Author's response to reviews

Title: Implementing and managing self management skills training within Primary Care Organisations: A national survey of the Expert Patients Programme within its pilot phase

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Author's response to reviews: see over
To: The Co-Editors in Chief, Implementation Science  
Re: MS 1926570435882518 Implementing and managing self management skills training within Primary Care Organisations: A national survey of the Expert Patients Programme

I have now submitted a revised manuscript in light of the two reviewers’ comments. I have submitted two versions of this manuscript – one in which the changes have been tracked and also a full, untracked version.

Firstly, I would like to alert you to two general amendments:

1. The title of the paper has now changed to: ‘Implementing and managing self-management skills training within Primary Care Organisations: A national survey of the Expert Patients Programme within its pilot phase.’ I think that by adding ‘within its pilot phase’ it helps to address some of the more general issues highlighted by the reviewers.

2. References have now been removed from the abstract and incorporated into the body of the text, as requested.

I and my co-authors would like to thank the reviewers for their very helpful and constructive comments. We felt that some of the issues raised were beyond the scope of this ‘short report article’, but we certainly hope to address them in the future in more in-depth publications.

Reviewer 1: Patricia M Wilson, University of Hertfordshire  
Report: General
This is a very interesting paper that has the potential to add valuable knowledge and understanding of the implementation of Expert Patient Programmes. However, whilst it is based on sound empirical work the paper would be improved by the articulation of limitations and alternative interpretations.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Success of the EPP is seen purely in terms of the numbers of courses run and anticipated numbers of future programmes. Whilst this is congruent with the description of the Department of Health's response to the pilot which is briefly mentioned both in the Abstract and third paragraph of the introduction, the paper would benefit from the acknowledgement of alternative criteria of success. Examples are evidence of EPP as a trigger for the development of user initiated, independent support groups (Wilson & Mayor in press, British Journal of Community Nursing, 11, 1), or changes in health professionals’ responses towards self-management. If the scope of the study did not include an exploration of other criteria of success then this should be acknowledged as a limitation. Alternatively, if the purpose of the paper was to compare specific findings with the Department of Health’s response to the pilot then this should be made clear.
This issue has been addressed as follows: The words ‘in its pilot phase’ have been added to the title of the paper. The issue has been highlighted in the 3rd paragraph of the Abstract, in the 2nd paragraph of the Introduction and the 1st paragraph of the Discussion.

2. It should also be acknowledged within the paper that only one model of EPP delivery is being considered. For example, some "successful" (in terms of courses run, recruitment and sustainability) PCTs are those who have commissioned licensed voluntary organizations to recruit, administer and run the course. There appears a strong link with this and the view expressed in the top paragraph on page 5.

This issue is addressed in the 5th paragraph of the Discussion.

3. The last sentence of the paper appears incongruent with the underpinning philosophy of the EPP as lay-led with minimal health professional intervention. The tension between this philosophy and self-care training developed by professionals merits some exploration.

The last sentence of the paper has been amended and also expanded.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The word “centre” has been replaced by the words “Department of Health”, in the 1st paragraph of the Introduction.

5. The abstract is a little wooden and could be developed to flow more.

The abstract has been amended accordingly.

Reviewer 2: Prof Elizabeth Kendall, Griffith University
Report: General

The paper provides an interesting analysis of a very important movement in healthcare (i.e., the integration of self-management into standard health systems using a top-down policy driven mechanism rather than a bottom-up self-determined approach driven by consumers). Reach and commitment of PCTs may not be the most important implementation issue that will prevent the implementation of EPP using this mechanism. The authors discuss this fact and give important voice to the need for alternative delivery arrangements to ensure access and equity for all consumers with chronic conditions.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Given the international nature of the journal, it would be preferable if the authors clarified some terminology that seems to be particular to the UK EPP programme (e.g., EPP Leads, the nature and role of PCTs, local agencies, centres etc.). Although readers can assume the meaning of this terminology, it may be incorrect.

These issues have been addressed in the 1st paragraph of the Introduction.

Discretionary Revisions (which the author can choose to ignore)

Differences between PCTs in implementation is interesting - the paper provides some discussion of factors that differentiate "champion" PCTs and "failed" PCTs, but these factors are relatively benign (e.g., size, future funding allocations to EPP, % Lead time allocated to EPP). However, of more interest may be the constitution of the PCT consumer group and the health demands in the region.

We did not collect data on these issues and feel that addressing these issues would be beyond the remit of this paper. However, this is an interesting point meriting future research

Recruitment was noted as the most common (92%) factor associated with cancelled courses - which PCTs were most likely to cancel courses and why was recruitment an issue in these regions? Is recruitment a difficulty due to the lower commitment to EPP within that PCT or could recruitment difficulties reflect different needs/constitution of client groups in the area?

Course cancellation was a universal problem and this has been stated at the end of the 1st paragraph of the Findings section.

If recruitment is associated with commitment of time by Leads, then it is reasonable to conclude that increased funding for Leads is a priority for the future. If, however, recruitment is problematic due to the inappropriateness of the course or some other factor, then more fundamental issues need to be addressed to ensure sustainable implementation. For instance, it is possible that recruitment issues are associated with the population demographics of the area, the skills of the Lead in marketing, etc. The assumption that the programme has limited reach to those with long-term conditions due to an implementation gap may be correct, but the suitability of the programme for this population may also be an issue.

We feel that addressing these issues would be beyond the remit of this paper, which is a survey of EPP in its pilot phase. We do not feel that this is the appropriate place to critique the whole EPP Programme.
Given the type of analysis conducted and the available data, it is plausible that demand for self-management courses within each PCT district (or competing demands for other interventions) may predict the level of commitment of the PCT to EPP, as well as their allocation of budget and % of time. The lack of ability to conclude causal relationships should be acknowledged.

This has been acknowledged in the 2\textsuperscript{nd} paragraph of the Discussion.

It is also plausible that larger PCTs run more courses simply because the have larger staffing and budgets and, therefore, have a greater presence in their communities, leading to increased capacity to recruit and run courses. They also are likely to have greater demand for courses simply by virtue of larger populations.

This is true and is acknowledged in the 3\textsuperscript{rd} paragraph of the Findings.

It should be acknowledged that there may be more meaningful ways to determine the categorical status of PCTs (i.e., champion or failed) rather than the absolute number of courses they have run (e.g., courses run relative to demand in the community, or even just population size).

We agree that there may be more meaningful ways to determine the categorical status of PCTs, but ‘champion’ or ‘lesser-achieving’ refers to whether of not PCTs carried out what they had signed up to do for the pilot phase.

Irrespective of PCT size, greater % of time allocated to EPP lead to more courses being run, but it would be interesting to understand the nature of the time allocation (i.e., what tasks required greater time - recruitment, training of tutors, maintenance of tutors, organisation of enrolment, running of courses, future planning etc.). The data indicates that greater time allocation was also associated with fewer cancelled courses, more significant planning for the future, more tutors. Which of these factors is associated with success and which Lead tasks facilitate these factors? There is a need to focus the time of EPP leads so they are achieve maximum outcomes within the complex demands of PCT regions.

These issues are both acknowledged and to some extent addressed within the first two paragraphs of the Discussion section.

I hope that these amendments in light of the reviewers’ comments are to your satisfaction, and look forward to hearing from you accordingly.

Yours sincerely,
Dr. Victoria Lee