Author's response to reviews

Title: Evaluating the impact of decentralising tuberculosis microscopy services to rural township hospitals in Gansu Province, China

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Author’s response to reviews: see over
Dear Dr. Pandit,

Thanks very much for the helpful comments and suggested corrections. We have revised the manuscript accordingly. Specific line to line answers are provided as Answers below your comments. Relevant changes are also marked in the manuscript using the track changes. We have also done an extensive editorial revision to smooth the language with all UK co-authors.

Xiaolin and Lixia

a) Major Compulsory Revisions
1. chronic cough (page 5, 3rd line): Please specify the duration of cough in TB suspects in the questionnaire.
   CORRECTION: According to WHO, TB suspects are those patients, who are having cough persisting for more than 2 weeks. (Reference provided below)
   Answers: The definition of TB suspects was added.

2. What services can be decentralised: This study, together with another study in Guangxi, showed that decentralisation should involve TB diagnosis and treatment care in order to improve patient accessibility. (page 3 of supplementary article, Box.1)
   CORRECTION: Please cite the reference of the Guangxi study.
   Answers: the citation of Guangxi study is added in the Box.

b) Minor Essential Revisions
1. Many times abbreviations have been used directly for the first time, like TB (page 2, 5th line), DOTS (page 4, 3rd line), GDP (page 5, 9th line).
   CORRECTION: tuberculosis (TB), Directly Observed Treatment- Short course (DOTS), Gross Domestic Product (GDP)
   Answer: Thanks. We have added the full spellings as suggested. We purposively did not spell out DOTS as directly observed treatment short course because it gave too much address on the DOT (directly observed treatment) part. We have conducted a number of trials to demonstrate that DOT by family members and health volunteers had the same effect as by health workers[1-3]. Therefore, WHO has changed its policy from DOT to patient support and supervision and quote DOTS as a brand name of WHO TB programme.

2. Spelling mistake: pooper (page 4, 16th line), Interviewees (page 6, 14th line)
   CORRECTION: poorer, Interviews
   Answer: Sorry and thanks for the correction. Changed accordingly.
   The interviewees should be correct here as we listed people being interviewed.

3. MCs identified more than 10 smear-positive cases (page 7, 6th line): needs
clarification
CORRECTION: It is better to clarify the criterion "more than 10 smear positive cases". Is it the grading (3+) of sputum examination or more than 10 cases of sputum positive TB cases
Answer: It means the number of smear positive patients here. The sentence was revised for the clarification.

4. TB patients were treated by the MCs in township hospitals......(page9, 2nd line)
CORRECTION: please mention the staff pattern in MC in INTRODUCTION. In India microscopy center(MC)is staffed by laboratory technician only. Treating doctor is a staff of Tuberculosis unit, which controls specific numbers of MC.
Answer: MC is not a standing alone organisation/unit in China. It was established in the township hospital. The township hospital assigned one or two laboratory technicians to learn the sputum smear technique, and then conducting sputum smear checks. Doctors of the township hospital should identify TB suspects and refer them to be checked in the laboratory, or the “MC part”. This information was added in the introduction part.

5. TB case management did not strictly follow the National TB control guideline.
(page9, 29th line): Thereafter you have cited one example of wrong treatment protocol of one basic doctor.
CORRECTION: In my opinion, example of wrong treatment should be omitted From your well structured, well informative original article. Student may get confused by reading those examples.
Answer: Thanks for the suggestion. We deleted the quotation and revised the part. However, we felt it would be necessary to list the possible danger of suboptimal TB care provided by the township hospitals. It was identified in several hospitals during our field visits and in-depth interviews. Because of the nature of qualitative study here (using interviews and observations for this finding), we tried to avoid of over-generalisation in the interpretation.

6. You have written “Overall the throughputs of MCs in Gansu were low”
(page10, 2nd line) and again “MCs in Gansu identified proportionally more smear-positive TB cases (9%) compared to that of the relatively well-off Shandong province (3%)…….”
(page10, 30th line).
CORRECTIONS: These two statements appear contradictory. A simple uniform judgement can be given after proper analysis of data.
Answer: The first sentence stated that the general throughputs of MCs in Gansu were low, as demonstrated by the statistics of results part. On the other hand, the throughputs of the MCs in Gansu were better compared with the well-off province such as Shandong, (indicating that the MC were even more useless there). We revised the sentence to clear this idea.

7. Local governments in Gansu Province could not afford providing adequate training and equipment to MCs. (page10, 11th line).
CORRECTION: To run a MC successfully, human resources are more essential than equipments. Too many or too costly equipments are not required for sputum Smear AFB microscopy.
Answer: I fully agree with you. The equipment part was deleted.

8. The perverse incentives prevalent in China led to unnecessary diagnosis and treatment prescribed to patients [18], including TB patients [19, 20], to maximise profits. (page10, 16th line)
CORRECTION: When the attraction of perverse incentives is prevalent in China, still more than 50% MCs did not find any sputum smear positive case. Is it a real barrier for decentralisation of MCs? Opinion can be reviewed.
Answer: The reason is the MC service did not bring enough cash to the township hospitals. The government policy asked providing free services for smear examination in the township hospitals who established MCs. This information was added.

c) Discretionary Revisions
1. In my opinion the last line of the 2nd paragraph of page 4, is not very much relevant with the topic of the article.
CORRECTION: line should be omitted. In that case reference numbers will be Changed.
Answer: This sentence gave an example of the inequity of health care among China. I took your advice and deleted it as this part is not very relevant and can save the page.