Author's response to reviews

Title: A qualitative study of the views of patients with long-term conditions on family doctors in Hong Kong

Authors:

Stewart W Mercer (s.mercer@clinmed.gla.ac.uk)
Judy Y Siu (judysiucuhk.edu.hk)
Sheila M Hillier (s.m.hillier@qmul.ac.uk)
Cindy LK Lam (cklam@hku.hk)
Yvonne YC Lo (yyclo@hku.hk)
Tai Pong Lam (tplam@hku.hk)
Sian M Griffiths (siangriffiths@cuhk.edu.hk)

Version: 2 Date: 28 February 2010

Author's response to reviews: see over
Response to reviewers report Feb 2010

Dear Editor
Thank you for your patience in awaiting our response to the reviews. We have added the aim of the study in the background of the abstract and also the ethics committee in the methods as you request.

We have tried to respond to the numerous points raised by both reviewers, as best we can. We have substantially re-written the manuscript as a result and also generally shortened it. We do hope this now receives a favourable response from your journal.

Reviewer 1 : Krit Pongpirul

1. We have added addition material in the introduction on the current system in Hong Kong as requested (paragraph 2, page 3 and top of page 4).
2. a. We have removed reference to grounded theory from the abstract and the methods section, and instead focused on what we actually did, using the constant comparative method and our approach to data analysis.
   b. In the methods section we also have added how we operationalised ‘family doctor’ (page 5, last paragraph and top of page 6). We have added a reference to Gillies et al 2009 which explored concepts of family medicine (general practice) recently. We have not incorporated the suggested definition of primary care given by the reviewer in one of his publications or the additional references he mentions, as we feel our opening sentence of the introduction covers essentially the same points when we already quote Starfield.
   c. We do not agree that it is ‘not legitimate to reveal any findings about what is a family doctor’ in our results section; given the context of the study and the primary care system in Hong Kong we would argue that perceptions of ‘family doctor’ are a valid inclusion.
   d. There was no qualitative software used, and we have added this to the methods, top of page 9.
3. We are pleased the reviewer agrees our data are sound. The findings may not be unique to patients with long-term conditions, but we do not claim them to be.
4. No comment
5. We do not have space in this paper to explore more about TCM but we think this will be a useful focus for a second paper. We do not know what policy recommendations are not relevant to the study findings, it would seem to us that they are all relevant, but we have modified them slightly (pp. 27 and 28)
6. We have added to the limitations section on this point (bottom of page 26 and top of page 27).
7. We have added a reference on this (Gillies et al 2009).
8. The title has been shortened and the abstract revised
9. Thank you for pointing out our poor grammar. Given that 4 out of the 7 authors are native English speakers and all University Professors we are humbled and somewhat embarrassed by this. We have improved the abstract as suggested, and tried to improve the writing style in the Background Section.
We have removed the duplicated quote and attended to the other points noted. HA is defined in the introduction (Hospital Authority). In general we have shorted the paper and checked our grammar, which we trust is now of a satisfactory standard.

Reviewer two: Marie Josie-Fleury

The title has been reduced as requested

Background:

1. We have inserted information to help explain the Hong Kong primary care system as requested (paragraph 2, page 3 and top of page 4)
2. The sorts of statistics the reviewer asks for are not well documented in the Hong Kong system. The number of private doctors is not known. Doctors with a medical qualification can work in the private systems as a general practitioner without any need to inform the authorities. So estimates are ‘ballpark figures’ rather than precise data. We refer to a source of information now on this [reference 5, see paragraph 1 page 4]
3. We have removed the paragraphs on public consultation and ‘general information’ referred to.
4. The introduction and discussion is based on a scoping of the literature, and knowledge of the local and international literature amongst the authors of the paper, most of whom are international experts in the field of primary care research and chronic diseases. The study would not have been funded by the Hong Kong Government if we were not undertaking new and important research.
5. We have justified the methodology further in the methods section as requested (first two paragraphs of methods section).

Methods:

1. Chronic diseases. We sampled patients mainly from the telephone survey study alluded to by Lam et al, which was a sister project. In that survey, a limited number of chronic diseases were included based on previous prevalence studies. We were not able to alter this for our study. It is out-with the scope of this study to measure impact and costs of common diseases.
2. We have added justification of the individual interviews in the methods section as requested (paragraph 2 page 5).
3. We have added more text on the sample including percentages, which we hope covers the point raised (first paragraph of results section, page 9).
4. We have re-written the information on the sampling strategy. Exact numbers of patients who were willing to be telephoned was not collected (but was in the region of 30-40), but in the end only 22 interviews could be arranged and
conducted face-to-face. We supplemented this with the 6 additional interviews from a qualified family medicine specialist (last paragraph, page 6).

5. The information presented in table 1 on the profile of people interviewed seems to us to cover the points raised. We already report income, education, age, gender, marital status and diseases. We also already highlight in the first paragraph of the results section that those who reported having a family doctor were generally of higher socio-economic status, which can be easily seen from table 1. However we have added to this in the way that the reviewer seems to be suggesting (Results paragraph 1, page 9)

6. We hope the additional information in the background section now makes this clearer

7. We have added information on the time frame of the interviews in the methods section as requested (page 6, bottom paragraph).

8. Chronic diseases were self-reported, and we were not able to verify diagnosis. We have no reason to believe that participants did not know what diseases they had or did not have.

9. Since we do not report statistics we are not sure what this point means

10. We already indicate in parenthesis what a ‘fully qualified family physician’ means in the methods section at the foot of page 5, and given the additional information in the Background section, we hope this is now clearer.

11. The difference between family doctor and having a regular family doctor can only be a subjective one on the part of the patient. This is explained under recruitment on page 5 and in the supplementary file 1.

12. The interview guide is included as supplementary file 2.

Results:

1. The results section has been shortened and several quotations removed

2. We define what we mean by family doctor as a concept already but have inserted a new reference (Gillies et al 2009, ref 13)

3. See point two

4. We do not understand what point the reviewer is trying to make when she says ‘does not adequately address’ and would require further specific clarification before we could respond

5. We had clearly wrongly assumed that to live in a private housing area (as opposed to a public, state owned housing area) was rather obvious in meaning so we have removed this quote now.

6. The statement referred to is not a conclusion, it is a direct reportage of the issues respondents raised, and thus we cannot understand what needs to be developed or explained. Specific guidance would be required before we could respond to this

Main Discussion and conclusion:

1. We already discuss the findings in relation to the literature and have nothing to add to this.

2. The survey quoted of 1,000 members [ref 14] is not the Lam survey

3. We do not follow the line of reasoning here at all, so again would require more clarification on precisely what the reviewers’ concerns are
4. We are not at all sure what the reviewer is referring to with 'shared-care concept' as we can find no mention of this in the manuscript

Strengths and limitations:
1. We do not agree with the reviewer on this point
2. We have now provided justification for this in the methods section as suggested
3. We have added to the study limitations substantially
4. Since this is a conclusion section, we feel it is usual to have some repetition with discussion points here. However we have made some modifications and overall, we have substantially shortened the paper. We have also reduced the amount of verbatim as suggested and tidied up the text.