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: 3
Date: 8 April 2014

Reviewer: Lawrence Palinkas

Reviewer's report:

Major Compulsory Revisions

The rationale for conducting this study remains unclear. On p. 4, the authors state “there is a need to understand how a systemic patient-centred approach to SMS reconfigures existing relationships, communication and practices and how (and if) the principles of a whole systems approach can translate, embed and integrate into routine practice.” Why there is such a need to understand this isn’t clearly established. In addition, on p.5, the authors state the reason for the process evaluation was to explain “why this evidence-based approach was not implementable in routine primary care.” The need to understand how the approach to SMS reconfigures existing relationships, communication and practices appears to be absent. Moreover, the paper lists four aims of the process evaluation on p. 6. However, there appears to be no results presented that describe the fourth aim: changes in personal management arrangements, impact on existing caring relationships and use of additional services and resources.

The rationale for conducting this study also seems somewhat narrow. The authors fail to make a convincing case for wanting to know why the reader should care about barriers and facilitators to using WISE as an implementation strategy or intervention. What is needed is a link about the specific instance of WISE to a broader theory of implementation.

The authors stated they provided more information on qualitative methods, but more information is required in order to properly evaluate the methodology employed. For instance, how long were the interviews? How was the reliability of coding the data assessed? More detail is needed to explain the “wall chart based on NPT constructs.”

The authors indicate that “had we the foreknowledge to predict the scale of the political change which occurred during the lifespan of this long research project, we could have built this into the process evaluation. I found this response to be weak an unconvincing. The introduction of the manuscript includes a statement that “we also considered the outer systems which influence implementation [21] and have added to the original model (see figure 1)” Presumably, the political environment is a critical element of the outer setting. Further they note in the
discussion section that “the PCT was disbanded as part of wider NHS changes so there was a considerable amount of organisational change, loss of staff and shifting priorities.” It would seem that disbanding the PCT was a significant outer context change. At the very least, the lack of focus on this change should be identified as a limitation to the study, and an elaboration of how it might have contributed to the reluctance of patients and providers to adopt the SMS should be included in the manuscript.

In the end, it is unclear whether the results answer either of two questions: 1) whether SMS cannot be implemented because both practitioners and providers have little confidence in it, or 2) whether WISE is a poor strategy for implementing WISE. As there is no data or results from other studies to compare WISE with other implementation strategies, the paper does not really answer the second question. As to the first question, I’m not certain that the results offer any new insight.

One of the most obvious reasons why SMS failed to be implemented that is not discussed in this paper is that the RCT found no significant outcomes. Whether it was due to a self-fulfilling prophesy on the part of both patients and providers or that it failed to improve patient outcomes or patient-provider relationships, practices are unlikely to be implemented unless either have some form of personal experience in their effectiveness. Clearly, that was lacking in this instance.

Minor essential revisions

p. 4. WISE may have evidence-based components, but it is not an evidence-based intervention as the authors claim.

p. The authors claim that the training was successful. However, the quotes provided suggest otherwise.

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 have no competing interests.