Reviewer’s report

Title: Patient access to complex secondary care records on the Internet

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Reviewer: Catherine Quantin

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GENERAL REMARKS

I greatly appreciated the theme of the paper. Indeed, it deals with the online availability of health information and, hence, with the notion of patients empowerment. Another its key strengths is that it shows one of the very few practical implementation of a relevant system.

But this paper suffers from a lack of structure. Indeed, in the very small number of cases where the mains the authors employed are mentioned, they appear in the “Results” section and should be displaced in the “Methods” one. Likewise, some findings are discussed in the “Results” sections rather than in the discussion. The paper would be greatly improved if the relevant information would be provided in the accurate part, in order to ease the reading.

SPECIFIC REMARKS

MAJOR

Abstract

“We tested the feasibility and acceptability (…)” In fact, the paper rather describes a patients and staffs satisfaction survey on an already implemented system. Therefore, although I agree with the “acceptability”, the term feasibility appears to be inadequate.

Background

“Most projects described so far have involved primary care or outpatient (office-based) practice”. Readers would wonder what the basis for this statement was: is it based on a literature review? Is this affirmation remains true outside the UK? The answer is actually given in the first sentence of the discussion: “This is the first national project in the UK to offer Internet access to secondary care records”, but there are countries where access to secondary care or inpatient information through the internet is much easier and so, much more implemented, than for the primary care / outpatient. Indeed, one can then rely on the information system of the corresponding facilities (clinics and hospitals), which are generally more robust and efficient (exhaustive) than, for example, aGP database.

“In wider discussion of patient access to records and to health information on the Internet, quality of information is a recurrent concern”. I totally agree that the quality of the “health information” available on the Internet is a major concern. However, I don’t understand the choice of “making unscreened results (...)”
available to patients” (as mentioned in the abstract). What is the policy in case of erroneous information, when “patients may read [it] before their clinicians”? Would the system presented not allow overcoming that issue, if the information where read—and thus validated—by clinicians before made available? Otherwise, as the authors mention the notion of patients’ empowerment, it would be interesting to address the situation where a patient, realizing the error (results for a blood test that did not happen), returns a warning (actually by a phone call as the system is unidirectional)?

A brief description of the “Renal PatientView (RPV)” would be appreciated, especially concerning its architecture (see “results” comments), the type of data provided, the access modalities and the participating hospitals.

Methods
This section appears to be definitely too limited: several points that one could expect to find in it are missing, such as study population (too briefly mentioned), study period, description of the mains that the authors implemented. For instance, in “The content of the online record was based on patient questionnaires (…)” the wording might create confusion with the medical record.

Why have Glasgow Western Infirmary users and non-users received the follow-up copies of the original questionnaire?

Results
System development
“(…) enabling a composite record to be generated when data is received from more than one location” the linkage of the different sources should be introduced. Moreover, as this linkage concerns the RPV architecture, it would be more appropriate to expose it in the “background” section.

MINOR
Table 1
The numbers of patients should be shown, besides the percentages.
Also, a global flow chart describing the sub-populations would help with understanding.

Results
Patients and patient evaluation
Which “few data items” were implemented in the initial system and how were they chosen?
The fact that parents or carers would be allowed to reply to the questionnaire should be mentioned above (in “Methods”).

Staff evaluation
It would be appreciate if the “email requesting feedback” sent to staff members would be described (in the Methods section).

Level of interest: An article of limited interest
Quality of written English: Acceptable

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

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