Reviewer's report

Title: Implementing referral guidelines: Lessons from a negative cluster randomised factorial trial in general practice

Version: 1 Date: 22 August 2006

Reviewer: David Cade

Reviewer's report:

General
The title should be changed. eg Lessons from a negative OUTCOME cluster randomised trial etc.
The authors have failed to recognise and debate the simple and fundamental fact that ineffective interventions were used.
Outreach visits are known to be of limited value but are useful on that basis to compare with an electronic system. The electronic system required extra work for the GP whilst doing little to enhance the referral. "Change of bowel habit" without any refinement can hardly impress any thinking GP. There has to be a benefit for the GPs and this system did not provide that.
The scoring of the information was simplistic giving equal weight to findings of high sensitivity eg abdominal mass as compared with rectal bleeding. No attempt has been made to define the specificities of these symptoms and signs.
There is no discussion of other methodologies and electronic systems for identifying patients at high risk of colorectal diseases nor ways of getting the information required by other routes in General Practice eg nurses or the patients themselves. The authors declare their frustrations at getting new systems into General Practice but have not adequately debated the issue of what real benefits the limited electronic system was likely to offer.
There is a danger that this paper will lend support to those people opposed to new ways of working.
Accurate decision support mechanisms that prioritise patients as well as direct them onto the appropriate pathway will save money and speed up diagnosis. This paper needs to clearly identify why it failed.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Wider references to discuss the issues.

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

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I work in a unit that has developed an electronic enhanced scoring system for the identification of patients with significant bowel disease.