Author's response to reviews

Title: A qualitative study of the impact of the implementation of advanced access in primary healthcare on the working lives of general practice staff

Authors:

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Author's response to reviews: see over
Reviewer’s report

Title: A qualitative study of the impact of the implementation of advanced access in primary healthcare on the working lives of general practice staff

Version: 1 Date: 21 May 2005

Reviewer: Mark F Harris

Reviewer’s report:

General This is a qualitative study of a 6 practices in two boroughs in the south east of England which implemented the "Advanced Access" (AA) model using the collaborative methodology developed by Berwick and others in the US. The study focuses on a particular impact of this model on the working lives of practice managers and receptionists which has, to date, received relatively little attention in the evaluation of this approach. As such the paper is very interesting and potentially provides an important view on the innovation.

The methods are qualitative which are appropriate for this type of question. The selection of 18 staff (6 GPs, 6 practice managers and 6 receptionists) seems to have been appropriate. However the choice of GPs and Practice Managers who took the lead involvement in the implementation of AA means that this group may tend to represent a more favourable view of the impact of AA on their professional lives than those who were less involved. The methodology of the interviews and analysis seems to have been appropriate.

The presentation of results is disappointing. Results of qualitative analysis should attempt to analyze what has been said not report a series of quotes. There are a large number of long quotes with relatively little analysis or reflection of how representative these statements were or how they related to other research on the impact of AA. For example the section on receptionists ends with two quotes preceded by two very brief statements “All receptionists mentioned job satisfaction as a consequence of the change to AA. Two views are highlighted.” There needs to be more analytic text of how and why their job satisfaction had improved. A key issue in the quote was that staff felt satisfied because they were able to offer alternatives to patients and not have to argue as much with patients. An alternative reason could have been that they felt more in control and less caught in the middle between patient and GP and an inflexible system.

Again with practice managers the advantages are just a list of three quotations without any attempt to analyse. The three quotes represent quite different reasons why the practice managers may be happy:- fewer complaints from patients, ease of planning rosters and holidays and more predictable workload. Again these represent different perspectives and needs – the patient, the staff and the efficiency of the practice.

The views of the GPs are also under-analysed. Key complaints appear to be increased pressure on the GP to provide more appointments, changed casemix (more acute presentations), less continuity. There is also an implied issue which is very consistent
with the literature on job satisfaction – that the GPs feel less in control and that the demands on them may be more unpredictable.

The discussion relates the findings of the study to some of the other research. There is good discussion of the implications of the study in relation to workload and continuity of care. However there should be more reference to the literature on work satisfaction in general practice staff. Also it is inappropriate to introduce a new quote from GP4 into the discussion.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached) Authors should revise results section to include more analysis and less emphasis on transcribed quotes. The discussion should include discussion of how the study relates to the literature on job satisfaction in general practice.

We have revised the results. The analysis has been expanded and pictorial representations have been made as well. There is more analysis and less reliance on quotes.

The discussion has also been more closely linked with the literature on job satisfaction.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Nil

Discretionary Revisions (which the author can choose to ignore)
Nil

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No
Reviewer’s report

Title: A qualitative study of the impact of the implementation of advanced access in primary healthcare on the working lives of general practice staff

Version: 1 Date: 11 July 2005

Reviewer: Chris J Salisbury

Reviewer’s report:

General

This paper describes an interesting qualitative study. It appears to have been well conducted and provides a good level of detail about the methods used to enhance validity. I have only a few comments below:

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. It is not clear how many receptionists, GPs and managers were invited to participate and how many refused.

We have modified the methods section to reflect the above comment. From all the practices invited to attend one refused. None of the individual participants refused to take part.

2. I think it is unlikely that the receptionists only expressed positive views about advanced access. If they also expressed problems these should be mentioned to ensure balance.

From our study, the receptionists did not have any negative comments to make about the change to advanced access in relation to their working lives, which has been transformed as a result of the change in their roles.

3. At several points in the discussion the authors report respondents perceptions as if they were facts. e.g. fifth line of discussion: "..(patients).. now attend the consultation with fewer but more trivial complaints"

We agree with the above comment and have altered the discussion to reflect the fact that these were participants’ perceptions rather than facts which would otherwise be misleading.

4. It is likely that all these practices were influenced by the same PCT policies, perhaps the same PCT access facilitator, and perhaps by working together in a consortium. this type of area effect further reduces the generalisability of this small study and should be mentioned in the discussion
We accept that these practices were likely to have been influenced by same PCT policies and this may well have an impact on reducing the generalisability of the study. We have acknowledged this on page 21 of our manuscript.

5. The second half of the middle paragraph on p13 is not very clearly expressed

Again, we have completely revamped the discussion taking into account the above comment. We hope that this has been made clearer.

6. In the paragraph beginning: the introduction of the philosophy of AA on page 14, the authors make a series of statements about the claimed advantages of AA. They do not provide any data in this paper to substantiate these claims, nor do they provide references to other papers which provide evidence. In fact as they conclude later in the article, there is almost no published evidence to substantiate the claims about the benefits of AA. This paragraph needs to be revised.

We agree that this paragraph was not clear, made claims without appropriate evidence, and did not read well. We have completely altered the discussion to reflect this change that hopefully makes the issues much clearer and does not make claims about AA.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I am conducting a programme of research into Advanced Access which includes some qualitative work which has some similarities with the work reported here.