Reviewer's report

Title: Health and use of health services of people who are homeless and at risk of homelessness who receive free primary health care in Dublin: A comparative study

Version: Date: 24 October 2014

Reviewer: Stephen Hwang

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Major Compulsory Revisions

1. We would like to thank the authors for their thoughtful revisions, which have made the manuscript much clearer. However, some concerns remain. If the aim of this study is only to compare Safetynet clients to previous populations of homeless individuals in Dublin, then the objective has been met. However, we would caution against over-extending the results of the study given the sampling strategy. For example, it is concluded that “few people reported being on waiting lists for methadone or other mental health services, which suggests Safetynet may have successfully increased access to these services”. This claim is weakened by the fact that participants in the study are Safetynet clients. It is not surprising that clients of a clinic for the homeless have greater access to the clinic’s services. While the clarification that Safetynet clinics are based within homeless shelters and food halls does strengthen the argument somewhat, however, it remains that individuals who choose to access the clinic may not be comparable to those who do not.

2. It is concluded that “providing free medical care within a community setting has also reduced the burden on healthcare services, given the decrease in the use of emergency and outpatient services and a decrease in the numbers on waiting lists for healthcare services”. Moreover, it is stated that “the availability of Safetynet services has likely led to a reduction in the overall costs to the healthcare system” (pg. 19). We would caution against making such statements given that the data presented do not necessarily support this conclusion. According to Table 5, inpatient hospitalizations (arguably the most costly) increased between 2005 and 2011. Improving access to primary care does not guarantee cost-savings, since many individuals will remain high users of acute care services.

Minor Essential Revisions

3. The authors may consider revising the Abstract Conclusion, given that the use of some hospital services (e.g. inpatient hospitalizations) increased (albeit slightly) since Safetynet was established: “following the establishment of Safetynet, there was a decrease in the use of hospital services and an increase in prescription medicines” (pg. 3)
4. It would be valuable to report the observed increase in inpatient hospitalizations (Table 5) in the results section of the manuscript.

5. Grammatical error (“based with homeless shelter” (pg. 5)

6. Table 5: “Attended A & E reasons”. No reasons are provided in the table.

7. We would encourage the authors to report P-values for the subgroup analysis, even if non-significant

Discretionary Revisions

8. Figure 1 is unclear. It would be valuable to clarify that: n=98 refers to those individuals who consented to having their prescription medication data extracted; n=66 refers to those with 6 months of prescription data prior to baseline; and that n=74 refers to individuals with 6 months of prescription date prior to the 12-month follow-up.

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'