

## Reviewer's report

**Title:** Tailoring an Intervention to the Context and System Redesign Related to the Intervention: Case Study of Implementing Shared Medical Appointments for Diabetes

**Version:** 1 **Date:** 6 December 2007

**Reviewer:** Peter Wilcock

### Reviewer's report:

Major compulsory revisions

1. This is a very rich paper which uses the development of an innovative new clinic to illustrate fundamental issues relating to service design. The authors make good links between practice and relevant theory to raise and explore many really significant dimensions of implementing successful change which make this an important paper to publish.

Alongside this they have created a new construct (the 'intra-meso' level) to describe the place of their new clinic within the organisational structure. The need for this construct needs a more rigorous justification than is currently provided. In particular they need to describe clearly how it adds value to practice rather than merely another level of conceptual description. It does not feel good enough to simply state that 'to conceptualise the SMA as another clinical microsystem was not consistent with expanding and integrating other services'. Contrary to traditional thinking about care. Readers familiar with the clinical microsystem (CMS) concept might consider that what they have in fact designed is a high performing CMS as described by Nelson, Batalden and colleagues.

I should stress that this does not undermine the value of their work and of this paper in a more general sense. However a fuller explanation of the differences between a high performing CMS and the intra-meso concept feels essential if the latter is to be accepted as adding value to current thinking about models of healthcare systems. Such an explanation will also create a stronger context for their particularly interesting analysis of the need to address change from both the intervention and context perspectives and their co-evolution.

Minor essential revisions

1. A missing, and it feels important, word in the first sentence of the abstract needs to be reinstated
2. Should 'inter-meso' on p 4 read 'intra-meso'?
3. 'highlighted' in first line of final para on p. 7 should read 'highlighting'

## Discretionary revisions

1. Making key elements of the study clearer by using more explicit section headings would make its helpful insights more easily accessible to those struggling to develop new services in old contexts. One already refers to **Accommodating the innovation into the local context** and others for example could focus on **tailoring the context to the innovation**; **the adaptation process** (and what was learned about this); **successful outcomes of the innovation** and **key success characteristics** based on the authors' own reflections on their learning from the study.
2. The tables provide a rich source of detail about significant aspects of implementation but would be strengthened by fuller descriptions in the text. For example:
  - a. Table Two provides rich detail and could be supported by stronger reference in the text as about the relative importance of the different elements and especially clarify the nature of the leadership and stronger team working that was necessary for success including crucial human factors.
  - b. Table Three's mapping of implementation characteristics against Grol and Wensing's very helpful framework provides insights which would be strengthened by short descriptions in the text of how they were identified and responded to in practice during the course of implementation.
3. The **iterative** nature of implementation is a really important aspect underpinning its success. Readers would benefit from a fuller description of what this looked like and its potential value for becoming a way of life for the clinic team
4. The paper is rather short of objective measures of aspects such as processes and outcomes for patients or the claimed **high degree of teamness**. It would be stronger if some such data was available or if the authors could at least offer ideas for the future. For example what might be measures reflecting the different purposes of different stakeholders and how each defines success? What might a balanced scorecard measuring the value of SMA clinics to patients, clinicians and other systems levels confronting **growing demands and limited resources** look like? What is known about whether the outcomes of this clinic for its patients are reliably better and more encouraging than those of other SMAs referred to?

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a

statistician.