Reviewer's report

Title: An intervention to promote patient participation and self-management in long term conditions: development and feasibility testing

Version: 2 Date: 28 April 2010

Reviewer: France Legare

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Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

I reviewed the author’s response to reviews as well as the revised version of the manuscript. Please find below my comments:

1. Is the question posed by the authors well defined? Yes, the author states: This paper describes the development of an intervention designed to promote participation in the consultation and facilitate self-management in long-term conditions. In line with current guidance on the development of complex interventions, our aim was to develop and refine the initial intervention using qualitative methods, prior to more formal evaluation

2. Are the methods appropriate and well described?

The author used a three stages approach: 1) literature review, 2) focus groups with 5 patients and 3 nurses and 3) individuals interviews with 10 patients. Overall, this is well structured but as mentioned in my previous review, there is perhaps too much information for one manuscript. In other words, in its current version, it is very difficult to assess the quality of the literature review. I simply suggest that the author remove any “methodological” information pertaining to the literature review and just state in the introduction that this work was inspired by previous work in the field. This would help the reading of the manuscript and also remove comments regarding the quality of the literature review. In its current version, it is confusing to read “Phase 2 Methods” without having a clear section about Phase 1 methods. Therefore I suggest the following:

“Introduction

The global burden of disease is shifting to long-term conditions,2 and there is worldwide interest in the development of models of service delivery to manage these changing needs.3 UK Government policy places emphasis on self-management as a means of improving long-term conditions, and supporting patient participation in healthcare is seen as a key mechanism to improve self management.4;5 Participation in health care has been defined as: ‘an interaction,
or series of interactions between a patient and the healthcare system or health care professional in which the patient is active in providing information to aid diagnosis and problem–solving, sharing his/her preferences and priorities for treatment or management, asking questions and/or contributing to the identification of management approaches that best meet his/her needs, preferences of priorities.6

This acknowledges the patient as ‘co-producer’ of their health and integrates them as a key participant in the care process.7 In this paper we describe the development of an intervention intended to promote participation in the consultation and facilitate self-management in long-term conditions. In line with current guidance on the development of interventions,8 our aim was to develop an intervention that was informed by the existing literature, and refined using qualitative methods (see Figure 1). The development of the intervention described in the paper is set in the context of a larger study – the WISE approach (Whole Systems Informing Self-management Engagement) 9 designed to improve the way primary care services provide self care support for patients with long-term conditions, particularly for those who live in disadvantaged areas.10

Previous work suggest that the assumption that interventions designed to enhance participation result in health improvements is mixed 11;12;13, or in many cases not measured.14 Some studies have reported that patients who actively participate in consultations with their health professionals have measurably better health outcomes than those who do not, both 4 physiologically (blood pressure, blood sugar) and subjectively (evaluations of overall health status).15 16;17

A systematic review of intervention strategies designed to enhance patient participation found more positive effects of participation interventions in the outcomes of communication, provider diagnosis and process measures of the management of patient conditions. They found less effect on health status, patient satisfaction, self-efficacy and attitudes and behaviours such as adherence to treatment.6 This review found that the most commonly used patient intervention to promote active participation was feedback to providers of patient reported outcome measures (PROMs). PROMs were reported to have had a positive impact on processes of care (i.e. communication between patient and health care provider, concordance), although there was less impact on patient satisfaction and health status. Despite the positive evidence on PROMS, it has been noted in the literature that there is a lack of clarity on how and why PROMS might work, and their full potential in clinical practice is unclear because it is not made explicit how they would contribute to changing the nature of the relationship between patients and health professionals over time.1”

I suggest removoing box 1 and to keep the rest of the introduction section.

Then I suggest the author clearly indicate Methods and then distinguish between
1) Refining the intervention using focus groups and its related methods and 2) Piloting the intervention using ‘think aloud’ and qualitative interview techniques and its related methods. No need anymore to indicate Phase 1 and 2.

3. Are the data sound?
I appreciate the quotes presented by the author but hope they will be in an appendix. In its current version, the results section is difficult to follow and perhaps moving the many boxes in an appendix will ease the reading.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes and no. Yes because it offers a detailed methods section for data collection with providers and patients. No, because it does no provide enough details on the literature review. I made a clear suggestion above: simply refer to previous work in the field and not to a literature review. Hence, remove the few methods pertaining to the literature review.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Please remove discussion pertaining to literature review “results”.
The statement: “As noted earlier, the impetus for the development of PRISMS was evidence showing that PROMS and VCE were effective in improving patient participation. However, it should be noted that the evidence for that effectiveness is inconsistent, and more related to the process of care than outcomes” may be a bit too strong since the author does not provide clear evidence of effectiveness (e.g., knowledge synthesis, meta analysis, effect size). I simply suggest rephrasing: previous work suggest ….

6. Are limitations of the work clearly stated?
One more limitation that is worthwhile to mention is: providers included in this work were 3 nurses. What are the potential impact?

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?
Yes

9. Is the writing acceptable?
Few typos: e.g., box 1, bullet 2; on the other hand, I suggest removing box 1.

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'