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: 27 December 2013

Reviewer: Carla A. Green

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- Major Compulsory Revisions

Although the topic is an important one, and the perspectives of the clinicians/team members are interesting, there appear to be significant, fundamental, problems with this manuscript that would require reanalysis and major revision if they were to be adequately addressed. These are detailed below:

1) The most important problem originates with the classification of the intervention being implemented as an “evidence-based practice (EBP).” It appears that this is not the case, thus the purpose for the trial itself—to test the intervention.

2) Once it was designated as an EBP, the authors proceed to analyze and interpret the results as a failure of implementation of processes they believe should lead to improvements in clinical practice/outcomes. Yet the intervention as described seems weak and not likely to be effective, particularly when compared to known effective interventions designed to improve self-management of chronic disease.

3) Given this point of view, results are analyzed as a failure of implementation rather than a failure of the intervention itself. Many of the quotes provided could be interpreted as evidence that the intervention was perceived as so weak as to be ineffective, thus not worth implementing. I would interpret this as a failure of the intervention rather than a failure of implementation.

4) It is possible the data could be re-analyzed and re-interpreted, but to do so, the intervention and its components would need to be more carefully described and compared to existing effective interventions and relevant theory, so that the reader understands the strengths and weaknesses of this intervention compared to others. Then the qualitative data could be re-analyzed from the standpoint of this comparative framework.

5) The Methods section is limited and much detail is needed.
   a. No information is provided about how the data were managed, coded, or analyzed other than that interviews were recorded.
   b. Surveys were used but information is not provided regarding response rate. Practices were defined as “trained” but there is no information about what that
really means in terms of the proportions of staff trained etc.
c. Little information is provided describing participants and their roles.
d. No information is provided about how differences in interpretation or coding (was coding done?) were identified, assessed, or resolved.

6) Some of the context is particular to the NHS; this may be understandable by those familiar with NHS details but explanation would be helpful for those less well-versed in system characteristics (e.g., the distinction between Clinical Professional Directorate and Commissioning Directorate).

7) Under “Acceptability and utility of the training” the authors indicate that there was “good attendance” but do not define what that means.

8) The Discussion and Conclusions begin from the assumption that the intervention was evidence-based and that the intervention failed, thus would need to be reworked if a re-analysis was completed.

Level of interest: An article of limited interest

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.