Author's response to reviews

Title: Personal continuity and access in UK General Practice: a qualitative study of general practitioners' and patients' perceptions of when and how they matter

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Author's response to reviews:

Please find attached a revised version of the manuscript responding to all of the reviewers comments (two minor essential revisions, the rest discretionary). The amendments made are detailed below.

Thank you for your attention,

Yours sincerely,

Bruce Guthrie

Reviewer 1 (Richard Baker)

Minor essential revision
Missing footnote to table 1. This has been restored.

Discretionary revision 1
Anchoring definition of 'personal continuity' to existing definitions. The first sentence in 'background' has been amended to make clear that personal continuity requires a therapeutic relationship as per Freeman et al.

Discretionary revision 2
Use of the term 'preliminary' study. This is potentially misleading, since the aims were the same and the same interview guide used (although the interview guide was modified as the study progressed). However, the two phases of the study are distinct in their sampling and so do need to be distinguished. The first sentence of 'methods' paragraph 2 has been amended to describe the two phases as 'initial' and 'main', and subsequent references to the 'preliminary phase' amended to 'initial phase'.

Discretionary revisions 3 and 4 are comments that do not require amendments.

Discretionary revision 5
More explicit discussion of 'appropriate care'. The final paragraph of 'discussion' has been amended to clarify 'access to appropriate care' by making clear that access focused strategies are likely to reduce patients' ability to act on 'appropriateness' defined from their perspective.

Reviewer 2 (Henk Schers)

Minor essential revision
Competing interests. The missing 'no' has been added to the sentence to confirm that we have no competing interests.

Discretionary revisions
Effects of selection. The sampling frame was designed to try to avoid GPs only choosing patients they knew well, but it also included GP-patient pairs where there had been no contact, or only very intermittent or one-off consultation. This included patients who rarely consulted at all, and patients who usually consulted other GPs. In these cases, there wasn't the possibility of GPs only choosing patients with whom they felt sympathy because their knowledge of the patient was minimal. An additional sentence forming a new first paragraph of 'results' has been added to make this clearer.

Topic guides. A GP and patient topic guides have been included as appendices, and paragraph four of the methods has been amended to refer to them, and make more explicit how the topic guides were used (2nd
sentence amended, 3rd sentence added).

Quantitative implications. The final paragraph of the 'conclusion' section now includes a sentence explicitly discussing the implications of the study for developing measures of 'appropriate access'.

Mismatch in perceptions between GPs and patients. This, and its implications, are now explicitly discussed in the 'conclusion' section (last four sentences of the first paragraph). This reinforces that explicit discussion between GPs and patients about the value (or not) of personal continuity was rare, and that misperceptions on the GPs' part were identified. Further quantifying the latter is not justifiable given the nature of the study.