Author's response to reviews

Title: The consultants' role in the referring process with GPs - partners or adjudicators? A qualitative study

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Author's response to reviews: see over
Christopher Foote
Executive Editor

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Dear Dr Foote,

RE: Manuscript number 5007317966075956

Thank you for the feedback from the reviewers. In the following we present the improvements made to our paper based on their suggestions. Our changes are marked by using red text.

Reviewers’ reports

Reviewer 1 had serious considerations about the article. We have therefore gone through the whole article and done our best to make it more clear and precise. Some of the comments and suggestions for revision were common to both reviewers; therefore, we present our responses to these together.

As this was a qualitative study, we analyzed the results using systematic text condensation and used a selection of citations from our respondents. Some of the citations were surprising. The results were not statistically significant as in quantitative studies. Still, we believe our results are interesting and transferrable to other countries and health systems.

1. Major Compulsory Revisions

1.1 Results section on quality of referrals - very interesting but it’s difficult to understand the 'good' 'insufficient' & 'bad' - are these categories? If so how described or what are the
characteristics associated with each? If just commonly used descriptors, need to make that clearer. I was left wondering what was the difference between 'insufficient' and 'bad' referrals.

Response

We agree. These were the actual terms used by the respondents, and they did not explain the difference between the terms. We have rewritten this part to make it clearer:

All the respondents had specific ideas about what they wanted in a referral, and according to these, the referrals were described as good, insufficient or bad. Other descriptions of referrals were “vague” and “imprecise”, and the consultants were sometimes unsure as to whether the GPs themselves were aware for what they were asking. Some said that the referrals were generally not good; that they rarely received very good referrals and that many were insufficient and missing information about previous treatments, actual life situation, an accurate description of the symptoms, and the patient’s motivation for treatment.

Later on (p7 ln19) refers to referrals that were 'insufficient or missing' – should that be 'missing information' (that is then set out in following list) rather than just missing? Also what is the difference between insufficient & missing information? Patient's motivation should be part of same sentence as other elements that might be missing.

Response

We agree. See above.

1.2 p8 ln 13 - final sentence states that consultants said GPs should do more testing - I wondered if you knew why i.e. was it to give better info when referring or GPs to make better judgement about whether or not to refer - would be interesting to clarify this if possible

Response
We have clarified this as follows:

Some said that the referrals were generally not good; that they rarely received very good referrals and that many were insufficient and missing information about previous treatments, actual life situation, an accurate description of the symptoms, and the patient’s motivation for treatment.

1.3 p8 ln14 - This paragraph seems to be about the process of prioritizing not the quality of referrals & would work better in next section

Response

We have moved this paragraph to the next section, as suggested

1.4 p9 ln1 national guidelines were described as insufficient - would be interesting to know in what way

Response

We have rewritten this as follows:

The national guidelines for prioritization [12] should be followed. They were introduced to enable better prioritization; otherwise long waiting lists and the lack of finances and resources effectively reduced the capacity to accept all the patients who wanted a specialist assessment.

1.5 p9 3rd paragraph: there seems to be some confusion here between what the consultants felt & what patients felt - since all data from consultants, need to make clear these are consultant's views, beliefs, feelings (even when what they believe patients feel).

Response
We have corrected and revised this as follows:

If the consultant found that further investigation or treatment was unnecessary or contraindicated, they felt a responsibility to provide an oral or written explanation to the referring doctor. To reject a referral was not easy, and it was supposed to cause much discomfort to the patients. Not to be accepted could be embarrassing and humiliating for the patient, and this was sometimes a reason for the consultant to accept a referral that would normally be rejected. A rejection should be justified in a careful manner both to the patient and the referring GP. Several said that they owed to the patient and the GP that they did a thorough job. Some said that they always wrote a personal letter to the GP to justify the rejection of a referral, including a suggestion for further treatment or follow-up.

1.6 Communication - a very interesting section but key messages need to be clearer. Title & opening sentence appears to refer to communication between consultants & GPs but the data appears to be consultant's views on how GPs ought to communicate with them & barriers to their communication with GPs (without any acknowledgement that GPs might face exactly the same barriers - which is interesting if it is the case but needs to be brought out more clearly).

Response

We have rewritten this as follows:

All the interviewed consultants expressed the importance of good communication and cooperation with the referring GPs. One said that he felt like a judge with little experience. Many said that the GP should more often make a telephone call and confer with a hospital specialist before referring a patient. This was useful, but they did not experience that the GPs did this often.
“One could avoid many referrals if the GPs called us and clarified the issues before referring.” (Consultant 4)

The respondents said that they seldom contacted the GPs for additional information; mostly because this took time. It was discouraging when they were not able to get in touch with the GP on the telephone. Some were reluctant to call the referring GP if this could be interpreted as criticism. Several specified their role as consultants, and not as one taking over the total responsibility for treatment. At the same time they emphasized the GPs’ responsibility for the patients during the waiting time for specialist services.

