Reviewer’s report

Title: Experiences of care planning in England: interviews with patients with long term conditions

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Reviewer: Mark Harris

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This paper reports on a qualitative study of the reported experiences of elderly patients with multi-morbidity on care planning in primary care in three areas of England. Care planning is one of a small number of clinical strategies designed to address the problem of coordinating care and enhancing patient engagement in the management of multi-morbidity being implemented in several countries. The introduction provides a good overview of these initiatives and research that has been conducted.

Major Compulsory Revisions

The methods are well described and appropriate. Patients were invited to participate from those who were part of integrated pilot care pilot projects in three areas of England. It would be useful to have a little more information on how the patients who were chosen to be part of the intervention in each site (these must have been only about 50-60 altogether based on the response rates). Broad descriptive information on participants is provided in the first paragraph of findings. Could we be provided with numbers in each broad age band (under 65, 65-75, 75-85, 85+ or something similar). Was there any information about the ethnicity or educational attainment of participants (eg % post secondary school). Health literacy may be an important determinant of engagement of patients in the care planning process. What were the proportions from rural and urban areas?.

Minor Essential Revisions

In the Discussion it would be useful to contextualise the characteristics of participants - how representative were these of other patients multiple long term conditions in England (in terms of age, gender, ethnicity, rurality, etc)? This has implications for the generalisation of the findings..

Discretionary Revisions

The findings about the “reactive nature of care planning” and “communication of information” were very interesting. Is it possible to elaborate on these findings? The findings refer to plans and an agreed understanding of their condition and goals being built up over a period of time rather than during the consultation at which the care plan is drawn up. This has been described in other studies and may reflect the importance continuity and trust in care planning (as is pointed out
on page 12) [Shortus T, Harris M. Optimising Health Outcomes in Chronic Disease. Chapter 5 in M Groves and J Fitzgerald Eds Communication Skills in Medicine: Promoting Patient-Centred Care. IP Communications Melbourne 2010 ISBN 978-0-9804586-8-8: 48-61]. This might also be commented on in the discussion as it implies that the system context (continuity of care, ease of access to a provider etc) may be important in determining the way care planning is implemented.

Similarly, the observation that the patients perceived self management to be more associated with every day activities rather than specific medical tasks is consistent with other research. This conceptualisation of self management may explain the lack of reference to goal setting and action plans (as is illustrated in the quote on page 15 by respondent 1-4) as these may not relate to every day activities but with medical tasks and priorities (which are perceived to be the health professionals responsibility). This might be picked up in the Discussion as it has implications for strategies to help patients to engage more with their care plans and may explain some of the limited evidence for the effectiveness of action plans.

**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 have co-authored publications with three of the authors (Blakeman, Rogers and Roland).

I have not other competing interests to declare in relation to this paper.