Reviewer's report

Title: The use of public performance reporting by general practitioners: A study of perceptions and referral behaviours

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Reviewer: Elizabeth Cottrell

Reviewer's report:

This paper describes the use of public performance reporting by GPs. It is a well written, clear paper. Overall the case for doing this work is made clear. However, having read the paper I think there are three streams of argument missing in the discussion and conclusion about 1) how robust/helpful/discriminative is PPR data? At no point is it very clear whether this data actually serves to "protect" patients. This is important as if GPs are mistrusting the data and/or its credibility/usefulness, perhaps they have reason to, does it actually help to identify poor services? 2) Is it the role of the GPs to be 'protecting' patients with knowledge of this sort of data? The high level of GPs who are not accessing this type of data could indicate they do not believe it is part of their role to be relaying this information to patients. 3) The comparative priorities of GPs have not been determined in this work (and could not be) but it is important to consider whether proximity and familiarity would always trump quality scores when referrals are taking place - delphi or discrete choice analysis undertaken among GPs may help to identify this. I think that the authors need to consider whether this type of information should be better disseminated to GPs and involve GPs or whether actually, it has no place and resource should not be put into developing this any further - more research into points 2 and 3 may first be needed.

Specific points are below

ABSTRACT

1) The aim is insufficiently explicit

2) The authors conclude that "PPR of hospital data currently appears to be of little use for GPs in selecting hospitals for patients' referral" - is this accurate? The GPs use it little, but is it of
little use? The two things are quite different. Lack of awareness does not equate to lack of usefulness - the perceptions regarding credibility are more appropriately summed up in this way however. Perhaps the authors could reconsider the language used in this headline conclusion.

BACKGROUND

1) The authors are not sufficiently clear about what elements of care/quality are reported in Australia's PPR (line 56-61)

2) Typo - p3 line 71, "they do not always perceived differences..." should be "perceive" - further is the point being made that there is not a tangible/meaningful difference noted between services with various quality ratings? If so perhaps this could be made more explicit.

3) The authors highlight previous research findings. What is not clear is the extent to which GPs perceive they have options over referral destinations. For example, in the UK, we have a "Choose and book" system, which allows me to refer my patients to many hospitals and provides details on the distance to each and their referral criteria. It is quite possible that it could include PPR data on this system - so easy to raise awareness. However, if I refer a patient to a hospital 50 miles away, that hospital will not have access to the investigation results I have undertaken (these would have to be manually sent), the investigations they do will not be visible to me or the local hospital (e.g. in emergency). Could the Australian situation be made more clear (e.g. what is the actual process involved in undertaking referrals and is referral to a hospital a mile away likely to result in same amount of information sharing as one 50 miles away?) so that the results can be interpreted in a similar sort of context?

RESULTS

1) It is really key that lack of awareness was a significant finding among most - as this does reduce the value of their perceptions in all other regards - e.g. if they dont know about it and they have not tried using it how can they comment on its utility? Further, some commented after looking briefly at the site during the interview - this is not the same as working knowledge. This needs to be a limitation.
2) Under unintended consequences, change in referral practices as a result of knowledge of the data indicates the information working in a way that was described as an intended consequence in the background - it also demonstrates that GPS do take note of this type of data. However the authors paint this in a negative light. So perhaps this is representing a misunderstanding among GPs of the intended consequences of this sort of data. This also represents a mistrust among GPs of the hospitals' source data rather than unintended consequences - so to me this represents that GPs would like this type of data to be robustly audited and gathered in a trustworthy way.

DISCUSSION
1) The authors hypothesise that GPs are unaware of this data as they have inadequate time, however, my sense is this may be too simplistic - they would make time to look if they felt it was vitally important or helpful - this may suggest inadequate recognition of the potential value, thus they do not make time to look at this information - this could be fed by lack of trust or perceived lack of robustness of the data or simply that they feel that proximity trumps any PPR.

CONCLUSIONS
1) The conclusion in the main body does not match the abstract
2) It seems that the content, the collection methods and the dissemination needs to include GPs - for example, could it be integrated into referral systems?
3) The authors suggest that GPs should be "alerting patients to potential quality or safety problems as indicated by PPR data" - is this the function of the individual GP - again, in the UK, we commission services. It is the commissioners responsibility to ensure safe services are delivering effective care in an appropriate way - so perhaps there is an argument about whether this is even the role of GPs. Given that so many GPs have not accessed/tried to access this data, it is possible GPs do not see this as their function. This could be explored in the discussion a bit more.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes

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