Reviewer's report

Title: Improving the relevance of randomised trials to primary care: a qualitative study investigating views towards pragmatic trials and the PRECIS-2 tool.

Version: 0 Date: 19 Aug 2019

Reviewer: Katie Biggs

Reviewer's report:

This is a useful paper and may help researchers when designing pragmatic RCTs. I recommend it for publication following some corrections or clarifications set out below. Please note, I have used the line numbers, but it was sometimes difficult to line up, so they may be one line out.

General comments

1. The paper focuses heavily on the PRECIS-2 tool and on pragmatic trials and as such I think either PRECIS-2 or 'pragmatic' should feature in the title.

2. The aim is to study views of people who have an influence on primary care but the views of charities and funders are not included under the theme 'how evidence is used' and therefore it is not clear why they have been included as people who use results from RCTs. I would like their views to be covered in this section, or a comment on why they are not included and also covered in the discussion. There is a lack of clarity as to whether people are included due to their role in using evidence or designing trials and the aim seems to vary slightly across the sections in this regard.

3. There are no details provided regarding the GP interviewer (as per items numbers 2, 4, 5, 7 and 8 of COREQ).

4. Details of framework analysis is unclear. Did one person complete all of the coding of the manuscripts? What was completed by more than one individual; were the results of the analysis just reviewed by the other authors, or did they conduct analysis? Please add a little more detail to this section (page 4, lines 38-45). This should also be commented on in the strengths and limitations section of the discussion.

Abstract:

1. Line 26 - you have said 'people who influence practice in primary care' but have not made it clear that all individuals do have such an influence (charities and funders), perhaps add something about people who design research in primary care (if this is correct).
Background (page 2):

1. Lines 6-8 - consider re-writing as the second point seems an after thought in this sentence.
2. Line 22 - consider adding 'often', i.e. 'compromises often have to be made..'
3. Line 34 - should 'take design decisions' be 'make design decisions'?
4. Line 45 - add 'in primary care' at the end of the sentence.

Methods:

1. Page 3, line 38 states there are 8 categories of people but only 7 are listed in lines 39-42.
2. Page 3, line 53 - missing 'at' and 'another' in '..carried out at the participants place of work or another location..' 
3. Page 3, line 54 - consider adding the time range of interviews.
4. Table 1 - consider marking which interviews had the GP present.
5. Figure 1 and Box 1 - PRECIS written instead of PRECIS-2
6. Page 4, lines 38-45 - add detail as mentioned in general comments.
7. Page 4, line 42 - I think it should be NVivo rather than NVIVO. Is there a reference for the software?

Results:

1. Page 4, line 50 - Do you have any information about those who did not consent to take part?
2. Table 1 - consider indicating which interviews you only had notes for.
3. Table 1 - under role, interviews K and L are described as 'journal publishing systematic reviews', please add the participant's actual role, e.g. editor/author. Could you also add a role for the representatives of the research charity? What are the individuals responsible for in the charity in relation to research evidence?
4. Page 45-6 - as mentioned above, I would like to see the views of the charities and funders under the first theme as the aim of the paper is to understand the relevance for people who use evidence.
5. Page 7, lines 25-26 - consider adding a quote to demonstrate the view that pragmatic trials are inferior to more traditional RCTs.

6. Page 7, line 37 - add 'editor/author (or appropriate descriptor)' to description of participant for Interview K. As per point 3, you may want to add some detail to the research charity descriptors as well.

7. Page 7, line 55 - 'eligibility, recruitment and setting' should be italicised (they are later, keep consistent).

8. Page 8, line 15-16 - re-write sentence ('bring being people')

9. Page 10, line 1 - 'primary outcome' and 'primary analysis' should be italicised.

10. Page 10, line 22 - brackets on new line as per other quotations.

Discussion:

1. Page 11, line 31/32 - did all interviewees acknowledge a less pragmatic approach for recruitment and follow-up, or just select groups?

2. Page 11 - as mentioned before, please add something about how charities and funders use evidence for primary care.

3. Page 12, lines 6-9 - the abstract states that you found a wide range of views, please add this here and consider commenting on any saturation (or the lack of it)?

4. Page 12, line 11 - 'the focus of this study was on the design of randomised trials' is not in line with the rest of the article which has seemed to focus on the interpretation of results in relation to pragmatic designs. Check this thread is clear throughout.

5. Page 12, line 12 - you have indicated who is a primary care clinician in Table 1 and so am not sure about this limitation. In regards to designing trials, you could have included more methodologists and trialists. Again, is the focus of the interviews on the interpretation of results, or on designing trials for primary care? The interview questions seem to be about how evidence is used, and then you have applied this to design, which is fine but should be clearer on your aims and interpretation.

6. Page 12, line 25-29 is one sentence and should be re-written.

7. Any comment on future research? Where next?

8. Consider discussing excess treatment costs funding in the UK - providers must fund the intervention in NIHR trials and so has to be more in line with the available primary care resources.
Conclusion:

1. Page 12, line 54 - consider adding 'and usual care' to 'particularly details of the intervention and usual care delivered' at the end, as I felt this was apparent in the quotes.

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