Reviewer's report

Title: Understanding "revolving door" patients in general practice: a qualitative study

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Reviewer: Margaret Maxwell

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Overall, the aims and study design are clear and the paper is well written. However, there are some specific points I raise that will hopefully encourage the authors to justify and strengthen their arguments more clearly.

The majority of comments are discretionary revisions; however, the justification of the inclusion of psychiatric diagnoses as falling within a medical schema requires more support.

The authors claim “This paper reports findings from a qualitative portion of a wider mixed methods study that was the first to investigate repeated patient removals in general practice.” The term ‘repeated’ is perhaps important in this claim but they are not the first to investigate patient removals:


Methods:

It might be helpful to provide more detail on how Practitioner Services staff interact with patients who have been removed – do they see them face to face or is all contact via telephone?

The authors base analysis on Charmaz’s version of grounded theory – might they say a few words on why this version is distinct and why it was used in this instance?

Findings:
P9. “The third necessary characteristic that the participants reported was that ‘revolving door’ patients had health needs that required to be met.” Is this not a characteristic of every patient who attends to see their GP? The authors perhaps then more clearly articulate this as ‘high dependency’ needs. However, I think the conceptual theme of ‘unmet health needs’ masks the very important classifications of many patients by GPs as having severe psychiatric diagnoses. The umbrella term of ‘unmet health needs’ seems to minimise the importance of such classification. It could appear that those with more aggressive behaviour are labelled with more severe psychiatric diagnoses. I do not feel convinced by this third ‘characteristic’ as a sufficient distinguishing criteria. Alcoholism and drug misuse patients are described as deviant cases because they are not seen as revolving door patients even with these specific health needs. However, it is also noted that it is perhaps the reduction in aggressive behaviour that is the defining characteristic here.

P9. “Participants described ‘revolving door’ patients as having the specific health problems that follow.” Does not make sense as a sentence.

P13 Section titled ‘Boundary Breaches’: it is not clear how this is distinct from the section on ‘Inappropriate boundaries of behaviour’ on P8. It appears to be more of a discussion of the inordinate amount of time that these patients take up: which could also be a defining characteristic of these patients? I recognise it is also a discussion of extending the boundaries of professional confidence and expertise to manage what appear to be severe psychiatric and behavioural problems that more expert (psychiatric) professionals also do not want to deal with – but why not make it more clear that this is about ‘professional roles and boundaries’ in the title to be distinct from the section on patients.

It also seems that the GPs feel that they have an inability to convince patients to take their advice or listen to them. This may also be a defining characteristic and which also allows for the deviant cases of alcohol and drug misuse patients who sometimes do appear to take advice (re-treatment).

The term ‘boundary breach’ seems to be used in many different ways – perhaps a definition of what is meant could be helpful or distinguish between ‘professional role boundaries’ and implicit boundaries of ‘trust and confidentiality’ within the GP and patient relationship.

The involvement of more than one agency in a person’s care is perhaps normal (e.g. care of the elderly) so I’m not sure why it is considered a boundary breach for several agencies to be involved with revolving door patients – surely that is a good thing.

Discussion

It is unclear whether patients need all characteristics in order to be deemed a ‘revolving door patient’ or just be perceived as having one of the three – although they are described as a ‘necessary three’.

I was not convinced that GPs were using a medical schema to understand and be somewhat more sympathetic to the behaviour of those with severe mental illness. Those described as having schizophrenia were not included in the same
‘deviant case’ group as alcohol and drug misuse patients so it is not clear they received the sympathy afforded by a medical schema. Although they present a quote from GP 5 to support their argument that those with mental health problems are ‘understood’ and their behaviour partly excused, there are also examples within the findings where clearly the presence of schizophrenia and psychotic illness was within the characteristics of those described as ‘revolving door’. (‘One patient was moved on a few times when she had several periods of actual physical aggression when she was psychotic. She was schizophrenic and she had quite a few serious assaults actually.’GP1). Perhaps it is the distinction that alcohol and drug misuse are seen as being able to be dealt with in primary care that helps here – it is now within their boundary whereas severe mental illness is not and does not fit with their ability to provide technical biomedical care.

I am also not sure how the medical and moral schema’s dealt with those with ‘learning difficulties’.

The discussion also revolves around GPs using a medical/moral schema but the respondents were also non-medical. The authors attribute the Practitioner services staff as having access to only the moral schema – from my reading of this. I am not sure this is robustly explored. It assumes that all non-practitioner knowledge is devoid of medical understanding. If they can ‘agree’(p12) and ‘recognise that change in the approach GPs had in working with patients meant that drug using patients’ behaviour changed’, then this seems they have access to medical schema’s also.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.