Reviewer’s report

Title: Development of an intervention to facilitate implementation and uptake of diabetic retinopathy screening,

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Reviewer: Nick Sevdalis

Reviewer's report:

The authors report a largely qualitative study, in which they have used theory and coproduction methods to develop a set of implementation strategies to drive uptake of diabetes retinopathy screening.

The study is well written, appears to have been conducted well and it is certainly within the scope of the journal and the interests of the readership. I do not have any major reservations about the study.

However, I wonder whether the positioning of the study could be improved - as follows. At present, the study takes the perspective of low uptake of DRS and how that could be improved. The methodology subsequently applied is informed by a number of methods and frameworks that, in effect, demonstrate the usefulness of applying systematically such frameworks to the development of implementation strategies, for the latter to have a good chance of being effective and implementable. The discussion then offers some reflection to this effect.

A hidden point in this approach is that DRS in this context could be seen as a case study: there is a core message here in terms of how they theory and methods have been applied - which in my view is worth stressing and highlighting far more in the paper, especially in the early positioning of the study. Simply put: the study has a number of elements to be highlighted from the point of view of the methods of implementation science and coproduction that are unrelated as such to the clinical service context - and these are, in my view, rather implicit in the discussion and absent from the introduction. For example: how does one reconcile the top down, theory driven approach of the TDFT and CFIR with the bottom up approach of a ToC? Are there tensions in what emerges from interviews that perhaps does not fit with TDF categories - and the like. Highlighting these could make the study far more readable and citable by implementation scientists working in entirely different clinical services.

So what I would recommend to the authors is to expand and/or rebalance the introduction to develop the argumentation about the need for theory driven and at the same time coproduced implementation strategies. And likewise to develop a more theory-relevant reflection in the discussion, to complement their commentary re DRS, such that when reading this paper the reader walks away with some reflection re the role of theory in intervention development beyond diabetes. I would also suggest that the authors consider having such a theory-informing aim as the secondary aim of their study, as I think such an aim is actually well attained.
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