Author's response to reviews

Title: Patient access to complex chronic disease records on the Internet

Authors:

   Cherry Bartlett (Cherry.Bartlett@kidneycare.nhs.uk)
   Keith Simpson (keith.simpson@nhs.net)
   A Neil Turner (neil.turner@ed.ac.uk)

Version: 3 Date: 19 March 2012

Author's response to reviews: see over
Dear Dr Henderson,

Patient access to complex secondary care records on the Internet
Bartlett, Simpson and Turner

Thank you for considering our manuscript, and thanks to the reviewers for their thoughtful comments. We have addressed all of these in the revised manuscript submitted with this letter. Changes are identified in yellow highlighting and a second copy submitted without these.

Pr. Quantin commented on the division of material between Methods and Results. We wavered over this too. The paper does describe the establishment of the system as well as its evaluation, hence we originally put some of the steps to creating the system under Results. A combined Methods and Results section would more accurately deal with this conflict, but in the revised version we have kept with convention and reordered the paragraphs so that the system is now described in Methods.

"Most projects described so far ..." by this we mean most published evaluations of patient response to records and we have clarified that in the manuscript. It remains the case that most evaluations that we can find deal with relatively straightforward office-based practice and/or local systems, rather than with complex hospital-centred chronic diseases across a country. Although we understand that some countries are able to provide more advanced access more widely than in a single hospital or region, remarkably little has been written about experience in this type of condition. If we have missed important literature we should cite it in the Introduction.

Unscreened results: our reasons for piloting this choice of method, and then continuing with it, were not described in the manuscript. We agree that it is important to explain it, so have added a paragraph in the (revised) Methods section.

A brief description of RPV: the essential architecture is described in Methods (previously results) and simple screenshots in Figure 1. Rather than extend this manuscript further we have added a link to a more detailed online description of the system architecture.

Methods: (dealt with above)

Glasgow patients: were added later to increase numbers so didn't get a reminder

Table 1: we have added numbers. We are not certain what Pr Quantin means by 'global flow chart'.

Few data items in pilot: they were demographic details, diagnosis, treatment type (with links to explain) and the test results regarded as most important by our patient groups and which could be made available most easily. We have added an explanatory phrase rather than listing the individual items.
Carers as responders: we have added a phrase to indicate that they could answer

Email requesting feedback: this is now described in more detail in the text.

**Dr Leonard** – thank you for the comments about the manuscript and current relevance of this topic.

Title – ‘Secondary care’ – we meant hospital-based care, as opposed to primary (community) care. We thought that this was internationally understood but if not then a change in the title is required, so we have amended this to ‘Patient access to complex chronic disease records on the Internet’. The abstract does outline the base population for RPV in its first, Background section, but this should help to avoid confusion.

Age of users. This is an interesting point. Most surveys of internet usage do show reduced access by the elderly, but it seems likely that the gap is reducing. There are pointers to this in individual units but it is something that a future study should re-examine after an interval.

We have improved the quality of Fig. 1.

Many thanks and our apologies for this slow revision. Running and further developing the system can take some of the blame.

Yours sincerely

Neil Turner
Cherry Bartlett
Keith Simpson