Reviewer’s report

Title: Patient initiated clinics for patients with chronic or recurrent conditions managed in secondary care: a systematic review of patient reported outcomes and patient and clinician satisfaction.

Version: 2 Date: 2 January 2013

Reviewer: Sarah Hewlett

Reviewer’s report:

Thank you for asking me to review this systematic review of 7 studies of patient-initiated follow-up for chronic physical conditions. The overall findings of the narrative review are that it does no harm, and patient and clinician satisfaction are generally high.

Whilst the review is systematically approached, the presentation of the findings is hard to follow in places, and would benefit from clarification and greater consistency with referencing.

Major compulsory issues:

Abstract

Results paragraph: Please report the types of conditions and number of patients included.

Conclusion paragraph: No evidence was presented in the Results section of the abstract to support the conclusion that PIC improved use of resources – it is possible that PIC patients requested more appointments than usual follow-up patients (which would increase use of resources), or that their requested appointments did not result in clinical interventions but these data are not presented. The authors state in para 8 of their Discussion in the main paper, that they are conducting a separate review on use of resources in PIC. In addition, no evidence was presented in the Results section of the abstract to support the conclusion that the patient-doctor relationship needs to be considered, nor why this particularly relates to the use of a guidebook. Finally, please clarify what ‘further extended research’ is needed – what are the knowledge gaps you have identified from this systematic review?

Background:

Para 2: How does ‘overbooking appointments’ promote appointment attendance?

Results:

Para 2: It is stated in paragraph 1 that 7 studies were included (refs 12-20), with one study reported at 3 time points (refs 17-19). However, in paragraph 2, ref 21 is also listed as an included RA study, making 8 studies, but ref 21 appears to be an audit only and was not an included study. Should para 2 read ‘refs 17-20,’
rather than ‘17-21’? Further, ref 21 is not cited anywhere else in the text in its own right, so it is unclear what its purpose is in this review (on reading it, ref 21 appears to provide important data on PIC implemented in clinical practice and how it leads to greater clinical interventions than routine FU).

Para 2: The text states 4 of the 7 studies had qualitative and quantitative data (12, 14, 15, 20), which means 3 must have had quantitative data only (presumably 13, 16 and 17-19). However, the authors then state that not 3 but 5 studies had quantitative data only, yet quotes 3 studies (17-21), omitting refs 13 and 16, including study 20 which did have qualitative data, and adding in ref 21, which was not one of the 7 studies reviewed. In paragraph 4, the authors next reference only 3 instead of 4 studies reporting qualitative data (14, 15, 20) with ref 12 omitted.

Para 10: This paragraph reports on physical function outcomes across the studies, therefore it should not include self-efficacy, as self-efficacy for physical function is a different concept (incidentally the correct acronym for the Arthritis Self-Efficacy Scales is ASES, not ASQ).

Para 17: Figure 3: In the online Figure 3 of a possible theory of how PIC could lead to a more satisfactory service without harm, the ‘additional boxes in red’ stated in the text are not provided. If these boxes suggest ‘where the studies included in this review may inform future implementation of PICs’ then this is a topic for the Discussion section. If the theoretical model is important, it should be in the body of the paper, not online. In the last box on the Traditional Care pathway, presumably the consequence should be ‘reduced’ not to ‘reduce’ service responsiveness. In the PIC pathway, what is the difference between the two boxes ‘more appointments attended’ and ‘reduced/no missed appointments’? Couldn’t this be a single box – the patient attends because they are unwell?

Discussion:

Para 2: It is stated that these studies show that fidelity to the intervention is important, yet in paragraph 3, it is stated that fidelity was not measured in any of the studies - so how can they provide evidence that fidelity is important?

Para 7: The number of departments implementing PICs may be difficult to estimate as it is likely such implementation is only reported as an internal audit or local evaluation, and not published - this should be acknowledged. Reference 21 could be used here, as it is an evaluation of local implementation. The authors mention the difficulty of knowing how to implement PIC, but there are published guidelines: Pope D, Tipler S, Kirwan J, Hewlett S, Implementing a patient-led, nurse-supported service in a long-term condition. Nursing Times 2005; 101 (49): 28-31

Para 8: The authors’ aim was not to evaluate the cost of PIC (that is the subject of their second review paper), therefore it may not be helpful to comment on the cost of providing patient training in PIC in their own NHS Trust, particularly as it is not balanced by the potential for savings overall from PIC (invest to save). The reference to Mark Perry’s personal communication about implementing an RA
service (14) is actually an RCT of PIC in IBD.

Minor essential errors:
Throughout: Data are always plural
Abstract: Methods paragraph: The sentence beginning ‘Studies comparing’ should have ‘were included’ added

Methods:
Para 4: Delete ‘How about’ at the beginning of the sentence
Para 5: Please provide a reference for the guidelines for data extraction on quality of the studies, cited as ‘from the Centre for Reviews and Dissemination’

Results:
Table 2: The key is only presented online (Appendix C) but this explanation should be added to the Table to help the reader
Table 3: This online table states that 6 of the 7 studies were RCTs, yet in the row labelled ‘randomised’, a number of the studies have (?) entered. A better explanation than the label ‘randomised’ is therefore needed if the reader is to make sense of these quality judgements.
Tables 4, 5 and 6 are not referenced anywhere in the text.
Para 2: The following sentence is incomplete: ‘In three studies people in the intervention group had an initial appointment with a consultant during which a guidebook.’
Para 4: Please supply the references where you have typed [refs]
Para 21: Two important statements need supporting references – the statement that patients felt emotionally let down by their consultant, and the statement that there were complaints about missing notes and communications.

Discussion:
Para 4: In the Hewlett RA study, 3 monthly assessments were only conducted up to 24 months; patients in the intervention arm were phoned if they showed evidence of clinical deterioration on the questionnaire.

Discretionary revisions:
Background:
Para 1: Only people with conditions that are managed in secondary care, have hospital appointments every 6-12 months, many long-term conditions are managed entirely in primary care unless there are problems eg osteoarthritis).
Para 2: What is the cost of missed appointments (reported as ‘millions every year’)?
Methods: Para 2: Online Figure 1 isn’t really a figure, it’s a list of search terms, so perhaps it is just an Appendix

Results:
Para 13: In the sentence on Hewlett et al showing that anxiety and depression in RA were improved at 24 months (18), the comments that the findings were also reported by Kirwan at 48 months (17), make it sound as though this were a different study rather than the same group of patients. It would be clearer to say ‘the findings were maintained at 48 months (17)’

Para 20: The last few sentences of this paragraph on the use of a guidebook, are more suited to the Discussion section than the results.

Discussion: The authors could usefully point to the need to evaluate the costs and resource use of PIC, given that clinically it appears to do no harm and give satisfaction.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I was PI on the RCT of patient-initiated clinics in RA, and published papers 17-19