Reviewer's report

Title: Advanced Access for patients - a practice manager questionnaire

Version: 2 Date: 28 April 2006

Reviewer: Chris J Salisbury

Reviewer's report:

General

The authors have explored an interesting topic area, the changes in access arrangements to GPs and have conducted their research in a competent manner. The paper is generally well written and easy to understand. Nevertheless I do have quite a number of comments and suggestions for ways in which I think the paper may be improved.

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

1. The most important issue, which affects the whole paper, is a lack of clarity about what the authors understand by the term ‘Advanced Access™’ (sic â€” the term should be Advanced Access). Most of the time they seem to use this term in connection with the primary care access targets which were introduced in the 2004 GP contract. Later in the first paragraph of the background they seem to be referring to the directed enhanced scheme by which practices get additional payment if they take measures to improve access and then in the second paragraph of the background they seem to refer to Advance Access in connection with the way in which some practices have embargoed the booking of appointments more than two days ahead.

What makes it particularly confusing is that none of these concepts are the same as Advanced Access, as promoted by PCTs supported by the National Primary Care Development Team, which is a way of organising appointment systems based on five principles: measuring demand, matching capacity to demand, shaping demand by providing alternatives to face-face consultations, having contingency plans for fluctuations in demand, and involving patients in changes.

I think the best way forward for the paper is to drop the term ‘Advanced Access™’ altogether, because none of the paper relates to the Advanced Access concept, and instead to change all the references to Advance Access to ‘access targets™’ or ‘improving access™’ as appropriate.

2. The study is simply descriptive with no control groups. At several points the authors describe details of their data which to my mind are not particularly interesting or related to the main focus of the study i.e. improving access to general practice (eg. a discussion of the age and sex of practice managers, the proportion of practice managers who work full time in relation to practice list size and whether nurses saw extra patients) Editing the paper to highlight the more interesting aspects would give it more focus.

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

3. On page 3 the quotation about Tony Blair suggests that he was questioned about the inflexibility of a patient booking system™, and this statement is made in relationship to the 48hour access standard. However, Tony Blair was not criticised about the target that patients should see a GP within 48hours, he was criticised about the inflexible way in which some practices have tried to achieve this by only allowing patients to book up to 48hours ahead. The concept of embargoing appointments does not form part of the Advanced Access model

4. On page 3 I think the authors are being bold in claiming that no previous research on the management of primary care patient appointment systems has been carried out in Northern Ireland. It would be safer to say that they have not identified any such research.
5. On page 5 when talking about the number of practices in deprived and advantaged areas who have made changes to their appointment systems they should give the denominator as well as the numerator eg. 19 out of ? practices in deprived areas had made changes to their appointment systems. The next sentence in the second paragraph on page 5 is poorly worded. Deprivation was not compared with change in appointment systems. I think the authors are quoting the chi square statistic with Yates correction rather than the â€˜Yates correction factorâ€™. I would suggest that after the sentence ending â€œmore socially advantaged areasâ€™ the authors simply state the chi squared statistic with the Yates correction factor and p-value and drop the following sentence (starting â€œwhen deprivation was compared withâ€). Better still they could use odds ratios and confidence intervals.

6. Further down page 5 rather than stating that the magnitude of the difference in the means was large and eta squared statistic they should state the difference in mean and the 95% confidence interval for this difference.

7. My comments above about the use of chi squared statistics with Yates correction also apply to the first two paragraphs on page 6.

8. The paragraph following the heading Table 3 could be dropped as it is not particularly interesting.

9. First Paragraph on page 7 talks about the derivation of a mean satisfaction score based on the sum of results from seven questions and the Cronbach alpha coefficient. This should all be in the analysis section of the method.

10. On page 8 in the second and third paragraphs the authors should quote the mean difference and 95% confidence intervals.

11. In the third line of the discussion the authors introduce the concept of financial gain. They do not explain where this comes from. In fact financial gain is associated with the Directed Enhanced Service on access rather than Advanced Access. Further down this paragraph they also talk about how these changes may reflect a more efficiently delivered GP service but there is nothing in this paper about efficiency.

12. First sentence in the third paragraph on page 9 can be omitted to focus the results better.

13. The discussion is generally quite speculative eg. the assumption on page 10 that the changes might be attributable to the introduction of Advanced Access. Given that there are no control groups their findings might equally just be changes over time compared with previous research.

14. At the bottom of page 10 the authors state that AA had the greatest effect on practices in deprived areas. I am not sure what they mean by effect and it might be safer to say that the practices in deprived areas have made more changes to their appointment systems since the introduction of the recent GP contract than practices in affluent areas.

15. In Table 1 the authors should state the denominator ie n= 56. When some of the questions do not involve the entire denominator they should give the numerator and denominator eg nurses involved in telephone triage =14/28.

16. I do not think that Figure 1 is helpful. It could be omitted.

17. I donâ€™t understand the numbers in Table 2. The number of deprived practices (36) and non deprived (28) = 64 which is more than the total number of practices in the study. This table is based on a comparison of practices which set time limits for booking appointments in advance. The authors do not really justify why this is a key variable by which practices should be compared.

18. Table 3 is not terribly interesting and could be dropped.

19. In Table 4 the minimum and maximum columns could be dropped as they are not very helpful. The mean column does not make any sense as it stands and they need to explain this is a mean on a scale from â€“2 (strongly disagree) through nought (neutral) to strongly agree (+2).

Discretionary Revisions (which the author can choose to ignore)
Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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 research on Advanced Access and I have a paper in press comparing practices which do or do not operate Advanced Access. However my paper is very different from this so I do not think this will have biased my comments, which are hopefully constructive.