Reviewer's report

Title: Scottish Survey of Diabetes Services for Minority Ethnic Groups

Version: Date: 9 May 2006

Reviewer: Denise Bonds

Reviewer's report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Results:
1. Additional analysis comparing the responses of LHCCs located in Health Boards with a higher percentage of minority patients compared to those with lower minority patients is needed. In your discussion you state that some LHCCs reported very low number of ethnic minorities and thus did not feel that offering a special program was necessary. Determining if this was an appropriate economic decision (i.e. it cost too much to purchase educational material in various languages for 5 individuals who are non-English speaking) or a convenient excuse would greatly enhance the paper. An alternative method of analyzing (since the percentage of minorities by LHCC within health board may vary significantly) would be to use census data to determine the percentage of minorities within the catchment area for a particular LHCC.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Abstract:
1. Space need between "However" and "69%" under results.

Methods:
1. Please provide further explanation of the Scottish Intercollegiate Guidelines Network for Diabetes to assist those readers who are not familiar with this.

Results:
1. Please define urban and rural.

Tables:
1. Both tables should include the number of individuals/respondents in each cell and the %. Currently table 1 only indicates the number of individuals and table 2 the percentage.
2. Please define abbreviations at the bottom of the table (example: SIGN 55, BMEG)

Discretionary Revisions (which the author can choose to ignore)

Background:
1. Consider reframing your question. The survey conducted does not actually examine the provision of diabetes care to ethnic minorities, rather, it determines the readiness of the LHCC to measure and provide culturally competent care. For example, tracking patient race does not improve diabetes care. It does, however, allow the LHCC to determine if the care they provide differs by race. This question is also valuable but different than the one currently provided in the paper. The background section as it currently stands is somewhat misleading.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable
Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.