Reviewer's report

Title: Is 50 cent the price of the optimal copayment? - A qualitative study of patient opinions and attitudes in response to a 50cent charge on prescription drugs in a publicly funded health system in Ireland

Version: 4 Date: 19 December 2012

Reviewer: Ellen Ingrid Schafheutle

Reviewer's report:

- Major Compulsory Revisions

OVERARCHING COMMENTS

1. Thank you to the authors for addressing my original comments. I feel this is now a much improved and more clearly focussed paper which presents novel findings. The existing literature is also covered much better to inform the study’s context and its findings and their interpretation.

INTRODUCTION

2. My original comment 7. The main point I was trying to get across with regards to the UK-Italian comparative study was that Italian patients paid considerably less, and that this study confirmed that their cost related behaviour was less impacted than that of UK patients who had to pay a much higher charge.1 The way the authors have included this study suggests that the study is not really relevant or applicable, which I don’t think is the case. Indeed, it supports the authors’ conclusion that a much lower change may be more effective at reducing moral hazard yet not impaction on essential medicines use.

METHODS

3. I have a real issue with “that pharmacists selected patients they knew would be amendable to interviewing” and that no training or any kind of quality control mechanisms were used to avoid selection bias by pharmacists when recruiting pharmacists. I am not sure this issue is adequately addressed in either the methods or the study limitations in the discussion section.

4. I appreciate the detail on the Francis method of identifying whether data saturation has been reached. However, I think this is now phrased rather negatively, and it feels rather unsatisfactory that the authors conclude that data saturation had not been reached. I would generally see this as a problem for a qualitative study.

RESULTS

5. First paragraph, text about locations and respondents’ views: Could the language be toned down and made more appropriate for a qualitative study (especially one which did not achieve data saturation)? That people who were opposed to the levy were interviewed in rural and affluent areas rather than socially deprived areas could be acknowledged as an interesting issue rather
than a definite findings (which would need to be verified in a much larger survey, using appropriate measures of income and levels of deprivation (ideally for individuals rather than areas). Could this be incorporated into the section when presenting these views re affordability and acceptability?

6. Section entitled ‘other causes of prescription medicine waste’ – just above next section ‘theorised negative effect of levy’: I am not sure I quite understand the sentence “there was a sense that the 50c levy should encourage this type of practice, but that in reality it does not.” What do the authors refer to with ‘this practice’? And was there no evidence that having to pay even just 50c made respondents more likely to alert pharmacy staff to the presence of unnecessary medicines on their repeat prescriptions, so that they would not be dispensed and thus need to be paid for?

DISCUSSION

7. I don’t think MURs have really been explained by the authors here (see my original comment 29). They aim to increase patients’ understanding of their medicines, to identify any issues, and also to increase adherence – but as I also said, the evidence to support these benefits is inconclusive.

- Minor Essential Revisions

8. Introduction, middle of page 4: The figure given for the prescription charge in England should probably not be that of 2008, but the current figure. This is £7.65 – see my original comment 1.

9. Introduction, top of page 5, line 3: ‘given it’s small value’ should read ‘its’ – without apostrophe

10. Method: Could the authors please add in which year (and possibly month) these interviews took place?

11. Methods, page 6, 3rd line from bottom: there appears to be a redundant ‘a’ in front of ‘data’

12. Results, page 10, under ‘theorised negative effect of levy’: The first sentence should probably read “… levy did not APPEAR TO affect …” – again, my original comments about being careful with the kind of language used to report qualitative findings. The authors did not measure the actual effect of the levy on adherence.

13. Discussion, page 12, first line: ‘patient’s’ should, I think, be ‘patients’ ”

14. Line 5 below ‘discussion’ heading: there are two ‘is that’ here; and again language, it should probably read: “that majority of RESPONDENTS APPEARED to have accepted”

15. Line 10 below ‘discussion’ heading: “the fact THAT small copayments”

16. Page 14, line 5 from top: Did the respondent/interviewee use the term ‘medication usage review’? If not, or if they merely talked about MURs, then the actual full meaning/title of MUR should be used here which is ‘medicines use review’

17. Page 15, 3rd paragraph: ‘researchers’ backgrounds’ – needs an apostrophe
- Discretionary Revisions

[These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.]

NONE

REFERENCES


**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.