Reviewer's report

**Title:** Facilitating professional liaison in collaborative care for depression in UK primary care; a qualitative study utilising Normalisation Process Theory

**Version:** 1  **Date:** 7 November 2013

**Reviewer:** Margaret Maxwell

**Reviewer's report:**

Overall, this paper represents reflection and insight into a substantial trial of CC in the UK and the 'implementation potential' for CC. Therefore it is of importance and value to policy makers, service managers and primary care and mental health professionals.

The majority of my comments represent critical reflection on the CADET (CC) model and my views may differ from the authors perspectives. But they may help the authors to justify and strengthen their position if they challenge and reject my interpretations. However, beyond the small number of major compulsory revisions the remainder of my comments are merely comments which the authors may reflect upon.

**Major compulsory**

The authors do not justify enough why ‘supervisors’ who are also research team members have been included as research participants. There is a high possibility of bias in their views and I would question the value that these views bring to the study – their understanding of the CC model is probably a given and adds nothing. Beyond this there is only one quote from supervisors that is utilised which reflects on their satisfaction that CMs can deliver BA. This could be irrespective of the CC framework and is also not related to facilitating professional liaison (beyond confidence in another professional). I suggest they justify the inclusion of supervisors or remove their minor contribution to this paper.

The analysis describes all researchers as having separately conducted the thematic analysis and coding and then again to have separately conducted theory driven analysis (guided by NPT constructs) with final analysis agreed through discussion. Do they mean all 6 authors? Did they all code all transcripts or only a sample each? Did one or two individuals subsequently apply the agreed coding frame. Some clarification would help.

Understanding the CC framework: CC is about professional collaboration/liaison but the first quote on page 6 seems to reflect their understanding of CC as between the CM and the patient. This is a fundamentally different understanding. The second quote then seems to report that CC (either in the UK or within the CADET trial) is limited to the CM and the GP and it is less about working with
other mental health professionals – and working with other MH professionals was what the CM had initially anticipated. Is this a limitation of CC within UK adaptations? Whilst the training may have improved their understanding, it is also true that they had different expectations from the reality. I seem to read other intentions in these quotes – and I appreciate that the authors have full access to the transcripts and the context in which these quotes were said. However, some more critical reflection on quotes is needed.

Discretionary

P7 Reports on the perceived benefits of CC (or the CADET trial) for GPs – but it is perhaps more the case that it is the extra pair of hands (‘somebody else to look at these patients’) that is the benefit and not CC.

Establishing relationships: the key relationship that has developed in this study is between the CM and the supervisor. However, one could question whether this relationship is more beneficial to the CM than to the patient. The whole set up of the CM as being more remote from the GPs (providing mainly written feedback) but receiving supervision for their therapeutic input to the patient is similar to what was initiated under the Improving Access to Psychological Therapies model. It provides the improved access to therapy (in this case BA). But it also questions what is different about CADET from the IAPT model, and whether CC has indeed been operating.

Collective action: GPs do not appear to have bought into the CC model and this is clearly presented. The 15 interviews with GPs represents the largest group in the qualitative datasets presented and I would have thought that the iterative approach (with constant review of interview topic guides) would have sought more explanation as to why GPs did not engage with the CC model. All we know from these data is that they didn’t have much involvement with the study.

P11 reports that CMs will take elements from CC back into their routine work – they include increased collaboration with GPs and medication management but the data shown only shows medication management as being taken on board. Again, it could be said that training of CMs (or any mental health workers at this level) on the importance of medication management would obtain the same result. The beneficial link to CC in this respect is not so apparent.

Reflexive monitoring: the authors acknowledge that CMs may have been reflecting on the effectiveness of interventions (BA) rather than the effectiveness of CC. Given that collaboration with GPs was limited we are left questioning what was being trialled – CC or the BA intervention? The positive outlook of CMs to CC (p14) may also only reflect a positive outlook on the BA and MM interventions.

Implications for future research and clinical practice: I would question whether enhanced supervision (as ‘collaboration enough’) really benefits the patient. The clinical impact of enhanced supervision would also have to be tested alongside the clinical impact of enhanced communication between GP and CM.
General discussion points: The CADET trial may be successful because of the interventions and not because of CC (which doesn’t seem to have been achieved within general practice care at least). Could such interventions be delivered in more cost effective and sustainable ways should be a future question. The authors rightly point out the cost barriers to implementing CC and it might be good to reflect on whether the theoretical models of ‘implementation’ such as NPT really address the more fundamental implementation and sustainability barriers.

**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.