Reviewer's report

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

Version: 1 Date: 13 October 2006

Reviewer: Shoou-Yih Daniel Lee

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General

The manuscript reports results of a thematic review of articles on community hospitals (CHs). The purpose of the review was to identify research evidence regarding CHs and to inform policy decisions about the role of CHs in the UK National Health Service.

The authors conducted a rather comprehensive search of literature and the review was performed systematically and rigorously. My concerns are mainly about the scope of the review, the organization of the results section, and the lessons learned.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

According to discussion in the background section, the review was motivated by an increased interest in CHs in the UK's NHS. The definitions of CHs that the authors cited in Box 1 were all specific to the UK. Therefore, the review should have the same geographic focus and be limited to studies and reports on CHs in the UK. Unlike clinical and pharmaceutical interventions that are relatively universal and generic, the organizational structure, behavior, and performance of hospitals are results of historical, social, political, and economic developments of a country and should be assessed in those contexts. Research that was done on CHs in other countries may be informative only if CHs are defined in a very similar way and serve similar functions in those nations and if the health care systems and socio-demographic conditions in those countries are similar to those of the UK.

The results presented are by and large very sketchy. It may be due to the fact that research on CHs has been scarce, but a more in-depth description is needed. Here's an example. On page 7, the authors stated, “In many locations, CHs evolved from cottage hospitals built in the latter part of the 19th century…[P]lanning of CHs was ad hoc, reflecting history rather than any rational overall plan.” Exactly, how are CHs distributed? Where do they tend to be concentrated (besides the rural/urban difference) and how is their presence related to the local socio-economic conditions? How does history, local and national, shape the evolution of CHs? What has been the driving force for their development? Has there been any national policy on CHs? What’s the impact, if any? If there’s no policy at all, why? On the next page, the authors pointed out that “CHs were rare in urban areas…” How rare are they? Of the 471 CHs in operation in 2001, how many (and how many beds per 100K population) are in urban versus rural areas? On the descriptive attributes of CHs, it’d also be useful to know, for example, the organizational scale (average number and range of beds, total beds, admissions) and other organizational attributes (e.g., ownership, staffing). More detailed descriptions such as these, with specific statistics, would be a lot more helpful and informative than the vague statements that permeate the results section.

Overall, I walk away from reading the manuscript with only two impressions. First, we know very little about CHs in the UK. Second, current research on CHs is of poor quality. The lesson, I think, could be more than that. But the analysis, because it is sketchy, limits the authors’ ability to make more informed recommendations for either policy consideration or research endeavor.

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. The manuscript needs a thorough edit. There are quite a few typos and missing words.
2. Page 9, last paragraph. The discussion of efficiency is incorrect. Efficiency is essentially the ratio of input (e.g., cost, manpower) to output/products (e.g., beds staffed, discharges). It is unrelated to health outcomes which are addressed in the concept of effectiveness.

3. Page 13, last full paragraph. The statement that CHs in the US tend to be small regional hospitals with a range of medical specialties delivering care is not correct. Community hospitals in the US are defined broadly as nonfederal, short-term general and other special hospitals, whose facilities and services are available to the public. They could be small and big with bed size ranging from up to over one thousand.

4. The first few sentences in the conclusions (page 15) are not based on any evidence reported in the manuscript. On what basis could the authors conclude that CHs are in a time of change? How could they tell that attempts to preserve CHs without examination of their role would be ineffective? What’s the evidence that CHs are required to adapt (what does this mean) in order to prosper?

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because too small an advance to publish

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.