Reviewer's report

Title: Patients’ experiences of health care in the public and private sectors: A qualitative study of acupuncture

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Reviewer: Annchristine Fjellman-Wiklund

Reviewer's report:

The paper falls within the scope of BMC Health Services Research and it has a significant and interesting topic. I have read this paper with great interest. As stated by the authors it is much needed and appreciated in the field of CAM. The title and the abstract accurately conveys what has been found in the study but could benefit from adding that the study has been made in UK (in the title). As reader from outside UK, I had some difficulties understanding the context in which it was made.

The writing is acceptable. The aim is clear and defined. The methods used seem to be appropriate for the aim. However, the way the themes were built/constructed could be more clearly described for a better understanding.

Major Compulsory Revisions

I am a bit concerned that the manuscript is too regional/national. Still it is a good example of CAM in the private and public sector which is important to show. I suggest that the authors add a context section where the actual context of the study is more described. For example what are the NICE guidelines, what is the white paper Equality and Excellence? What is the Pain Concern?

Who is usually the person giving acupuncture? A physiotherapist? A physician? A nurse? How do you get the education for being acupuncturist? As an additional education after the bachelor or master degree or included in the degree? Is the education public or private?

As a patient, do you need a referral from a doctor to get acupuncture (private or public)? How much does an acupuncture session for the patient normally cost in UK?

Under Methods

I would like to see some clarifications to better understand the data collection and analysis:

There seem to be very few men participating in the study. How has this affected the results?

Do you know anything about the participants’ degree of education? Could degree of education affect the results? Such as higher educated is more positive to acupuncture and/or private care?
How long (time) were the interviews?

What does it mean that the participants were given a debriefing statement?

If possible, add references to the concepts Splitting, Splicing and Linking.

To better understand how the themes, presented under Results, were constructed and built I suggest the authors to add a table with representative codes under each theme.

Under Discussion

Much of the discussion is written from the doctor-patient perspective. Could this be expanded to also include therapist-patient perspective in order to interest care givers who are not doctors?

In the end of the discussion the authors comment that their findings are shaped by their own interests. Please develop these comments. Between the lines, it looks like the authors maybe are more positive to private choice of care (?). What are the authors’ own background in public and/or private care as care givers?

Minor Essential Revisions

In the middle of the Discussion section: references 40-44, there seem to be double references.

Table 1 Please add that the faces of consumerism is according to Gabriel and Lang (23).

Discretionary Revisions

In the title the country could be added for more clarity-Patients’ experiences of health care in the public and private sectors in UK………

In my opinion the authors do not need so many quotes; some of them could be taken away for shortening the manuscript.

Please check the style of referencing and use the common way of abbreviation that BMC Health Services Research uses. In some of your references you use the full name of the journals.

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 declare that I have no competing interests