Reviewer’s report

Title: Factors associated with utilisation of GP services by a cohort of people who inject drugs

Version: 2
Date: 10 April 2014

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Manuscript Title: Factors associated with utilisation of GP services by a cohort of people who inject drugs

Using data of a cohort of community-recruited injecting drug users (IDU) in Melbourne, this study described utilisation of GP services for health needs unrelated to opioid substitution therapy (OST), and examined associations between use of GP services in the past month and socio-demographic and drug use characteristics and self-reported health condition.

This is a well written manuscript on a much needed study about the utilisation of general health care (unrelated to OST) by a vulnerable group of people who often face substantial barriers to access to care. I strongly recommend this article to publish. I have some comments for authors to consider:

Minor essential revisions

Abstract

1. The importance of this study lies with its endeavour to look into the utilisation of primary health care utilisation unrelated to OST, which should be better reflected in the Abstract. The authors mentioned it only in the conclusions. I think this point also needs to be mentioned in the Background and Results section, so that readers while reading the conclusions do not feel that this non-OST related healthcare issue has suddenly been introduced.

Background

2. There are disagreements about the definitional difference between the term ‘primary care’ and ‘primary health care’. But, I guess it is important to say that the state-funded five PWID-specific primary care facilities in Melbourne are in fact ‘primary health care facilities’. These centres cater the needs of IDUs genuinely as primary health care outlets. Thus, I wonder if authors would like to use ‘primary health care’ in the sentence at p4 that says “The objective of these services was to enable a coordinated and comprehensive primary care response to enhance the health and welfare of PWID…”

3. The next sentence says, in connection to the previous sentence, that despite having these services (meaning PWID-specific services) the majority of primary care accessed by PWID continues to be in a general GP setting rather than at targeted services. And the sentence ends with reference no. 12. This study (ref
12) described the overall health care utilisation of total sample of Australian Needle Syringe Program Survey participants, and did not mention anything about PWID of any particular area. But the way, and in the context, this sentence has been written and referenced gives readers a sense that these targeted facilities are available across the nation (as ended with the ref 12, which is based on a national dataset) or that the ref 12 was based on Melbourne based IDUs. None of these are correct. Thus I recommend authors to replace ref 12 by any Melbourne or Sydney based study, which is about IDU-targeted primary health care facilities.

Methods
4. The term ‘PWID-specific primary health care’, which has been used under the subhead ‘Measures’ should also be mentioned in the last paragraph at p4, where background of these facilities has been described.

5. The para under subhead ‘Measures’ used some closely related terminologies, for instance, ‘GP-related service’? GP services. This section would be benefited if authors consider editing appropriately. Authors may like to use ‘GP practice (or general GP setting, as was used elsewhere)’ instead of ‘GP service’ to clearly distinguish between services offered by GPs of PWID-specific centres and other GPs.

6. The word ‘care’ after the word ‘attendance’ (p6) is not required.

7. In Table 1, the authors may like to mention the reference group for variables more than two sub-categories, although unadjusted OR gives some indication, some values in AOR may potentially confuses the readers. Is there any specific reason for making ‘Less than 3’ rather than ‘None’ as the reference group for variable “number of other health services used –past month”? Why some AOR are missing, a footnote explaining the reasons would be nice.

Results
8. I request authors to clearly mention the number (and %) of the service utilisation. The sentence currently starts at p8 as “Among participants reporting on GP utilisation, 62% had accessed … … …” misses the very first question as to how many (and %) accessed GP services. To me this is the most important part of the findings; currently it is a bit confusing. Does it say that 62% (n=400) accessed either general or targeted services in the past month for any reasons including OST only access? Are 29% (n=187?) made at least one visit to GP (both in general or targeted facilities) for general health related reasons unrelated to OST? The next sentence says, “Two-thirds of these visits… …” What the words ‘these visits’ refer to? I guess 29%, but readers may be confused in this way of presentation. I think authors may like to consider a separate table describing both number and percentage of utilisation in relation to major variables, or may include more column(s) in Table 1.

Discussion
9. I request authors to rephrase this sentence at p13: “The complex vulnerabilities associated with low income, which affects a large proportion of
PWID, influences the priority that health takes and consequently use of health services”. Let’s make it self-explanatory so that readers, only be reading this sentence, understand that the complex vulnerabilities associated with low income have a negative influence and may make health care a low priority.

10. In the same page it is said that the purpose of the visit (if it was for the child or themselves) by the mothers were not recorded, and thus interpretation of the data can’t go beyond access to services. This sentence raises a question, what exactly the participants were asked in relation to GP access. May I request authors to clarify this issue in the Methods section? Also how the responses were recorded?

Discretionary Revisions

Conclusions

11. The conclusions read excellent. My only observation is about one sentence that says “Comprehensive services and support can alleviate the pressures faced by this population and create an environment conducive to harm minimisation strategies”. It sounds a bit superficial. I think it’s about time we said clearly, what we really think should be done to reduce the pressure and create a conducive environment.

General

12. I wonder if data allows any comparison between the frequency of ‘GP-care unrelated to OST’ between the participants who solely accessed PWID-specific GP care and those who solely accessed other GP facilities. For instance, how many times these two groups accessed ‘GP-care unrelated to OST’ in the previous month? Or comparison between the primary users of PWID-specific GP care and other GP facilities? Or anything about the overlapping of service access from both type of facilities? I leave this to authors’ discretion.

It has been a pleasure to read this manuscript.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests