Reviewer’s report

**Title:** Barriers and enablers to delivery of the Healthy Kids Check: An analysis informed by the Theoretical Domains Framework and COM-B model

**Version:** 2  
**Date:** 13 February 2014

**Reviewer:** nikki turner

**Reviewer’s report:**

Below is my feedback. All suggested revisions I would consider minor essential

Overall this is a well written manuscript and I would recommend for publication with some minor essential corrections

1. Is the question posed by the authors new and well defined?
   It is a well defined question, however the second part of the stated aim needs to be reviewed – it is stated on page 6 that the second part of the aim is to ‘design an intervention to promote provision of HKC services…”. This research is not designing an intervention, but as is stated in the abstract it is to ‘inform’ rather than design.

A few minor revision suggestions to help the reader
   a. Overall much of this feels like systems issues rather than just behavioural. While I appreciate that the TDF is focused on understanding behavioural issues, much of the behavioural issues are driven by structural systematic issues. I remain a little unclear from the introduction to the roles of different healthcare providers in the provision of healthy children checks. Is this a competitive market, are only general practice provider healthcare checks for this age group, or are they competing with MCHNs and does general practice do any younger age checks? I think a bit of clarification in the introduction around the inherent current systematic barriers would be useful to frame the results and conclusions a little more clearly.
   b. Background page 4 – it is stated ‘there are considerable gains to be made through these initiatives’ – but there is no evidence presented to support this. Is there clear evidence for the WKC?
   c. Background page 5 The state of Victoria is ‘ranked sixth out of seven states in terms of HKC checks” – ranked for what?
   d. Page 5 paragraph 2 – the statement “behavioural change among parents and different health care providers is required” – feels a little simplistic. Behavioural change for individuals is very interlinked with the environmental/systematic issues that drive much of it, and I would suggest this model does contain the broader components but maybe needs to be a little more fully expressed here.
   e. Page 6, please review the stated aim.

2. Are the methods appropriate and well described, and are sufficient details
provided to replicate the work?
Methods are well described.
a. Sample: A small amount of expansion is needed in terms of the sample group selected. It would benefit from clarifying the sample group terms of their experience and current activity in relation to HKCs – do they actively undertake them, occasionally, regularly or never and are they recent or have been undertaking them for a while. Or is there a mixture of this.....

3. Are the data sound and well controlled?
Yes

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Mostly yes.

a. I am struggling to match the heading ‘behavioural regulation’ with the text which is about practitioners wanting standardisation of processes. While I can see that does then lead to behavioural regulation, the initial issue really seems to be standardisation of approach which will then to lead on to this. I would reword this or change the heading to more usefully reflect the content.
b. Under the heading of general practitioners I think for ease for the reader it would be useful to separate and define each theme that has been identified.
c. Page 12, first paragraph under General Practitioners. The first sentence and the second sentence are covering two different issues. The first sentence around GPs considering this as a safety net. The second sentence is a different issue and is about GPs questioning their role and place in childhood surveillance which is an important theme and different from the first issue. I suggest they are defined separately. Also I would like clarify as to whether this was a theme from the majority of the GPs or an occasional GP as this would make a difference to interpreting this finding.
d. P 14 – the 5th paragraph is a discussion of GPs and PNs combined and currently appears to be under the heading PNs, so the authors may like to add another heading or shift these results to a different place.
e. Discussion page 15 – a small question in the first paragraph where the authors discuss the practitioners ‘beliefs’ – once again beliefs is also often founded on systematic issues as to how the system is currently functioning, not just a belief of an individual provider.
f. Discussion paragraph 2 – in this paragraph the authors raise the possibility of a dual health professional role combining GP and PN – while this is an interesting concept it clearly would also raise resourcing issues and I have not yet seen a working model along this line for this particular service. I believe the discussion here would benefit from a bit more international literature and discussion around
roles in service delivery with the provision of preventive child health checks.

g. Page 16 discussion paragraph 2. Generally preventive child health checks are not seen as single one offs but part of a continuum of preventive child care checks at different ages in development, rather than a focus here on a single ‘check’ the authors may benefit from considering how the Australia 4 year old HKC can fit into the continuum of checks for children from infancy in a programme and how that affects the roles of different providers, in this context MCHNs and general practice staff.

h. Page 17 paragraph 2. I believe there is more international literature around models of care in preventive child health services, not just in primary mental health and it would be add extra to add in more to this discussion around models of care.

6. Do the title and abstract accurately convey what has been found? YES

7. Is the writing acceptable? Well written

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

No competing interests