Reviewer's report

Title: General practitioners' experience and benefits from patient evaluations

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Reviewer: Sofia Kälvemark Sporrong

Reviewer's report:

Thank you for the opportunity to review the manuscript "General practitioners' experience and benefits from patient evaluations". The manuscript accounts for a questionnaire sent to GPs after they had received patient evaluations of their practices. The questionnaire was sent out in 2002-04. The account is straightforward and seems sound, but there is a lack of a critical approach, especially in Discussion.

• Major Compulsory Revisions

1. Aim includes “to identify determinants for the experienced benefit”. It is not clear that this is presented in the results (maybe the questionnaire doesn’t allow for this).

2. There is nothing in the reference list published after 2006 – and only two references from after 2001 – has really nothing happened since then in the area of patient evaluations/feedback/quality improvement?

3. The project was conducted some years ago; you may want to argue for why it is still interesting. And as a reader you are curious to know if anything more has happened since then?

4. Discussion: there is a lack of discussion, i.e. mostly results are presented again. Some suggestions (without having seen all the data):

   - GPs that found it unpleasant to receive the evaluation results more often came to feedback meetings and also had evaluations results below average. This could suggest that bad results motivated GPs to join the meetings (which in turn could impact results from those). Or? See for example Comparison/fourth paragraph.

   - 21% were more positive to being evaluated after the experience, while 14% where less positive. The second number seems quite large – what conclusions would you make from that?

   - Wensing et al (ref 6) show that one important barrier to change (and hence to use results from patient evaluations) was the difficulty of meeting the needs of all patients. Is this something you could discuss? Could it have something to do with not being able to interpret the evaluation (presumably contradictory messages could have been an issue?)

• Minor Essential Revisions
5. It would be beneficial for the reader to know a bit more about the Danish GP:s. Are they employed (by who) or self-employed? How are they reimbursed? Are they often the head of the practice (i.e. have a position to make investments that might be needed to improve quality)?

6. Aim in abstract and in manuscript are differing (in abstract: “how GP:s may benefit from patient evaluations” – in text rather if GP:s)

7. Method/Feedback: Where there more than one meeting, e.g. one per county? Could you say something more about “where the process of implementing…was initiated”. How was this done?

8. Discussion, first line “the” misspelled.

9. Discussion/strengths and limitations – “the main purpose…” This does not follow from the description of the project – move to Introduction (second paragraph)?

10. Discussion/comparison, third paragraph – last sentence: “all in all…attitudes... became more positive” – is this really true with 14% becoming less positive?

11. Implications: In the light of possible inclusion bias (only 25% of those who could have joined the project did), that we don’t know much about what substantial quality improvements were made, and not only positive results (e.g. decreased job satisfaction for some): do you have any overall comments on if it is worth the resources? Or could quality improvements be made in other ways?

• Discretionary Revisions

12. Denmark might be added to Keywords.

13. The total number of patients approached is reported in Abstract but not in the text – is it a number needed at all?

14. Introduction: The introduction focuses on patient evaluations as such. Only a few sentences on feed-back. Should this be elaborated?

15. Aim (last paragraph of Introduction): a long sentence somewhat difficult to follow, maybe present in bullets? Also “to which extent the GPs’ participation…” Participation in what – could be interpreted as the evaluation as such or the feed-back meetings or…

16. Differences in how the evaluation was distributed could have an impact on results. Getting the questionnaire directly from the GP at a visit may increase "social desirability” answers. This could be commented.

17. Discussion/strengths and limitations: would an additional qualitative study have explained more of the correlations?
18. Comparison: Maybe some of this could be moved to (or otherwise used in) Introduction – to introduce readers to the “feedback-theme”?

19. Implications: it is stated that GPs chould “be offered structured activities to follow up on the results…” this is suggested by Wensing et al already in 2003 (ref 6) so maybe you should refer to them.

**Level of interest:** An article of limited interest

**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.