Reviewer’s report

Title: Identifying enablers and barriers to individually tailored prescribing: a survey of healthcare professionals in the UK

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Reviewer: Ulrike Junius-Walker

Reviewer's report:

The manuscript explores change management aspects that are necessary to deliver optimized prescribing for patients with polypharmacy in primary care. The departing point is a general lack of guidance on how to assess complex medication and consider de-prescribing and on how to implement such a process in daily practice. Therefore the authors have disseminated an internet survey to health care professionals involved in medication management. The survey covered the four dimensions of Normalization Process Theory (NPT), as these dimensions embrace important aspects of successfully managing change in a system (in this case the process of individually tailored prescribing, ITP)

444 health care professionals participated. The responses were analysed in a descriptive quantitative and qualitative way. The lessons drawn cover all aspects of NPT in that ITP is a rather undefined and fuzzy concept to health care professionals, which the majority already believes to apply in daily practice. Health professionals want to engage in it, but tend to feel insecure and need more support also from the patients. Little formal training and system barriers inhibit conducting ITP. There is a need to evaluate good ITP practice.

Overall, this is an interesting article. It is timely and relevant, because there is a growing recognition for the need of making sense of polypharmacy and weighing benefits and risks. The authors also state that this study is part of a larger development process for FLIPMEDS, which shall serve as a matrix on how to review medications. My main impression is that the manuscript offers results that expand the knowledge on what is necessary for a provision of individual medication management, especially as the information is presented using change management aspects. A reservation is the lengthy style of writing in the background. Also, the presentation of the quantitative data in so many tables come across as a bit disconnected.

More detailed comments:

Title: good
Abstract:

1) Has a lengthy background;

2) Perhaps presentation of less quantitative data in the results and more use of interesting qualitative data.

Background:

3) The background appears lengthy with lots of information especially in the first three paragraphs, which seems less relevant to the study. This, in my opinion, could be shortened.

4) Later in the background you come to Reeve and Lewis and that your work draws on their work. This, I think, is also some supplementary information that does not directly prepare the reader for the results.

5) Then Flipmeds is introduced. The reader gets the impression that it is already a concept ready for practice (see also abstract). But later I read that this is not so and that the results of this study have added substantially to the themes of Flipmeds (see fig. 1).

6) I do not really see the necessity to introduce FLIPmeds in such detail. The study is about ITP in general, and I had some problems when I read the methods to differentiate between ITP and Flipmeds.

Methods: fine

Results:

7) I miss an overview of the quantitative data. This could perhaps be done in a table. I understand you had 18 questions, not all of them having closed responses. Perhaps it would be an idea of presenting these questions in one table together with a column for the number of valid responses for each key profession. It might also be helpful to see how many participants have responded in the free texts for each question. The latter can be necessary to get an impression about saturation of data.

This, overall, I feel, would improve the coherence of results.
8) On page 13 line 20/21 you write "the value of ITP is not shared/recognised more widely". Perhaps it would be better to write: is recognised widely like in the preceding items.

9) On page 14, lines 12-14 you write: People reported … This gives an impression that ITP is not widely recognised as a legitimate practice. However, your numbers (table 2) are different. Rather, there is a high uncertainty rate about this.

10) A matter of phrasing: On page 16 line 47: .. GPs were generally more confident in deciding on medicines …and then line 50: GPs were more comfortable with monitoring… (perhaps also comfortable?)

Discussion:

11) As table 6 has overlapping information with table 3a, may be it would be better to summarize the main findings in a text rather than present a table (of which there already many).

12) A lot of "extending previous findings" phrases

13) Perhaps what is known about role perceptions concerning medication prescribing and monitoring could be discussed. Pharmacists have different ones to GPs and different to nurse practioners'. This may explain some of the difference in responses.

14) Perhaps another side to training: It is difficult to have trained health care professionals in medication management in the past if there was and is no clear concept and method on how to manage polypharmacy. This is something to become part of the training from now on…

The lack of clarity what is meant by ITP in your study is sufficiently discussed. However, it still remains a problem and reduces the trustworthiness of findings in this particular aspect. In your questionnaire, you introduce Flipmeds just before the questions start - which might have added to the uncertainty of what was meant: ITP or even Flipmeds.

15) On page 25 you write: We have used the findings from this survey to refine the description of our Flipmeds intervention… (fig. 1). Fig 1 is rather crude in the way that it does not offer a description. It presents main themes.

Tables and figures:

As mentioned before there are quite a few tables.
16) In the tables 2, 4, 5: Sometimes the "no reply" category is present, sometimes not.

17) Figure 1 is not nicely presented. Perhaps it would also be interesting for the reader, if you highlighted your new themes.

18) Table 3a: under Leadership: This information is confusing for me and not precise. A surprising result under partial action: previous findings are that stopping medicines are more difficult than starting them...

19) Table 5 could be the other way round: columns as lines, as it has been done in the other tables. The themes need a bit more explanation. E.g. risk stratification could also mean something in the medication review. Process.

20) The information from table 6 may be more suitable in text format.

**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.

Yes

**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.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable
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