Reviewer's report

Title: 'Let's Get Moving' : Promoting Physical Activity in Primary Care

Version: 1 Date: 22 March 2010

Reviewer: Philip Van der Wees

Reviewer's report:

Overall comments

The topic of this study is very relevant, and shows the need to further support professionals to promote physical activity within their daily patient flow. This probably includes interventions to improve skills and knowledge, but also to influence attitude and beliefs of practitioners. And it probably requires organisational interventions to further implement these highly important activities.

An in-depth process evaluation is a very relevant method to identify barriers and facilitators for implementation. However, I miss focus and analysis in the evaluation, resulting only in basic results and consequently basic suggestions for improvement.

I hope the authors are able to use their data to present a more in-depth analysis of the perceived barriers by the participating practitioners, and to identify possible characteristics of patients, practitioners and organisations that may determine success or failure.

Major compulsory revisions

1. The study lacks information of the qualitative data collection, both in methods and results.

   Methods: How many practitioners were interviewed in the focus-group, and how many by telephone?

   Results: Only general comments are reported, mainly based on practical issues. One example: I would be very interested what comprised the subjective appraisal of a patient's suitability for LGM based on perceived motivation and interest? With a recruitment rate of only 6%, I would suspect that many practitioners may be reluctant to confront their patients with the issue.

2. I am confused by a number of figures. Some, but not all can be explained by the patient flow in figure 2. Although the patient flow in figure 2 is straightforward and understandable, it does not always reflect what I would be interested in. The follow-up of 19% is related to the total number of 526 eligible patients, while I would say that follow-up was only relevant for the 314 patients that actually received BI consultation (which is 32%).

Some specific comments:
- What causes the gap between 526 patients that were screened and 449 patients that completed GPPAQ?

- 449 patients completed GPPAQ of which 71% were eligible for LGM. As far as I understand this should be 71% of the 526 patients assessed for eligibility.

- Variety in recruitment rates is explained by the authors by the use of promotional material displayed in the successful practice. But how can patients be aware of this promotional material if the invitation was by letter, sent to these patients' homes? Or are these patients frequent visitors of the practice?

3. I would be very interested in more detailed background of the patients' health status in the opportunity screening group. Were there many chronic disease patients, or were they relatively healthy? The patient flow shows a striking difference in the compliance with BI consultation after assessment of eligibility. 100% of LGM eligible hypertension patients (at risk) received BI consultation, compared to 77% in the opportunity group. However, they were less compliant with the follow-up (16% vs. 47%).

4. I would also be very interested in the specifics of the practitioners. The 10 practitioners varied in background and profession (GP, Nurse, Assistant). Do these differences explain some of the differences in how the intervention was delivered and how much time was spent?

5. I would also expect more information about the qualitative aspects of the intervention. It is only reported that delivery style and content varied. I wonder how an effective behavioural intervention can be delivered in 4 minutes (in contrast to the expected 20 minutes for screening and intervention). How large were these variations, and what caused them?

6. One of the major identified problems is the lack of follow-up consultations. I would expect a more in-depth analysis of this problem, and not only the suggestion that a follow-up at 6 months would have been more appropriate.

Minor essential revisions

7. The title of the manuscript does not reflect the content. Please specify in the title: pilot study of a process evaluation to implement the LGM approach in an primary care setting.

8. I don't understand the 118 (39%) of 'local authority leisure services'. Are these the Leisure Centre activities within Structured Activity? And I miss an overview adding up to 100%.

9. Could the authors explain and preferably analyse more in what way ER schemes could have interfered with LGM implementation, resulting in only 4 high risk patients?

10. The results show a difference between the self-reported increase in physical activity by 75% of the follow-up patients vs. the 92% that took part in physical activity options. This seems strange: if a patient takes part in a LGM activity
option, would this then not automatically lead to increased physical activity? Or is that a too simple connection?

Discretionary revisions

**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