Reviewer’s report

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

Version: 0 Date: 07 Oct 2019

Reviewer: Khaled Abdel-Kader

Reviewer's report:

This is an interesting report, but further details must be flushed out or the lack of details strongly acknowledged and the paper retitled, "... a preliminary evaluation" (or demonstration project "...of virtual clinics in East London" and the reports aim reworked to focus on feasibility and evaluation of the initial effects (i.e., similar to a pilot)

Abstract:

1) In the abstract, can 95% CI be provided for the decrease in wait times

2) The age adjusted referral rate, please provide the pre and post referral rates with 95% CI for comparison

3) What are CCGs for the non-UK audience?

Intro:

4) The paragraph starting with "a number of UK studies describe a variety of virtual renal clinics which include..." and ends with "Other approaches..." should be moved to the discussion.

5) For the methods, NHS trust between 2015-2018: what months
6) Did the Waltham CCG have 36 more GP practices? Please specify. Also, please provide additional info about these GP practices, what types of chronic disease management programs were in place? How many patients per provider? Any ongoing education regarding nephrology consultations or CKD care?

7) What is EMIS web platform (describe in the manuscript given its importance)

8) What is meant by "a weekly locality facing..." hospital clinic

9) Is it typical that new pt appts for nephrology consultation take only 20min? Does charting usually occur during or outside this time period? When comparing times for virtual vs. face to face, please try to ensure the comparisons are similar in this fashion (all charting, etc. completed).

10) Is EMIS the usual outpt EHR or did checking EMIS for consult results require providers to exit their usual workflow? Please clarify

11) How was buy in from GPs and nephrology providers gained given the uncertainty at the outset of the project?

12) Was the contract for GPs and nephrology providers amended for year on year growth? If I'm understanding correctly, there was a financial incentive for GPs to consult more frequently so that a proportion of these consults would turn into face to face consults and there didn't seem to be a financial downside to them

13) Please use fewer abbreviations, OPD, CCG, CEG... please limit to abbreviations that are more common

14) Please provide an example for "In addition, each CCG developed customized local enhanced..."
15) For "2) A package of IT tools..." additional details are needed for most of the described components of this paragraph (e.g., what kind of alert, alerted where, etc.)

16) For "3) renal education" details are again needed re: how interactive were discussions, how frequent for GPs, usual timing (?lunch and duration), focus of the education, how frequently were patients seen, adherence to the sessions by PCPs and patients (were they well attended or infrequently adhered to, etc.)

17) Interviews with 7 GPs and 3 nephrologists and one CEG facilitator... out of how many that were asked? The data sources for evaluation of the virtual CKD clinic section needs to be more developed and organized.

18) The prevalence of CKD stages 3-5 seems low, any insight as to why? Younger population?

19) In table 1, it would be useful to provide locations for the CCG and any short description of the differences based on geography between the 4 could be placed as a footnote.

20) The results that are referenced using reference #23 should be removed from the results as they are previously reported. They can be discussed in the discussion

21) Pre vs. post virtual clinic comparisons would be helpful to allow some comparisons

22) Insight on why the 4 practices with 9K patients made no referrals? Was outreach attempted to discuss with them?

23) What was the absolute # of face to face visits pre vs. post the virtual renal clinic
24) Which CCG is Tower Hamlets in?

25) Discussion: given the lack of quantitative comparisons, the points should be toned down. Similarly, the lack of many important process of care outcomes, information on long term sustainability, lack of time series analysis or even a pre-post comparison based on data presented here should be acknowledged as limitations. Also, this was implemented in nephrology alone. The results may differ if multiple other virtual clinics are in place. Also, was CCG level variation adjusted for pt level differences, provider level differences? Also, was there info on how workflow was impacted when recommendations were sent presumably after a recent visit but sometime before a future visit??

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