Author's response to reviews

Title: Patient safety in primary care: a questionnaire study among general practitioners in The Netherlands

Authors:

Sander Gaal (s.gaal@iq.umcn.nl)
Wim Verstappen (w.verstappen@iq.umcn.nl)
Michel Wensing (m.wensing@iq.umcn.nl)

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Author's response to reviews: see over
Editorial comments

- Improve the English.

*The English is extensively changed.*

- Format conforms to journal style.

*We have checked the manuscript against the instructions, and made a number of changes. Please let us know if other changes are required.*

Reviewer 1 (James Dunbar)

- Very little is known about patient safety in primary care. I don’t feel that your study adds very much in its present form. Is it because your survey is based on a qualitative study and therefore you have a circular argument?

*It is true very little is known, however research in this area (patient safety in primary care) is evolving. The studies known which present taxonomies, or culture in relation with patient safety, are all based on incident reporting or taxonomies invented by researchers. The qualitative interview study was used to the questionnaire, which is recommended practice in survey research. New in our questionnaire is the fact that we asked for the ideas of GPs on patient safety who work in the field, not academics or policy makers. These questions, and answers, were not in relationship with errors made.*

- It is now well established that leadership, performance, culture and collaboration are crucial to patient safety in primary care. (Scott, Mannion, Marshall and Davies. Does organisational culture influence health care performance? A review of the evidence. J Health Services Research Policy 2003; Page 112)


- We know that medical errors in primary care occur in administrative systems, laboratory and diagnostic imaging processes, and as a result of the shortfalls in the knowledge and skills of different care providers, as well as medication errors. An additional reference is Dovey et al. A preliminary taxonomy of medical errors in family practice. Quality and Safety in Healthcare 2002; 11:233-238.

- I believe you need to revise your paper so that your findings are better anchored into what we already know.

*Thank you for the references, we added these into the ‘discussion’ section. However studies included in the review from Scott et al. are hospital based (mostly ICU and management of hospitals). Therefore we think this study is not one-to-one transferable to the primary care (due to the specific primary care characteristics, like less employees per practice). We would like to address the differences; these studies are based on incident reporting (e.g. when something has gone wrong). Our study is based on a questionnaire, therefore it describes what GPs think of patient safety, that is different from what researches derived from reported incidents (however there is of course an overlap between items found). Also our questionnaire asked for risk factor in patient care, none of the above studies asked GPs what they self consider patient unsafe (prior to an actual made error).

We see that many items found important by GPs are also known from literature from incident reporting studies, however certain items in our study are seen more important by GPs than by researchers and policy makers (e.g. a bad doctor patient relationship) and others, seen as important by policy makers, and researchers, like guideline adherence are seen as not so important by GPs. We think this deviation could be interesting for further patient safety research.*

- Your survey response rate is acceptable, but there are major problems with the English language such that the paper is not publishable until it has been thoroughly revised for content and language.

*The English has been extensively changed.*
Reviewer 2 (Susan Wearne)

-4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes, except for insufficient information on how the free text comments from GPs were analyzed and how these were incorporated into the report.

*We added a sentence with an additional explanation.*

-8. Do the title and abstract accurately convey what has been found? Yes but need clearer wording on the derivation of the survey questions.

*We added an additional explanation in the abstract and also in the methods section.*

-9. Is the writing acceptable? Yes

This is a relevant article to general practitioners and general practice policy makers. I recommend publication but prior editing by someone whose first language is English. I am always impressed by the quality of work from the Netherlands and the ability to write in English, but even so, there are some minor revisions which will make the text clearer. (In comparison when I cycled solo round the Netherlands all I knew were the words left, right and over the canal!!)

*The English has been extensively changed.*

P 1

-Methods; the survey was designed on information derived from a qualitative interview study, rather than on the study itself.

*Changed*

-P 2 Large numbers are separated by . rather than a comma in several places in script eg 100.000 should read 100,000.

*Changed*

-Methods; need some information about the Nijmegen University Network of GPs. Although it is good to see the demographic comparison with Dutch GPs as a whole, info is also needed on the network. Is it an academic group, a group involved in teaching or just a geographical cluster of GPs. Worth adding why this sample was chosen – was it convenience or was there a specific reason that this group would be sampled.

*We added a sentence with an additional explanation.*

-The section on designing the questionnaire is included under the heading of measures and analysis, but instrument design would be a better subheading. Who were the experts of patient safety? Were they government officials, health insurance funders, injured patients, GPs who have been sued? Is there expertise practical or academic and from whose perspective?

*We added a sentence with an additional explanation.*

P3

-Para 1 – gender reads better than sex

*Changed*

-Results – not sure table 1 is needed

*We have left the table in the article for now, it shows some characteristics of the study population, this could also be important to your remark of the NUHP characteristics.*

-Para 3 clinical cases – ‘majority’ of GPs. Would be better to have the number here

*Changed*
Para 4 – spelling of word advice (and repeated mistake during rest of paper), cases were should read cases where

Changed

In results present tense used when past tense more common use of English eg.

Changed

Page 5 para 1 “The case where there is no regular error discussion” reads better as “the case where there was no regular error discussion”

Changed

Para 4 – biopt should read biopsy

Changed

P 8
- Strengths and weaknesses.
Need to know more about the sample of GPs to determine why this group might be more interested in patient safety than the average GP.

Done, see also the methods section

-The authors state that these cases occur frequently in daily general practice but this assertion is unreferenced.

True, this is based on the responses of GPs and personal experience of the experts on patient safety. We added an additional sentence to explain this.

-Mention is made of the GPs comments but no evidence is presented on how these comments were collated, analysed and then presented as results

We added an additional explanation in the methods section on how the comments were analyzed.

-GPs disinclination to worry about deviation from the Dutch College of GPs guidelines is cited as equating with evidence-based medicine. I think this may be a false conclusion. If the question was phrased – ‘To deviate from guidelines relevant to individual patients that are derived from rigorous, scientific data’ might yield a different answer.

We added an extra phrase to explain how the Dutch College of GPs guidelines are formed, these guidelines are truly evidence based. However we now realize that in a foreign country these guidelines are not known. In the Netherlands however, these guidelines are the basis of evidence based practice of GPs, and these guidelines are 100% present in every general practice for reference.

Discussion – I think it is worth including as a topic for further research, the patient’s definition of safety and how this interfaces with the GPs view of safety.

We added a topic with suggestions for further research.