Reviewer's report

Title: A systematic review of evidence on interventions to enhance access to best practice primary health care

Version: 2 Date: 3 August 2012

Reviewer: Richard Glazier

Reviewer's report:

This systematic review undertakes an examination of the effectiveness of interventions in primary health care for enhancing access to best practice. This question is timely and of key importance to policy-makers and clinicians globally, many of whom are struggling to improve the effectiveness of primary health care. The approach uses specific examples in each of the domains of chronic disease management (diabetes care), prevention (Pap smears) and episodic care (advanced access and after hours care).

The research question is focused and well-defined, given the necessarily broad ambit of primary health care. The focus on a few specific interventions is appropriate, as the field is otherwise too broad to synthesize meaningfully.

In general, the methods are appropriate and well-described, following an accepted approach for systematic reviews. It appears that only one reviewer was involved in screening abstracts for relevance and in assessing rigour and quality. Studies were limited to Australia, New Zealand, United Kingdom, Western Europe, USA, or Canada, which may be appropriate for the purpose but limiting to English language may have limited the yield of relevant studies.

The presentation of results according to the categories of patient support, practice reorganization, financial incentives, workforce development and new services is useful. However, Table 1 which reports results according to those categories seems to include 90 studies, with only 4 noted as negative. Table 2 includes 75 studies, 55 of which are noted as positive and 20 therefore as negative. Although studies could have fallen into more than one category on Table 1, and therefore be counted multiple times, it is unclear why the number and proportion of unsuccessful studies is so low in Table 1 relative to Table 2. This creates a real problem in Table 1 where each of the strategies looks to be highly effective, suggesting that the evidence provides little guide about what types of interventions work (apart from multiple versus single).

Appendix 2 contains an appropriate summary of the studies that were identified. The quality level (1, 2, 3) requires an explanation or footnote so the reader can understand which is high and which is low.

In the Discussion, several limitations would be useful to include and these are listed among the recommendations below.
Major Compulsory Revision:

1. Please revise and/or explain the discrepancy between Tables 1 and 2 in the number and proportion of positive and negative tests.

Minor Essential Revisions:

2. Include additional limitations in the Discussion: single reviewer of abstracts and quality; English language-only; inability to conduct a meta-analysis (and the reasons why), the focus on just a few types of primary health care; and the possibility of publication bias, given the large proportion of positive studies.

3. In Appendix 2, provide a footnote or other guide to the quality level (1,2,3) as to which is high and which is low

Discretionary Revisions:

None

Level of interest: An article of outstanding merit and interest 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.