Reviewer’s report

Title: Patient acceptance and perceived utility of pre-consultation prevention summaries and reminders: pilot study

Version: 6 Date: 26 October 2010

Reviewer: Robert McKinley

Reviewer’s report:

This is a potentially important pilot study in a core area of general practice/family medicine on which we had been working for 30 years and have not yet solved namely maximising the delivery of preventative services.

The central idea is elegant – give the patient a computer generated personalised reminder of the services which are overdue or due thereby activating the patient. The reminders were apparently acceptable and perceived to be effective by patients. The authors quite rightly identify that a larger randomised control trial is now indicated. The study is theoretically grounded rather than being purely empirical and is well written with a clear, fluent and accessible style.

Notwithstanding my positive view of this study there are a number of issues to which the authors should/could address.

Major Compulsory Revisions

• The authors report very high acceptability and perceived utility. Nevertheless, they state that the reminder sheets were used in two practices for a month yet only 80 people received them, many fewer than I would have expected. The exclusion criteria were “patients who appeared to the receptionist to be physically or mentally distressed or who appeared unable to read the information sheet or sign the consent form”. I am concerned that this was a highly selected group and the very positive results reflect a strong recruitment bias by receptionists. While this cannot be proven or disproved retrospectively, I feel the authors should discuss this possibility in the discussion.

• Data collection: The data was collected “several weeks after the consultation”. It is important that this is quantified.

Minor Essential Revisions

• Omission of “review” in the first line of paragraph two on page 4.

• Generalisability of the questions/problem: In paragraph 1 of the background the authors report Australian data for the proportion of the population who attend a GP annually and the average number of visits per year and hence that such an approach would reach most people. It would be useful to present data from other health economies to show the international applicability of this approach. Similarly, Australian general practice is highly computerised (third paragraph on
Some discussion on the health economies in which such a study would be feasible (certainly the UK and perhaps the US) would enhance the discussion.

• Standards: In paragraph 2 of the background (page 3) the authors state that 80% of patients should receive preventative services. This standard is unreferenced but should.

Discretionary Revisions

• I would encourage the authors to consider the “costs” of this intervention which could be practitioner frustration/rejection, increased consultation time and delay for the patients etc in the discussion.

**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