Author’s response to reviews

Title: Factors influencing national implementation of innovations within community pharmacy: a systematic review applying the Consolidated Framework for Implementation Research

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Author’s response to reviews:

Dear editor,

Thank you for reviewing our systematic review manuscript. Please find our response to each of the comments and suggestions below.

1) Reviewer #2 1) - I think reviewer 1 makes a good point here. You have amended your objectives to address this but this represents a change in your initial objectives as registered in Prospero. This change should be noted. Please ensure you have addressed this comment appropriately in the discussion - i.e. to identify why this issue is a particular issue in community pharmacy (context of these within the health system). What is unique about this setting?

• Within the introduction, the amendment to the objectives following completion of the systematic review has been explicitly stated (lines 100-102):

“Following completion of the systematic review the opportunity was recognised to develop a preliminary causal theory of how innovations become successfully implemented within community pharmacies at a national level. Therefore, an additional objective was derived:

4. Develop a causal theory of the factors influencing successful national implementation of community pharmacy innovations”

• We have discussed the changes to the initial objectives in lines 439-442:

“A critical output of this systematic review was the identification of the three overarching thematic areas (Table 4). The identification of these overarching thematic areas allowed for a
preliminary causal theory to be developed (Fig 3). This was not an initial objective of this review as per the initial PROSPERO record (Registration number: CRD42016038876).

- The necessity of a community pharmacy specific theory is discussed in lines 445-451:

“The authors view a community pharmacy-specific theory to be necessary due to its distinctiveness when compared to other primary care settings – for example, patients are able to consult with a healthcare professional within community pharmacies without the need for an appointment. Furthermore, the theory presents the high-level influencers of successful implementation within this setting, which may facilitate evaluations if exploration of all 39 CFIR constructs is not feasible.”

2) Page 5 - ensure you address the change in objectives.

- See response to above comment.

3) Page 6 - how far back did you go through the literature? From inception?

- We have clarified this in the line 125-126:

“The databases Medline, EMBASE, PsycINFO and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) were searched from their inception on the 17th of December 2015.”

4) Page 7 - note initials of reviewers in final copy

- Authors details have now been included in the manuscript

5) Page 7 - please note justification of mixed method design here. I note you have included this in the discussion but outline purpose of using different tools for the study design methods

- Lines 147-149 have been amended as follows:

“Quality assessment tools were used specific to the method(s) employed. This was to ensure that existing purposefully designed tools were used to assess the quality of either qualitative, quantitative or mixed-method studies to comparable depth.”

Other minor edits made:

- The positioning of Figure 3 has moved from line 432 to line 451

- The reviewers have been thanked within the acknowledgements section (Lines 563-565):
“Additionally, we appreciate the valuable input of the reviewers which led to the development of the preliminary causal theory presented in this paper.”