Reviewer's report

Title: Improving recruitment to a study of telehealth management for long-term conditions in primary care: two embedded, randomised controlled trials of optimised patient information materials

Version: 1 Date: 12 March 2015

Reviewer: Lizzie Coates

Reviewer's report:

Thank you for the opportunity to read this interesting and well-written article reporting on two embedded randomized controlled trials of optimized patient information materials. I think that the work of the START group is important and more attention to improving recruitment materials is required, and similarly, that increasing recruitment rates to trials (and other studies) is something all of us working in trials should be keen to learn more about. As such, I am convinced that the article seeks to answer an important and well-defined research question, and one that warrants further empirical study.

The reporting is at a high standard, and the methods used are appropriate and well described according to CONSORT checklist. There are a number of areas where further detail is required (please see list of revisions below for more information). There is, of course, the problem with the administrative error whereby the standard reminder letter was sent to all non-responders to the Healthlines Depression mail-out, but despite this, I still feel that the article is suitable for publication, following relatively minor revisions.

The data appear to be sound and their representation in the article raises no major questions. I would argue that elements of the discussion and conclusion should be reconsidered and refined. There is no issue with the claims that they are making, but rather, a couple of points of clarity are warranted. These are explained below also.

Major compulsory revisions

I do not have any revisions that are required before a decision on publication can be reached.

Minor essential revisions

Page 6 – The host trial – the Heathlines study
Minor typing error – comma not required after ‘two’ in sentence one.

Page 8 – Methods
Sentence two is a little confusing. I suggest that the final clause is edited to read ‘…and within Healthlines Depression only, the proportion actually randomised.’
Page 20 - Interpretation of the findings in the context of the wider literature
Minor typing error in sentence 2 – this should be ‘CVD’, not ‘CVS’.

Discretionary revisions

Page 7 – The host trial – the Heathlines study
Would it be possible to provide justification for the summary of recruitment issues, perhaps using references from the START group itself?

Page 9 – Development of the recruitment intervention
I am aware that this is not the precise purpose of this article, but would it be possible to say a little more about recruitment of the healthy volunteers to the optimization process. Perhaps this could be included as one of the additional files?

Page 10 – Development of the recruitment intervention
It is useful to see extracts from the standard and optimized recruitment materials for Healthlines Depression, but I think it would be helpful to include the full PIS, unless there are clear and legitimate reasons for not doing so. If that is the case, perhaps a short note explaining the nature of what is included would be helpful.

Page 11 - Description of the Healthlines host trials…
The eligibility criteria for individuals is clearly explained, however, it would be useful to include an explanation of how the three GP practices were recruited, and why this differed from the four that it was intended would be recruited. This is highlighted as a limitation in the discussion section of the paper, but is not covered here.

Page 16 – Results
Please can a table of baseline characteristics for both trials be added? In addition, please can a summary of numbers included for analysis be added to the flowchart and supporting text. The analysis appears to include all participants, but it would be useful to be explicit on this issue.

Page 18 – Discussion
The introductory paragraph summarises the findings as they pertain to depression, but makes no mention of CVD, which is surprising given that the authors have gone to great lengths to include both study populations in the rest of the reporting.

Page 18 – Limitations
Given that there was a prior awareness of the importance of aligning the host and embedded recruitment trials, could the authors expand their explanation of why this didn’t happen in Healthlines? Do they have any recommendations for readers of this particular paper, or could they incorporate any recommendations from the Graffy et al (2010) paper here?
Page 20 - Interpretation of the findings in the context of the wider literature

The interpretation of findings around increased rates of randomization and how this relates to different clinical populations is difficult to follow at present. On the one hand, the authors explain that it wasn’t possible to test rates of randomization in CVD, but then the two clinical groups are compared and contrasted on this basis. In addition, the higher levels of overall acceptance in CVD compared to depression is presented discussed in slightly confusing manner, and this could be brought together with the second paragraph in a better way.

Page 21 – Implications for recruitment practice

Whilst it may be difficult to quantify improved understanding and patient satisfaction as they pertain to optimized recruitment materials, this is something ripe for qualitative exploration, so perhaps its appropriate to highlight this, and suggest as a potential area for future research?

Page 22 – Conclusions

I felt that this conclusion lacked substance and should be reconsidered and redrafted by the authors. The conclusion of the abstract provides a helpful starting point for this.

General point: Aims

I do have a concern about the dual reporting of the Healthlines Depression and CVD trials, given that they have (for very pragmatic reasons) different outcome measures. I wonder whether separate reporting may provide greater clarity to the key message of the paper that optimized recruitment materials can have a small impact on recruitment rates. Perhaps the authors could justify why both trials are included in this paper, other than the seemingly obvious reason that they are both part of the Heathlines study?

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.