SOCIODEMOGRAPHIC STATUS AND HOME DIALYSIS UPTAKE

|  |  |  |
| --- | --- | --- |
|  | REVIEWER COMMENTS | RESPONSE |
|  | REVIEWER 1 | |
|  | No further comments |  |
|  |  |  |
|  | REVIEWER 2 | |
| 1. | Title: I still think it needs work. My suggestion is ‘The influence of the renal centre and patient sociodemographic factors on home HD prevalence in the UK’ | This has been changed to reflect the key findings as suggested by the reviewer. |
| 2. | Abstract:   * Line 8 consider adding 'the treating renal' before centre * Line 20 consider adding 'The' to the start of results * Line 26 where does OR 0.4 come from looks like OR 0.24 from the figure? * Lines 28-31 are these p values from the logistic regression or from the non-parametric tests? If they are from the logistic regression it might be better to include the result as displayed in the subsequent paper (ie OR and a CI). | The recommended changes to the abstract have all been accommodated. |
| 3. | Intro: is the discussion of ref 15 relevant to your study? | The study provides a context in which home dialysis therapy choice is being presented. Historical data alludes to demography and access to health services as being associated with RRT incidence rates regionally. The same parameters may well be associated in the engagement of patients with self-care in dialysis. The sociodemographic variables are common between the two studies. |
| 4. | Methods:   * Is the mentioning of the other variables collected in Basic HHD study but not part of this study relevant? Suggest you cut them lines 20-26 on page 3. * Line 38 page 3 'were categorised as low....' * Line 7-14 on page 4: is this all the variable used? For instance, you mention partner employment in the next paragraph which isnt in the list...needs to be a full list. * Line 38-43 page 4 is this section on bias best off in the discussion section? | Changes suggested to the methods section have been incorporated. |
| 5. | Results:  - Page 5 line 35 50.5 not 50.4  - Page 5 line 36 23.3  - Page 5 line 43 use the same number of decimal places each time.  - Page 5 line 55 56.3 years - Page 5 line 57 39.1% - Page 6 line 12 name the cohort ie 'There were fewer comorbidities in the home HD cohort but a greater proportion of these patients had a history of solid organ malignancy' - Page 6 line 16 10.9% - Page 6 line 19 Call the groups by the same name eg HD location or HD type or HD modality instead of HD group as it makes it confusing about who you are referring to. - Page 6 line 22-where do these p values come from. I realise you were asked to take them out of the figure in the previous round of comments but the results in the text need to reflect the results in the figures-use OR and a CI. This applies to the rest of the results section please. - Page 7 can I suggest you edit to something like this:' the data suggests there is a statistically significant association between IMD quintile and patients HD location but that this association is different in different ethnic groups.' - Page 7 line 6 p=0.05 - Page 7 line 8 'There does not appear to be a significant association in the non-white patients but with such small numbers across the five quintiles it is difficult to assess...' - Page 7 line 27 be careful this is an association not a determinant. | All recommended changes have been made to the results section. |
| 6. | Discussion: - Page 8 line 3-is financial reimbursement for home therapies really pro home therapies?? Have we not seen decreasing tariffs making it harder to provide home treatments..this is conjecture. If you do believe your statement leave it in. - Page 9 line 17-use HD modality or HD location to make it clearer - Page 9 line 26 -i think these references are out of date perhaps. My understanding was that use of PD in Asians (be careful with S Asians and N Asians) was similar to Caucasian patients, whilst use in Blacks was lower. Also be careful with race/ethnicity difference. - Page 9 line 27 lower than what? | Some of the recommendations made have been accommodated. |
| 7. | Figures--I think you need to state which variables have been adjusted for each time. Probably both under each figure and in the results section text. | The confounding variables have been mentioned for both HD and predialysis groups in the results section text. |
|  | REVIEWER 3 | |
| 1. | Subheading on page 5 "Patient characteristics within the home and in-centre haemodialysis groups" might be better as "Patient characteristics compared between the home and in-centre haemodialysis groups" | This has been modified. |
| 2. | There is an unformatted reference on page 5 (reference - [1], Jager et al., 2008). | This has been rectified |
| 3. | At the bottom of page 7, I think the word "uniform" is not strictly correct - I do not think that providers in the NHS do not get the exact same amount of money in absolute terms. Perhaps you could reword this. I think "captitated rather than fee for service" is probably more accurate. | Uniform has been changed to tariff-based |
| 4. | I think the 3rd and 4th paragraphs of the discussion are reasonable, although I have some minor comments on these later. However, I think the first and second are too wordy still. I think there is still some repetition from the introduction, although it is tighter than before. I think there is still stuff in there that goes beyond what the data show.  For instance, if I take the first paragraph of the discussion:  \* "We have explored home haemodialysis……. in some detail as demographically…and the other bit is self-evident. I would omit.  \* "There are over 90 home haemodialysis………..distinct centres." - redundant, and also I'm not sure they are "geographically" distinct anyway. I would omit.  \* "Irrespective of the centres’ catchment area, it is expected that the unit provide home HD to 10-15% of its dialysis population (NICE, 2002)." - repetitive of the introduction and also speculative - NICE did not mention anything about the denominator of this 10-15%.........................I would omit.  The second paragraph is all pretty well known and a generic rundown of service level barriers. I feel than this could be dealt with in a couple of sentences referring to infrastructure, beliefs and competency etc. Your study does not offer much insight into this in the way of direct solutions, but it is a strong call to further action.  So, what is that next action? What are the likely gaps in service provision at low uptake hospitals, and what is the next step for them to take with respect to the "organizational factors" that you allude to? Can you give a two sentence steer as to the highest priority actions that low uptake UK centres should do? An audit of patient flow by healthcare professional? Some unit-level KPIs? What next? Where should they start?  In the third paragraph, are there any solutions in the literature or other models of HHD delivery that might be applicable? e.g. Community House HD etc. assisted home HD? Do these fill a gap for the those with skill or socioeconomic barriers? | The discussion has been modified to reflect the changes suggested. |