Reviewer's report

Title: Differences in the perceived role of the healthcare provider in delivering Vascular Health Checks: a Q methodology study

Version: 3 Date: 25 July 2013

Reviewer: Ans H Tiessen

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Review 2, 25 July 2013
Reviewer Ans Tiessen

Differences in the perceived role of the healthcare provider in delivering Vascular Health Checks: a Q methodology study, by SA Honey et al.

General:
I am satisfied with the answers to my questions. In general, the paper is more consistent and the conclusions follow more logically from the results.

Major compulsory revisions:

1. As requested by P. Schmolck, percentages of explained variance for eight factors with eigenvalues greater than one are given. Because the journal is for GPs (like me), I think some very brief explanation is helpful; what means “eigenvalues”, what do the percentages say about them and what is the relation between these eight factors and the final five factors.

2. Discussion, “Communication styles”, last part of the last paragraph, about the attitude that less educated people do not understand the information given to them: I can’t really follow the reason, maybe you can make it a bit more clear. Why is this particularly evident in account 3? Which of the statements of the Q-sort do you refer to for example? The description of account 3 says that “information is valuable to everyone” Do you mean that these people don’t understand the information from their physician or that they especially need information from their physician? With respect to the last sentence: I thought that the accounts gave information about the views of the participants and not about competences like making appropriate judgements, but probably you mean that they have the right view about the need for information.

3. Discussion, “Effect of attitudes on health inequalities”, 2nd paragraph, “One explanation is that the sample of health professionals...”: Is this because a relatively large proportion of participants worked in a less advantaged area, as mentioned at Methods-Participants? This seems a bit contradictory to the first sentence of Methods-Participants, saying that for Q methodology it is less important that participants statistically represent a population. Maybe you can clarify this (or probably add this to the Limitations paragraph).

4. Discussion, “Effect of attitudes on health inequalities”, last sentence: the
difficulty of lifestyle change was also emphasised by account 5 and the importance of health professional intervention was also considered important by account 1 and 3. Do you mean that this was the only account which combined this visions? How does this relate exactly to health inequality?

Minor essential revisions:

1. Abstract, after first mentioning National Health Service (3rd line) you could probably insert “(NHS)”, because for the rest of the abstract this abbreviation is used.

2. I did not see an explanation of “NIHR” (Methods, Paragraph “Creating the Q sample”, 2nd line). Perhaps a list of abbreviations at the end of the paper would also be useful.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests