Reviewer's report

Title: What works in practice? User and provider perspectives on the acceptability, affordability, implementation, and impact of a family-based intervention for child overweight and obesity delivered at scale

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Reviewer: Wendy Wills

Reviewer's report:

This is the first national evaluation of MEND 7-13 and therefore it is a tremendously useful study to report on, particularly as MEND was rolled out nationally and as public health commissioners at local authority level are continuing to decide how best to address child obesity levels across the UK. The study was well designed, involving providers and users (families and children) and it is the qualitative evaluation that is reported in the paper. The short background section sets the scene adequately and I only picked up a handful of minor corrections that are required. The methods section needs a little work to ensure readers have adequate information and some points need clarifying e.g. how participants were selected/approached, justification for not obtaining written consent from children, what was covered in the topic guide and how themes were developed during the framework analysis. The findings sections presents a broad view of a range of themes – at times this leaves the reader wanting more as points are quickly made and then the authors move on – I’ve highlighted when/how this could be addressed as it does not currently do the data justice in places– either some points could be removed, or some quotes, to enable key points to be expanded upon. The limitations of the work, in particular not recruiting ‘non-attenders’, are sufficiently addressed. The title and abstract are fine. The writing needs attention in places in terms of punctuation, syntax, capitalisation, abbreviations, parentheses and overly long (and overly short) sentences - a thorough proof read and edit is needed. The authors acknowledge how they build on other empirical studies and also how their study adds to evidence about complex public health interventions.

• Major Compulsory Revisions

1. Methods: First para – some extra info should be added here; what variation were you aiming for/how did you select which providers to contact?

2. The sentence about ‘few refusals’ is a little misleading as no response cannot be taken as meaning providers were happy to participate. It is not clear how you then contacted providers, did you follow up to the invitation email and is that when many could not be contacted (or do you mean they did not reply? Not quite the same..). You ought to justify using ‘NHS change’ as a reason for this – do you have evidence?

3. 2nd para – can you clarify/confirm what was defined as a high or low attending family?
4. 2nd para on p5 – can you say more about the use of assent and verbal consent regarding children and back up with references please.

5. 3rd para on p5 – can you add what range of topics were in the topic guide please.

6. Last para (first two sentences) of the methods section – can you expand on how the themes were developed/arrived at e.g. in line with study objectives; emerging from the data.

7. Findings: You clearly have a lot to report but at times this leaves some of your points feeling a little thin and unsubstantiated; with just one sentence to make a point followed by a quote. Can this be addressed somehow? Could you expand on some points and cut some of the quotes (if short of word space)?

8. The section on the ‘context and wider environment’ is particularly thin and the key points need elaborating; in places it’s almost in note format with short sentences that are not clear. This requires some work to do the data justice. In particular for example, P15, the following para does not make much sense (and the quote after it does not support the text), please expand and rewrite: “Marketing of unhealthy consumption is ubiquitous [15]. One woman, whose family came from Bangladesh, described how their assumptions about a safe and healthy environment for children in the UK, had been replaced by constant watchfulness”. Final paragraph p15 also needs attention – the points are lost and not at all clear. P16 the para that starts “MEND makes no claims to actively change the broader environment” – is this a finding?? But over all this whole section needs some work.

9. The section on ‘Perceived impact and maintaining change’ has a section which starts ‘Changing family circumstances contributed to this…’ – much of this is not presenting findings? It’s presented as the authors’ views?

10. Discussion: The following section does not clearly make its points: ‘A plausible argument has been made [21] that improvements in child weight management is likely to take place in families ready to make changes. Among the families we spoke to, living in circumstances which facilitated change was also crucial’. P19- what does the following add/mean? ‘as a community activist in a similar context put it’? The following is a long sentence that needs rewriting: ‘Methods for understanding and evaluating public health interventions such as MEND which take place in complex social and economic settings are still in their infancy, though Hawe and colleagues [27, 28] and the Cochrane Public Health Review Group [29] encouraging methodological plurality and attention to users, has been important’.

11. Figures 1 and 2 need a little attention. Bottom left box of Fig 1 and the top box of Fig 2 need to be clearer in particular.

• Minor Essential Revisions

1. Background:

2nd line delete extraneous ‘reduce’.

4th line ‘which’ should be ‘that’
7th line no space before ‘[1]’, remove comma after ‘RCTs’.
11th and 12th lines no space before citations – please check whole manuscript and add spaces where required as there are several instances of a citation with no space before it.
The two sentences that start p4 need a bit more explanation and unpacking to make the points clearer.

2. Methods:
5th line – surely you mean further data collection would not result in new/additional themes or findings rather than no new data?
6th line – ‘a’ maximum variation sample.
9th line – ‘the’ interviewee.
Final sentence 2nd para – ‘the’ recruitment flow.
3rd para of methods – can you add a reference to support the fact that children’s voices are often muted in group/family interviews. There’s lots of literature to support this view.
4th para p5 – it’s not essential to say ‘in order to maintain confidentiality’ since you have already stated identifying information was removed from transcripts prior to analysis.

3. Findings:
Throughout this section please be consistent with punctuation, use of parantheses, capitalisation and do not use abbreviated terms (e.g. couldn’t instead of could not).
First para, can you clarify how/why 29 providers took part in 26 interviews (and in Fig 1 too) – did some take part in paired/group interviews? It’s not clear what you mean.
3rd para, 5th line: bracket missing.
Throughout findings -ensure brackets around all identifiers after quotes.
1st sentence on p10 does not make sense and needs rewriting.
P14 second line of para ‘family’ not ‘families’.
P15 5th para ‘father and daughter spoke ABOUT their disappointment’

4. Discussion:
Final para p18, ‘established’ ways rather than ‘normal’ ?
P20 line 5 – should read ‘Implementation issues such as engagement…’.

5. Conclusion, 2nd sentence, ‘despite THIS’.
6. Figures – in Fig 1 you use ‘declined’ and in Fig 2 you use ‘opt out’ – can you be consistent? Opted out is perhaps most appropriate?

• Discretionary Revisions – None suggested
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I was a member of the advisory group for this study but I do not believe that I have any competing interests to declare.