Reviewer’s report

Title: A qualitative study of the views of patients with long-term conditions on family doctors in Hong Kong

Version: 2 Date: 31 March 2010

Reviewer: Marie-Josée Fleury

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Manuscript: A qualitative study of the views of patients with long-term conditions on family doctors in Hong Kong

In this revised version, the manuscript has been improved a lot. I have only few remarks that can be easily responded to.

Background:

p.4: I do not understand the meaning of 90%. It seems that some words are lacking in the sentence (?). “The private sector is..., “and over 90? (of what ?)...”

Methods:

p. 5: Types of doctors are clearer now. For a better understanding, I would suggest adding more information about “the primary care doctor” – Would it include any type of doctors? If yes, I would add it in parentheses.

p.6: Reference to Lam and colleagues. Could you here provide a reference – article, report or research protocol at least?

I do not see any specification in the method section about the years of the investigation. It doesn’t seem pertinent to me to provide information about the time allocated to investigation (3-4 months or p. 7: “two day period”). Again “years of investigation” are rather very important information to provide to readers.

Pertinent information is provided on data analysis process, but the authors should provide a minimum of information in this part on the principal themes of the coding generated.

Table 1 is difficult to read, and it is not “a standard” table in my view. I would better synthesize the information for the full sample (e.g. education - tertiary: 10 (x%) , sex: 15 (x%))

Results:

p. 12: Either in the results or discussion section, I think it would be important and interesting to discuss why people believe that “the family doctor model was only possible in the private sector and not feasible in the public healthcare sector (p.
11)

and at the same time, that “they were attending the public healthcare system for their chronic diseases”.

Differentiation in terms of barriers to both private and public healthcare systems should be better presented. It is a bit confusing the way barriers are presented for public and private systems in p. 11 and 12.

I still find that the result section could have been better synthesized, and shorten, but this version has been greatly improved.

Strengths and limitations:

This part is in my view too long. I however understand the authors' effort in this regards. I would remove those paragraphs: “We chose to use one-to-one...(already said in the method section, and not needed necessarily here)”; and the two last paragraphs, which, from my point of view, do not contribute substantially to this section.