Author's response to reviews

Title: General Practitioners' use and experiences of palliative care services: a survey in South East England.

Authors:

Sabrina Bajwah (sbajwah@hotmail.com)
Irene J Higginson (irene.higginson@kcl.ac.uk)

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

Please accept the attached paper for resubmission.

In answer to the recommendations of reviewer 1 (Stephen Barclay), the changes I have made include:

1. The comparisons between hospices A and B add a level of complexity to the paper that I am unsure is needed - I found it confusing at times. Is the focus of the paper on GP / specialist relationships or on the two hospices? If the latter then we need a lot more information about the two hospices to put the differences into context. If the former, which I suspect is the true focus, then I suggest the differences between the two hospices are not included in the paper.

The focus of the paper is on GP/specialist relationships rather than on the two hospices. Where possible the data for the two hospices has now been collated. This includes the following areas:

“The most common request for improvement was for clarification of the rules and responsibilities of the Multidisciplinary Team (MDT) (n=28, 40% of users of Hospice A). (Table 4). A smaller number of GPs wanted the specialist services to identify the level of support required by the GP, increased participation in decisions whether to hospitalise and increased participation in decisions concerning treatment. Twenty seven (38%) of GPs using Hospice A and 44 (50%) of the GPs using Hospice B did not feel that any of these factors needed to be improved” has been changed to:

“This may be related to the areas covered. Shipman et al included inner city, urban and rural areas and fewer (only 8%) GPs worked with specialist services as part of an extended team, compared to 70% for Hospice A and 66% for Hospice B’s in our study.” This has been changed to:
“This may be related to the areas covered. Shipman et al\(^6\) included inner city, urban and rural areas and fewer (only 8%) GPs worked with specialist services as part of an extended team, compared to greater than 65% in our study.”

“Boyd et al\(^5\) found that, 18% of GPs wanted specialist services to take over the care of the patient. Our study found a higher figure - 37% and 44% for Hospices A and B respectively.” Has been changed to:

“Boyd et al\(^3\) found that, 1 out of 5 GPs wanted specialist services to take over the care of the patient. Our study found a higher figure - 2 out of 5.”

“Our survey reflects a very high regard for the two palliative care services. Lloyd et al\(^6\) found that 70% of GPs felt that communication with the specialist services was very good or good and 80% of GPs in the Seamark et al’s\(^7\) survey felt that communication concerning the patients progress was sufficient. This is similar to that found for Hospice A (76%), but unexpectedly 92% of GPs using Hospice B were very/somewhat satisfied with the level of communication.” This has been changed to:

“Our survey reflects a very high regard for the two palliative care services. Lloyd et al\(^4\) found that 70% of GPs felt that communication with the specialist services was very good or good and 80% of GPs in the Seamark et al’s\(^5\) survey felt that communication concerning the patients progress was sufficient. This is similar to that found for our specialist services where greater than 75% of the GP users were very/somewhat satisfied with the level of communication.”

“A marked difference was noted for satisfaction levels for prescribing practices. 78% of GPs were satisfied with the prescribing practices of Hospice A, with 92% of GPs satisfied with the prescribing practices of Hospice B. This is also reflected in the comments made at the end of the questionnaire.” This has been changed to:

“Greater than 75% of GPs using the service were satisfied with the prescribing practices of the specialist services with some variation between the two hospices.”

“Only 1% and 2% of the users of Hospice A and B respectively did not refer patients because they were dissatisfied with the service in the past.” This has been changed to:

“Less than 2% of the GPs did not refer patients because they were dissatisfied with the service in the past.”

“Supporting the survey of Desmedt et al\(^9\) we found that recognition as the primary carer was requested by 22% of the GPs using Hospice A and 12% using Hospice B. Seamark et al\(^7\) found that 10% of the GPs replying to their questionnaire, felt that when the specialist service was involved, they found it difficult to know who had overall responsibility for patient care. In our study, this was higher. Clarification of the rules and responsibilities of
the MDT was wanted by 40% for Hospice A and 28% for Hospice B.” This has been changed to:

“Seamark et al\(^5\) found that 1 in 10 GPs replying to their questionnaire, felt that when the specialist service was involved, they found it difficult to know who had overall responsibility for patient care. In our study, this was higher. Clarification of the rules and responsibilities of the MDT was wanted by approximately 1 in 3 GPs.”

