Author’s response to reviews

Title: PaTz groups for primary palliative care: Reinventing cooperation between general practitioners and district nurses in palliative care. An evaluation study combining data from focus groups and a questionnaire.

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Author’s response to reviews: see over
Dear Professor Carolyn Chew-Graham,

Thank you for considering the revised version of our manuscript entitled ‘PaTz groups for primary palliative care: Reinventing cooperation between general practitioners and district nurses in palliative care. An evaluation study combining data from focus groups and a questionnaire’.

We are thankful to the reviewers for pointing out some important modifications needed in the report. We have thoughtfully taken into account these comments. The explanation of what we have changed in response to the reviewers’ concerns is given point by point on the following pages.

This paper contains original unpublished work and it has not been submitted to any other journal for review. All authors have contributed substantially to this manuscript. All authors have read and approved the most recent version of this manuscript.

Three of the authors (BS, MD, BO-P) are members of PaTz Foundation, which was established in the last trimester of 2012 to further develop PaTz through evaluation and to facilitate implementation of PaTz in the Netherlands. The authors declare that they have no conflict of interest.

We think the manuscript improved substantially and hope that these changes fulfil the requirements to make the manuscript acceptable for publication in BMC Family Practice.

Looking forward to hearing from you soon.

Sincerely,

On behalf of the co-authors,

Annicka van der Plas
Response to reviewers with regard to the article: ‘PaTz groups for primary palliative care: Reinventing cooperation between general practitioners and district nurses in palliative care. An evaluation study combining data from focus groups and a questionnaire’.

Reviewer #1: Minor Essential Revisions:
1. I feel that an explanation of why the questionnaire was exclusively sent to the GP participants and not the DN participants needs to be included.

Response:
We thank the reviewer for this comment. Because there was no initial funding of the preliminary research into the implementation of PaTz, the amount of research activities was kept to a strict minimum. Adding to that, only 10 district nurses were involved, which meant their number was too low to include them as a separate group in analysis, which would be necessary. Therefore we only included them in the focus groups. In the questionnaire study that is now in progress, DNs are included.

In the description of the questionnaire in the methods section, we included the following remark:
‘Because of financial and time constraints no questionnaires were sent to the DNs’.

Reviewer #1: Discretionary Revisions:
1. The undertaking of thematic analysis is referred to but the actual process adopted is not included. This would be a welcome addition.

Response:
We thank the reviewer for this suggestion. We included the following to the description of the data analysis in the methods section:
The perceived benefits and barriers were literally asked about in the focus groups, these themes were explored with future implementation guidelines in mind. The theme of cooperation was included in the topic list based on theoretical expectations. Data were re-arranged on the themes by A.v.d.P., and this arrangement and also possible interpretations, associations and explanations were then discussed with M.H., H.R.W.P. and B.D.O-P.’.

2. A little more detail on the structure of the PaTz meeting would be helpful. I realise that flexibility was appreciated by participants but an outline of the structure would enhance the publication.

Response:
Within the scope of palliative care and the aims of PaTz, participants were free to discuss topics according to their own needs. We do know however, that most time was spent on discussions with regard to (care for) specific patients, so we added the following information to the description of PaTz:
‘During the meetings most of the time is used to discuss the specific needs of patients in palliative care and to organise that care. When needed thematic issues are more in full discussed with the assistance of the present expert. The
Reviewers were trained before implementation by the PaTz initiators.

Reviewer #2: Major compulsory revisions:

a) Situate the background and discussion more clearly in the literature on collaboration (and the GSF and other similar tools) such that the learning from this work is more clearly understood.
b) Ensure that all the requirement of relevant reporting guidelines (e.g., COREQ) are met in the methods descriptions, including giving a clearer rationale for design decisions.
c) Integrate quotations (perhaps fewer of them) with the results narrative.

Response: 

We have thoroughly improved the article with the aid of the comments of the reviewer (see below for specific details).

Reviewer #2: This is an interesting paper on an important topic, as the way that practitioners work together is likely to be important for the quality of palliative care. I have made comment on the structure of the paper below, drawing where relevant from the COREQ guidelines on reporting qualitative research.

Title: The title appears appropriate, but the use of PaTz is unclear as the reader may not know what these are, and is unlikely to be a relevant search term.

Response:  

We thank the reviewer for this comment. Since we aim to publish more scientific articles with regard to PaTz (research is currently being undertaken), we think that it will help readers in a few years on to easily identify research on PaTz.

