Reviewer’s report

Title: Do English Healthcare Settings Use 'Choice Architecture' Principles in Promoting Healthy Living for People with Psoriasis? An observational study

Version: Date: 28 January 2015

Reviewer: Gareth Hollands

Reviewer’s report:

All the following are Discretionary Revisions but I think would helpfully increase clarity and strengthen the manuscript.

This is an interesting study and I think provides a novel and worthwhile contribution. I think there is definite merit in examining the properties of existing environments in a detailed way such as this, although I think the manuscript could be refined to increase its clarity and coherence.

Background

1/ The ideas of choice architecture and the centrality of automatic processes are not obviously compatible with discussion of the need for attention, comprehension and understanding (lines 89-95), so I think these could be better integrated. This could be resolved by explaining that placing prompting information such as posters and leaflets is one of the ways in which micro-environments can be altered (for example, the typology in reference 13 includes prompting as one type of micro-environmental or choice architecture intervention, whilst stating that it may be more reliant on conscious engagement than some other choice architecture interventions). By placing these prompts, they can then be subject to being processed at either a more automatic level or a more engaged, reflective level if people have the resources to do so, but both rely on the messages being clear, visible and accessible in order to have any impact. Then if we want any complex health information to be well understood, then there are the various considerations outlined in 89-95.

Methods

2) Quality indicators – I found this section a little confusing. Two main points here:

i) The heading on line 167, I presume this relates to the six “quality criteria” in the top part of Table 1 but is called something different. It would be much easier if the text in Table 1, the Methods (including headings) and also other mentions in the Results, used the consistent terminology and wording to refer to this (e.g. visual condition, if that is the preferred term, or on line 162, the term ‘visual quality’ is used). The same goes for the visibility/accessibility criteria (in the bottom part of Table 1), but this seems to be more consistently worded.
ii) I think it much more intuitive to present quality criteria as criteria that it is desirable to meet to follow recommendations. Can the wording in Table 1 be reworded accordingly and then the Levels coded in a corresponding manner i.e. Level 3 (good signposting) would be where all recommendations were met, whilst level 1 (very poor signposting) would be where 3 or fewer recommendations were met. The same applies to visibility/accessibility criteria.

Results

3) Lines 204-206. What exactly constitutes LBC information, could this be defined somewhere? Here signposting is mentioned (specifically contact numbers and places for more information) and I'm not clear on why. Does LBC information need to include this property to be counted?

Discussion

4) Lines 273-279. Point 2 is fine. Point 3 could just do with some additional explanation regarding choice architecture principles (this maybe means being placed in the environment in the first place and being readily accessible). Point 1 (line 275): I think this will be more strongly made if the Results (perhaps also adding to Table 4) are in addition also presented in a broken down form to highlight the information that is found in those centres that represent specialist psoriasis/dermatology clinics vs GP surgeries (or some similar categorisation) – I think this is 7 specialist dermatology centres or clinics going by Table 3? I think Point 1 would be most strongly made if you could also highlight that even in those clinics/settings where one would hope for a good coverage of both general and psoriasis-specific LBC posters / leaflets, this is still lacking in quantity and quality.

Table 1

5) Most criteria here would appear to be relatively objective and clear e.g. outdated material, obscured by other notices, but if possible could any of these be better explained with a little more additional detail e.g. how to assess whether a noticeboard is small or disorganised vs large or well-organised? Could an example photo or photos (if any were taken) be included of two exemplars showing meeting vs not meeting any of the criteria, just to make these distinctions less abstract for the reader?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests