Author's response to reviews

Title: Community hospitals - The place of local service provision in a modernising NHS: An integrative thematic literature review

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Author's response to reviews: see over
Dear Dr Pemberton

MS:  9025837961051156
Community hospitals - The place of local service provision in a modernising NHS: An integrative thematic literature review
David Heaney, Corri Black, Catherine A O'Donnell, Cameron Stark and Edwin van Teijlingen

Many thanks for sending us the reviewers’ comments to the above manuscript. Please find our point-by-point responses to each attached. We hope that our responses will satisfy the reviewers and look forward to hearing from you.

Yours sincerely

Catherine O'Donnell.

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Reviewer 1: David Seamark.

Thank you for your positive and supportive comments with regard to our paper.

Minor Essential Revisions.

We believe that the references are in the format required for BMC Public Health, having used their BMC’s Reference Manager output profile to create the reference list. If this is incorrect, we will amend the references appropriately.
Reviewer 2: Shoou-Yih Daniel Lee.

Thank you for your comments with regard to our paper. We have tried to address them in our revised manuscript and outline our response below.

Major Compulsory Revisions.

1. We accept that the definitions of CHs cited in Box 1 were all derived from UK literature. This was because the initial scoping work did not identify any pertinent definitions from other countries. While we accept that this implies a particular context in which the identified literature may be operating (namely a family practitioner service acting as a gatekeeper to specialist services), we do not believe that this means that the review should be limited only to studies set in the UK. Such an approach would not be expected in other reviews of organisational structure, function or performance such as found within the Cochrane Library. We identified a small, but important literature from other countries including Finland, Australia and New Zealand. However, we do accept that deriving definitions of CH from a UK-based literature may then impact on the search terms used and the literature identified. This limitation is now acknowledged on pages 6 and 11-12.

2. The reviewer suggests that the results presented are sketchy and goes on to suggest a number of areas where more in-depth description is needed. We too would have welcomed the opportunity to conduct this more in-depth description, but the literature did not support such an approach. As we point out at the bottom of page 6, “there were few reports detailing the extent of CHs, either in terms of number or location”. There has been no national policy on CHs, a point made in the introduction. As regards CHs in urban areas, we have expanded this paragraph to give some context to our use of the phrase “rare in urban areas” (p7). With regard to organizational scale and other attributes, again the literature did not provide the level of detail required to answer these questions. We have added a line to this effect on page 12.

Minor Essential Revisions.

1. We have re-edited the manuscript, although neither we nor reviewer 1 identified any substantial typos. If we have continued to miss any, we would welcome a detailed list to respond to.

2. We would contest the notion that efficiency is unrelated to health outcomes (for example, Palmer S, Torgerson DJ. Definitions of efficiency. BMJ 1999; 318: 1136). However, we would accept that efficiency would generally be concerned with final health outcomes, e.g. life years gained, QALYs, which was not addresses in the literature. We have thus amended the text on page 9 to reflect this.

3. We have removed the statement that CHs in the US tend to be small regional hospitals.

4. We agree that the first few sentences in the conclusions are not based on evidence reported in the manuscript. These have now been removed.
Reviewer 3: Chris Ham.

Again, we thank you for your positive comments.

General Comments.

We have shortened the manuscript as suggested by removing further comments and speculation at those points where there was little or no evidence. We have also moved the section on the place of CHs in health care provision, as suggested.