

## 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

<b>TITLE (PROVISIONAL)</b>	Equity of access to specialist Chronic Fatigue Syndrome (CFS/ME) services in England (2008-2010): a national survey and cross-sectional study
<b>AUTHORS</b>	Collin, Simon ; Sterne, Jonathan; Hollingworth, William; May, Margaret; Crawley, Esther

### VERSION 1 - REVIEW

<b>REVIEWER</b>	<p>Alastair Miller MA FRCP FRCP(Ed) DTM&amp;H Consultant Physician Tropical &amp; Infectious Disease Unit (3Z) Royal Liverpool University Hospital Liverpool L22 8QP UK</p> <p>Honorary Fellow Liverpool School of Tropical Medicine</p> <p>Honorary Consultant Health Protection Agency</p> <p>Potential Col I am Clinical Lead for CFS at one of the centres supplying data for this study. I am deputy chair of BACME, one of the organisations assisting with the study and I am personally acquainted with two of the authors</p>
<b>REVIEW RETURNED</b>	10-Jul-2012

<b>GENERAL COMMENTS</b>	An important paper that demonstrates the inequity of access to CFS services throughout the UK and will be of value in taking forward service provision
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<b>REVIEWER</b>	Professor Trudie Chalder King's College London UK
<b>REVIEW RETURNED</b>	12-Jul-2012

<b>GENERAL COMMENTS</b>	<p>Overall a clearly written paper which adds to the literature.</p> <p>I think it is more accurate to label CFS as an illness not a disease. The authors may want to state how many patients are expected to recover if they are treated (about 25%) see Deale et al and Knoop et al.</p>
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	<p>Although services are available to most in the country many PCT's do not agree funding at present even when specialist services are available and want the patients to be seen by the mental health teams first i.e IAPT. This is clearly not always in the interest of the patient. You have acknowledged this. In addition those who shout the loudest are often rewarded. This may also account for variation.</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer Prof Chalder

1. I think it is more accurate to label CFS as an illness not a disease.

We agree. We have changed disease to illness throughout.

2. The authors may want to state how many patients are expected to recover if they are treated (about 25%) see Deale et al and Knoop et al.

Thank you. We have changed our figures about expected recovery in those without treatment. This sentence now reads: Only a small proportion (3 – 8%) of CFS/ME patients are expected to recover fully if untreated. We have not added further information on recovery with treatment as these refer to trials and it is not clear how relevant this is in the NHS setting.

3. In addition those who shout the loudest are often rewarded. This may also account for variation.

Thank you. We agree. We state (paragraph 1 discussion): "However, within some services patients from more affluent areas were more likely to access services."