Reviewer's report

Title: The perception of healthcare quality of the elderly in the city of Bari, South Italy.

Version: 1 Date: 6 June 2007

Reviewer: Ngaire Kerse

Reviewer's report:

General
This is an important article describing the views of older people and their GPs about health issues, services utilisation and satisfaction with care. The health insurance information is presented without the context of understanding the funding of health services in Italy. It would be worth adding a paragraph to clarify this. As Italy is the first nation to reach the ageing demographic that other developed nations are heading for, this paper is of considerable significance internationally.

1. Is the question posed by the authors new and well defined?
Yes

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
This could be improved with attention to the comments below.

3. Are the data sound and well controlled?
The weighting as per practice would improve the accuracy of the prevalence's reported.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
I think so

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Reasonable

6. Do the title and abstract accurately convey what has been found?
Yes

7. Is the writing acceptable?
The spelling in the figures can be improved.

This is a robust design with a random sample of GPs being contacted and a random sample of their older patients. The sample is small though and it is likely that the data could be extrapolated to national level only with caution. There was a very good response rate and the telephone interviewing status is likely to have generated accurate information.

It is not clear from the design whether the GPs were answering questions about each of the patients enrolled or about their older population in general. Could this be clarified?

What is not known is whether this is likely to represent all older people. Is there a certainty that older people ‘belong’ to one GP, could some be double sampled or a section of the population be missed out altogether.

Were the responses from the participants weighted by the practice size from which they were drawn? As the sample was 15 from each GP there is the potential for 25 to represent 150 persons over 65 or 250 persons. The summary

The differing perspectives of the GPs and the patients illustrated in the stacked bar graphs is interesting and useful for researchers. The results paragraphs may be made clearer with a large table listing the findings, perhaps contrasting gender or differing age groups responses, directly contrasting the GP responses.

An interesting addition to the paper would be to have a look at the differences between the health needs of those over and under 75 and over 85 if there is sufficient in the sample.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
addition of a second table summarising results of health issues comparing GP and patient views

adjustment of the prevalences for the size of the practice from which they came, or presenting adjusted estimates using the GP as the cluster variable.

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

Discretionary Revisions (which the author can choose to ignore)

the other comments from above.

What next?: Accept after minor essential revisions

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

'I declare that I have no competing interests'