Reviewer’s report

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

Version: 3 Date: 6 December 2005

Reviewer: Henk Schers

Reviewer’s report:

General

The authors pose an interesting question, which is both original and actual. The balance between access and continuity has been studied in a more quantitative way already, but this qualitative study can deepen our insight in patients’ and GPs’ underlying motives.

The manuscript is written well, and also for non-native speakers the paper is easy to read. The title covers its contents.

The methods are well described. The coupling of patients and GPs is a strong point in this study. The authors tried to avoid selection of patients because they foresaw that GPs would choose only patients which they knew well. This sounds solid. However, there is another point of concern. Selection bias may have occurred as well because GPs choose only those patients for which they feel sympathy. Certainly, this may have influenced the results from this research on personal continuity.

The data are presented quite appealing. However, its is not clear how the topic guide was constructed. Could the authors present the guide? This may be helpful for other researchers in the field. Also, from the data it is difficult to interpret the rigour of the analysis. The description however gives confidence that standards (more than one reader, constant comparison, counter examples) were met. I wonder whether the authors found ‘new’ factors which might predict the perceived importance of continuity and access. How can these be made applicable in quantitative research? Which factors might explain more emphasis on access or on personal continuity (how do experiences lead to priorities?)

The discussion and conclusions are quite comprehensive. The conclusions mainly focus on organisation and politics. I doubt if this is the major merit of this research. I would have liked to see more data from a particularly strong point of this study (combining couples of GPs’ en 2 of their patients’ views; last section results). Apparently, the authors found very interesting mismatches that -in my opinion- deserve to be explored more in depth, and which could have serious implications for daily practice. It appears that GPs and patients misinterpreted each other. How often did this happen (indicative)? What factors may account for this? How can it be dealt with? Which advice might be given to individual GPs and patients? This goes beyond general conclusions about organisation and access. If the data are enough in detail, I would find further reporting on this matter very interesting.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None

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

None, except competing interests: ..they have.., but which?

Discretionary Revisions (which the author can choose to ignore)

**What next?**: Accept after discretionary 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 declare that I have no competing interests

I met Bruce Guthrie a few times in a special 'continuity' interest group. No other personal relationship exists.