Reviewer’s report

**Title:** The UPBEAT depression and coronary heart disease programme: Using the UK Medical Research Council Framework to design a nurse-led complex intervention for use in primary care.

**Version:** 1  **Date:** 8 August 2012

**Reviewer:** Rebekah Pratt

Reviewer’s report:

This is an interesting paper which outlines the coming together of a number of smaller pieces of work to form the process of designing an intervention to address CHD and depression. The paper is well written, and the writing style acceptable. This is a very interesting and useful piece of work, but in my view this paper does require more work before it can be published, and I would encourage the authors to do so, as this work is of great interest.

- Major Compulsory Revisions

1. This paper draws on several sources of data. This includes interviews with GP’s and PN’s, a published systematic literature review, and focus groups with patients. I think it is essential that the authors expand the methods section to have a heading for each of these sources of information to this process, outlining greater detail about each source of data, ie, a heading under the methods section for interviews with GP’s and PN, integration with literature review, and focus group study.

2. I understand that this paper is more orientated to showing the theoretical and empirically based process used to develop an intervention, which means it does not fit easily into traditional sections used in empirical publications, however, I think that the paper does need restructuring to make clearer what it is describing. I would like to see a distinct methods section, which outlines the methods for each data source, including providing some more information on the literature review. I would like to see a distinct findings section that summarizes key findings for each of those sources of data (including the systematic review) and describes the process the researchers used to integrate those data into the proposed model.

3. One thing that strikes me is that the process of integrating this data has led to the conclusion that a self-management approach is required, yet there is no literature reviewed on this particular topic, or on the area of self-management in general for either CHD or diabetes (both being fields who have tried self management with some frequency). I think this paper would be strengthened with further mention/review of the key issues in the self-management literature.

4. The data seem sound, and the conclusions well supported, but could be better supported by more literature relating specifically to self-management, and a
clearer description of the integration of the three data sources into intervention components.

5. There is only one limitation to this study outlined in the discussion section. This is an essential area to provide further discussion on.

6. It would be very helpful to have more information about the participants of the research, such as age, gender and ethnicity. It is hard to get a sense of who interviewed in relation to these basic demographics. A more comprehensive description in the methods section may be a useful place to put this.

7. The qualitative findings are of great interest, however I think the way these are written up would benefit from some further work. In general the quotes are sometimes used to explain, rather than illustrate the findings. For example, the finding under the section of Personalised care, states ‘One PN was cynical, nothing that.’ It would be clearer if the authors explained the point they are making, and use the quote primarily to illustrate that point, rather than using the quote to make the point. Another example of this is the two quotes following the statement ‘Others felt that PNs may be suitable, but would need specific training, mental health expertise, supervision or a protocol to help them’. The quotes following this seem to describe a few things, including the pressure of prioritization. Being more precise about what you are describing thematically in the main text, and drawing on the quotes more illustratively will tighten the paper up very well, and reduce any ambiguity. Rectifying this throughout the manuscript would significantly strengthen this interesting paper.

8. I am very interested in the reference to using ‘modelling’ in this process. As this is a term often used in the emerging area of implementation science, would the authors please provide more detail on the definitions/approach they are referring to when using this phrase.

- Minor Essential Revisions

9. One feature that was interesting to me was the reference in the introduction to the role of social and psychosocial barriers to interventions, yet this doesn’t seem to follow through in the findings. I would like to know more about what PN’s and GP’s, and patients, said about social or psychosocial needs and how that was integrated into the proposed intervention. Or indeed what it might mean that is wasn’t mentioned by PN’s and GP’s. I think more discussion on this would be useful.

10. It would be useful to know more about what the biopsychosocial assessment consists of. The authors signpost to other relevant literature they have published, but brief summaries of such literature could be expanded upon, particularly in relation to the systematic review.

11. There are no statements relating to relevant standards for reporting and data deposition, as required by this journal.

12. The title seems accurate, the UPBEAT study appears only to contribute one
source of data, rather than it being part of the UPBEAT study as such. The title could be worded better to clarify this, or a better explanation in the methods section to explain how this is part of the upbeat study.

- Discretionary Revisions

13. I would have found it really helpful if there was a summary table that illustrated the process of integrating key findings from each of the three data sources, and showing how that fed into the proposed intervention.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.