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: 21 February 2014

Reviewer: Caroline Jones

Reviewer's report:

Thank you for the opportunity to read this interesting and well-written paper. The research question/aims are clear and original, and the use of the TDF/COM-B model to inform the study design and analysis is a major strength. The sampling strategy and research methods are appropriate for the research question; however, some extra details are needed regarding the methods used and the participants. In addition, restructuring the Results may improve readability. I recommend publication pending consideration of the minor comments detailed below. I wish the authors good luck for the next phase of this study.

Minor essential revisions

Background
1. In the penultimate paragraph of the Background, where Figure 1 is introduced, it reads “The 12 domains of the TDF can be condensed...”, yet only 11 of the domains are included in Figure 1. Please explain at this point why only 11 domains are included. This is explained in the final paragraph of the Methods section – perhaps move the final two sentences from that paragraph to here?

Methods
2. Did participants provide written informed consent? If not, why not?
3. Who facilitated the focus groups? What were their backgrounds (e.g. were they clinicians or not clinicians?) and (how) did this influence participants’ responses? If data were analysed by different people to the facilitators, what were their backgrounds and potential biases/assumptions and how might this have influenced the data analysis and interpretation?
4. What was the duration of the focus groups?
5. How many participants were there in each focus group? I assume there were separate focus groups for GPs and PNs in each area, but please clarify.
6. Did GPs/ PNs within focus groups know each other? If so, what impact did this have?
7. Were the transcripts returned to participants for correction/comment; did participants provide feedback on findings; or were any other steps taken to increase credibility of findings?

Results
8. What were the characteristics of the sample, e.g. age, gender, experience/number of years as a practicing clinician etc.?

9. The Tables, Boxes and Figures consistently show the different domains from the TDF and how these map to the different components of the COM-B model, which is nice and clear. However, this does not follow for the Results section of the manuscript, where the subheadings do not consistently reflect the domains from the TDF. The Capability section in the Results has subheadings reflecting some domains (skills and knowledge, behavioural regulation) but not another (memory, attention and decision processes) – why is this domain missing from the results? The Opportunity section is also organised according to domains (environmental, social). However the Motivation section is organised very differently – it is split into sections for General Practitioners and Practice Nurses, with no subheadings for domains of the TDF. This makes it difficult to follow the Results and align them with the Tables. Could you consider reorganising the Results so that the three sections (Capability, Opportunity, Motivation) are organised in the same way? Or justify how the subsections have been derived.

10. Results, Practice Nurses section, paragraph 3 states that 36/40 practitioners were slow to embrace HKCs – where did this number come from? Were quantitative methods/data used, and if so please explain in the Methods section.

11. Did any codes/themes emerge during analysis which couldn’t be mapped to the domains of the TDF?

12. Please check the numbering of the Tables – I think Tables 2 and 3 should be named 1 and 2 respectively. Or is there a table missing?

13. In the table currently named Table 2, Motivation-Automatic in the third column – does this link to the beliefs about consequences theme in the second column? In Figure 1 it is associated only with the emotion domain of the TDF, but as explained in the text no data were matched to this domain; so should Motivation-Automatic be removed from the Table?

14. Were there any notable differences in responses between the three groups of PNs/GPs?

Discussion

15. Discussion, paragraph 3 – suggests that annual assessments to the age of 5 would provide alternative surveillance opportunities: please indicate whether/how this suggestion has arisen from the data or elsewhere, and comment on the potential negative impacts of this strategy.

16. It would be interesting to compare these findings to data from parents themselves, particularly because some of the clinicians' attitudes relate to how they perceive parents would react to the check, e.g. concerns that they risk antagonising parents. How do these findings fit with your previous publication regarding parents' decision-making and access to preventive healthcare (Health Expectations, 2013)? Can you comment on whether you have any plans to include parents in future phases of this research?

Discretionary revisions
1. Background, paragraph 4 – the sentence with reference [15] states that Victoria ranked sixth in terms of HKC services – please clarify how states were ranked, e.g. in terms of quality of HKC, number of completed checks, something else?

2. The additional file – prompts for focus groups – is important for understanding the methods used; consider making this a Table in the main file.

**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.