Reviewer's report

Title: Are they really refusing to travel? A qualitative study of prehospital records

Version: 1 Date: 26 July 2006

Reviewer: Helen Snooks

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Overall this is an important and neglected issue. The paper submitted has the potential to add important findings to the public arena concerning current practice. However, there are currently several major and many minor weaknesses with the paper that should be addressed before the paper can be accepted for publication.

Title
The title does not reflect the findings reported. I wouldn't call this a qualitative study as the data are so limited.

Abstract
The premise of the paper - that 'refusal by the patient to travel after calling an ambulance leads to a preventable waste of scarce resources' is simplistic and not evidenced. Refusal to travel in itself a complex concept - accepted by the authors but then used inappropriately to describe non-conveyance throughout the paper. In addition to this, refusal to travel may not be preventable - we have no evidence that prevention strategies can work. Finally, it may not be a waste of scarce resources if appropriate treatment or referral can be delivered on scene.

Further to this oversimplification, in the concluding section of the abstract (which is not matched in the main paper) is the assertion that 'patient education ... and better referral pathways will also reduce RTT'. this may or may not be true, and again is not supported with evidence from this or previous studies.

Main paper: Introduction
The use of the term inappropriate is confusing - it is not clear what the authors mean by this - although they probably have an idea themselves. 'This' is described as 'a problem' - but is not defined clearly.

The Department of Health figures relate, as far as I am aware to the rate of non-conveyed callers (reference 3). This reflects the confusion throughout the paper between non-conveyance, inappropriate calls and Refusal to travel.

It is important to set the local context for the study in the background - what are the policies and protocols for non-conveyance and refusal to travel locally?

Methods
Cost derivation is described in the methods section but does fall within the study question and is also lacking in detail

The methods section could be tidied up. Some aspects are introduced without full explanation, it only becomes clear later on, what has been done e.g. Sample selection para: where are the data concerning incidence of RTT from? Does this refer to all non-conveyed cases during the study period? How was the sample for which results are presented selected - were they the first consecutive 397 cases from the month of October 2004?

Data collection section: I don't understand the use of the term 'theoretical saturation' - why is this theoretical,
it appears to be actual - perhaps this warrants further explanation

The sentence 'Categories were derived from the data, grouped into themes and named by the full research team to reflect a multi-disciplinary perspective' also lacks clarity.

I also do not understand how descriptive statistics were used to determine theoretical saturation for categories of RTT.

Results

What was included in the costs?

The presentation of results is confusing. Tables 1 and 2 could be merged, which may help with clarity of presentation of this section. Where are the 31 categories on these tables? I would like to see numbers against each category.

Although the category of immediate management of assisted from floor etc is referred to as 'by far the largest category' these patients only make up 15% of RTTs and warrants further comment.

Are crews trained and have protocols to treat and leave patients with hypoglycaemia?

The main weakness of the paper lies in the data and its source, in relation to the study question. Although this is new information, and it would help to publish this so that services can develop with an understanding of current practice, it is also important to acknowledge the limitations of the data used here. In the section 'Reasons for RTT' it is important to describe the data appropriately - 'patient given reasons' are taken from where? I assume these are as recorded by the crew - and in the context of, again, presumably, no protocols allowing crews to make decisions to leave patients at scene, may be less than fully trustworthy. It is likely that in this context the patients may be quoted as having refused to travel when in reality it may be a negotiated joint decision.

Similarly, 3rd para same section - 'in 3.8% there was no medical emergency and it was an inappropriate call-out, sometimes due to a social problem' this appears to be the view of the crew - reinterpreted by the research team, and needs to be clearly reported as such.

There are new data presented in the discussion - the findings related to medical diagnoses/lay terminology need to be presented in the results section before being commented on in the discussion section.

Discussion para 3: telephone triage and advice cannot help with lifting patients!

I am unclear as to how the triage question concerning the knowledge of the patient regarding the 999 call will help with this process (discussion, para 4) - some of the calls where the patient is unaware of the call may result in appropriate transportation.

Discussion para 5 'calls appeared to be truly inappropriate ...' in whose view? and according to what criteria? Again new info appears in this paragraph, related to requests for medication supplies.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Abstract conclusions: 'increasing the role of ambulance services' should be corrected to 'widening the role ..

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major
compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests