Reviewer's report

Title: Building better systems of care for Aboriginal and Torres Strait Islander people: findings from the Kanyini Health Systems Assessment

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Reviewer: David Dunt

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The principal limitation of the study currently is that the authors do not give any justification for using their two theoretical concepts to inform their research. Alongside the lack of justification, there are some problems with both. While Candidacy in relation to health care by vulnerable groups has some attractions, it involves vulnerable groups in the UK not Indigenous Australians. Kanyini seems based on caring and holding within the Indigenous group. It originated in Indigenous communities pre-European contact and is used by Indigenous groups in Central Australia and a few other places. To what extent though is it relevant to the two urban, one inner regional, two outer regional and two very remote Indigenous communities in which the study is based? Some of these at least are likely to be beset by the unfortunate experience of Indigenous communities post-European contact - of alcohol and violence - which seems a long way away from Kanyini.

Also there are two other problems in assessing health systems in terms of the Kanyini Vascular Collaboration. First, vascular disease is an important part but only one part of a health system. This means that a review of a health system focusing on vascular practice will necessarily be incomplete. Second to the extent it is possible to partition health systems in this way? Indigenous health systems may wish to do so not on basis of disease systems (a very Western concept) but on the basis of concepts more meaningful to them.

Furthermore the authors use other conceptual theories – the Chronic Disease Model of Wagner, IMPAKT, ABCD (both not described) and informal observations of health service systems that were made during the conduct of the Kanyini Audit (see p7 last paragraph). In addition themes were identified inductively during data analysis not in relation to Candidacy or Kanyini.

It is not surprising then that only Theme 5 of the five Themes identified seems closely related to these two theoretical concepts. Even more surprising that the authors can conclude that Candidacy or Kanyini are useful theoretical foundations.

Other ways of studying health systems exist too. A good starting point for assessing health systems in the community sector in Australia is the Continuous Quality Improvement and Accreditation in Health and Community Services of the Quality Improvement Council.
There are some general points about the Discussion. It is too long eg its long first para on p23 restates the outline of Candidacy or kanyini from the Introduction. It also does not seem closely related to the Findings and its five Themes. Headings would help here but more than this, the Discussions seems currently more to consist of a commentary by the authors on contemporary issues in Indigenous health care in Australia.

As small points, the use of acronyms (despite the glossary) will be confusing to international readers and should be avoided wherever possible. Some more information of the seven communities (consistent with non-identification) would be helpful – the description of their health services by contrast is excellent.

I’m afraid this all sounds very negative which is not my intention. The paper shows excellent potential to be published and make a real contribution. But it does need extensive redrafting!

**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'