Background:

My concern about the background is that it does not situate this research sufficiently in terms of what we know and what we do not know, both in terms of interprofessional collaboration in palliative care (including research on doctor/nurse relationships), nor the GSF which is the acknowledged precursor of the PaTz group. It is important that this is done so the reader can determine the novelty and added value of this research. The authors reference one review of the GSF, but I would have thought that some of the empirical studies in this area need to be interrogated with reference to an understanding of collaboration and implementation (see below)? Currently the background focuses on issues such as caseload and education and the introduction of PaTZ (which is needed, perhaps in the methods?) rather than an understanding of why this research is needed and how it fits with current knowledge.

Response:  

In the background-section we tried to provide a rationale for the implementation of PaTz. For that reason we focussed on the current situation in which there is no satisfactory collaboration, instead of offering an elaborate literature review on collaboration. We adjusted the introduction in the following ways:
To the Background-section, we’ve added a sentence highlighting international references on difficulties in collaboration, to show that (lack of) collaboration is not a specific Dutch problem: ‘In other countries difficulties in primary care collaboration are also reported [6-8].’

We have added the following to the Background-section: ‘The Gold Standards Framework (GSF) in the United Kingdom [13] has been shown to improve collaboration in palliative care in care homes (14) and primary care (15). GSF can be implemented locally on a small scale and in direct relation to patient care, therefore it provided a good basis to tailor the program to the Dutch health care setting. The result, PaTz (an acronym for ‘PAlliatieve Thuis Zorg’: palliative care at home) was introduced in the Netherlands, and aims to improve palliative care provision and strengthen the generalist knowledge of palliative care’.

To the ‘strengths and weaknesses’ in the Discussion we added: ‘In the Netherlands, PaTz is the first intervention set up to improve cooperation between GPs and DNs. Also, it demonstrates that GSF can be successfully adapted to health care settings outside the United Kingdom’.

Methods:
It would be useful to start with an overall statement of research design so that the reader can contextualise what follows.

Response:
We have moved the section ‘design and population’ upwards so that the methods section now starts with that information.

Whilst there is much useful information given here on general setting of palliative care provision in the Netherlands, I found it perhaps harder than I’d like to disaggregate information about the actual setting of this research? Why four groups, and why these groups in particular? How was the PaTz intervention determined and developed?

Response:
We realize that the information on general setting of palliative care provision might distract from the actual setting of the research. However, we feel the information can be useful for readers who are unfamiliar with palliative care in the Netherlands. For readability, we’ve moved the information on palliative care provision in the Netherlands and the information on PaTz to a table (Table 1). In addition, we have added the following sentences to provide more information on actual setting:

- To the introduction, last paragraph: ‘A pilot study on the first four PaTz groups in the Netherlands was undertaken to provide insight into perceived consequences of PaTz on delivery of care, and offer practical guidelines for future implementation’.
- To Table 1, the description of PaTz : ‘PaTz started as a pilot in Amsterdam in 2010, after the initiators successfully recruited participants for four PaTz groups within their network’.

Questionnaire:
How was this constructed? Is it a new questionnaire or developed from an existing questionnaire? Why was it distributed 18 months after the groups started – rationale for this timescale? Rationale for the use of a questionnaire for a fairly small population (39 GPs) Why was it only sent to GPs and not to nurses? Why was only some information from the questionnaire used? Was it sent to all GPs in the PaTz groups? Why was this data not collected prior to the commencement of the PaTz project as well?

Response:

Because there was no initial funding of implementation of PaTz and the preliminary research into the implementation, the amount of research activities was kept to a strict minimum. The focus groups could be done after funding came available in the second half of 2011. However, there was a questionnaire sent to participants at start of PaTz in 2010. Since we did not use information from that questionnaire we did not mention it in our methods section. We only mentioned the information we used to answer the questions in the article, as not to confuse the readers and to keep the word count within limits. In the description of the questionnaire in the methods section, we included the following remark:

‘Because of financial and time constraints no questionnaires were sent to the DNs’.

Focus groups:
Why was being present at a PaTz meeting preparation for the focus groups? Indeed, why not conduct an observational study of such meetings? Why was the topic list governed by the questionnaire – I didn’t quite follow the rationale for this? Were the focus groups multi-disciplinary, and if so, why was the last 30 minutes in separate group interviews? How long were the focus groups in total?

