Author’s response to reviews

Title: What are emergency ambulance services doing to meet the needs of people who call frequently? A national survey of current practice in the United Kingdom

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Author’s response to reviews:

Paul Jennings
Editor, BMC Emergency Medicine
December 13 2019
em.emmd.0.671328.f416d1c7
Dear Paul,

Please find below our responses to the comments received from reviewers who read our paper:

What are emergency ambulance services doing to meet the needs of people who call frequently?

A national survey of current practice in the United Kingdom. We have shown our revisions as coloured text (red) in the manuscript and given the relevant page number below.

Editors Comments to Author:

1. Manuscript body: Please add a separate “Conclusions” section after the “Discussion” section. This should state clearly the main conclusions of the research article and give a clear explanation of their importance and relevance.

We have added a Conclusion section as requested. (PAGE 9)

2. Table: Please remove duplicate table in the manuscript. This has been removed.

3. Ethics: Please confirm whether your study was submitted to and approved by your institutional ethics committee and include a statement to this effect in the "Methods" and the "Ethics and Consent to Participate" sections of your manuscript. Please also ensure that the full name of your ethics committee and its institution is included in this statement. If the need for ethics approval was waived by an IRB or is deemed unnecessary according to national regulations, please clearly state this, including the name of the IRB or a reference to the relevant legislation.

As this study was a survey of usual service provision within the ambulance service, there was no requirement for institutional ethical approval as stated in the Health Research Authority website: https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/research-ethics-committee-review/non-nhs-research-projects/ (PAGE 5, 9)

4. Consent to Participate: Please confirm whether informed consent, written or verbal, was obtained from all participants (veterinary officers and farmers) and clearly state this in your manuscript, in the 'Ethics and consent to participate' subsection of the 'Declarations'. Please ensure the nature of the consent (written/verbal) is clearly indicated in the statement. If verbal, please state the reason and whether the ethics committee approved this procedure. If the need for consent was waived by an IRB or is deemed unnecessary according to national regulations, please clearly state this, including the name of the IRB or a reference to the relevant legislation.

All participants firstly emailed their consent to participate in telephone interviews and also provided verbal consent prior to the interview taking place. This text has been added to the 'Ethics and consent to participate' subsection of the 'Declarations' (PAGE 5, 9)
Reviewer(s)' Comments to Author:
Reviewer: 1
Magnus Andersson Hagiwara, Ph.D
Thanks for the opportunity to review yours manuscript. This is an important and interesting work. The study is well executed and the manuscript is well written. I have only minor comments which hopefully can improve the manuscript further.

1. Abstract:
The abstract is well written.
Thank you

2. Background:
- Page 4, line 56-57. The sentence "While emergency services remain integral to providing a service for those with unplanned urgent and life-threatening health conditions, high use of the service by a minority of patients is a concern."
This is a problem only if those patient doesn't have urgent needs of ambulance care. Did we know that?
The statement is taken from literature, which has shown that not all patients who repeatedly call the 999 ambulance service require urgent care. We were unable to describe the population in this paper. The STRETCHED study will aim to answer these questions.

3. Methods
Setting:
When it comes to setting, I lack some contextual information. How is ambulance service organised in UK. Are all services autonomy or are they guided by a national organisation? Are there national based guidelines?
How is the local organisations organised? Normal ambulances, single responders, helicopters?
Are there physician's, paramedics, advanced paramedic? Education, Bachelor level and so on.
We have added further information to describe the ambulance service in the UK. (PAGE 5)
Analysis:
I need some more information of the data analysis. For example, do you use the 6 analyse steps: Familiarization Coding Generating themes Reviewing themes Defining and naming themes Writing up Did you use an inductive or deductive approach? Did you use a semantic or a latent approach? How was the theme generated? For example, which codes generated a theme?
We agree with reviewer that further detail is required. We have added additional information to describe the qualitative analysis. (PAGE 5)

4. Results
The results are well written and informative. Table 1 helps a lot.
Discussion, Study Limitations and Conclusion
I have no comments on this sections. Informative, good references and well written.
Thank you for you kind comments.
Reviewer(s)' Comments to Author:

Reviewer: 2

David Peran (Reviewer 2)

Thank you for inviting me to review this article. I would like to thank the authors for their work on this topic which is actual, interesting and important for all pre-hospital providers around the world. Please find my minor comments below:

1. Abstract, title and references
   The title is informative and relevant to the content of the article. Abstract summaries the content in a clear way.
   This topic is not really common in the literature. The authors used both research articles and also other sources of information. References are relevant and recent.

   Many thanks for the kind comments.

2. Background
   Introduction into the topic and research question are well described.
   The authors might just add reference to the agreement of the UK ambulance services about the frequent caller (page 4, line 65-66/23-25).

   We have added a reference as suggested. (PAGE 4)

3. Methods
   Methods used in this manuscript are well described and used appropriately.
   There might be a different between "frequent caller" and "frequent user". The authors might clarify if the term "frequent caller" in this paper means a person who used the ambulance or just called the ambulance (seeking an advice or calling to someone else…).

   Thank you for noting this. We have clarified the term. (PAGE 4)

4. Results
   Results are described in a clear and understandable way.
   The sentence on page 6, line 171/45 is unclear: "Patients may be invited to attend meetings (services 1, 4) or not (service 2)." It seems like the patients were invited to attend or not attend the meeting, which seems illogical. But it might be just feeling.

   We have clarified the sentence. (PAGE 7)

5. Discussion and Conclusions
   Results are discussed from multiple angles and placed in context.
   I would suggest to add one important thing which is the potential problem of frequent callers/users - the unrecognized severe medical issue of the frequent caller by the dispatch centre.
or that the frequent caller might be afraid to call again even when severe problem occurs. This might be a big limitation of the case management and the providers might be very cautious when implementing and using it.

The reviewer has highlighted an important point. We are unable to describe the variation between call centre coding and condition code recorded by paramedic on scene. This is something we hope to explore in the STRETCHED study.

6. Figures and tables
   Table and Box are understandable, described and support the results and discussion part.

   Thank you

7. Summary

   This qualitative survey is well designed and brings a clear data of current situation in the UK. Future research might be done also in other countries with different systems to find the best possible solution. This article might support next research in this area (e.g. the impact of the case management).

   Major points in the article which need clarification, refinement, reanalysis, rewrite and/or additional information and suggestions for what could be done to improve the article:
   1) clarifying the term "frequent caller".

   We have clarified the term. (PAGE 4)

   Minor points (typos etc.):
   1) typos in references on page 4 (line 74/35; line 79/42) and page 5 (line 122/40);
   2) reference to the agreement of the UK Ambulance services (page 4, line 65/23).

   The typo has been addressed and reference added. (PAGE 4)

   Thank you for the opportunity to provide these comments.

   We thank both reviewers for their supportive remarks and constructive suggestions to improve our paper. We hope we have addressed all the points raised and look forward to hearing from you.

   Yours sincerely
   Ashra Khanom
   On behalf of all the co-authors