Reviewer's report

**Title:** Improving management of heart failure in primary care: The dynamic relationship between facilitation and context

**Version:** 3  **Date:** 23 July 2014

**Reviewer:** Jennifer Wingham

Reviewer's report:

This is generally a well presented paper on an important topic area.

1. Is the question posed by the authors well defined?
   The aim is clear

2. Are the methods appropriate and well described?
   Need more information

3. Are the data sound?
   Yes,

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Almost. I used COREQ as a guide. Comments are included below.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes. The figure is justified from the data presented.

6. Are limitations of the work clearly stated?
   Mostly

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes

8. Do the title and abstract accurately convey what has been found?
   No

9. Is the writing acceptable?
   Yes, written to a good standard.

Discretionary

Background

Add in a definition for heart failure as the complexity of the condition itself especially in a population likely to have co-morbidities may also affect sub optimal care.

I was unfamiliar with the GM-HFIT but looked it up on the internet. The specific
aims presented in paragraph 3 are slightly different from those on the CLAHRC GM site and checking the aims. I suggest adding in the website as a reference so that interested readers could use to find out more. There are some interesting resources on the site that helped me understand what this paper was seeking to present. You could reference the final report for Manchester.

What was covered in the interactive small group education sessions? Was it about the project or managing heart failure or something else?

Results: The table in its current form does not add meaningful information. If you have the data, can you describe the participants in more detail, for example, were they from the same practices, how long have they been in their roles?

Discussion: You have a lovely description of PARiHS in your background. In the discussion you could return to the framework and say more strongly where your work fits into it.

2 Minor Essential Revisions

Results: maintaining momentum 1st paragraph change ‘Work into’ to ‘Work about’ and ‘thought of’ to ‘thought about’

3 Major Compulsory Revisions (author must respond prior to publication)

The title needs revision to match the author guidelines to include the study design. From the current title I also expected some patient involvement but if I understand the paper correctly it’s about changing behaviour at practice level.

Aim

The aim is succinctly encapsulated in the first sentence. The rest should be presented in the discussion with strengths and weaknesses.

Methods

This section would benefit from further information as detailed below:

Setting: Requires information about what a ‘Knowledge transfer associate’ is. Is this an IT specialist or a clinician or someone different? This is required as they were a key group in the research and there was mention that it was best if the HFSN’s gave the feedback. Can you say how the HFSN’s are linked to the practices? There are different models across the UK. Some are based in surgeries or are shared across surgeries, other are based in secondary care.

Sample: I have some questions about the sampling technique. How were the key informants approached and by whom? Were there any information sheets? How was the sample spread across the 10 practices?

Data collection: Who collected the data and was this person part of the GM-It team?

Analysis: If data was collected by individual interviews and by small focus groups the paper would be strengthened by stating how this was managed in the analysis as in focus groups the researcher needs to account for the interactions between the participants. This may be important if a GP was interviewed at the same time as a practice nurse as there may be a power issue. How was the data
from the observations triangulated in the analysis? The supporting quotes only appear to be from the interviews and focus groups.

Framework analysis was used to manage the data. The description of how this approach was used needs a little more detail for transparency. Did you add to or adapt the original thematic framework and remain open to new themes as the work progressed? An exemplar from the framework or would be helpful.

Themes

Addressing macro and micro agenda: national level –do you mean across the UK or specific to England.

Discussion

Can you say how this project differs from the interviews conducted in the final report on the web site?

Strengths and Weaknesses

Your sample did not include administrative staff or practice managers; can you please say why not? As ‘maintaining momentum’ was a major theme in the paper, this group may be important for future heart failure management.

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