Reviewer's report

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

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Reviewer: Kevin J Leonard

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1. Overall Comments

I believe the paper is of a very high quality and standard and should be published. The topic area is extremely HOT right now and as such, there will be a large portion of your readership that will be very interested in reading how the authors handled the research and of course, what they were able to conclude.

When one is conducting research in a field as new as this is, there has to be a lot of freedom provided (as opposed to a lot of restrictions put in place) because we, the research community, is uncertain as to the correlation(s) that may exist between the research structure and what you are studying and what the findings will show.

For example, there is a lot of concern about who is attracted to these types of portals or to the concept of patients accessing their own information - many conclude that it should be a younger group that is more experienced with using technology. Authors then go out of their way to try to emphasize this point. In this paper, they do this as well by stating that the AGE range is the same for users and non-users ... BUT the mean is lower by about 8 years for the users.

In our own research, we found that AGE is just NOT a factor at all - and the reason we came up with is that our AGE bias comes from every other industry - which include examples such as music, entertainment, shopping and banking. However, these are just NOT industries where there is a lot of activity by seniors - whereas healthcare is - so when you give seniors the chance to use technology for their advantage in an arena that is of use to them, they will use technology as much as any one - so it is NOT the technology BUT rather what it is used for.

I believe that this is an important consideration that should be discussed - but, then again, this is our conjecture at the moment and we have NOT proven it!

MINOR SHORTCOMINGS

I believe that the Tables, figures, boxes and screen shots should all be laid out in a better format - which will happen when this goes to print. I am not so sure that the Colour grids provide any useful insight --- or at least the way they are laid out now.
MAJOR SHORTCOMING

I have really only one major problem with the paper and that is with the use of the term "secondary data" by the authors. This may be a cultural item or relate to different uses of terms in medicine but this term should either be removed from the title or a much longer title be implemented -- I prefer the former. Once the term has been clarified in detail, then it can be used freely but until then, it is very confusing!

Let me elaborate: for me, as a scientist, secondary data usually refers to data that has already been collected for some study and is now being analyzed for a different purpose or in conjunction with other data for a new purpose. As such, in this case, I assumed that "secondary data" meant data that was very generic in form and related to disease or illness standard data - such as what would exist on a NHS site - describing what asthma is and how inhalers work - mainly for patients and informal and personal caregivers.

However, from reading the paper and constantly being more and more confused, it appears that secondary data in this context means not generic - but quite the opposite - very specific data for patients that have complex chronic disease - so a secondary condition that then makes the first diagnosis even more complex - in other words, only complex patients - patients with MULTIPLE chronic disease -- will have significant secondary data? If this is correct, then the use of the term in the title is confusing as it has NOT yet been explained. However, it does make the argument easy to comprehend if it is for chronic and complex patients only!