Response:

The research aim of the initial investigation was to gain insight in possible effects of PaTz according to participants. The focus groups were conducted to gather more in-depth information in addition to the questionnaire data, and also information on how participants experience PaTz to support future implementation of PaTz. This method is best fitting, as we were interested in the participants’ experiences and opinions. We have added the following sentences to provide more information:

- To the introduction, last paragraph: ‘A pilot study on the first four PaTz groups was undertaken to provide insight into perceived consequences of PaTz on delivery of care, and offer practical guidelines for future implementation’.
- To the methods section, focus groups: ‘In preparation for the focus groups, the observer and moderator have been present during two PaTz meetings to familiarise themselves with the subject, and with the structure of PaTz meetings’.
- To the methods section, focus groups: ‘The topic list for the focus groups was governed by the questionnaire, to offer more in-depth information on perceived consequences of PaTz’.
- To the methods section, focus groups: ‘The focus groups were held on ‘neutral’ terrain (VU medical center) and took two hours’.
In the methods section, focus groups we’ve adapted the information as follows: ‘The groups were heterogeneous, but the last half hour was spent on separate group interviews for GPs and DNs to offer each discipline the chance to safely bring up additional information on interprofessional cooperation’.

Analysis:
Can more detail be given on analysis for both aspects of this study please. How was the thematic analysis conducted, and by whom? Were the themes determined apriori or did they emerge from the data. How was it determined that sufficient data had been collected?

Response:
In response to remarks of both reviewers, we’ve added the following information to the description of the analysis in the methods section:
‘The perceived benefits and barriers were literally asked about in the focus groups, these themes were explored with future implementation guidelines in mind. The theme of cooperation was included in the topic list based on theoretical expectations. Data were re-arranged on the themes by A.v.d.P., and this arrangement and also possible interpretations, associations and explanations were then discussed with M.H., H.R.W.P. and B.D.O-P’.

Results:
Why was the questionnaire not sent to 4 GPS (there were 39 taking part in the study (p.57)). I calculate this to be a 61% response rate, not 80%?

Response:
When PaTz started, the researchers received a list of 39 GPs who participated in the first meeting of PaTz. Aim of that meeting was that participants got acquainted to each other and PaTz. So the number of 39 participants at start of PaTz originated from that meeting.
In the questionnaire that followed implementation (one and a half year after start), we received a list of 35 GPs that were still involved in PaTz according to administrative data. Because 5 questionnaires came back from persons who could not provide actual information on PaTz sessions, we determined the possible response on 30 GPs. To elucidate this, we’ve added the following:
- To the methods section, under the header ‘design and population’: ‘The 35 GPs involved in PaTz at that moment were invited to participate’.
- To the description of respondents in the results section: ‘The questionnaire was filled in by 24 GPs (80% of 30)’.

Why were participants in the focus groups only from 3 of the groups not all four?

Response:
Of the fourth group, no one was able to participate at either one of the two focus group sessions.
Given that only 24 GPs completed the questionnaire, I am not convinced that percentages are useful – for example to say that 39% of respondents mentioned renewed cooperation between GP and DN really only means that it was mentioned about 9 or 10 participants?

Response:
*We agree, and have changed the text accordingly.*

I found having the qualitative quotes from the focus groups in an attached file extremely difficult to follow, and would much rather that they were interweaved with the results narrative so that people can judge how well they support the narrative. Some of these quotes do not seem to support the narrative? These findings could be presented in a more interpretive manner, with ‘thick’ description of these themes common in qualitative studies?

Response:
*We have rearranged the quotes and interweaved them with the text. For readability and to keep the length of the text acceptable, we’ve left out most quotes.*

Quotes are not identified - it is not known which focus group etc. they come from so it is hard to determine whether all the data have been considered.

Response:
*We have added the origin of the quotes, so that it is clear whether they are from the first or the second focus group and which profession provided the input.*

Without any baseline data it is also perhaps harder to determine how much of an impact PaTz had?

Response:
*We acknowledge that there are limitations to this pilot study that focused on experiences of participants. We expect that by the improvements to the results section with regard to the focus groups, our data will be more self-evident. Also, we added extra questionnaire data to Table 2 (we added the results from a question regarding collaboration with the DN).*

Discussion:
Whilst there is some interesting discussion with relation to theory, I found it hard to determine how this study adds to knowledge? What is known now that is novel?

Response:
*We think that by adding information to all other sections, the mentioned issues*
are mostly resolved by the time the reader comes to the discussion.

- To the discussion of the strengths and weaknesses of the study we added the following: ‘In the Netherlands, PaTz is the first intervention set up to improve cooperation between GPs and DNs. Also, it demonstrates that GSF can be successfully adapted to health care settings outside the United Kingdom’.

- To the discussion of ‘idea dominance’ we’ve added the following sentence: ‘Similarly, in a study on the implementation of GSF in primary care trusts in the United Kingdom, it was seen that recognition of the value of GSF for interprofessional cooperation and to improve care provision, was a driver for adoption of GSF [21]’.