Reviewer's report

Title: Personal continuity and access in UK General Practice: a qualitative study of general practitioners' and patients' perceptions of when and how they matter

Version: 3 Date: 24 November 2005

Reviewer: Richard Baker

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

7. Is the writing acceptable?
Certainly, this is a very clearly written paper. There was an asterisk against practice deprivation in Table 1 that was not explained in a footnote — this was the only error in the text I could find, and is the only minor essential revision recommended. All the other points mentioned are intended as discretionary revisions.

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Discretionary Revisions (which the author can choose to ignore)

1. Is the question posed by the authors new and well defined?
The place of continuity in primary care has received a fair amount of attention in recent years, not unreasonably since it is argued to be a core feature of general practice and health care reforms are likely to have increased obstacles to achieving continuity. Despite this existing work, however, the authors have taken a new approach by investigating the perceived importance of continuity to a sample of patients and their doctors. The question is well defined, although clarity might be improved by explicitly anchoring the term ‘personal continuity’ to the definition proposed by Freeman et al (2001).

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
The study has been well conducted, and there are no significant weaknesses. It would be helpful to clarify the nature of the ‘preliminary study’ a little further. Since these interviews were included in the analysis, it is likely the preliminary interviews were very similar to the interviews in the full study, and the word ‘preliminary’ may be a little misleading.

3. Are the data sound and well controlled?
A careful and thoughtful analysis has been undertaken, and the findings are consistent with current theories about the role of continuity. They add to our appreciation of the need for flexible access arrangements in primary care. Therefore, whilst the study was qualitative and undertaken in one part of the UK, the message of the study may be generalised beyond the study setting.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes

5. Are the discussion and conclusion well balanced and adequately supported by the data? Yes, the discussion and conclusion are well written, with cautions clearly stated. Further thoughts about the concept of ‘access to appropriate care’ might be worth while. My understanding of the findings is that this would be better expressed as what access to what was regarded (by patients and/or doctors) as appropriate care.

6. Do the title and abstract accurately convey what has been found? Yes.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests