Author's response to reviews

Title: Trends in procedures for infertility and caesarean sections: was NICE disinvestment guidance implemented?

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To the editor BMC Public Health, 18 Jan 2013

Please find attached version 3 of:

‘Trends in procedures for infertility and caesarean sections: was NICE disinvestment guidance implemented?’

Thank you to the reviewer for his kind and helpful comments. Amendments have been made as suggested. Point by point comments below.

Reviewer: Pg 3, first para of methods. I assume the HES data being used were requested from the NHS Information Centre and were provided as aggregate tables rather than being provided as patient-level records. It would be helpful to clarify the type of data obtained.

The HES data used is patient level data, not the aggregated data that is available online. This data is available for researchers on request. The paper has been amended to clarify this.

Reviewer: Pg 4, para 1. It is awkward to list all OPCS codes for deliveries. The shorthand “R18 to R25” would be sufficient to allow someone to repeat the analysis.

The OPCS list has been amended.

Reviewer: In several places, the text refers to “any diagnosis code”. A typical reader could interpret this to mean any ICD-10 code rather than a code being entered in any of the HES diagnosis fields. Please find a phrase to distinguish between primary diagnosis and all diagnosis fields and use it consistently. For example, on page
7, first line “where infertility was used in any diagnosis code” could be rephrased as “where infertility was coded as either a primary or secondary diagnosis.” This has been amended throughout in the format suggested.

Reviewer: The first line of the discussion is confusing with the word “evidence” being used in two places. It would be more accurate to write “The observed changes in the procedure rates over time were not consistent with the decline in rates that would be expected if English NHS trusts had responded to the NICE “do not do” guidance.”

The first line of the discussion has been amended as suggested.

Reviewer: The article would be better if (1) it was clear that the data applied only to English NHS acute trusts (the article does not state this clearly and refers to England and Wales in the conclusion), and (2) it referred to “NHS trusts” rather than “trusts” or “hospital trusts”.

Clarification that the data only covers England and specification of the ‘trusts’ as NHS trusts has been made.

Thank you so much.
Best wishes,
Charlotte Chamberlain (on behalf of the co-authors)