Reviewer's report

Title: Physical activity assessment in practice: a mixed methods study of GPPAQ use in primary care

Version: 2
Date: 16 December 2013

Reviewer: Linda Ooms

Reviewer's report:

Dear Dr. Neil Heron and co-authors,

My compliments to your work. I have a few remaining remarks regarding some previous comments. I hope you will be able to address these.

I have used the numbers of the original comments. Text of original comments is in italic, previous author responses are in bold.

Major Compulsory Revision:

2) Original comment: The low number of consultations (8%) in which GPPAQ is used is worrisome. In my opinion, this comment is still not adequately addressed in the article. In the discussion, GPPAQ and study participants, paragraph 3, something is said about this: “It is of interest…..general population”. The only explanation for the low number of consultations that is given is that the health professionals may have selected patients who they deemed inactive. When looking at practice 3 (GP/nurse led), the percentage of inactive patients (46.2%) is not much higher than in the general population (40%). So this explanation does not work for practice 3. Other explanations should be explored in the discussion, like time constraints and people not willing to fill in the questionnaire (even if you don’t have any exact numbers). What were the reasons for the low number of consultations in which GPPAQ was used in the London practices? Can these be applied to your study too? In general, it is not known how patients were selected by GPs, nurses and receptionists. This is a major drawback of the study and it should be discussed in the discussion section, as well as the consequences for the interpretation of results.

Author response: The 8% return of questionnaires is a reflection that this study was done within routine general practice, with all the competing demands that this places on the health professionals. In addition to our suggestion that GPs preferred not to take time to explore physical activity with those whom they perceived to be active, reasons for not completing the questionnaire, including time constraints, as identified in our qualitative work, are mentioned in the discussion section and referenced with previous studies. We acknowledge that it is a limitation of our study that we do not know what criteria were used for selection for invitation to complete the GPPAQ, other than, as detailed in the methods section of the article, that the selection was from patients who were attending for non-urgent reasons within the health professionals’ and
receptionists’ routine work load.

Page 21, Strengths and weaknesses of study: “We do not know whether every potentially eligible patient was invited or if health professionals used other criteria to select those for invitation to compete the questionnaire. Completion of GPPAQ in only 8% of consultations was a low rate of implementation and the lack of information about those who declined or who were not invited to complete a GPPAQ limits the generalisability of our findings to routine practice.”

The paragraph in the discussion (GPPAQ and study participants, paragraph 3) has improved but two of my comments have not been dealt with:
- In practice 3 it does not seem GPs/nurses have purposely selected inactive patients. Here other reasons for the low response apply. You should comment on this.
- What were the reasons for the low number of consultations in which GPPAQ was used in the London practices? This may clarify/strenghten your own explanation.

Minor Essential Revisions:

3) Methods of GPPAQ administration: I still find the different ways of administrating an completing the GPPAQ questionnaire confusing, but I think this is because of the text structure. This should be more structured. I also missed the option: The nurse/GP completing a paper-copy questionnaire during consultation and later electronic data entry. A suggestion would be:

Options included: 1) the GP or nurse administering and completing the questionnaire directly within the electronic medical record during the consultation; 2) the GP or nurse administering a paper questionnaire during consultation with update of the electronic record at a later time; 3) the receptionist providing a paper copy at reception for self-completion by all surgery attendees within the eligible age range for the study; GP/nurse review of patient completed paper-copy or completion of paper-copy during consultation, with update of electronic record during consultation or update of electronic record at a later time.

Or you could structure the options under the headings “GP/nurse-led” and “receptionist-led”.

4) Original comment: Results: Op p.11: End of study questionnaires were completed by eleven of the nineteen GPs (58%), three of the ten nurses (30%) and two receptionists. This seems not a very high response. How does this affect representativeness? Something should be said about this in the discussion. Author response: The end-of-study questionnaire findings were discussed in the focus groups and opinions expressed, including comments about other colleagues’ experiences and views, confirmed the questionnaire findings. Comment regarding the approximately 50% response rate for the health professionals involved in the study has been added to the discussion section; the lower rate for nurse completion was unavoidable because of limited availability at the time of its requested completion due to allocated leave and duties. With
regards receptionists, we would have liked more participation from this group but when the study was being undertaken the focus was on health professionals.

The reason for the lower rate of participation, the fact that questionnaire results were discussed in the focus groups and that the results of the questionnaires were confirmed in the focus groups are important explanations. I can’t find these explanations and the comment about the 50% response in the discussion section. Moreover, how many receptionists were approached for the questionnaire (response?)?

Response author: The reasons for the lower rate of completion by the nurses and the fact that the questionnaire results were discussed and confirmed in focus groups and a comment about the overall 50% response rate are included in the results section of the paper (page 11, line 2). Only 2 receptionists were approached for their responses to the end of study questionnaire, one from each practice undertaking this method of questionnaire administration and this information was also already included within the results section of the paper (page 11, lines 3,4,5).

I meant here that in the discussion section nothing is said about the low response of the end-of-study questionnaires. Maybe this can be said under the heading of strength and weaknesses? Something like: The response on end-of-study questionnaires was rather low (50%) by GPs and nurses. This was due to......However, we don’t believe this is a limitation of our study as the end-of-study results were discussed and confirmed in the focus group.

With regard to the response of the receptionists, this could be clarified as follows on p.8:

At the end of the study, all involved health professionals (19 GPs and 10 nurses) and two receptionists (one from each practice which used receptionist lead GPAQQ administration), were asked to complete a questionnaire (Appendix 1) to assess the acceptability of the GPPAQ to everyday general practice, using a five-point Likert scale [25, 26]. The questionnaire was developed by the study authors for this research and has not been validated. All questionnaires were self-completed by participants without input from the research team.

And on p.11, line 3-5: End-of-study questionnaires were completed by eleven of the nineteen GPs and three of the ten nurses, which is a 50% response rate approximately: not all of those who were involved in using the GPPAQ were available at the time of administration of this questionnaire. In addition, the end-of-study questionnaire was completed by the two approached receptionists (Table 5). The health professionals, including the receptionists, generally considered the GPPAQ relatively simple to use, a valuable use of time, and that it could be easily incorporated into their usual consultations.

11) Original comment: Results: On p.11/discussion p.19: “No information was available about the relative numbers of consultations undertaken by nurses
during the study compared to doctors.” What is meant by this sentence? In table 3, the number of GPPAQs completed by nurses are presented. Author response: This refers to an unknown number of consultations which were scheduled with nurses compared to GPs during the study period – we have only the total number of routine consultations recorded. Thus we are unable to estimate the proportion of the approximately 2,000 consultations who attended the nurse and the percentage which attended the GP. This may prove important because if the majority of the consultations were for GPs then we would expect that the majority of the questionnaires would be completed by GPs rather than nurses. Table 3 just shows the number of GPPAQs completed by the nurse and the GP.

This is a clear explanation of the author. This also should be clarified in the text (results and discussion), because when re-reading the text I again was confused. It can be easily clarified in the text, by saying that it is not known how many consultations were undertaken by nurses relative to doctors of the total of 2,154 consultations.

Author response: Thank you for this comment. We have added to page 9: “It is not known how many consultations were undertaken by nurses relative to doctors of the total of 2,154 consultations.”

This was not added/clarified in the results section.

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

**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.