Author’s response to reviews

Title: Implementation of the Family Nurse Partnership Programme in England: Experiences of key health professionals explored through trial parallel process evaluation

Authors:

Julia Sanders (sandersj3@cardiff.ac.uk)
Sue Channon (channons2@cardiff.ac.uk)
Nina Gobat (gobatnh@cardiff.ac.uk)
Kristina Bennert (k.bennert@bath.ac.uk)
Katy Addison (addisonk@cardiff.ac.uk)
Michael Robling (roblingmr@cardiff.ac.uk)

Version: 3 Date: 26 Nov 2018

Author’s response to reviews:

RESPONSES:

Editor comments:

In addition to the revisions requested by the reviewers, please also address the following editorial revisions:

1) Abstract

Please remove the ‘Design’ subheading and incorporate the text into the Background or Methods sections as appropriate.

This has been removed and the content incorporated into the background section (Pg 3 lines 12-15)

Please move the ‘Trial Registration’ subheading and text to follow the abstract Conclusions.
This has been moved to follow the abstract conclusion (Pg 3 Line 55)

In addition, please include the date of trial registration. (Pg 3 Line 55)

2) Article format

Please amend the main headings in the manuscript text to follow the journal submission guidelines for research articles: Background (Pg5), Methods (Pg 7), Results (Pg 13), Discussion (Pg 23), Conclusions (Pg 29).

Subheadings can then be used within these sections if needed.

3) Abbreviations

Please move the list of abbreviations to follow the main manuscript Conclusions section. (Pg 29 Line 43)

4) Ethics approval and consent to participate

Please add ‘including direct quotes’ to the last sentence of this declaration, as is already given in the Methods section. (Pg 30 Line 41)

5) Consent for publication

Please write: ‘See declaration on ethics approval and consent to participate, above’. (Pg 30 Line 47)

6) References

Please include the header ‘References’ before the list. (Pg 32 Line 25)
Reviewer reports:

Jane Barlow (Reviewer 1):

This is a very interesting and rigorous piece of research, which provides an important piece of the jigsaw with regard to the findings of the FNP trial.

It is very well conducted, analysed and written. A few minor observations are as follows:

p.13. Integration with existing services...are there better quotations to demonstrate the first sentence.

The quote has been changed Pg 17 Lines 35-45.

p.14. 'usual and FNP arms' would be better as 'treatment as usual and FNP arms'

This has been changed (Pg 19 Line 9)

p. 16. I wold cut this quotation so that it reads as follows '...my most particular difficult client Ive done over and above the amount of visits...' because the rest is irrelevant and makes it confusing.

This quotation has been removed to reduce the number of quotes.
p.20 line 16. 'support' should be 'supported' ; Corrected (Page 28 line 8)

line 21 insert 'of' before '41.5' Inserted (Page 24 Line 36)

p.21. It isn't clear here in what way the Netherlands evaluation differed from UK in terms of age entry. (This has now been included Page 26 line 1)

p.22. Was it an a priori or post hoc analysis. Research questions were determined a priori as described in the commissioning process. (Page 26 Line 8)

p.22 line 7-12 this paragraph doesn't make clear what the significance of this is.

This paragraph has been amended. This paragraph has been amended Pg 26 lines 37 – 47

(...

p.24. replace 'our' with 'the' This has been amended Page 29 line 20)

I am also wondering if you need a short sectioning detailing the strengths and limitations of the study using criteria of trust worthiness etc., by Guba and Lincoln. This has been included Page 28 Lines 33-49

Susan Jack (Reviewer 2):
A pleasure to review this paper and important contribution to the NFP/FNP base of evidence.

1. Introduction First Sentence - Please change to Nurse-Family Partnership (e.g. add the hyphen), this is a copyrighted term; also the NFP International Team - as part of their copyright guidelines request that the registered trademark (R within a circle, put in superscript) be placed after the first use of the term Nurse-Family Partnership in any documentation, articles etc (see new NFP International Guidance)

A: This has now been incorporated Page 5 Line 4.

2. For an international audience, it might be helpful to briefly summarize why a trial was undertaken in the UK - e.g. summarizing the four step process for NFP international adaptation, piloting, evaluation and then implementation (process outlined on NFP International website)

A: Details of the recommended process for NFP international replication has been incorporated into the background discussion sections. (Page 12 lines 12-14)

3. Focus groups is a strategy for qualitative data collection- they themselves are not a qualitative design. I would recommend that the title of the article include the study design (e.g. mixed methods process evaluation) and not just highlight HOW the data were collected

A: The title has been amended to remove the method used. As only data relating to one method of the mixed is presented in the paper, we have not included the phrase mixed methods. (Page 1 Lines 6-7)

4. Under methods - I would strongly recommend that the study design be further described. It was alluded to that this was a mixed methods process evaluation. Please identify type of MM study design (e.g. sequential explanatory, congruent parallel?) - if this paper is only reporting on the qualitative that is fine, but please identify that within the context of the broader MM design. Also, more information about process evaluations and the approach to process evaluation is required. Again - focus groups are a way to collect data within a study - without knowing the overall study design - it is difficult to be able to assess whether the authors demonstrated methodologic congruence.
A: The following paragraph has been added to the methods section on page 6 lines 4-22.

