Reviewer's report

Title: Prescribing Data in General Practice Demonstration (PDGPD) Project - A cluster randomised controlled trial of a quality improvement intervention to achieve better prescribing for chronic heart failure and hypertension

Version: 2 Date: 18 May 2012

Reviewer: Jonathan Mant

Reviewer's report:

Thank you for sending me this well written protocol, which is describing a trial which will answer the hypothesis that it is setting out to test. Sufficient detail is provided, save for the few comments below.

Major compulsory revisions: none.

Minor essential revisions:

1. It is not entirely clear when preliminary steps and step 1 (improve data quality) are carried out in the control practices. Figure 1 would imply that this is part of the intervention, but surely this needs to be done at the start of the trial in all practices, or otherwise there will be bias in patient identification between intervention and control practices. Please clarify in the text.

2. One of the secondary prescribing outcomes is mean change in blood pressure at six month intervals, but there is nothing in the protocol that states that BP will be measured. I assume this is based on BP readings that are recorded in the record, in which case, how is it defined what counts as a six month interval? (e.g. what if the readings are 9 months apart, or 3 months?)

3. Where the secondary prescribing outcomes are listed, it would be useful to refer the reader to the appendix for the description of ‘prohypertensive’ drug and 'drug that may exacerbate the disease' (heart failure), otherwise it is not clear what is meant.

4. Please explain why the standard clinical outcome indicator of hospital admission for heart failure is not used in this study.

5. Worth acknowledging that with more than one primary outcome measure, the sample size really ought to be adjusted for this.

Discretionary revisions

6. It is stated that the clinical indicators were developed in consultation with clinical experts etc. infocus groups. Is this being written up elsewhere? (in which case it would be useful to state this). The choice of clinical indicators chosen is a little idiosyncratic, and I would welcome an additional paragraph that provides the rationale for the ones that were chosen from these focus groups.
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