Author's response to reviews

Title: Impact on and use of health services by international migrants: questionnaire survey of inner city London A&E attenders

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

MS: 1226485351113011 Impact on and use of health services by international migrants: questionnaire survey of inner city London A&E attenders

The authors thank you for considering our paper: ‘Impact on and use of health services by international migrants: questionnaire survey of inner city London A&E attenders’ and giving us the opportunity to respond to comments from the reviewers. We note that no major points have been raised and will respond to the two reviewer’s points in turn.

Reviewer 1: Brian Gushulak

General Comments

We thank the reviewer for these general remarks concerning topics of which are aware and will certainly consider in the context of future work. We agree with the reviewer that place of birth and time in the host country provide variables that facilitate comparative analysis on health seeking behaviour across international studies. However, we were keen also to describe in this cohort self-reported nationality as we felt that this strengthened our description of the range of both short-term and long-term migrants presenting to this service. In addition, in the current UK political context, driven by the idea that ideology that refugees and asylum seekers place a disproportionate burden on health services, we also felt it essential that we incorporate citizenship as an additional variable.

Major Compulsory Revisions
None observed

Minor Essential Revision
Interpreters were not provided but the questionnaire was available in the 6 major local languages of patients presenting to the A&E and so this was not considered a major limitation to this study. We have now clarified this point in the discussion (page 11, paragraph 2).

Discretionary Revisions
1. Although it would take too long to provide a detailed description of the structure of the UK’s health service in our paper, we have included an additional sentence about the gatekeeper role of GPs for a more international audience (page 5, paragraph 2).
2. There are few studies in this area that have adopted the self-completion questionnaire survey approach, so comparisons are difficult. The response rate is considered good in what was a difficult context to collect patient data, and the clinical experience of this department confirms the validity of this data. We have added an additional sentence in the discussion section regarding the response rate (page 11, paragraph 2).

Reviewer 2: Gerard Bury

Major Compulsory Revisions
None.

Minor Essential Revisions
None

Discretionary Revisions
1. We have discussed the response rate and related issues in comments to Reviewer number 1, Discretionary Revisions, and inserted additional text in the discussion section (page 11, paragraph 2). In general, the authors have now taken a more cautious approach to discussing the generalisability of these results. We do feel that the main findings, however, will be relevant to others working in inner-city areas.

2. Regarding the ‘appropriate’ use of this service by patients, we do think that this is a useful interpretation of our research findings considering the demographical data collected. However, as the reviewer advises the discussion relating to this issue has been truncated (page 12, paragraph 2).

3. To clarify, table 3 shows that the majority of the ANS group were in the UK doing paid work (88.6%) and this is the dominant visa status of all the overseas born sub group, they were therefore not students. 56 (7.8) of the total overseas born sample reported being in the UK on a student visa, the majority of these from the OM group. This is now stated in the text (line 3, para 2, page 9).

The authors believe that the above is a full response to reviewer’s comments which only included one minor essential revision.

I trust all is in order and look forward to hearing the manuscript is now acceptable for publication.

Yours sincerely

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