Reviewer's report

Title: Improvement of primary care for patients with chronic heart failure: a study protocol for a cluster randomised trial comparing two strategies.

Version: 3 Date: 13 December 2010

Reviewer: kathryn griffith

Reviewer's report:

Major Compulsory Reviews
The issues which I raised before have been largely resolved and the article reads much better

Minor Essential Revisions
The term Tailoring is not one which I am clear about when used as a noun. Usually we would describe tailoring a clinical approach to an individual patient. In this case I think that an education programme is tailored to the needs of primary care teams in order to breakdown barriers to implementation of a chronic disease management programme for the management of heart failure in primary care. If this is correct then the paper should say something like this rather than in para 2 page 1 abstract final sentence, the support for the practice visits.

Reading the methods abstract one may think that the results of the study will be discussed but of course this paper just describes the methods, the study has not yet been done

Page2.
para 1 high morbidity is associated with high hospital admission rates and reduced quality of life

There are effective, evidence based treatments which improve mortality and morbidity but use of and adherence of treatments is suboptimal despite clinical guidelines.

There are many programmes for the management of long term conditions in primary care for example..but at present not for heart failure.

Para 2 should start To improve the management of heart failure in primary care we have developed an implementation programme

Page 3
Participants
The study population will consist of 60 general practitioners. (these are the group being studied if it is the patients then they MUST give consent). Evidence of change will be assessed by studying the effects of the intervention on patients with heart failure registered with the participants.

How will these people be selected? This is important.
Intervention

there are changes in tense through the description, comprises present, included past. The implementation pack contains educational materials for the professionals and patients. There is a recommended protocol for multidisciplinary management and a template for clinical care. What is a practice consultant? cardiologist. the GP with extra knowledge of HF is presumably a GP with a special interest (GPwSI) in heart failure management.

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This protocol was amended following the pilot study and the development of the new National Guidelines for Heart Failure Management ref 12

The role of the multidisciplinary team in heart failure management will be encouraged.

Most of the rest of this para adds little

para 2 The paper template is used to direct care and collect data to demonstrate the effectiveness of the interventions. Demographic data is collected in particular the aetiology of the heart failure and the diagnostic category with particular stress on the existence of diastolic or systolic heart failure and the ejection fraction at echo.

para 3 who or what is the practice visitor? Are they a researcher? educational facilitator? heart failure specialist nurse? The para would read better if it said that the pilot study demonstrated that 3 visits with the optimum number and these shall be offered to all participating practices. The pilot study also demonstrated that there was little multidisciplinary working in the improvement of care for HF patients and this has been addressed in this project.

Page 5

The intervention group of practices will have the agenda of their 3 practice visits determined by the results of a questionnaire identifying the barriers they perceive to the introduction of a programme for the management of heart failure in primary care. When barriers are identified those which are relevant and solvable will be prioritised and addressed during the practice visits with the support of the study facilitator.

Objective

the objective of the study is the examine the effectiveness of identifying barriers to change and tailoring education and support in comparison with a standard intervention programme, to improve the management of patients with chronic heart failure in primary care.

Page 6

I think that you should be more precise about medical management, should be use of evidence based treatment in evidence based doses. Who is going to collect all this data and deliver the questionnaires?

Outcomes

The first part of this section is really measures?
I don't understand the difference between the primary and secondary outcome measures.

Primary outcome, use of evidence-based treatment in evidence-based doses and quality of life and quality of care

Secondary measures patients' level of concern and compliance with lifestyle advice?

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Although you discuss randomisation of practices you don't include selection of patients.

Are all patients with heart failure registered with practices going to be suitable? Will they all be offered the intervention and data only collected on 8 or 10??

Page 8 Time Frame

Consent form mentioned at last needs to be mentioned in introduction please.

I am not happy with the way this is written as far as the patient is concerned, they should be given an explanation of the study and give informed consent and data collected should be anonymised.

Table 1

Advice from 2010

Systolic Heart Failure

Diuretics for fluid retention

ACE in evidence-based doses or ARB if not tolerated

Beta blockers licensed for heart failure in evidence-based doses

Aldosterone antagonists

Do you recommend ARB in addition to ACE in primary care?

Diastolic heart failure Strict Blood Pressure control

In summary this is a description of a study. It will be of more interest to the general reader if it shows that a short tailored intervention is associated with significant change.

**Level of interest:** An article whose findings are important to those with closely related research interests.

**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 declare that I have no competing interests