Reviewer’s report

Title: Improving Primary care Access in Context and Theory (I-ACT trial): A theory informed randomised cluster feasibility trial using a realist perspective

Version: 0 Date: 12 Nov 2018

Reviewer: Nina Wilson

Reviewer's report:

This interesting manuscript reports the results of a cluster randomised feasibility trial comparing a context sensitive intervention to usual care. The manuscript is written very clearly and it is great to see that the manuscript is in keeping with the CONSORT extension to randomised pilot and feasibility trials (Eldridge et al. 2016). I only have a few very minor comments to make which I think could be addressed very quickly and easily.

Minor comments

I would say "cluster randomised" rather than "randomised cluster" when describing the trial design in both the title and throughout the manuscript.

The last sentence of the background section of the abstract is slightly confusing as the reader does not know what the previous research /initial theory is.

The target recruitment was 10 participants per practice but only 5 were recruited in the usual care practice - maybe this could be commented on. It appears from the tables that some estimates are calculated on only 3 participants in the usual care arm. The only caution I can see is for the ICC calculation based on the small number of clusters but there is no mention of the caution that should be taken in interpreting estimates based on 3-5 participants.

Often in a feasibility study the data collected is used to inform a future trial - the authors could maybe add a sentence describing what they think the next trial in this area of research should be based on their feasibility.

In the results section under "Baseline characteristics of patients" practice D is mentioned for the first time - it would be better for the reader if it said "the usual care arm, practice D" when D is first mentioned. This is done later so it just needs moved forward.

In the "Impact of intervention" section the ease of booking appointments is described as most improved in Practice B and C compared to A and usual care. From the tables, A does not improve which isn't made clear by the sentence in the text.
The "Impact of intervention" section does not indicate the uncertainty in the estimates based on the small sample size used.

It is stated that the support manual was rarely used and then in the discussion it states that "practices were able to successfully design and implement their own context-sensitive service changes based on a support manual".

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