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: 13 March 2015

Reviewer: Deborah Fitzsimmons

Reviewer’s report:

Thank you for inviting me to review this paper.

Major compulsory revisions:

1. Whilst the authors note that the requirements of research ethics committees can result in long and complex patient information documentation, they may like to consider that many research funders (e.g. NIHR, Marie Curie) require extensive PPI within the research they fund. As a consequence, it could be assumed that many researchers collaborate with patients and the public at large when developing their information sheets, and to pilot them before commencing the study. The current paper seems to overlook this which is to presume that others have not undertaken these steps. Depending on the degree that this has been undertaken in a host study, the benefits cited, and the results achieved may be significantly impacted.

2. In the background the authors identify that there has been little quantitative research in this field. As the authors are trying to overcome barriers to patient recruitment to studies would a mixed method approach not yield valuable information?

3. The authors identify that they use ‘expertise in writing for patients and graphic design’ - it would be beneficial for readers if you could identify how this expertise is defined. It could be argued that many researchers have a degree of expertise in writing for patients, but does the expertise utilized in this paper go beyond the norm and if so, how?

4. The paper does not describe how the original materials were developed by the host research team – was there any patient involvement? Was it piloted with the patients? Who developed the materials? What was their level of experience and expertise in regard to writing for patients? There needs to be a clearer explanation of the baseline patient information development before the optimization process.

5. The process is described as ‘iterative’ when it should perhaps be classed as ‘sequential’ as there appear to only be three stages of testing: original materials, first draft of ‘optimized’ materials, and final round of ‘optimized’ materials following revision. Iterative suggests that there would be multiple rounds of testing of optimized materials which is not the case.
6. The cost of generating the optimized materials is identified as £10,000 yet there is no identification of how this cost was calculated. Given this high cost, could it be minimized for smaller trials? How does this cost relate to the cost of the trials concerned? What is the cost per additional patient recruited? It would be useful to have more of an economic evaluation of this process.

7. The cited benefits of the process (page 21) include patient satisfaction, but this is not discussed earlier in the paper, is not included in the outcome measures, and there is no indication as to how this has been evaluated. If this was tested it would be useful addition to the paper.

Minor compulsory revision:
1. The time to develop the materials is noted as a limitation, but the duration is not specifically identified.

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.