Reviewer's report

**Title:** Testing a Peer Support Intervention for People with Type 2 Diabetes: a Pilot for a Randomised Controlled Trial

**Version:** 2  **Date:** 3 October 2012

**Reviewer:** Arun Baksi

**Reviewer's report:**

1. The role of peer supporters as understood by the authors is not at all clear. Peer supporters are clearly not expected to provide help and advice on self management (this explains why peer supporters were not given education to equip them with adequate understanding of diabetes and its complications). What role was expected of them? The authors prepared them to facilitate peers to talk to each other, and not to give information. What is the point of facilitating discussion between peers, who may not be well informed? How do peer supporters assist psycho social problems without the knowledge of the condition?

2. The authors suggest that they will provide peer supporters with a handbook of information to refer to just in case medical information was required. Why not train them properly in the first instance?

3. The authors appear to ensure that peer supporters were not directive. In the example of the snooker player, had the peer responded that he did not eat whilst travelling, who would have corrected him?

4. The absence of a clear description of the functions expected of peer supporters will continue to be a problem in any further studies.

5. Whist the authors endorsed non directive approach, they felt it acceptable to direct that peers should meet regularly as if t was part of management of diabetes. In reality, peers will seek support as and when they require it.

6. The aims of the pilot were stated to test the feasability and acceptability of the individual and group programme planned. The very small numbers of peers involved, and the absence of relevant date before and after the intervention do not provide the answer. The anecdotal style of reporting the results does not help.

7. Table 2 showed perceptions as a snap shot. What was the benefit of this? No effort was made to measure the effect of intervention on these perceptions.

8. There is no data on what were the perceptions of the peer supporters before and after.

9. Less than 6% of patients invited consented to participate. The planned RCT will require the involvement of a large number of practices to give it power.

10. Participants were randomised into four groups. The authors make no effort to report the results in each of the group.
The numbers stated do not match: peer supporters were selected from the total of 61, and yet the groups of peers total 61!

11. In the selection of peer supporters, the level of knowledge of a patient was a requirement. yet, no effort was made to ascertain how this was assessed and neither did the authors. The other requirements were all left to the perceptions of the GP.

12. It is stated that peer supporters completed a consent and two questionnaires. What were the latter?

13. Education sessions (page 4) was given in one spell of 3.5 hours. Were a group of final year medical students given this training in one spell, few would remember more than seven or eight points. Yet, the authors expected patients, who do not have any medical background, to be adequately informed! The same observation applies to that of peer supporters.

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I confirm I have no competing interests