Using this model, in parallel to the Building Blocks trial [14] we conducted a process evaluation, using a convergent mixed methods design in which quantitative and qualitative data were collected concurrently, analysed separately and then considered together at the interpretation and discussion stage. The framework was prospectively developed to monitor and document programme and trial fidelity, participant engagement, recruitment and retention to the trial, contamination between trial arms and the impact of context on implementation and outcomes. Page 6 lines 4-22.

5. Participants/sampling - for an international journal - it is important to provide context about the setting. Please provide brief overview of where this study occurred, total number of sites, total number of many sites were they selected from? Please define maximum variation sampling for the reader; then articulate which variables were included in your sampling decision tree for Max variation. Please also provide clear inclusion criteria for sample. In your results you also indicated that supervisors and administrators participated in your focus groups - yet this was not accounted for in the sampling frame. I would also like to see perhaps any thoughts in the discussion about the potential challenges to including supervisors/administrator

A: The methods section has been expanded to include the requested material.

Page 8 lines 2-51

6. Overall - the sampling/participant section is very confusing. I would recommend first describing number of total sites, then describing how sites for this component of the study were selected. Then within each site - how were individuals sampled to participate in the focus groups. The first sentence of this section also implies that there was a process of homogenous purposeful sampling at play (e.g. focus groups just for midwives, then a separate one for FN etc) - please justify and explain this decision.
A: The methods section has been expanded to include the requested material.

Page 8 lines 2-51

7. Data Collection - please provide a table (that would be in text of paper - in addition to the supplementary file - which I saw, but didn't see referenced within the paper) that includes a summary of the questions/topics explored in the focus groups at both time periods.

A: A table including the summary questions has been included as Table 3 Page 11 Lines 13-33

8. In Data collection - there is a term "quality of handover" -- please contextualize this. For a reader outside of the UK - what does this mean? Handover to who?

A: The methods section has been expanded to explain ‘hand over from FNP to the health Visiting service. Page 7 Lines 33-47.

9/ In the background section, it would be helpful for a reader to understand why there are three groups of providers (midwives, FN, HV) - and the different roles they play in FNP. If NFP is a nurse home visiting program - can you confirm that all providers were nurses?

A: This detail has now been incorporated. Page 7 Line 22 -26

10. In the data analysis section, please clearly identify the approach to analysis of the focus group data (e.g. conventional content analysis, directed content analysis, thematic analysis? ). You have done a lovely job of describing the nuances of coding the data. After the data were
coded, can the process for categorizing, synthesizing and summarizing/theming the data be provided as well?

This detail has now been incorporated into the data analysis section. Page 12 Lines 14-55

11. Findings - overall, given the broad study aims - I would strongly recommend that the result be presented with a higher level of conceptualization - with key themes/issues identified - and the properties and dimensions of each category fully outlined. In achieve the space with a manuscript to accomplish this, I would recommend that more space in the findings be allocated to description/interpretation of the focus group data including providing lists/descriptions of contextual influences - and less space given to illustrative quotes. IN this higher level of synthesis of the findings, it would be helpful to identify also the points of convergence (consensus) or divergence between your different data sources.

12. As a reader, It would be helpful - to re-visit the aims - and then structure the results according to the aims - e.g. the first section of the results to provide the list (along with rich description) of the contextual factors that influenced implementation, followed by 2) summary of factors that were perceived to influence trial outcomes and in which way; and 3) concluding by presenting data that provides insight into the factors that will influence broader rollout

The results section has been rewritten and expanded to incorporate points 11 & 12. Pages 13 -28 please see attached document showing all changes

13. A summary of study strengths/limitations in the discussion would be helpful - and I would really like to see some of the unique strengths highlighted - e.g. triangulation of data sources (MW, FN, HV), researcher credibility, maximum variation, - any comments about consistency of findings across varied sites etc - I think there was a lot of thoughtful well done qualitative work done here on the ground - and it could be really highlighted.

A The discussion section has been included to incorporate this requested material. Page 23-28 please see attached document showing all changes
14. Is it possible - within the discussion to provide some recommendations for international societies looking to adapt and implement NFP - particularly around the challenge of integrating an intensive program into more universal programming - how do we create a culture for this health equity program - that ensures that it is not seen as an "elitist" program.

A The discussion section has been included to incorporate this requested material. Page 23-28 please see attached document showing all changes