Reviewer's report

Title: General practitioners and carers: a questionnaire survey of attitudes, awareness of issues, services provided and barriers.

Version: 1 Date: 29 October 2010

Reviewer: Tim Moore

Reviewer's report:

This is an interesting and timely study which provides us with some preliminary ideas about GPs' knowledge of and response to carers. Although I believe that some of the questions may have been further clarified to ensure that participants were better able to assess their views, the outcomes can be used to support the call by carer organisations and peaks to better educate and support GPs in their work with and for carers.

If the paper is to be published in an international journal, I would strongly recommend that references to local initiatives and policies be further explained so that the reader can understand the local context. I have also included some clarifications that may further justify your conclusions.

Corrections and clarifications (Minor Essential Revisions)

Page 1 - Few services were described "that" targeted at carers.

Page 5 – please lengthen “NHS”

On page 5 you state:
Research in Australia [16] focussing on GPs' perceptions of carer emotional needs highlighted that although GPs were aware of carers' increased emotional needs, the services they offered were almost exclusively practical. GPs preferred to refer carers to community services although some did offer counselling described as ‘informal sharing or ‘coffee cup counselling’" (p4).

Please explain what non-practical support might also be offered.

On page 5 you write:

“GP contracts currently give three points in the Quality and Outcomes Framework (QOF) for the establishment of a system to identify and refer carers to local authorities for assessment of their needs.”

Please clarify what this framework hopes to achieve and what these 3 points are (are they strategies / obligations / responsibilities?)

On page 6 you write:

“The Department of Health (DH) in partnership with the RCGP commissioned a pilot
workshop training programme for GPs and other members of primary care teams to learn about carers.” Please clarify: is this a national or local department?

On page 6 you refer to the RCGP, what is this?

On page 6 you state that the questionnaires were administered at a training workshop. Can you please briefly explain the nature and purpose of these workshops and what kinds of GPs might therefore have participated. (I note that you do this later in the paper but a clearer explanation up front would be helpful, including recruitment strategy).

On page 7: what do you mean by ‘yeah saying’?

On page 7 you write: “When contacted the National Research Ethics Committee said this study did not require ethical review by a NHS Research Ethics Committee.” Can you please explain why they did not believe that ethics approval was required.

On page 7 you state: “This method captures a more complete picture of GP perspectives than using only one approach.” Have you got evidence that this is the case? If not, it might be useful to put in a disclaimer ie “We believed that this method would capture a more complete…”

On page 8 you write: “GPs were asked an open-ended question about why they attended the workshop and the main reasons they gave were to increase their own (38%) or their practices’ (10%) knowledge and to improve services (24%).” Was this knowledge related to carers, how to work with them, how to provide services or something else? Please clarify.

On page 9 you write: “maintaining confidentiality was recognised as difficult by the majority of these GPs (92%)” please clarify: who’s information? The clients or the carers or both?

ON page 9, you write: In terms of knowledge, awareness that carers are more likely to suffer from emotional problems was high. Three-quarters (75%) knew this but about a quarter did not. Two-thirds of GPs (64%) agreed that carer’s all-cause mortality rate is increased whilst a fifth (21%) said they did not know. Would it be useful for the reader to be pointed to the evidence related to these claims that were being tested?

On page 10 you state: “When asked about social issues amongst carers that they would look out for, approximately a quarter of GPs (27%) provided no answer.” Do you have any idea why they might not respond?

Table 3 includes mental health, fatigue, health and stress under “social issues” – why are they not health issues?
On page 11 you write: “Against the backdrop of the likely future increase in numbers of carers” can you please point to some evidence for this.

On page 13 you write: “A possible approach here is increasing the numbers of carers’ leads or champions in primary care teams [20].” Can you briefly explain what a carer lead and champion is.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I have no competing interests