Reviewer's report

Title: Patients’ expectations of private osteopathic care in the UK: a national survey of patients

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Reviewer: John Licciardone

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Summary

This is an interesting study of patient expectations of private osteopathic care in the United Kingdom. The methods include a national survey based on multi-stage selection of osteopaths and patients within their practices. An osteopathic-specific postal questionnaire was developed for the study, including 51 aspects of expectation. The overall response was N=1649 (15%), including a strong preponderance of women. Although expectations were generally met, areas for improvement were identified.

Major Compulsory Revisions

1. Did the sampling process yield a representative sample of patients? This concerns the two-stage selection of osteopaths and their patients, as well as the stratified sampling mentioned at the top of page 9 to ensure contributions from various regions. A more detailed description of all the sampling processes, including the total and stratified numbers and percentages would be helpful. Ideally, this can be summarized and presented in a “CONSORT-like diagram.” Additionally, it would be helpful to have a corresponding table describing the relevant characteristics of the 1649 patients, perhaps stratified according to new/established patients and/or region, and with national referent data. Further, with regard to sampling, it would be helpful to have a better explanation of the systematic sampling mentioned on page 9.

2. Page 12: near bottom, reports an overall 15% patient response rate (1701/11,200), but that 32% of osteopaths were represented among responders. Was there any way to determine if the remaining 68% of osteopaths actually distributed their forms? Also, is it necessary to statistically adjust for clustering effects within the practices that were represented in the analyses? This is not to require that such adjustment be made, but a statement about statistical clustering might be helpful.

3. Page 17, near bottom, reports 50% response rate among patients. As page 12 reports that 11,200 questionnaires were distributed, this would require 5,600 returned surveys. However, only 1701 completed surveys are reported. Please explain.

Minor Essential Revisions

4. Page 7: six lines from bottom, should be “was.”
5. Page 9: indicates that a “Recruitment form” was used to assess protocol deviations; however, no relevant results were presented.

6. Page 10: line 1, it is unclear if the 3% margin of error is for the total of 1,500 patients or for 500 new patients. If the latter, my understanding is that the margin of error would be 4%.

7. Page 10: “Intervention” section, I recommend that the text state that Participant Information Sheets were designed for adults with the various reading ages to avoid confusion regarding the age categories of participants.

8. Page 10: near bottom, states that the accuracy of data entry was measured in a 10% sample of questionnaires. However, no results are presented nor statements made for the rate of data entry errors (only percentages of missing data were reported).

9. Page 17, near bottom, states that new patient responses were close to those of all respondents. Does this statement refer to closeness of response rates or the actual responses to questionnaire items? In either case, please explain why similarity of new and established patients adds validity to overall results.

10. Page 17, further on, states respondents were typical of private osteopath patients nationally, with reference #3. As indicated in major compulsory revisions above, it would be useful to present these data in a table.

Discretionary Revisions

11. Page 12: line 1, it would be interesting to know if any very serious misconduct was suspected (and reported) and what effect this reporting requirement may have had on osteopath participation.

12. Page 13: “Respondent profile” section reports that 70% of patients were women. Given this skewness, were any subgroup analyses performed to identify significant differences in expectations between men and women?

13. Page 17: last paragraph, I would classify this as “selection bias.”

14. Table 3 (including statements in text): if I understand this item correctly, it appears counterintuitive that patients would report it as an unmet expectation if did not have to forgo some luxuries in order to have osteopathic treatment. Additional clarification/discussion might be helpful.

15. Figure 1 is interesting; however, in its present form is essentially a 2x2 table. Is there any way to identify the expectations corresponding to each of the 51 data points? That would make the figure much more informative (some of the data points in the upper left quadrant may have to be lumped together because of the similarity of results and technical limitations in resolution).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I declare that I have no competing interests.