1.7 In p10 ln9-15 there is a quote described as a 'personal opinion' - the authors need to interpret this 'opinion' & say what they think this consultant is really saying. Also, it was not clear that this section was about communication - is it not more about quality of referrals?

Response

We agree. This has been moved to the Quality of referrals section.

1.8 p10 final paragraph - this doesn't appear to be about communication but about delineation of roles - perhaps the section entitled 'The communication between GPs & consultants' needs to be renamed something like 'The relationship between.

Response

This has been corrected.

The relationship between consultants and GPs
1.9 whole result section would be strengthened by making it clearer what makes a good or a bad referral - & drawing out implications for practice more clearly.

**Response**

The result section has been rewritten to accommodate the suggestions. See manuscript.

2. **Minor Essential Revisions**

2.1 p4 ln 1: this sentence bit hard to understand - is the point that having a well-functioning primary care system is important to all health services? – should replace with clearer sentence

**Response**

This is a statement: A well-functioning primary care system is important for the whole health system.

The benefits of a well-functioning primary care as the basis of a health system are abundant and consistent. Countries with health services based upon general practitioners taking care of most medical problems of the population have both more equitable distribution of and more cost-effective health services [1]. Within the health system, communication between the different levels of care is essential for the patients’ clinical pathways and medical treatment. This includes the referral process: how and why patients are sent from the primary care level to specialist health services.

2.2 p4 ln3 between most & medical insert 'of the'

**Response**

This has been corrected.
The referral system has a long tradition in many countries. Referral rates have been accelerating in many countries during the past decade, and the consequences are larger expenses and more use of specialist services.

When assessing referrals from GPs, either the consultants prioritize patients for further examination or treatment in specialist health services, or reject the referral.

The referral can either be accepted and the patient given a scheduled appointment, rejected, or sometimes deferred for further discussion with another consultant.

[2.6 p6 ln2 - not sure what is meant by a 'strategic sample' - appears it might be purposive sample - if this is so would be a better term to use because it is more widely recognized.]
This has been corrected.

2.7 p7 ln5 the meaning of the final sentence is unclear - needs rewording

Response
This has been revised as follows:

All the 13 respondents stated that the workload of assessing referrals and prioritizing patients for further investigation and treatment was considerable. Some consultants required several hours per week, and sometimes a whole day. The number of referrals for assessment could rise to 150 per week. The time spent on each referral varied from 30 s to 10 min, depending on the case. Several said that they received many unnecessary referrals. All agreed on the importance of the quality of the referral on reducing the workload related to prioritizing patients.

2.8 p11 ln9 (& also in abstract) - not clear what is meant by better communication being 'meaningful' - need to reword this (was it 'valued' or 'wanted'?)

Response
This has been corrected:

Better communication, such as a telephone call to confer with a hospital specialist before referral, was wanted.

2.9 p11 ln9 - final clause should read 'consultants believe could reduce referral rates'

Response
This has been corrected:
Better communication, such as a telephone call to confer with a hospital specialist before referral was wanted, and could possibly reduce the referral rates.

2.10 p11 ln12 replace 'confirmed' with 'shared'

Response

This has been corrected:

There are numerous studies on consultants’ evaluation of the quality of referrals [13–18]. In most of these, the hospital specialists reported many inadequate and unnecessary referrals. Our responders shared this opinion. The consultants’ wished for specific forms or templates designed for the different medical conditions and diagnoses, and believed these would make this work easier and smoother.

2.11 p13 ln19 This paper is only about consultants - so conclusion can't be about GPs

Response

This has been corrected:

Better communication and cooperation between hospital consultants and GPs could make the referral process more balanced, and the participants more like partners. New models for collaboration should be tried out.

3. Discretionary Revisions

3.1 p4 ln3 replace a with both?
Countries with health services based upon general practitioners (GPs) taking care of most medical problems of the population have both more equitable distribution of and more cost-effective health services [1].

3.2 p4 ln6 insert colon after process?

Response

This has been corrected:

This includes the referral process: how and why patients are sent from the primary care level to specialist health services.

3.3 p4 ln16 internationally instead of international?

Response

This has been corrected:

There are no internationally accepted guidelines for referring. The referral of patients is driven primarily by physician practice patterns [5].

3.4 p6 ln4 replace full stop with comma in 350,000

Response

This has been corrected.
3.5 p9 ln5 replace of with from

**Response**

This has been corrected. See above.

Finally, the number of respondents in the study was 13, not 12 as wrongly noted in the first version.