Reviewer's report

**Title:** Counting on commitment; the quality of primary care-led diabetes management in a system with minimal incentives

**Version:** 1  **Date:** 2 June 2011

**Reviewer:** Christopher Millett

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This cross-sectional study examined quality of diabetes management in health care professionals with a special interest in diabetes in primary care in Ireland. The authors compared the recording of process of care measures and target achievement of intermediate outcomes to the results from the National Diabetes Audit for England and Wales and the Scottish Diabetes Survey. The authors concluded that the quality of primary care-led diabetes management in Ireland was similar to the results from the UK except for lifestyle factors.

This is an interesting study examining an important and current topic. However, several points need further explanation.

**Major Compulsory Revisions**

1. The main limitation of this study is that it does not compare like for like. i.e. compares 'volunteer' practices in Ireland with a special interest in diabetes with more representative practice data from England and Scotland. Although the authors highlight this as a limitation a question remains about how meaningful the comparison is and what the implications of the study are.

2. In the Methods section (Page 6; Data Collection) the authors describe that the data were collected during 2008/2009 across three regions of Ireland. They say that they draw comparisons (Methods; Page 8; paragraph 1) with the National Diabetes Audit of England and Wales for the corresponding period of 2007/2008. If this is not a typographical error, the corresponding period would be the NDA of England and Wales for the period 2008/2009. This is important as both the recording of process of care measures and the target achievement of national targets for intermediate outcomes changed in England and Wales between these two years. Furthermore, NICE revised its targets in 2008-2009 for blood pressure and cholesterol (http://www.ic.nhs.uk/webfiles/Services/NCASP/audits%20and%20reports/National_Diabetes_Audit_Executive_Summary_2008_2009.pdf). Data from the Scottish Diabetes Survey were recorded at the end of 2008, which period corresponds with the data collection for the purposes of this study (http://www.diabetesinscotland.org.uk/Publications/Scottish%20Diabetes%20Survey%202008.pdf).

3. Since the Quality and Outcomes Framework has less stringent treatment targets for intermediate outcomes than the national guidelines, these direct comparisons raise some concerns.
Comparing the QOF target achievement in Ireland and UK might be fairer as GPs are financially incentivised to reach the QOF targets. In case the authors find similar results, it would better correspond with the Conclusions currently drawn; that the proportion of patients in Ireland achieving targets for intermediate outcomes are similar, despite the lack of a comparable national incentive structure (Discussion; Page 16; paragraph 3). The other option of a fairer comparison would be to use the achievement of UK practices with health professionals with a special interest in diabetes as a comparator rather than the UK results if using the same treatment targets.

4. Since there are large variations in the proportion of people achieving the targets by age and sex, it would be important to show the age- and sex distribution of the populations compared.

5. There are many factors showing association with process of care measures and target achievement such as practice organisational factors, list size, caseload, number of staff at GP practice. The lack of these data should be discussed in the Discussion section.

6. A more detailed description of the NDA and the Scottish Diabetes Survey should be provided and a clear rationale as to why QOF data wasn’t used.

Minor Essential Revisions

7. Presentation of p values in abstract and results would help reader interpret whether the percentage differences are significant. For example, there are no statistical test findings for any of the process of care measures. p values should be included in Tables 2 & 3 (as they are in Table 4).

8. Figure 1 presents too much detail on obesity cut points and could probably be omitted.

9. A clearer description of the sampling is required. What proportion of practices involved in the 3 ‘special interest’ groups participated?

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.