Reviewer's report

**Title:** Home visits - central to primary care, tradition or an obligation? A qualitative study

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**Reviewer:** George K Freeman

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Home visits – central to primary care, tradition or an obligation? A qualitative study
Theile G et al (Hannover)

This is an interesting question, adequately defined and studied by an appropriate method.

I first comment on the major features of the paper (and the editor’s questions) and end with some specific suggestions for minor textual issues.

The introduction is clear, giving adequate background, a clear research question, and justification for the study.

Method and analyses are clearly described.

Results read well with suitable and interesting quotations, supplemented by appropriate tables. Data appear to be sound.

The Discussion is the only section I find disappointing - the scope is too limited and poorly organised. While references to other work are adequate, meaning and interpretation are less well covered, limitations are skimmed over and there are neither clear implications for clinicians and policymakers nor highlighting of unanswered questions for further research.

I suggest the authors consider the structured discussion format as summarised in the BMJ many years ago (1). Note that the subheadings I quote below from this paper need not be written out – but they need to exist in the authors’ minds and evident to the reader!

1 **Statement of principal findings.** The authors have already almost written this – but they have called it conclusions and put it at the end. Move it to the start of the discussion – maybe softening the wording a little.

2 **Strengths and weaknesses of the study.**

This study has strengths in its method. Readers need reminding of the strength of such qualitative research. Limitations are already there, but the under-representation of single handed practices is dismissed too easily. Achievement of saturation in data from larger practices by no means allows us to ignore smaller ones. This is a weakness and the authors might suggest from their own experience or from the literature why findings from smaller practices could be different. Typically smaller practices offer more personal care which is
associated with higher patient satisfaction – if this is the case around Hannover
then findings from singlehanded GPs could well be different.

3 Strengths and weaknesses in relation to other studies discussing particularly
any differences in results.

4 Meaning of the study: possible mechanisms and implications fro clinicians and
policymakers.

Most of the existing discussion comes under these two headings. I have several
comments.

A You don’t suggest any local reasons why male GPs do so many more visits
than females. (The slightly longer consultations of the females in no way
compensate – see text suggestions below). One common reason is that females
work shorter hours, another is that they avoid the perceived danger of home
visits in some urban areas. Do you have any data here?

B It is interesting how the younger doctors do more visits. Presumably your data
cannot suggest a reason, so this is a question for further study.

C Another reason for variation in visiting rates for so-called urgent requests is the
willingness of doctors to risk the consequences of not visiting. You do mention
‘fear of complaint’ on page 20, but do not pursue the implications.

D You specify economic reasons for disliking home visits without explaining what
these are for non-German readers. Some of your reported advantages of home
visiting such as prevention of hospital admission and avoiding psychiatric crises
have considerable economic implications. If GPs had to commission hospital
care, as is currently suggested in England, there might be a clear economic
justification for some home visits! The more direct incentive of home visits ‘selling
the practice’ is interesting and seems characteristics of countries such as
Germany and Belgium where there is local sufficiency of GPs and overt
competition.

E The emotional burden is important and you discuss this well. But did any
respondents mention the uncertainty of time planning inherent in home visits?
The combination of traffic problems and the patient having more control of the
agenda (which you do mention) can make the length of a visiting round hard to
predict, giving it a high perceived opportunity cost.

F When it comes to your respondents’ failure to suggest ideas about the future of
home visits this could mean either that they have no ideas or that your question
failed to elicit their ideas!

G Finally, your findings on attitudes to nursing homes are striking and have
strong face validity. Surely these raise a number of questions for future
research?

5 Unanswered questions and future research.

It is the nature of qualitative research to give important insights into a topic, but
also to raise new questions. Also new findings such as the negative attitudes to
nursing homes may suggest a need for replicating your study on a wider scale
and in contrasting settings.
In my opinion this paper will be suitable for publication once the discussion is revised, along the lines of the suggestions above.

Reference
1 Docherty M, Smith R. The case for structuring the discussion of scientific papers: Much the same as that for structuring abstracts BMJ 1999;318:1224

Notes on the text
The language is clear and easy to follow. The standard of English would do credit to many native speakers. There are just a few minor errors, some of which may hamper the reader’s understanding (these indicated by *).

p3 line 6 - ‘envisage’ instead of ‘envision’.

p5 line 9 - insert ‘the’ between ‘if’ and ‘above’.

p7 line 7 - ‘more than 200 patients per quarter’*. This is unclear. I assume it concerns the practice workload, or perhaps is a consulting rate. Perhaps this is a familiar expression in Hannover, but I find it unhelpful. Practice workload should allow for practice size and could be expressed as an annual rate per (whole time equivalent) doctor. A patient’s consulting rate should be the number of consultations per patient per year. Maybe I’ve missed something?

p7 last line* - While certainly female GPs carried out many fewer home visits than their male colleagues, in fact 60% fewer according to table 2, the difference in consultation times was trivial, less than 8% - hardly worth reporting in a sample of 25! What we need to know is whether the females worked fewer hours each week but perhaps these data were not collected?

p8 penultimate line* - I don’t understand ‘the boundaries of self-abandonment’ - this needs to be explained! Perhaps the authors mean that provincial GPs are abusing themselves or working too hard?

p11 3rd line from bottom of page* – ‘confident’ should surely be ‘confidential’?

p14 line 11 – ‘aforementioned’ should be written as one word.

p 17 line 11 – your reviewer is English and writes the verb ‘practise’ with an s, not a c. But in the USA they use c for both noun and verb. This is a matter for the editor’s house style.

p19 line5* – the word ‘dispensable’ appears several times. While technically correct, it is seldom used in English (the opposite sense – indispensible – is quite common). Classification of visits as necessary or else of low importance is emotive and is known to be viewed differently by patients and doctors. I suggest the authors consider a neutral phrase such as ‘low medical priority’.

p 20 lines 14 & 16. Reference 15 is a multi-author paper. Therefore the authors should be named as ‘Court et al’ or ‘Court and colleagues’ and line 16 should read ‘They concluded…’

p28 table 2 line 1* should read ‘Number of home visits per GP and length in minutes’. Columns 2 & 3 should then be reversed to follow the same order as the title.
Table 2 row 1 cell 2* should read ‘Median length of home visits (interquartile range)’ cell 3 should read ‘Median number of visits per week (interquartile range).

p 28 table 3 column 2* I don’t recognise ‘caserns’ for the elderly. These might be caissons? cisterns? (prisons?) – probably a typo!

p 29 table 4. There is grammatical inconsistency here. The list should be either be a list of nouns or else a list of sentences, each with a verb. Both are present. As a more consistent example I suggest the following:

A diversion from the daily routine
Satisfying professional curiosity
Preventing hospitalisation
Immediate help for psychiatric crises
Enhancing the practice’s market value
Pleasing the patients!

Level of interest: An article of importance in its field

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests