Reviewer's report

Title: Waiting times for hospital admission: the impact of introducing patient choice in a decentralized NHS

Version: 1 Date: 18 August 2010

Reviewer: Rod Sheaff

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1. Is the question posed by the authors well defined?
   Yes, in terms of their clear distinction between choice and mobility.
   Major compulsory revision: The term 'efficiency' is not defined. Do the authors mean: 'neo-classical micro-economic efficiency' or efficiency in a sense more directly related to health care planning, such as speed of access which reflects the severity of the patient's condition or prognosis?

2. Are the methods appropriate and well described?
   Yes, but the methods section includes on pp.6-7 the formulation of an explanatory predictive model and supporting assumptions which might better be placed in the introductory section. (Discretionary revision.)

3. Are the data sound?
   Survey response rate is just over 50%, is acceptable. Other data are taken from published official sources.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Reporting, yes. Data deposition - probably yes. Data deposition not relevant to secondary data.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Major compulsory revision: The last paragraph of the Results section (see p.9) gives the main finding. In descending order of waiting times are the categories: (1) patients who neither chose a hospital nor were mobile; (2) patients who chose but were not mobile; (3) patients who did not chose but were mobile; (4) patients who chose and were mobile. Comparing (2) and (3) it therefore appears that patients' choices alone do not appear sufficient to explain this ranking of patient categories. As the authors come close to pointing out, the concept of 'choice' elides the distinction between revealed preference (post-facto behaviour) and expressed preference ('choice' in the everyday sense of the word). The discussion should therefore add a sentence or two explaining why patient
mobility - as opposed to choice - in combination with the payment and incentive structures of the Norwegian health system, produced the reported changes in waiting times. Was this because GPs exploited their knowledge of where hospital capacity was most available (and if so, this seems to be an inference from the empirical findings of the study rather than an assumption); or because of something the hospitals were doing in response to the ABF system; or for some other reason?

6. Are limitations of the work clearly stated?

Yes, but see below.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

The authors deal with the problem of acknowledging the large literature on choice and competition in health systems by focusing on cross-European over-views of these issues: in my view, an acceptable approach.

Major compulsory revision: The assumption that 'those who choose hospital possess larger intellectual capacity than those who do not' (p.7) is dubious. There is some evidence (see the review by Fotaki et al.) that patients are more likely to abdicate choice to a professional, the more serious they perceive their illness to be, and the more in need of urgent or complex treatment. The conjectured response bias (p.10) might be interpreted accordingly.

8. Do the title and abstract accurately convey what has been found?

Yes

9. Is the writing acceptable?

Generally the writing is clear but at the following points the conceptualisation and therefore terminology might be tightened up:

p.2,3 Major compulsory revision: It is inaccurate to describe the Norwegian referral system as a 'market' since the system is free of charge to patients at the point of use. Even the term 'quasi-market' would require some justification in this context. Rather, what has been created is a (potentially) competitive referral system. Competitions and markets are not the same thing.

p.3 Minor Essential Revision: Strictly, it is not administrative boundaries which were abolished but the Norwegian rules restricting elective referrals to providers within a single district.

p.3 'Efficiency'- see above.

pp.7f 'Choice' - see above.

p.7 Major compulsory revision: Remove the assumption that 'Patients in the second group must have had knowledge of waiting times'. For as the next sentence says, they may have chosen local treatment for other reasons
irrespective of what they knew about waiting times.

Minor essential revisions: There are also a few minor typos. p.4 should read 'politically unacceptable'. p.7 should read: 'those who choose their hospital possess ...' p.9 should say 'average 3.5 weeks longer'.

**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.