Reviewer's report

Title: Defining the content and delivery of an intervention to Change AdhereNce to treatment in BonchiEctasis (CAN-BE): a qualitative approach incorporating the Theoretical Domains Framework, behavioural change techniques and stakeholder expert panels

Version: 4 Date: 22 April 2015

Reviewer: Catherine C Byrnes

Reviewer's report:

This is an interesting and important area of medicine which is often overlooked. Adherence would certainly improve outcomes but is often not tackled because of the perceived difficulty of trying to change behaviour. The consultation of patients and a wide range of healthcare providers is excellent.

Major revision

1. One issue with the manuscript is that with the serial consultation with groups and individuals, the subsequent summary and modification of presentations, and the re-consultation to determine the final domains in patient and healthcare provider groups is quite difficult to follow. It would be helpful to have a flow diagram early in the manuscript in methodology as a frame work to understand how the evolvement of the domains and behavioural change technique occurs.

2. How the eight domains and 12 behavioural change techniques are going to be modified individually for each patient is given little attention in what is presented thus far and is likely to be critical.

3. The components of the behavioural change therapy presented to the patients and the healthcare providers didn’t appear to be defined apart form a few examples in the lectures and I wonder how many of them truly understood about each of them and how they would work.

4. The authors acknowledge that the approach presents considerable challenge regarding a design for future randomised controlled trial. But it would have been interesting to explore this in discussion. It is only one sentence but having done considerable work in this area some concept of how they believe they’re going to use the data they have now collected into a clinical trial would have been appropriate and interesting to a reader.

Minor revision

5. The way the consultation was conducted was to choose some patients and healthcare providers – who then recommended other people which gave the numbers. It is difficult to know how generalizable the findings are given that it is likely to have started with the most motivated people nominating other similarly motivated individuals.
6. The transcripts were all analysed by one researcher and then a second researcher from one of four people within the team - I wonder about the variability coming from four separate assessors.

7. Similarly do I understand correctly that when identifying behavioural change techniques three members of the team scored the relevant theoretical domains framework to each individually? The description of how the scores were derived may benefit from a table presentation as it was difficult to be clear. It would have been interesting to know whether the expert panels; the panel patients with pseudomonas infection, the panel patients without pseudomonas infection and healthcare panel, picked the same or different ways of delivery of the proposed intervention.

8. Under ‘Results’ the patients with bronchiectasis are described as a group of 16 made up of eight adherent and eight nonadherent. The next sentence talks about seven focus groups and it is not immediately clear that these focus groups are all healthcare workers.

9. The appendices included are significant in volume and I wonder if they can either be abbreviated or summarised. It was some undertaking to read them all. Everything was sent including directions to the hospital car parking et cetera, repeated presentations and I honestly don’t think this is needed.

**Level of interest:** An article of importance in its field

**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 I have no competing interests.