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 further 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This paper contains original unpublished work and it has not been submitted to any other journal for review.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:

Thank you for asking me to review this article. I feel that the revised paper is much improved and the authors have taken account of the reviewers' comments. I do feel that the qualitative data is presented in a fairly descriptive way, but it does illustrate data from the survey. Was ethical approval needed for the study? Could the authors clarify this, and add to paper.

Response:

The study was exempt from approval of an ethics committee. We mention this in the methods section – Design and population:

- Under Dutch law this study is exempt from approval from an ethics committee.

I would be grateful if the authors could state clearly how many practices this study was conducted in; and also comment on the effect of giving the health care professionals a gift voucher for participation.

Response:

We thank the reviewer for these suggestions, and have added the following:

- To Table 1 – Implementation of PaTz in the Netherlands: The first four PaTz groups started with each nine to ten GPs and two to three DNs; a total of 39 GPs from 18 practices (between one and four GPs per practice) and 10 DNs from four different home care organisations.

- To the description of strengths and weaknesses of the study in the discussion: Also, the reward of a gift certificate could have enticed the participants of the focus groups to bring forward mostly positive aspects of PaTz. However, this is unlikely to have happened since the participants actively brought forward difficulties and problems with palliative care provision and doubts on aspects of PaTz.

The authors need to clarify whether the data in 1a is from the same, or different, GP.

Response:

All quotes are from different participants. We’ve added the following sentence to the description of respondents in the results section:

- The quotations below come from 6 different participants (3 GPs and 3 DNs).

On page 12, the authors state 'The PaTz groups performed remarkably well.' - on what do they base this statement?
Response:

We were pleasantly surprised by the enthusiasm for PaTz that was shown during the focus groups. However, we agree that the current statement is not clear, so we rephrased:

- The PaTz groups performed well according to the respondents; participants were enthusiastic about the meetings and committed to them.

On page 13 - the sub-heading 'Psychological characteristics of participants' is not clear to me (and doesn't seem to relate to the content of the paragraph which follows. Similarly, the sub-heading on page 14 'Cognitive maps' does not make sense to me and needs clarifying and explaining.

Response:

We agree that the titles do not seem to relate to the content of the paragraphs. We've rearranged the text from the discussion, and added some necessary steps to support our line of reasoning.

The authors state that 'This reinvention of cooperation leads to better continuity of care' - but they have not demonstrated this. This phrase needs editing.

Response:

We've added the following:

- This reinvention of cooperation leads to better continuity of care as perceived by participants, more knowledge on palliative care and the patient, and support in difficult situations regarding care, as experienced by the participants of PaTz.

The conclusions on page 15 needs reworking - it is very odd to end a paper with participant data.

Response:

Since we think the conclusion is clear without the quotes, we've omitted them.
Reviewer #2:

Thank you for this revised paper, and the information about the revisions you have made. I suspect you could still make this paper more internationally relevant with further reflections in the background and discussion sections about how this research adds to and informs what is known about collaboration in primary palliative care, but the decision on this is an editorial one.

Response:

We’ve added the following to the introduction:

- Furthermore, ambiguity towards collaboration is difficult to overcome. One study showed that even when the advantages outweighed the disadvantages, the GPs sometimes struggled with a fear of losing control over the patient. The GP was the one person with the overview of the patient’s situation, and that was under threat as it was to be shared by the team [11].

Specific queries:
p4 you refer to this as a pilot study, but this is not presented as such? Do you mean a study about the PaTz pilots, which is not the same thing?

Response:

We apologise for the mix up in terms. The PaTz groups were pilots, and the feasibility of PaTz was object of the study of the first four PaTz groups. To avoid confusion, we’ve deleted the word ‘pilot’ from the text were it was followed by ‘study’.

p5. It is unclear why only some of the questionnaire data are presented in this paper?

Response:

The questionnaire contained questions on the identification of patients with palliative care needs and on the 5 most recent patients with palliative care needs to gain insight in the care provided during PaTz. We believe that those items on care provision merit their own publication. However, this will be done on the basis of results of more than the current four PaTz groups as these type of analysis needs more power. For the current publication we focussed on aspects related to interprofessional cooperation and perceived benefits of and barriers for implementation of PaTz. To elucidate this we’ve added the following to our description of the questionnaire in the methods section:

- For the purpose of this article we used the information from the questionnaire that was relevant to either interprofessional cooperation or implementation of PaTz.

p5. A clearer rationale for the use of both survey and focus groups techniques could be given.
Response:

*We agree and added the following to the description of the design and population in the methods section:*

- The aim of the questionnaires was to gain insight in possible effects of PaTz. The focus groups were conducted to gather more in-depth information on how participants experienced PaTz to support future implementation of PaTz.