7 June 2007
Editor
BMC Health Services Research

Dear Editor

MS: 1624262075135505 - A systematic evaluation of payback of publicly funded health and health services research in Hong Kong

Thank you for your email dated 24 May 2007 providing us helpful comments from the reviewers. Please find below our point-by-point response (in italic) to the comments.

Response to reviewer 1 (Stephen Duckett)

Major compulsory revisions:
The summary statement for the section on impacts reads as follows “Table three shows the participation in policy/advisor, committees and liaison with potential users were predictive of health service benefit….”. This sentence should be revised to make clear whether the participation is post research (which seems to be what is reflected in the design of the questionnaire) and the nature of the liaison with potential users (which I suspect is pre research again reflected in the questionnaire – although it could be that the measure includes liaison during the research process).

The sentence has been clarified.

The sentence should also be amended to include the word reported before health service benefit.

Word added as suggested.

Discretionary revisions
The main area where the paper needs strengthening is the section titled “factors associated with the impact of research outcomes on health policy and provider behaviour”. This section could be lengthened to clarify impacts of research. For example, it would be of interest to a reader to know whether the reported benefit was at the local, national or international level.

This section has been expanded and a new box (Box 2) is added to provide examples of impact at different levels reported by investigators.

Response to reviewer 2 (Stephen Hanney)

Major Compulsory Revisions

1. I think it would be useful for the authors to consider revising the section on ‘Comparison with other research funds’. Whilst it is interesting to make such comparisons, there are some doubts as to whether the AHFMFR study by Buxton and Schneider is an appropriate comparator to be used in the quantitative analysis presented in Figure 3. Unlike the other 3 studies used as comparators, and unlike the Hong Kong study reported in this paper, Buxton and Schneider used a case study
approach based on a purposive selection process. The analysis would be stronger without the Buxton & Schneider work being included, and as I see it there would be a striking similarity in the pattern of figures from the remaining studies. Furthermore, whilst it is correct that there has been a long history of health research in the UK, the overall NHS R&D Programme was only established in the early 1990s, and the 2 payback studies each focused on specific programmes within the overall programme.

*The AHFMR study has been omitted as suggested. The text and Figure 3 have been revised accordingly.*

Discretionary Revisions

1. The account in the Results of the tobacco legislation being influenced by research is a good example, but I wonder whether it would be better presented by first being mentioned a few sentences earlier as another example of impact on policy, and then being drawn upon again as an example of a later impact?

*The impact on policy by the tobacco related studies is now mentioned before subsequently cited again as an example of impact on behaviour and health service benefits.*

2. Table 3: it might look better if the order of the columns reflected the previous analysis and Table 2 was: policy making, behaviour change, and health service benefits.

*Tables 2 and 3 amended as suggested.*

We hope that our response will be found satisfactory and I look forward to hearing from the Journal again.

Yours faithfully

Patrick Kwan