

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Detecting and measuring deprivation in primary care: development, reliability and validity of a self-reported questionnaire - the DiPCare-Q
AUTHORS	Paul Vaucher, Thomas Bischoff, Esther-Amélie Diserens, Lilli Herzig, Giovanna Meystre-Agustoni, Francesco Panese, Bernard Favrat, Catherine Sass and Patrick Bodenmann

VERSION 1 - REVIEW

REVIEWER	Stephen Abbott Research Fellow City University London UK There are no competing interests affecting this review.
REVIEW RETURNED	21/12/2011

THE STUDY	<p>I have answered No to the third and fourth questions above because it would be good to know more about the patients included in the validation exercise and how typical or not they are of the general population. Although I've no reason to suspect that this is the case here, an instrument validated with the wrong population is not really validated, so it would be good to have this explicitly clarified.</p> <p>I have answered Yes to the question about statistical methods being appropriate, but in fact I am not qualified to judge.</p> <p>I have answered No to the last question but as that answer is in the paper's favour, i assume I do not have to justify it. However, see my comment below (Reporting and Ethics).</p>
GENERAL COMMENTS	It would be useful to be told a bit more about the Swiss health care system - for example, are private patients / services typical or not of patients/services in general - particularly in relation to deprivation?

REVIEWER	Dr John Furler MBBS, FRACGP, PhD Senior Research Fellow Primary Care Research Unit Department of General Practice University of Melbourne 200 Berkeley St, Carlton, VIC 3053 Australia
REVIEW RETURNED	05/01/2012

GENERAL COMMENTS	Thanks for the chance to review this well written paper about an important topic. While I do not have the statistical expertise to vouch for all the analyses in the paper it does seem to me that the appropriate steps have been taken to validate this questionnaire.
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	<p>My own view on how social disadvantage or deprivation is a factor in the encounter between GP and patients is not that it is unidentified but that it is implicitly assumed and that GPs change the way they relate (clinically and humanistically) to patients they identify as from deprived backgrounds. This questionnaire could help in bringing that process to the fore, uncovering it. On the other hand my concern is that by defining deprivation in such an objective manner the relational dimensions of living in deprivation (and consulting with the GP is an aspect of such living) tend to fade into the background. It may be worth the authors thinking of adding a short few sentences on the potential uses the questionnaire (and all such approaches to objectifying deprivation) may be put to (beyond research use ie I mean that the research engendered by this approach can lead to changes in practice) and the possible effects of such use, both beneficial but also potentially unintended?</p>
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VERSION 1 – AUTHOR RESPONSE

---Reviewer 1: Stephen Abbott---

“I have answered No to the third and fourth questions [Are the participants adequately described, their conditions defined, and the inclusion and exclusion criteria described? Are the patients representative of actual patients the evidence might affect?] above because it would be good to know more about the patients included in the validation exercise and how typical or not they are of the general population. Although I've no reason to suspect that this is the case here, an instrument validated with the wrong population is not really validated, so it would be good to have this explicitly clarified.”

We added a better description of the studied population in the result section. We would nevertheless like to point out that this study aims to detect deprivation for patients attending their GP and was never meant to define deprivation for the global population. This is pointed out in the limitation section. As the reviewer assumed it, the studied population can be considered as a representative sample of western Switzerland patients attending their GP.

“It would be useful to be told a bit more about the Swiss health care system - for example, are private patients / services typical or not of patients/services in general - particularly in relation to deprivation?”

Specific aspects of care for deprived patients by the Swiss health care system were added in the discussion section.

---Reviewer 2: John Furler---

“(…) my concern is that by defining deprivation in such an objective manner the relational dimensions of living in deprivation (and consulting with the GP is an aspect of such living) tend to fade into the background.”

We have added a small paragraph in the discussion section dedicated to clinical applications. Dr Furler's point is very relevant. This has been discussed within the group before we submitted the paper. Our understanding of the process is that such standardise measures can be useful for educational purposes and for research. However, in clinical practice, relying on such a standardised questionnaire might not be optimal. Once physicians have integrated the importance of different

aspects of deprivation, they are likely to integrate such questions in a personalised manner, adapting their questions to each of their patients' situation. This gives the opportunity to open the discussion and physicians express empathy. This study shows how important questioning patients on their condition of life can be to detect underlying social difficulties. Once these have been detected, the physician however needs to adapt his behaviour to diminish health disparities and not increase them.

"It may be worth the authors thinking of adding a short few sentences on the potential uses the questionnaire (and all such approaches to objectifying deprivation) may be put to (beyond research use ie I mean that the research engendered by this approach can lead to changes in practice) and the possible effects of such use, both beneficial but also potentially unintended?"

We have added a short section in the discussion section to discuss this matter.

Again, we thank both reviewers for their contribution.

Yours faithfully,

Paul Vaucher

VERSION 2 – REVIEW

REVIEWER	Stephen Abbott Research Fellow City Univeristy London UK No competing interests are relevant to this review.
REVIEW RETURNED	09/01/2012

The reviewer completed the checklist but made no further comments.