Reviewer’s report

Title: Receptionist rECognition and rEferral of Patients with Stroke (RECEPTS) study - Protocol of a mixed methods study examining General Practice Receptionists’ behaviour and attitudes towards patients with stroke symptoms

Version: 1 Date: 3 March 2014

Reviewer: Helen Rodgers

Reviewer’s report:

The study proposes to examine general practice receptionists’ attitude and behaviour towards patients with stroke symptoms using a mixed methods approach. This is an important topic in an underresearched area.

Major

The title, aims, methods and outputs are not consistent e.g. the title of the project is 'examining GP receptionists behaviour and attitudes towards patients with stroke symptoms'. The aim is 'to assess receptionists ability to recognise stroke symptoms and to direct patients with these symptoms for emergency care. In addition, to investigate the views of primary care staff on the receptionists role in relation to patients access to emergency care. I think that a clear list of aims and objectives would be helpful.

The paper states that 'the project will be a prospective cross-sectional observational study' .... from the description that follows I’m not convinced that this is the case. It is a multimethod approach using quantitative and qualitative methods.

The simulated interviews will not be scripted ... but can they all be recorded and coded ... as you need to know about the information provided to the receptionist as well as their response?

The scenarios are classed as obvious/obvious with knowledge, not obvious .... should there be some vignettes which are not stroke? It would be helpful if the team could specify in Table 2 what the appropriate course of action is for each vignette .... eg. my reflection looks funny when I look in a mirror could be Bells palsy; being feverish is not typical of a stroke.

Minor

Abstract - background. Suggest change ‘patients who first contact their GP ... do not receive thrombolysis’ .... to are less likely to....

Introduction - it would be helpful to give the percentage of patients who receive thrombolysis currently (data will be available from SNNAP) and the % which could receive thrombolysis if there was a timely response. It would also be
It would be helpful to update the literature review. There are recent papers from Newcastle which may be relevant and which reference other relevant studies. These refs include Lecoutourier J et al response to the symptoms of stroke in the UK: a systematic review BMC Health Services Research 2010. This review also looks at the questionnaires used to assess knowledge of stroke in previous studies. Mackintosh J et al Why people do or do not contact emergency medical services following the onset of acute stroke: a qualitative study. Plos One 2012. Caroline Watkins and colleagues from Preston have looked at ambulance call handlers response to stroke calls which may be relevant.

Figure 1 - abbreviations need explanation.

Typo first line page 7 - stimulated should be simulated.

It is not clear if those involved in piloting the questionnaire will be involved in the full study.

The study also proposes to look at response to the questionnaire before and after training ... how does this fit into the study timetable. There are UK studies which are not referenced which have looked at knowledge of stroke symptoms and response to symptoms by professional group

Page 8 - types of primary care staff needs to be specified along with sampling techniques. More information about qualitative methodology is needed. Will focus groups consist of different professions .... this could be intimidating for receptionists.

I'm not sure that primary and secondary outcomes are terms relevant to this type of work.... again needs to be consistent with study title, aims and objectives.

Page 12 - discussion ... should usual nature read unusual nature?

Discressionary

Each practice will receive 10 calls and the receptionist will be informed at the end of each call that the call was part of the RECEPTS study ... this will be necessary in case of inappropriate calls to emergency services but by informing them about the study could this potentially influence their response to future calls?

Out of hours .... it would be interesting to see what advice the out of hours services would give to patients with these scenarios.

The discussion states an issue and then gives solution: . This section seems to be in abbreviated note form.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
No competing interests.