Reviewer’s report

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

Version: 1 Date: 12 Mar 2018

Reviewer: Susan Jack

Reviewer's report:

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)

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)

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

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.

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/administ

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.

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.

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?

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?

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?

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 n 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
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.

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.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
No

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

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.
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