Author’s response to reviews

Title: Do virtual renal clinics improve access to kidney care? A preliminary impact evaluation of a virtual clinic in east London

Authors:

Sally Hull (s.a.hull@qmul.ac.uk)
Vian Rajabzadeh (vian.rajabzadeh@qmul.ac.uk)
Nicola Thomas (nicola.thomas@lsbu.ac.uk)
Sec Hoong (sec.hoong@nhs.net)
Gavin Dreyer (g.dreyer@nhs.net)
Helen Rainey (Helen.Rainey@bartshealth.nhs.uk)
Neil Ashman (neil.ashman1@nhs.net)

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Do virtual renal clinics improve access to kidney care? an impact evaluation of a virtual clinic in east London

Sally A Hull, FRCGP; Vian Rajabzadeh; Nicola Thomas; Sec Hoong; Gavin Dreyer; Helen Rainey; Neil Ashman BMC Nephrology

To the Editor, BMC Nephrology

Thank you for the opportunity to review this report in response to the reviewer’s further comments. We have made a number of changes to the manuscript, which are detailed below. In the revised manuscript the changes we have made in response to the comments from reviewers are underlined.

We hope that you will now be able to accept this report for publication.
Detailed responses to reviewer comments

Editor Comments:

Thank you for addressing the many questions provided. Please be responsive to the comments I have provided as reviewer 2 below to allow your manuscript to be accepted.

We look forward to receiving your revision of this important work.

Best,

Khaled

Manisha Jhamb (Reviewer 1): The authors have satisfactorily responded to my comments

Khaled Abdel-Kader (Reviewer 2): I thank the authors for their revisions. Most of my concerns have been addressed. Several still need to be addressed.

1) Given the lack of granular outcome data, please retile the manuscript to include "a preliminary evaluation".

As requested we have changed the title to reflect the fact that we do not include clinical outcomes in this evaluation. The title now reads

2) Please comment in the manuscript on the low prevalence of CKD aside from the lower age in east London. Generally, the prevalence of CKD in a population receiving primary care is higher than the general population average as patients with disease and older patients are more likely to be seen by their primary care clinicians than younger and healthier individuals who are included in general population estimates. Further, a brief mention of how these virtual renal clinics could be helpful or challenging in areas where the prevalence of CKD is higher is needed (especially in light of the nephrologist concerns)

We have added a comment in the results section on the adult prevalence figures in east London and London as a whole (1.9% based on aggregate GP CKD register data). London does have a younger than UK average population which explains some of the difference from the 5-6% figure quoted from the England and Wales national CKD audit. We have added that there will also be some under ascertainment of CKD. (results Line 211)

In the conclusions section we do mention that this community service has lessons for the efficient delivery of kidney services. Within the NHS efficient services are a key goal.

3) A statement including the prior diabetes projects regarding trust building and buy in for the practices is needed within the manuscript to provide context

We agree that the context of quality improvement projects such as this are very dependent on local context. We have added a statement to reflect the importance of previous experience of QI projects, and trust developed between the CEG and local practices during the introduction of the new service in the methods section. (Line 134)

4) As the authors know, the ultimate goal of nephrology referrals is to improve evidence based care and outcomes for patients with renal disorders. The currently presented data are limited in their ability to speak to whether this novel approach to care succeeded in driving improvements in these outcomes (processes of care or patient centered). The lack of outcome data in this manuscript must be acknowledged as a limitation. Further, an understanding of how these changes in the structure of care will impact pt outcomes when more virtual services are available needs to be acknowledged
We have clarified and expanded the section on limitations, to make clear that the project evaluation is limited to timely access to kidney care, and that we do not have data on clinical outcomes for patients, which would be an essential part of a further evaluation. (line 362 and 392)

We agree that the implications and outcomes of such changes to service delivery need full evaluation before applying them to other long term conditions. We have added a sentence to the conclusion to acknowledge this. (line 395)