Reviewer's report

Title: Conducting a critical interpretive review of the literature on access to healthcare by vulnerable groups

Version: 1 Date: 7 May 2006

Reviewer: Trisha Greenhalgh

Reviewer's report:

Thanks for sending me this paper to referee. I have no conflict of interest.

I like the paper a lot and strongly recommend publication. No compulsory revisions needed in my view. Some specific comments:

Theoretical approach
Dr Dixon-Woods is one of the worldâ€™s leading scholars on qualitative and mixed-method systematic review. I have seen her present her ideas for â€˜critical interpretive synthesisâ€™ at conferences and believe she has developed an important new approach, which is well argued and justified in this paper. I am particularly keen on her emphasis on the word â€˜criticalâ€™ â€“ itâ€™s OK to problematise research at a conceptual / theoretical level, even if you canâ€™t fault it methodologically, in the light of insights from other papers and also oneâ€™s own academic views. This is of course an important appeal to put critical judgement back into systematic review, rather than seeing it simply as a technical process of grading the methodology and summing the results.

I wonder, however, if sufficient detail has been given to (a) convey whatâ€™s happening in this approach and (b) distinguish it clearly from other approaches? Thereâ€™s enough for me but perhaps not for someone not already very familiar with the literature.

Method
I fully agree with the approach the authors took to sampling, searching, prioritisation of papers to include, and data extraction. Itâ€™s sensible, coherent and well justified. It isnâ€™t, incidentally, identical to the approach I myself have used in comparable pieces of work, but it speaks strongly to experiences I have had myself (for example, not being able to extract all the data meaningfully using a â€˜data extraction sheetâ€™). Overall the methods section conveys the impression of a highly competent and reflexive team addressing a very tough piece of work in a rigorous and imaginative way.

Results
I really like this section but I donâ€™t like the fact that itâ€™s called â€˜resultsâ€™. Perhaps â€˜Findings and interpretationâ€™ would be more apposite? The critique of the concept of utilisation is timely and well justified, and the notions of â€˜candidacyâ€™, â€˜permeabilityâ€™, â€˜navigationâ€™ and so on appear both more robust theoretically and more useful pragmatically. My main criticism of this section is itâ€™s very â€˜sociologicalâ€™ in style â€“ which is fine for sociologists but medics will probably find it hard going. Thatâ€™s fine if the authors plan to write another piece (e.g. for BMJ) in which they â€˜translateâ€™ their insights for simple-minded medics, but if this is to be THE publication on the topic it needs to be made more accessible.

Discussion
This was scholarly, measured, and insightful. I fully agree that â€˜reproducibilityâ€™ of the method (the idea that a different team should be able to produce an identical set of findings from the same dataset is an inappropriate measure of quality for precisely the reasons set out by these authors. I also agree that â€˜transparencyâ€™ and â€˜answerablenessâ€™ are well overdue for a challenge.

Figures

There werenâ€™t any. Is it worth playing about with powerpoint to see if you could produce a diagram of the key constructs and how these fit together? All part of the difficult task of communicating these hard-won findings to people who have little truck with long passages of text!!
Overall I think this paper could be accepted "as is", but if it is to be improved, I'd focus on making its core message more accessible to the people who control the research and policy agendas in "access to health care", who as these authors have ably demonstrated aren't all that good at either conceptualising or theorising the topic.

Trisha Greenhalgh
May 06

What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare I have no competing interests