Author's response to reviews

Title: Asking the Right Questions: Scoping Studies in the Commissioning of Research on the Organisation and Delivery of Health Services

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We are grateful to the two reviewers for their insightful comments and their decision that the paper should be accepted after some minor essential revisions and several discretionary revisions. Our responses to these revisions, and how these are reflected in the amended article, are provided below.

Minor essential revisions (reviewer 2)

1. The second sentence of paragraph 2 on page 7 begins, 'Two of the former...': It could be helpful to revise this to make it clearer how this exactly follows from the preceding sentence.

This sentence has been revised to ensure clarity of argument

2. The section on peer reviewed publications on pages 11-12 states that 3 scoping study final reports appeared in peer reviewed journals; but only 2 references are given. It would be useful to clarify this.

This has been clarified - two scoping studies were converted to peer-reviewed articles

3. There are various points in the references that should be addressed: reference 8 is incomplete; reference 30 has the date in the wrong place. There are some other detailed ways in which some references are not precisely in the format requested in the instructions for authors, but perhaps these can best be left until the production team detail the formatting changes they would like to see.

The two specific references have been amended and the reference list has been extensively edited to meet the journal format

Discretionary revisions (reviewer 1)

4. In introductory or concluding sections, draw out the criteria for commissioning a scoping paper.
A summary for the criteria for commissioning a scoping paper has been developed as a table in the concluding section.

5. More analytical reflection/critical commentary on lessons learned and reduced descriptive narrative (pp 7-11) to highlight the difficulties or limitations of scoping studies commissioned by the authors (for instance, in some of the very broad areas such as the public health system) and the potential risks, as well as their added value.

This descriptive section of the paper has been reduced from five to four pages. We have added a section of two paragraphs debating limitations and risks. Added value, we feel, is adequately covered in the impact section of the paper.

6. Tease out the differences between engaging with ‘users’ to generate new ideas/research priorities as opposed to testing out or validating material at the end of the process. These differences are discussed in the literature in for example Entwistle V et al (BMJ; 316: 463-66). Given that the SDO is a new way of commissioning research to answer the needs of the NHS, I think this component should be given greater emphasis.

This point has been given more discussion in the section on ‘stakeholder consultation’ on page 20-21.

Discretionary revisions (reviewer 2)

7. It could be useful to consider whether some clarification is needed of the distinction made on p.4 between ‘establishing research priorities’ (for which there is ‘a substantial literature’), and ‘the process by which the research questions to be addressed are arrived at in the first place’ (on which ‘rather less has been written’). Later in the article (eg pp6, 8, 12) it is not clear to me that this distinction is maintained.

Clarification is provided on this distinction at the top of page 6 and the article has been edited to ensure the distinction is maintained throughout.