Reviewer's report

Title: Follow-up in the general medical outpatient clinic does not reduce the demand for acute hospital beds.

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Reviewer: Dr Gillian Leng

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

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Comments

General:

This is an interesting paper, but there are some methodological flaws and problems with the presentation and analysis of data.

Specific

Background

. This section is too short and no references are given. The use of the emergency readmission rate as a performance indicator is not mentioned, or how this links to the work presented here (minor).
. The aims of the paper should be clearly stated (minor).

Methods

. There is no mention of statistical analysis. In most cases percentages and confidence intervals would be useful (major).
. No details are given of how the data were "extracted". Did one (or two) people extract data from manual records, or from a computerised summary (major).
. The information included at the end of this section could more usefully be in the results section (minor).

Results

. More data should be included to convince the reader that the case mixes between the two consultants
were not significantly different. The text on page 4 (line 4) indicates that HRG group is given by consultant in Figure 1, but examination of the figure shows this to be age distribution only (major).
. The data shown in Table 1 could usefully be incorporated into a figure. This would enable the patterns to be compared to determine whether the outpatient visits differed between the two consultants in terms of volume only, or also in timing (minor).
. It would be interesting to know in what proportion of patients the readmission was related to the initial episode (revolving door admissions) and in how many there was a new, unrelated condition. There is no mention of renal patients in the readmission data, despite both consultants claiming a special interest in renal medicine. These patients typically have a high number of readmissions and may therefore not be typical of other groups (major).

Discussion
. This is interesting but, like the introduction, could include more references (minor).
. The authors might wish to focus more on the need for routine hospital follow-up, in view of its limited impact on readmissions. Is this a good use of NHS money? (minor)

Competing interests:

None declared.