Author's response to reviews

Title: Improving Access for patients - a practice manager questionnaire

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Author's response to reviews: see over
Dear Editors,

Thank you for the detailed peer review on our research article. We found the comments constructive and presented in a logical and helpful manner.

As requested in your email dated 4/5/06, we hope to address the comments and suggestions outlined by the reviewers and submit our revised draft after considering same.

Reviewer 1

1. We have dropped the term “advanced Access”. All references have been changed to “access targets” and “improving access” as suggested. We recognise the lack of clarity that using the term “advanced access” caused.

2. We have further edited the paper to focus on the more interesting findings. The results relating to practice manager age, sex and work commitment and nursing numbers have been omitted. The authors did feel that the role of nurses in managing aspects of patient access was relevant and interesting and have kept some of the findings in the revised draft. The reason for this has been addressed later in this letter (reviewer 2).

3. We have corrected the wording on the subject matter of what Tony Blair was questioned on.

4. We have changed the wording regarding not identifying previous research on management of appointment systems in Northern Ireland.

5. The denominators have now been given. W wording and sentencing have been adjusted as advised. The typing error Yates correction factor has been changed to “chi square with
Yates correction” where the chi square statistic has been used in the revised draft.

6. Odds ratios and 95% confidence intervals as requested for differences in means have now been given.

7. We have changed the wording in relation to the chi square statistics with Yates correction as stated in point 5.

8. We have removed this sentence as requested.

9. The details regarding the cronbach alpha coefficient have been placed in the method section as requested.

10. Again Odds ratios and 95% confidence intervals as requested for differences in means have now been given.

11. We have now explained what was meant by “financial gain” in the introduction section. The term has been explained in relation to the direct enhanced service GMS (2004) and how it relates with target access. We inappropriately used the term “efficiency” where “more accommodating” or “more responsive” GP service was intended. We have now changed this.

12. This sentence has been omitted as requested.

13. We have recognised that other factors may have influenced the observed change in types of appointment systems seen in the study. This has been stated in the discussion section. Nonetheless the study directly asked about changes in different types of appointment systems since the introduction of access targets as well as comparing the findings to previous research that existed on the subject. In the absence of previous research in this particular primary care setting on this topic, this remains a weakness. Nonetheless, practice manager were asked specifically to whether they had changed their appointment systems since the introduction of the enhanced service of access.

14. We have changed the wording to “practices in deprived areas have made more changes to their appointment systems since the introduction of the enhanced service of the new GMS contract than practices in affluent areas” as requested.

15. The denominators have now been given.

16. We have removed figure 1 as advised.

17. We have corrected the typing error. Deprived practices number 26; non-deprived practices number 28, total 54. The study now more clearly states in the introduction, as one of its aims, to explore whether restricting advance appointments occurred and in what way. The study recognised in its discussion section that there may have been responder bias relating to the direct 48 hour appointment question and a more open question on restriction to advance booking allowed the
authors to explore any associations between practice size and profiles and this aspect of appointment inflexibility.

18. We have dropped table 3 as advised.
19. We have removed the minimum and maximum columns as advised. The mean score has been explained under the table.

Reviewer 2

We feel that access to health care is of major importance. Some authors have argued that research in primary care is often conducted in research and training practices and not on more typical practices. As this research is conducted in a standard primary care setting, we feel it does have relevance to developments elsewhere to patient access in UK primary care. The study questioned practice managers, as access targets and the enhanced service of access are mainly management issues and the authors wished to achieve a high response rate from practices.

We have given more information on methods used to validate the questionnaire in the methods section. We have also included information on the pilot study conducted prior to the main study. Questions relating to Appointment system options and task related satisfaction questions are referenced in the methods section.

Figures relating to changes in appointment systems are now tabulated in new table 2. We accept figure 1 was confusing and this as stated has been removed as requested.

Multivariate analysis has now been used in relation to aspects associated with limiting appointment booking as requested.

We have now stated in the discussion section that the WHSSB area is rural when compared to English primary care organisation areas. The number of single handed and group practices are tabulated in table 3.

We have corrected the typing omission in table 1.

We have adjusted table 4 regarding practice manager responses to Access target introduction. This should now be easier to understand.

We have removed pieces of information as stated in point 2 (reviewer 1).
It may be true that practice mangers may not have considered “on the job training” as training. They were asked both about “in practice” and “outside practice training”. We have now changed the wording to suggest that this may be an area where there may be a training need in the light of access developments, rather than a definite need.

We do agree that the finding that nurses appeared to be used more for triage and seeing extra patients in the smaller practices was an interesting though counter intuitive finding. We included this finding in the research paper for that reason. Statistically significant differences were not seen when nurses’ role in seeing extras was cross tabulated with GP equivalence or rural/urban status. Similarly, no significant difference was seen when nurses’ role in telephone triage was cross tabulated with GP equivalence or rural/urban status. Overall numbers of nurses seeing extra patients (n= 20) and telephone triage (n=14) were small and may explain some of these findings. As such, we commented on a finding that may have some bearing on access targets but were not the main focus of our study. We feel to include these additional findings may make the article less focussed.

Again we wish to thank the reviewers for their detailed and constructive comments and await the editors’ decision on acceptance or rejection.

Yours Sincerely,

Dr James Meade MRCGP