Reviewer’s report

Title: General practitioners' perspectives on a proposed new model of service delivery for primary care management of knee osteoarthritis: a qualitative study

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Reviewer: Lisa Brunton

Reviewer’s report:

This paper contributes useful insight into GPs' perspectives of a new model of service delivery for knee osteoarthritis in primary care and is well written overall. The research question is relevant to clinical practice. I suggest the following to improve the quality and clarity of the manuscript:

Title/Abstract/key words: A key aspect of the new model of care is that it will be delivered remotely - therefore it would be useful for the title and the abstract to reflect this (I realise that remote care is mentioned at the end of the abstract's results/conclusion section but I feel that it should be highlighted earlier).

Background section:

*This provides rationale for undertaking the qualitative study reported. However, there is little discussion regarding the barriers to implementing remote models of care in primary care more generally. There are some parallels with the concerns raised by GPs in your study and those in other studies that have tried to implement remote care for chronic disease management (although, these were not interventions for osteoarthritis of knee) (e.g. see Segar et al. 2013 http://onlinelibrary.wiley.com/doi/10.1111/hsc.12047/full ). Vassilev et al. 2015 https://implementationscience.biomedcentral.com/articles/10.1186/s13012-015-0238-9 etc.) Wider reading around this issue would provide greater context for the study.

*In paragraph 4 (p.5, line 26/27), you state that the model was developed by a 'multi-site, multi-disciplinary group' - it would be useful for the reader to have more information about this e.g. did any GPs form part of this multi-disciplinary group/did GPs help develop the new model of care?

Methods section: This is a well written section, which in general clearly outlines the methods of the study. However, it would be useful to understand whereabouts this research was conducted in relation to the wider study of developing, implementing and evaluation a new model of service delivery. (I expect it was after initial development of the proposed model and before the model was implemented, but a diagram to show the wider research design would be useful).
Study design section: It is good to acknowledge that you have used the COREQ-checklist but the statement (page 6, line 42/43) is generic and does not satisfy the reader to know how your study satisfies the relevant COREQ criteria.

Data collection: It would be useful for the reader to understand the length of interviews to give some indication of depth of interviews - please include the range of interview length (from shortest interview to longest interview in minutes) and the average (mean or median) length of interviews.

Data analysis section: You describe how you initially used an inductive approach to conduct early coding of data, but then you appear to have deductively used the APEASE framework. Whilst I realise that both approaches can be used successfully within analysis of qualitative data - at times it feels that the inductively derived codes have been 'shoehorned' to fit into the APEASE framework. This left me a little confused about the rationale for using the APEASE framework and when you decided to use this to organise your results?

Results section: The sample is representative of the GPs that will be expected to refer patients onto the new model of care and you successfully gained a wide range of views, which means that you are able to report some interesting results, with some good verbatim quotes to express the findings.

* However, I feel that the results section as it currently stands is a little confusing. There are a lot of subthemes, and some overlap significantly with other themes in the results section. Also, I feel that some of the themes are superficial and descriptive with little interpretation, and therefore provide little detail to the reader. Presenting a greater interpretation of data (and possibly organising the data into fewer subthemes) would help to strengthen the results section.

For example, theme 1 is currently a very short theme which is only 6 lines long.

In theme 2: 'efficiency of referral procedure' (p.10, lines 28 onwards) GPs' concern about the security of patient information and confidentiality in the referral process is presented - I feel that this relates more to/overlaps with issues of 'trust and credibility' (p.13 line 31 onwards).

Page 12, subtheme 'Is there a need?' - some good verbatim quotes are used but reading them on their own suggests that GPs themselves held mixed feelings regarding the need for such a model of care (i.e. GP6 expresses both positive and negative thoughts on whether there is a need for the service). However, this is not made explicit within the explanation of the findings. Also, further expansion would be useful in this theme. For example, where you state that 'Many GPs, however, indicated help was needed, seeing benefit that their advice was 'going to be reinforced' (GP5), that the service may 'integrate care' (GP6), and could provide much needed extra 'encouragement'(GP3).’ - what did GPs mean by 'could provide...extra encouragement/ did GPs provide explanation for how the service might help to integrate care?

'Familiarity with the service' subtheme (p.15, line 35 onwards) - the earlier part of this theme seems to overlap with issues of 'trust and credibility'. Also, I was confused why GPs'
concern regarding sustainability of the service was discussed within this subtheme? (p.15, starting line 54 onwards). How does this relate to 'familiarity with the service'?

- 'Acceptability to patients' subtheme (p.16, lines 7 onwards) - this again appeared to overlap with issues of trust and credibility of the service.

- Theme 5: 'side effects/safety' (p.16) a number of issues here overlap with earlier themes e.g. themes of communication/fitting in with existing initiatives

- Theme 6: 'Equity' (p.17) is again a very short theme with little explanation or interpretation.

Discussion section: I think it would be useful to be more balanced in the interpretation of findings within the discussion section at times - e.g. p.17 line 47, you suggest that GPs' negative views on the proposed new model might reflect inaccurate or inadequate knowledge of the evidence of effectiveness of treatment options for OA without giving other explanations, but I didn't feel that the data presented in the results' section necessarily supported this inference.

The quality of written English is high throughout the manuscript, there are just a small number of corrections required e.g. replace 'wouldn't' with 'would not' on p.12 ,line 37/38.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Unable to assess

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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