

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Paediatrics Open. The paper was subsequently accepted for publication at BMJ Paediatrics Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Medicines in Schools – A Cross-sectional survey of children, parents, teachers and health professionals
AUTHORS	Bellis, Jennifer; Arnott, Janine; Barker, Catrin; Prescott, Rebecca; Dray, Oliver; Peak, Matthew; Bracken, Louise

VERSION 1 - REVIEW

REVIEWER	van der Meulen, Marijke Erasmus MC - Sophia, Ped Cardiology Competing Interests: There are no conflicting interests
REVIEW RETURNED	17-Mar-2017

GENERAL COMMENTS	<p>Medicines in Schools - A Cross-sectional Survey of Stakeholders</p> <p>Overall</p> <p>The paper describes the results of qualitative research on medicine management in children, based on perspectives of children, parents/carers and healthcare professionals. This is an interesting topic which needs to addressed indeed.</p> <p>The main question was how medicines prescribed to children are managed in schools. The survey has provided an insight into the contrasting views of stakeholders and raised a number of issues that can be addressed to improve medicine management.</p> <p>Major comments</p> <ol style="list-style-type: none"> 1. The aims of the study seem very broad, this contributes to a broad range of findings that are presented, but which are difficult to comprehend and to contemplate on. I appreciate that this study is an explorative one, but I do believe that this paper would benefit from a bit more focus. Eg the aim could be to identify the most frequent or most serious drug management related issues; Or to identify were stakeholders differ or agree on major problems. Or to identify adherence to the existing DfE, or major concerns related to the DfE document and day to day experience in medicine management. 2. The results could be presented in a more insightful and attractive way. Now it is mainly numbers, figures would probably help. Furthermore it is not clear to my whether the presented results in the boxes, eg box 2 are all the answers provided, or merely a selection of responses. 3. the conclusion appears weak, a bit more precision is needed. The conclusion could be specified and logically follow the aim of the
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	<p>study.</p> <p>Minor comments</p> <ol style="list-style-type: none"> 1. The authors refer to the DfE document several times. It would be interesting if the authors could comment on that document, i.e. if stakeholders would adhere to this document, management of medicines would be good. 2. in line 30 'medicines are beneficial for the staff'. What do authors mean by that? 3. the term 'robust' in line 49 is in my opinion an empty term, what exactly do the authors mean by it? 4. In table 4, 15 pharmacists are included, but table 1 says that there are only 10?
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments to the Author
Medicines in Schools - A Cross-sectional Survey of Stakeholders

Overall

The paper describes the results of qualitative research on medicine management in children, based on perspectives of children, parents/carers and healthcare professionals. This is an interesting topic which needs to be addressed indeed.

The main question was how medicines prescribed to children are managed in schools. The survey has provided an insight into the contrasting views of stakeholders and raised a number of issues that can be addressed to improve medicine management.

Major comments

1. The aims of the study seem very broad, this contributes to a broad range of findings that are presented, but which are difficult to comprehend and to contemplate on. I appreciate that this study is an explorative one, but I do believe that this paper would benefit from a bit more focus. Eg the aim could be to identify the most frequent or most serious drug management related issues; Or to identify where stakeholders differ or agree on major problems. Or to identify adherence to the existing DfE, or major concerns related to the DfE document and day to day experience in medicine management.

Many thanks for this comment which, on reflection, we agree with. In response, we have amended how we have reported the aims of this study so that there are now three clear aims:

- a) to describe differences between how individual schools interpret guidance on how to manage medicines**
- b) to determine the nature of problems perceived by children, parents, teachers and healthcare professionals in relation to medicines management in schools**
- c) to highlight differences between these perceptions**

2. The results could be presented in a more insightful and attractive way. Now it is mainly numbers, figures would probably help. Furthermore it is not clear to me whether the presented results in the boxes, eg box 2 are all the answers provided, or merely a selection of responses.

Thanks for this suggestion. It was a challenge to decide how to present the results, we have considered how best to do this and have left the majority as tables. However, we have included one new figure (Figure 1) which we think displays the details of health care professional respondent professions and expertise in a more helpful way.

The results in e.g. Box 2 are a selection of responses. We have clarified this at the end of the Methods section with the following statement: Responses which exemplified the key themes were selected as illustrative examples for inclusion in the results section of this report.

3. the conclusion appears weak, a bit more precision is needed. The conclusion could be specified and logically follow the aim of the study.

We have revised the conclusion with the aim of matching the statements therein to the revised aims.

Minor comments

1. The authors refer to the DfE document several times. It would be interesting if the authors could comment on that document, i.e. if stakeholders would adhere to this document, management of medicines would be good.

This is an interesting point, the document is open to interpretation by individual school management teams. We talked about this concept during the analysis of our findings. An assessment 'good medicines management' may be different depending on who is undertaking the assessment, for example a pharmacist or nurse may have different expectations than a member of school staff. We have updated our Discussion to make reference to this concept, linking differences between how medicines are managed at school with differences in their interpretation of the DfE guidance.

2. in line 30 'medicines are beneficial for the staff'. What do authors mean by that?

We apologise that this was not clear. We have amended the manuscript for clarity as follows: the use of medicines that improved a child's symptoms in a way that was of benefit in the classroom (e.g. medicines for attention deficit and hyperactivity disorder).

3. the term 'robust' in line 49 is in my opinion an empty term, what exactly do the authors mean by it?

We accept your comment about the use of this term. We have amended the manuscript to read as follows: the management of medicines in schools in the UK has improved over the last decade.

4. In table 4, 15 pharmacists are included, but table 1 says that there are only 10?

Thanks for highlighting this discrepancy. The information from Table 4 can now be found in Figure 1 (in response to Major Comment #2 – see above). A footnote has been added to Table 1 to make it clear that 10 pharmacists were approached individually but a message was also posted on a paediatric pharmacists' message board. Using these two approaches, a total of 15 pharmacists were recruited to the study.