Reviewer's report

Title: Implementation of a self-management support approach (WISE) across a health system. A process evaluation explaining what did and didn't work for organisations, clinicians and patients

Version: 2

Date: 3 December 2013

Reviewer: Sarah Dennis

Reviewer's report:

Thank you for asking me to review this interesting exploration of why the WISE SMS approach was not successfully implemented in a trial in primary care in the UK. This study is important because we know that SMS can be effective in increasing patient self-efficacy and some physiological measures for people with chronic conditions and yet we also know that these programs are difficult to implement in practice.

Major Revisions

The paper is very well written and interesting but it is very long at 9,243 words excluding the abstract and the references. I have just checked the word limit on the author instructions and it does say a max of 6,000 and in exceptional circumstances 8,000. The introduction and the results sections in particular could be reduced in length.

The research question is important and well defined and of interest as self-management approaches such as this, whilst evidence based are often poorly implemented in practice. A detailed exploration of why this might be the case is of value to health service managers, health professionals and policy makers. The qualitative and quantitative methods used by the team seem to be appropriate to the research question although see point below about methods.

The methods are very detailed and include some items that are not discussed in the results section. To reduce the length of the paper, I think the authors should just include the methods that relate to the findings that they will discuss. For example:

- Collation of documents generated by the training, these included: Training notes (written by the trainers after each training sessions); patient journey maps created during training; reflections on what the practice does well and on challenges and problems to achieve change; action plans and steps to change identified by the practices; and logos designed by each practice as an ice-breaking task. These provide context concerning engagement in training but are not included in this paper.

If this is not going to be reported in detail then perhaps it could be excluded from the methods. The authors use the NPT constructs as their framework and this is detailed in Table 1 and related to organisational, professional and patient levels. This is useful and I wanted the results section to expand on this. The text in the
results section is organised under the health system, professional and patient headings but it was not clear to me how this related to the NPT constructs. I would like to see headings that relate to the NPT constructs used in the text, further subheadings such as those used in the results are fine to guide the reader through but it would help the reader to relate back to the NPT constructs.

Minor revisions

Overall, I think the discussion and conclusion bring the findings together well. The figure 2 pie charts, in colour, were useful although the response rate is low (48%) although not unusually so for research such as this in primary care. I would arrange them in the same way for each item (guidebook, Prism, Salford web) – the PRISM ones are in a slightly different order which was confusing at first glance.

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 that I have no competing interests