“Although overall satisfaction with the service was high, 50% of GPs for Hospice B and 60% of GPs for Hospice A felt there were areas where improvement could be made, with clarification of the rules and responsibilities of the MDT being the most common.” This has been changed to:

“Although overall satisfaction with the service was high, greater than 50% of GPs using the services felt there were areas where improvement could be made, with clarification of the rules and responsibilities of the MDT being the most common.”

Further information about the two hospices has been added to the first paragraph of the methods section:

“Hospice A covers the PCT only, but Hospice B’s catchment area covers 5 London Boroughs, looking after 1,800 patients and families each year. Hospice B is significantly larger than Hospice A. Both hospices serve the PCT through their home care services, offering 24 hour support and advice in caring for terminal patients in the community. There is an in-patient facility available at Hospice B to which all patients in the PCT can be referred. Alternatively, patients may also receive palliative care in the acute hospital setting.”

2. It would be helpful to have more of a breakdown of the numbers of patients GP reported caring for. Worth emphasising the self-report nature of all these data.

The number of patients GPs reporting cared for has been removed from the paper as suggested by the other reviewer

3. What about the non-cancer deaths? Of the patients the GPs recognised themselves as providing palliative care for, they estimated 3/4 needed specialist input, but how many of their patients died without ever being so recognised, especially non-cancer patients? I am aware that the authors do not have these data, but these issues need to be included in the discussion.

The following has been added to the discussion:
“However, this study suggests that, according to GPs, on average 3:4 patients who GPs perceive as having progressive illness, are also thought to need specialist palliative care. In addition, of interest would be patients not recognised by GPs as requiring specialist palliative care input - in particular the non-cancer diagnoses.”

4. **I wonder if men look after more patients than women because women GPs are more often part-time?** Similarly, older GPs may be more likely to work part time.

As stated previously, this information has been removed at the suggestion of the other reviewer

5. **The Haines paper has no reference at the end.**
This paper is now referenced

6. **Several of the references are a little old now - there is more recent literature that the authors might helpfully cite**
A further literature search has been conducted and the following reference has been added:


The following changes have been made in accordance with the recommendations of reviewer 2 (David Seamark)

7. **There are a few problems with the data. Retrospective estimate of palliative care cases cared for are notoriously unreliable and not too much store should be placed on these results. Certainly I do not think that statistical analysis of these figures is justified.**

This data has now been removed

8. **The other problem relates to treating the two hospice services separately. It is a small survey and one has to ask: what is the point of comparing the two services? It would be better to combine the figures for Hospice A and Hospice B.**

Please see point 1 above

9. **It would help to have a description of the two hospice services in terms of community services, inpatient beds, day care and 24 hour availability of cover/advice.**

Please see point 1 above
10. The discussion is currently too long and speculative.

The discussion has been edited and the speculative content shortened. Paragraphs removed from the discussion include:

“Four of the GPs replying did not feel that they had the experience and were therefore unable to comment. These respondents were removed from analysis, along with two others who had completed the demographics section of the questionnaire, but left the rest blank citing lack of experience as the reason. This group of GPs may be an important group to further investigate as early experiences of the hospice services may influence their future referral practices.”

“Surprisingly, male GPs were significantly more likely to have looked after more terminal patients in the last 2 years than female GPs. No previous literature has noted this. There was a positive correlation between how long GPs had been in general practice and how many palliative patients they had cared for in the last two years. Some GPs stating they were in practice 1-5 years, may have been in practice less than two years, invalidating their response. However, it may also be that these GPs who are new into practice are less likely to take on palliative care patients, due to the perceived complicated management of these patients. It could also be that they had less time to get to know older patients, who make up the majority of terminally ill patients. Alternatively, it is possible they may not recognise the terminal nature of some non-cancer diagnoses.”

“Surprisingly, GPs that had been in practice for greater than 20 years were less likely to have looked after terminal patients in the preceding two years compared to a survey in Australia. It is possible that GPs nearing retirement are less likely to involve themselves with “time consuming patients” or they feel unconfident in caring for these patients. However, as there was no significant relationship between the age of the GP and the number of patients cared for in the last two years, this does not seem likely. The finding needs exploring in future studies.”

Please do not hesitate to contact me if any further information is required.

Yours sincerely,

Sabrina Bajwah