Reviewer's report

Title: Sandwell Cardiovascular Prevention Project: evaluation of a pilot project for primary care based prevention

Version: 1 Date: 30 September 2007

Reviewer: Jonathan S Einbinder

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General
The authors report on an intervention study, carried out at 4 primary care practices, in which a list of patients identified as being at high risk for developing CVD was provided to a nurse who contacted the patients for further assessment. There were 2 control practices to which lists of high risk patients were provided (without the nurse). This is an interesting study that adds to the growing body of literature on how to improve the care of patients with chronic conditions (or at risk for them). The main result—that compared with the control practices, patients at intervention practices were more likely to be assessed, found eligible for treatment, and to receive treatment—is certainly reportable. However, there are revisions that should be made before this paper would be acceptable for publication.

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

1. This is fundamentally an intervention study, i.e. a controlled trial, and should be reported as such with clear statement of hypotheses, specific aims, and outcome variables.

2. I had (and have) a really hard time following precisely how the analysis was carried out (results section). At various times, the authors refer to different groups of patients: “practice list,” “suitable for assessment,” “identified as eligible for treatment,” “started on treatment,” “enough information for a full assessment,” “patients assessed.” It is quite hard to keep these concepts straight and to understand which group(s) of patients the authors are referring to. One example (page 7 of manuscript, paragraph 4) is reporting a comparison of #patients seeing a project nurse 2 or more times versus # patients seeing GP 2 or more times (and having all risk factors assessed). It is not clear to me that this result adds anything to the primary study questions.

3. I suggest (1) Be parsimonious with which groups of patients are referred to and which results are presented. Focus clearly on the results that relate directly to the study question(s). (2) Include a clear flow diagram, which makes apparent how each of these groups relates to the others. (3) In Table 4, which summarizes the key results, I don’t see why the “CVD risk known” is included—it just
obscures the picture. And, it would be easier to follow the results if the table were pivoted, i.e. side by side comparisons of intervention and control practices.

4. In Discussion section (page 10), the authors mention that while the nurse intervention was effective, the weak link was “GP prescribing.” This observation is supported by recent systematic review by Shojania et al. about disease management interventions, i.e. case managers (like nurses) who are empowered to prescribe were the strongest interventions. You should reference this work. In the section about what is already known about this topic, you reference the Tierney JGIM reminder study (a negative study). There are others, including a recent publication by Tom Sequist et al. in JAMIA about diabetes and CAD reminders that did show a positive (but weak) effect.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
None.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have no competing interests.