Reviewer's report

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

Version: 1 Date: 15 September 2006
Reviewer: michael thompson

Reviewer's report:

General

1. The question posed by the authors is topical, timely and well defined.

2. The methods are appropriate and reasonably well described, although more information should be given on the methods of diagnosis of cancer, polyps and diverticular disease, particularly how they defined large polyps and moderate and severe diverticular disease and how certain they were that the symptoms were attributable to the pathology they found, particularly the large polyps and diverticular disease.

Diverticular disease is extremely common and apart from well-defined episodes of diverticulitis, it is virtually impossible to determine when symptoms are attributed to the disease rather than the irritable bowel syndrome. As the treatment of both is similar, if not identical the clinical relevance and importance of referring and diagnosing patients with moderate and severe diverticular disease is small. While accepting that the diagnosis of cancer in primary care is low, perhaps less than 3% of all patients seen with these symptoms, the article would benefit from presenting data simply on the cancers. Including large polyps and diverticular disease in the overall diagnostic yield may dilute or hide a positive effect of the interventions on the more important prompt diagnosis of cancer.

3. The data are sound and well controlled, but as the authors recognise this is a small study and probably insufficient to come to confident conclusions of whether the intervention are of value in the diagnosis of cancer.

4. The manuscript adheres to the relevant standards for reporting and data deposition.

5. The discussion and conclusions are well balanced, but greater recognition should be given to the possibility that the educational outreaches and the electronic proforma were ineffective because they were not up to an acceptable standard. For example, in a subset of the doctors receiving the educational outreach a more formal test could have been done to determine how much the doctors' knowledge improved to make it possible to improve their diagnostic skills and whether the electronic proforma would have been more used if it had been integrated into an electronic healthcare record.

6. The title and abstract accurately convey what has been found and the writing is acceptable.

In conclusion this is an excellent attempt at answering a question, which is of considerable importance, but has not provided definitive answers because of the low recruitment of doctors and data.

However the lessons learnt could provide the basis for further more comprehensive studies.

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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)

1. More data on how the various diagnoses were made.

2. Explicit numbers of the cancers, large polyps and patients with diverticular disease, particularly the cancer patients.
3. Discussion about the quality of the educational outreach and whether they feel that the electronic proforma would have been better used if incorporated into existing systems.

Discretionary Revisions (which the author can choose to ignore)

Page 7. I think Figure 3 should be Figure 2.

In the Figure 1 on the reprint that I had it was not possible to read any of the items.

What next?: Accept after discretionary 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