Author's response to reviews

Title: Screening experiences and the views of general practitioners and practice nurses towards the barriers and facilitators of proactive, Internet-based chlamydia screening

Authors:

Karen Lorimer (karen.lorimer@gcu.ac.uk)
Susan Martin (susan.martin@glasgow.ac.uk)
Lisa McDaid (lisa.mcdaid@glasgow.ac.uk)

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Author's response to reviews: see over
Dear Dr Winkens,

RE: MS: 1616608211220923 ‘Screening experiences and the views of general practitioners and practice nurses towards the barriers and facilitators of proactive, Internet-based chlamydia screening’

We write in response to your recent assessment of our manuscript and would like to accept your offer of submitting a revised manuscript with covering letter. We respond to each of your comments below.

- First of all, as the authors also state, this study severely suffers from a low response rate. Have 241 letters been sent to 241 practices, or 241 GPs and 241 PN's or to in total 241 people (of whom xx GPs and xx PNs)? A response rate of almost 10% is poor, but I would consider a response rate of less than 5% dramatically low.
- The lower response rate is, the higher the risk of selection bias among respondents. Can the authors provide information on the presence or absence of bias?

The work described in the manuscript was part of a larger qualitative study in which young men aged 16-24 years were recruited to fifteen focus group discussions (n=60), which has been published elsewhere, as noted in the manuscript. Within this project we also sought to undertake interviews with twenty GPs and Nurse Practitioners (10 each), sampled purposively to recruit those working at practices in areas of high/low deprivation, those with high/low percentages of young men registered to the practice and across two regions of central Scotland. The purpose was to generate comprehensive explanations of phenomena under consideration that were grounded in reality, not to offer a representative sample.

We cast a wide net across two regions of Scotland, by sending out 241 letters. In the letter we stated: ‘We would appreciate your consideration of this invitation and will follow-up this letter with a telephone call.’ We then engaged in a continuous process of contacting practices purposively and interviewing GPs and nurses who agreed until we reached data saturation. This is a standard and accepted method for qualitative research (Greenhalgh and Taylor 1997). These were short, highly focused semi-structured telephone interviews, so saturation was reached. At saturation we ceased contacting practices, such that many practices were not contacted at all for follow-up, some did not require a second/third telephone call to try to speak to the GP between patients, or others had actually responded to a left message by which time we no longer required their participation; thus, due to the complexities in these processes, we cannot accurately report a response rate. Nor is it appropriate to do so for a qualitative project.
Changes we have made: We have changed text in the method section (p7), to better illustrate this process, including adding the line from the letter and being clear about not all practices receiving a follow-up telephone call.

- The results are tarnished with statements like ‘many GPs’ or ‘only few’; how many/few exactly? Such narrative description is common in qualitative research, and indeed some argue that a reductionist approach privileging numbers should be avoided when it is meanings and understandings that are the focus (Greenhalgh & Taylor, 1997). However, we appreciate that the terms ‘few’ and ‘some’, in particular, can be vague for the reader, so we have added in the number of respondents to whom a theme, belief or view refers where it was possible and appropriate to do so.

Changes we have made: In some instances we have deleted ‘few or ‘most’ and left it without the sense of proportion, which is in keeping with many qualitative papers published by BMC Family Practice (for example, http://www.biomedcentral.com/1471-2296/14/128). However, we have also added in some numbers, such as ‘three GPs...’ in certain areas where we feel ‘few’ is too vague for readers to gain a sense of the proportion holding the view/attitude/belief.

We hope the provision of additional information, combined with corresponding revisions within the manuscript, will allow you to consider sending the manuscript for review and we look forward to receiving your response.

Please do not hesitate to contact me should you require any further information.

Regards,

Dr Karen Lorimer (on behalf of all authors)

Reference