Author's response to reviews

Title: Patient acceptance and perceived utility of pre-consultation prevention summaries and reminders in general practice: pilot study

Authors:

Oliver R Frank (oliver.frank@adelaide.edu.au)
Nigel P Stocks (nigel.stocks@adelaide.edu.au)
Paul Aylward (paul.aylward@adelaide.edu.au)

Version: 7 Date: 23 December 2010

Author's response to reviews: see over
We would like to thank the reviewers for their helpful comments. We have written our responses below each of the reviewers’ comments below.

Reviewer's report
Title: Patient acceptance and perceived utility of pre-consultation prevention summaries and reminders: pilot study

Version: 6 Date: 19 October 2010
Reviewer: Jianzhen Zhang

Reviewer's report:
The authors report on a pilot study for exploring patient acceptance and perceived utility of automatically generated prevention summary and reminder sheets provided to patients immediately before consultations with their general practitioners in Australia. The paper focuses on an interesting area of research that aims to develop an intervention to increase the performance of preventive services in general practice.

The Title needs to reflect the study more, for instance, in which health services? In your case, it should be in general practice.

I have added this to the title.

The Abstract did not accurately convey what has been found. The qualitative results should be summarised and presented given they were important results from your study.

We have added this to the Results section of the abstract.

The method needs to be explained a bit more, for example, the number of patients, GPs, settings and the study period.

The number of patients is stated in the Results section of the abstract. The number of GPs, the setting and the study period are now stated in the Methods section of the abstract.

The Body
Please check your formatting (subtitle bold and unbold on page 5, 12) and track change errors (on page 9, 12, 13, 14), and other errors (on page 5 line 3).

We have corrected these errors.

The Background presented interesting results from previous studies and discussed the HBM and PMT, but the conceptual framework of this study is weak and could be more clearly defined.

We feel that we have addressed the conceptual framework reasonably adequately.

Generally, the authors have presented the study objective in the background, however, the research aim (broadly) was not clearly stated.

We have added an Aim section after the Background section on page 6.

Although the Methods were detailed described, I have problems with the order of the method section. Setting should come first, and Inclusion and exclusion criteria should be included in Recruitment section.

We have moved Setting to become the first part of Methods on page 6, and moved Inclusion and exclusion criteria to become the first part of Recruitment also on page 6.

Development of the intervention should be included in Intervention section.

We have moved this to become the first part of Intervention, on page 7.

Ethics approval should come last.

We have moved the Ethics section to become the last part of Methods, on page 9.

The data analysis of quantitative method was missing, which needs to be discussed even though just a descriptive statistical method.
We have added this as the first sentence of Data Analysis, on page 9.

It is unclear that how many GPs in Adelaide and Melbourne who participate in this study and how to select the GP, which need to be addressed.

We have now added this in Setting on page 6.

I have a problem to locate the interview questions by telephone after consultation until I read the figures (2-4) in the results section. It would be clear for reader to provide details of your interview questionnaire in your data collection section.

We have added this information in Data Collection on page 8.

The Results presented both quantitative and qualitative data. Figures (2-4) need to be named and numbered that the text referred to, the same as Figure 1 as well.

We have captioned the figures more fully and uploaded the updated figures.

Please check your format for this section (you have two results in the subtitle on page 8).

We have corrected this on page 9, where the Results section now starts.

For your qualitative results, I wonder if you can present a combined analysis results using quantitative way to summarise your qualitative results. For example, how many patients agree the information sheets enhance patient knowledge and other themes as well? Are there majority or some or minority? This is a suggestion.

Thank you for the suggestion. We feel that such an analysis would not add significant value.

In the Discussion and Conclusions, it is good that the authors discuss some limitations from their study. I have no information about your GP data. I couldn’t comment on if the data are fine (need information from method section). The research implications need to be discussed in the Conclusions.

We have added a discussion about research implications in the Conclusions section on page 17.

I consider this paper needs a major compulsory revision before it can be considered for publication.

Level of interest: An article of importance in its field

Quality of written English: Acceptable
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.

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Reviewer’s report
Title: Patient acceptance and perceived utility of pre-consultation prevention summaries and reminders: pilot study

Version: 6 Date: 26 October 2010
Reviewer: Robert McKinley

Reviewer’s report:

This is a potentially important pilot study in a core area of general practice/family medicine on which we had been working for 30 years and have not yet solved namely maximising the delivery of preventative services. The central idea is elegant – give the patient a computer generated personalised
reminder of the services which are overdue or due thereby activating the patient. The reminders were apparently acceptable and perceived to be effective by patients. The authors quite rightly identify that a larger randomised control trial is now indicated. The study is theoretically grounded rather than being purely empirical and is well written with a clear, fluent and accessible style.

Notwithstanding my positive view of this study there are a number of issues to which the authors should/could address.

**Major Compulsory Revisions**

• The authors report very high acceptability and perceived utility. Nevertheless, they state that the reminder sheets were used in two practices for a month yet only 80 people received them, many fewer than I would have expected. The exclusion criteria were “patients who appeared to the receptionist to be physically or mentally distressed or who appeared unable to read the information sheet or sign the consent form”. I am concerned that this was a highly selected group and the very positive results reflect a strong recruitment bias by receptionists. While this cannot be proven or disproved retrospectively, I feel the authors should discuss this possibility in the discussion.

We have added a sentence in the second paragraph on page 7 in the Recruitment section, explaining that we did not offer the sheets on every consulting day.

• Data collection: The data was collected “several weeks after the consultation”. It is important that this is quantified.

We have now stated the number of weeks in the first sentence of Data Collection on page 8.

**Minor Essential Revisions**

• Omission of “review” in the first line of paragraph two on page 4.

We now added the word “review” in the last paragraph on page 5.

• Generalisability of the questions/problem: In paragraph 1 of the background the authors report Australian data for the proportion of the population who attend a GP annually and the average number of visits per year and hence that such an approach would reach most people. It would be useful to present data from other health economies to show the international applicability of this approach.

In the time available to submit our revision, we have not been able to find any useful statistics about this.

Similarly, Australian general practice is highly computerised (third paragraph on page 5). Some discussion on the health economies in which such a study would be feasible (certainly the UK and perhaps the US) would enhance the discussion.

We have added a section about this as the second paragraph in Background on page 4.

• Standards: In paragraph 2 of the background (page 3) the authors state that 80% of patients should receive preventative services. This standard is un referenced but should.

We have not found any references about this, and have made it clear in the last paragraph on page 4 that this is our own belief.

**Discretionary Revisions**

• I would encourage the authors to consider the “costs” of this intervention which could be practitioner frustration/rejection, increased consultation time and delay for the patients etc in the discussion.

We have added this discussion to the last paragraph of the Discussion section on page 16.

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

**Quality of written English: Acceptable**

**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