Reviewer's report

Title: Priority Setting in Primary Health Care - Dilemmas and Opportunities: A Focus Group Study

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Reviewer: Anne Slowther

Reviewer's report:

This paper addresses an important and under researched area; that of priority setting in primary care. The authors describe a qualitative study of doctors and nurses which is linked to a larger study looking at the use of the three formal principles adopted by the Swedish Government for priority setting in health care policy. However I have some comments and suggestions for revisions before consideration for publication.

Major compulsory revisions

1. While accepting that this is a Swedish study I would have expected greater reference to the international literature on priority setting in health care to set the context for the paper.

2. The references used by the authors do not always seem to relate to the text in which they are placed. For example on page three the authors state that there are very few examples of systematic priority setting in primary care but the references they use relate to studies of attitudes and knowledge of various stakeholders to priority setting rather than examples of priority setting in primary care. Similarly on page 12 the authors refer to the issue of evaluating benefit for the individual compared to benefit for a group of patients and cite a paper by Jones et al which is a study of general practitioners views on involvement of patients in resource allocation decisions which is not quite the same thing.

3. Method The authors refer to a purposive sample of participants. It is not clear how the sample was purposively selected as no criteria are given, for example age, experience, type of practice. In fact it appears as if this was a convenience sample taken from all doctors and nurses who had participated in the previous study and who were available on the day that the focus group was to be held. The sampling strategy needs to be made explicit. Similarly I would expect to see some information presented about the participants in terms of demographic details and type of practice. I was somewhat puzzled by the use of the term focus group interviews. Were these focus groups or interviews? The number of participants in each ‘focus group’ ranged from 2-6. An explanation of why such small groups were considered should be given. Would it not have been better to have fewer focus groups with more people in each?

4. Results. I found the method of presentation of the results a little odd. I would usually expect in the presentation of qualitative work for the participant quotes to be placed in the text to illuminate the authors analysis. In this paper most of the
quotes have been extracted and placed in tables at the end of the paper. Were these quotes meant to represent the only quotes in these categories or examples of quotes from these categories? If the latter then it would be much more helpful to have them situated in the text to illuminate the points being made. Although the objective of the study was to analyse how GPs and nurses perceive the application of the three key priority setting criteria (stated on page 4) very little was said in the results about this. Some more detail on how the participants found the experience of using the criteria and the difficulties they had would have been interesting and useful and would have led nicely into the three extra categories identified. The category of evidence level (individual or group) is less well explained than the other two categories. The authors seemed to be saying that GPs had to base their assessments of patient benefit and risk of treatment on evidence from population studies only in chronic diseases. Why not also in acute conditions. Evidence based medicine applies to both. Does this mean that the participants did not use evidence in managing acute conditions or that they were more likely to believe the evidence for acute conditions?

5. The sentence on the final paragraph on page 11 can be challenged. The fact that there were opposing views of patient satisfaction does not seem to me to be evidence of conflicting interpretations of the principles used for prioritising unless you mean that nurses used patient satisfaction as part of the principle relating to benefit or need and doctors did not. This statement needs expansion and explanation.

Discretionary revisions
1. On interesting finding was the difference in nurses and GPs views on patient satisfaction as an important consideration in decision making. Some reflection on why this may be the case would have been an interesting addition to the discussion.
2. The authors in their discussion state that knowledge about which weight is actually given to the key criteria in decisions concerning priority setting can be useful in developing the tools and guidelines for PHC. They might wish to suggest further research in this area would be beneficial.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I declare I have no competing interests