Author’s response to reviews

Title: Exploring the role of competing demands and routines during the implementation of a self-management tool for type 2 diabetes: A theory-based qualitative interview study

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Author’s response to reviews:

Dear Ms Minien,

Thank you for your review of our manuscript and for your helpful comments. We would also like to extend our thanks to the reviewers for their helpful feedback. Please see below for our responses to each of the reviewer’s specific comments.

On behalf of the co-authors, thank you for considering our manuscript and we look forward to hearing from you in due course.

Best wishes,

Sebastian Potthoff

Assistant Editor Comments:

Comment: In the Funding section, please also describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.
Response: Thank you for this helpful suggestion. We have added the following text to the Funding section (p. 25): “The funding body had no role in the design of this study and had no role during the execution, analyses, interpretation of the data, or decision to submit results.”

Comment: Please specify who gave written consent for publication. Please note that consent for publication refers to the participants, not the authors.

Response: Thank you we have made the following change to the text to specify who gave written consent for publication (Consent for publication section, p. 26): “Written informed consent for publication was obtained from all research participants.”

Comment: Please move the Additional Files list to after the References.

Response: Thank you we have moved the Additional Files list to after the References (p. 31).

Comment: Please can you confirm whether you have written permission from Diabetes UK to publish the Information Prescription with your article? If not, you may need to remove it as an Additional File and instead provide a reference to where readers can access it in the Availability of Data and Materials section.

Response: We have now removed the Diabetes UK Information Prescription from the Additional Files and instead provided a reference to where readers can access it in the Reference section (p. 29): “Diabetes UK. Information Prescriptions for healthcare professionals. 2019 [cited January 5]; Available from: https://www.diabetes.org.uk/professionals/resources/resources-to-improve-your-clinical-practice/information-prescriptions-qa.”


Comment: At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Response: We have now uploaded the manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. Figures and additional files were uploaded as separate files.
Reviewer 1 comments:

Comment: Authors addressed all the comments in an appropriate way and the manuscript has been improved in term of clarity.

I would suggest to consistently report all the additional references suggested in the previous comment also in the text/refs [1, 2]. And, possibly expand them with specific examples that you can get from the experiences of the TRANSFoRm EU FP7 project [3] or the PCORnet based PORTAL network [4].

Response: Thank you we have now reported all the additional references suggested in the previous comment in the text and references (Background section, p. 9): “As Learning Health Systems (LHS) increasingly incorporate intelligent IT systems, DUK IPs have the potential to have a role within integrated online decision support and dashboard systems to support diabetes care [1, 2].”

We have also expanded them with a specific example from the TRANSFoRm EU FP7 project (Background section, p. 9): “There are already several studies that show how LHS can be integrated in primary care to support the linking of routine healthcare systems with translational research [3]. For example, the TRANSFoRm EU FP7 project includes Diabetes “use cases” to enable widespread queries to identify eligible patients and use data from various federated databases [3].”

References


