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: 20 Jan 2019

Reviewer: James Wason

Reviewer's report:

(Associate editor)

After seeing the two reviews gave quite different views of the paper I read it over myself. Generally I think the feasibility trial aspect of the manuscript is well-reported (with a couple of minor comments given below). I did feel some of the more qualitative results were a bit vague and it wasn't clear what the conclusion of the trial was - is a definitive study based on this intervention feasible or is substantial change required (I felt the discussion pointed towards the latter but it should be more explicit).

As a non-expert I do agree with the spirit (if not the wording) of reviewer's 2 comment on how the description of the development of the interventions could be improved. However that might be best for a separate paper if this paper is to be the main report of the feasibility trial.

Specific comments:

1) Abstract - "retention was good": could this be more specifically highlighted in the results section? Is retention linked to practice level data (excellent retention), self-report (very good retention) or appointment questionnaires (does not seem good to me but may well be good in this area). I do not this this is sufficiently clearly reported in the main results either - mention figure 2's loss to follow-up.

2) In the recruitment section it is stated that 150 then a further 150 patients were invited, so I did not follow how the 1143 participants on page 10 were found. Is the former figure per practice?

3) Line 348 "given information when the calling" - presumably a typo?

4) Figure 2 - 'randomised to intervention' or 'randomised to control' implies individual randomization - would be better 'allocated to intervention cluster' or 'allocated to control cluster'?
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