Response to Reviewer 1

Dear Reviewer1,

We greatly appreciate the comments you provided, which have helped us to improve the quality of the paper. We responded to all your comments point-by-point, and indicated where changes to the manuscript have been made (e.g. page, line). We also highlighted the changes to the manuscript with track changes.

Reviewer 1:

Comments and Suggestions for Authors

Healthcare provider communication is the key to engagement and patient outcomes-- thank you for highlighting this aspect of care and the importance.

Your papers offers a big focus on the negative aspects of participants in the table and in the results but a no discussion of the positive aspects in the table and limited discussion about person-centered care, how it was perceived and if HCP's can improve on it, especially in this population.

Authors' response: Many thanks for your comments. Whilst there was some discussion on the positive aspects about the support that the participants received from allied HCPs and community groups in our original manuscript in the discussion section, we have now added more information about positive experiences: 'Peer support service has also provided an opportunity for the participants to share their experience of living with a long-term health condition and skills of self-management. In addition, the participants also claim to have more positive communication experiences with consultants as a consultant appointment provides more specific information with longer time than GP appointment'. This now follow on from the discussion section, paragraph 6, line 456-461.

We have also added more information about person-centered care, and how it was perceived and if HCP's can improve on it in the discussion section, see lines 442-447 we added: 'As there are evidenced benefits to person-centered care within the context of chronic condition self-management (31), we should take into account the persons day-to-day experience, knowledge and action over time in managing their health; to strengthen and improve a person's control over their health. Sharing knowledge and decision making also is vital for facilitating patient-centered care ((32), and improves the relationship between patients and HCPs.'

Can you explain why you chose the patients for the project? Do they have worse health outcomes?

Authors' response: Many thanks for your comments. Recruitment was advertised by Asthma & Lung UK, and participants volunteered to participate in our study.

We do not know that the participants have worse health outcomes, but people commonly only tend to focus and remember the negative and therefore there is some self-selection around who ultimately may have decided to take part in this study. We have added a sentence to this effect in the limitations section of the discussion, line 477-480: 'Thirdly, the study results may be biased by some participants commonly only tend to focus and remember the negative and therefore there is some self-selection around who ultimately may have decided to take part in this study.'

Have you noticed that your patients are unhappy or not following recommendations?

Authors' response: We cannot determine from the information collected whether the patients are unhappy. Similarly, with the last comment, we are aware that people commonly only tend to focus and remember e negative experiences and therefore there is some self-selection around who ultimately takes part in this study.

What prompted you to do conduct this project and do you believe it is applicable to other patients with chronic diseases?

Authors' response: Many thanks for your comments. There were large studies of long-term lung condition patients, especially patients with asthma who were not adhering to their treatment and healthcare management. Communication between patients and healthcare professions play an important role as to why. However, by searching literature, we found that there was limited research in understanding patients' communication experience with their healthcare professionals from the patients' perspective, this prompted us to conduct this project.

With some common findings of long-term health condition patients, we believe it is applicable to other patients with chronic diseases.

Only 12 participants makes it hard to generalize the results.

Authors' response: Many thanks for your comments. Our study is a qualitative study, the goal of qualitative research is not to make generalizable claims but develop in-depth understandings with the richest evidence. Therefore, sampling is not a matter of representative opinions, but a matter of information richness. With 12 participants, we have reached data saturation.

Why do you think there are so many Negative themes and only one positive? This is concerning.

Authors' response: Many thanks for your comments. Similar to your previous question, people commonly only tend to focus and remember the negative experiences. Therefore, more negative themes than positive are presented in the data. We have added a sentence in the limitations section in the discussion around this. We added: 'We are also aware that the study findings lack specificity with chronic respiratory dis-eases, however, our study aims to understand the patients' communication experience with their healthcare professional, therefore it is not surprising that the findings/results are commonly about communication issues rather than specific to the patient's types of diseases.' (See line 480-488).

The most important finding is the last two paragraphs (Line 414- forward) but you haven't suggested how we need to improve on this or decrease the negative aspects of communication that is suggested in your findings.

Authors' response: Many thanks for your comment. We have revised these two paragraphs and added: 'As there are evidenced benefits to person-centered care within the context of chronic condition self-management (31), we should take into account the persons day-to-day experience, knowledge and action over time in managing their health; to strengthen and improve a person's control over their health. Sharing knowledge and decision making also is vital for facilitating patient-centered care (32) and improves patients and HCPs relationship'. Please see the changes on lines 437-441 and, we have also made revision on lines 456-461.

Several of the references are more than 10 years old-- please update or eliminate them.

Authors' response: Many thanks for your comment. We have updated the references across the paper.

Minor grammatical errors (punctuation mostly) throughout that could be easily corrected with editor.

Authors' response: Many thanks for your comment. We have checked the manuscript and corrected all grammatical errors.

Comments on the Quality of English Language

Minor punctuation errors-- mostly use of commas that are not needed.

Authors' response: Many thanks for your comment. We have checked the manuscript and corrected all grammatical errors.