Reviewer’s report

Title: Differences in quality of primary medical care across the NHS: Evidence from the Quality and Outcomes Framework

Version: Date: 22 March 2007

Reviewer: Mark Strong

Reviewer’s report:

General

This study addresses an interesting and topical question, and makes use of QOF data in a new way. The paper is very well written.

The paper is primarily about differences in reported achievement for QOF between the four UK countries. The paper also makes the point that practices in countries with higher prevalence are paid relatively less than those with lower disease prevalence.

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

A more explicit justification of which QOF indicators were categorised as “simple process”, “complex process” is necessary. For example, why is checking pulses a “complex process” – this can be done in the surgery, yet measuring creatinine, requiring a blood test, is a “simple process”?

It would be helpful to have an accompanying table that detailed the indicators in each of the above categories (indicators referred to as e.g. “CHD 5 – blood pressure recorded”).

I feel that the explanation in the methods section describing how the composite scores were arrived at needs to be a little clearer. Were all the summary measures weighted for register size, for example?

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

The reference to tables 3 and 4 in the results section needs to be to tables 3, 4 and 5. The reference to table 5 in the last para of results needs to be to table 6.

Make clear whether the “percentage differences from England” in the tables are percentage point differences i.e. % Scotland - % England, or whether they are percentage differences ie. (% Scotland - % England) / % England x 100%.

Are the mean composite means in table 2 percentages? If so a label would be helpful.

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Discretionary Revisions (which the author can choose to ignore)

I am somewhat uncomfortable with saying that x practice or y country has higher “quality” just because their QOF achievement is higher. Is it safer just to say that “recorded achievement for QOF was higher”? Or is it worth making a statement about this in the introduction?

Could say in last para of intro: “However, payment per point for the average practice in each country is the same” to make it clear that payment, while adjusted for prevalence, ultimately depends on achievement.

Could add some numbers to last table (or to the discussion) to indicate how much money a practice in Scotland or Wales will loose compared to a practice in England if they all have the same disease prevalence and list size and achieve the same “quality”.


What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

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