".

Reviewer D

This is an interesting editorial on the value of palliative care in primary care. I have a few comments/suggestions:

Concerning the part 'how to assess the economic value of palliative care in primary care …', the authors wonder whether generalists can deliver interventions as well as specialists. Could the authors specify which interventions? The authors then give an example of a specialist palliative care intervention in oncology, what exactly are the authors trying to say here?
Reply: We have mentioned that advance care planning is a good example of an intervention that generalists can and are better placed to deliver than specialists in palliative care. We are saying that the specialist oncology study that Temel et al. did, might have had primary care practitioners providing the palliative care.

The authors give some methodological recommendations, for instance, to adopt a quasi-experimental design rather than a randomized controlled trial. I think that it is also important to conduct in-depth process evaluations alongside outcome evaluations to assess the implementation of the intervention and contextual factors.

Reply: Thank you. We have included your helpful suggestion for future work, which may need quantitative and qualitative components.

The authors mentioned the gatekeeping of clinicians. Thus, they reported changing the term palliative care to another term (e.g. anticipatory care planning) to improve patient recruitment. Instead of changing the term, what do the authors think about focusing on a clear and careful explanation of the palliative care study?

Reply: We consider that focusing on a clear and careful explanation is always vital, and especially considering the vocabulary used. If a simple and complete description is possible without using the palliative word, that may be a useful option. This is what many primary care clinicians do in practice anyway when identifying patients and initially introducing the approach.

Figure 2: Can the authors spell out the full terms used in this figure?

Reply: Thank you for your advice. We added the legends:

Figure 2: Total National Health service costs for unscheduled (emergency and urgent) care in Scotland for all people who die in 2016 (33)

Legend: A&E=Emergency Department; PCOOH=Primary Care Out of Hours; NHS 24= Telephone advice; M=million

Minor comments:
Line 101, page 3: rather than
Line 134, page 4: as well as
Line 153, page 4: so sometimes an ambulance

Reply: Thank you for the thoughtful reading. We corrected these misspelling.