Reviewer's report

Title: The European Primary Care Monitor: structure, process and outcome indicators

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Reviewer: Martin Roland

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This is a clearly written paper describing the process of development of a set of indicators of primary care. In that sense, any comments should relate to the process of development and its description rather than the indicators themselves.

I find no problems with this. The work and the process of indicator development are well described and I think the paper could be published more or less as it is. The project is an interesting one which is going to make an important contribution to primary care.

I think that the authors need to define the scope of primary care. Otherwise, an indicator like GOV4 (Do formal requirements exist for physicians to work in primary care) is difficult to interpret.

I will however make a couple of comments on the indicators themselves which may be helpful to the authors (even though this may be slightly outside the remit of the review requested).

First, I think they have made a mistake in the category ‘Economic conditions of the PC system’. The authors may not want to change it since it’s the categorisation they’ve already published. However it is confusing and does not obviously mean anything to the unprepared reader. It includes two elements: funding of primary care (ECO1-ECO2) and remuneration / income of primary care physicians (ECO3-ECO5). The framework would be much clearer if this domain were renamed ‘Primary care funding’ and indicators ECO3-ECO5 were moved into PC Workforce development, which already includes issues like annual income of GPs (WFD2.2)

Second, there are some indicators which look unsatisfactory. There are not many, but I give two examples:

WFD2.3. “Which % of all medical graduates (should be ‘what’ percentage) choose to enrol in postgraduate training in general practice”. It’s unclear if this means at graduation, at any stage in their career etc. Without further refinement, this indicator will be very difficult to answer.

Some ‘indicators’ are not really indicators in the strict sense of the word, they would be better termed descriptors – e.g. ECO4.1 “How are salaried GPs paid: flat salary / salary related to number of patients etc”.
I was very surprised that patient experience does not figure in the framework. There are some indicators which require patients’ views to be assessed (e.g. ACC4.2 and ACC5.1 on affordability and access) but nothing about inter-personal communication. This is a very surprising omission. Almost all frameworks of quality in primary care include communication, and there are well developed instruments for measuring patient experience across Europe. However, as I said before, to the extent that this paper describes the process of developing indicators, the paper cannot perhaps be criticised for the indicators themselves. In general, they are OK.

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 that I have no competing interests’