Reviewer's report

Title: Consenting for contact? Linking electronic health records to a research register within psychosis services, a mixed methods study.

Version: 2
Date: 25 September 2014

Reviewer: Martin N Rossor

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This is a well written and useful study on methods for recruiting patients for studies within a mental health service.

The following comments are noted for the authors to consider for discretionary revisions:

Para 1
“This has not been attempted in a secondary mental health setting”. This needs clarifying. West London Mental Health NHS Foundation Trust has implemented a system called Concert-D that integrates an electronic health record with a consent-for-approach research register. I don’t think this is being used in an equivalent population, but it is with people with dementia in a secondary mental health setting. It is different from the SLaM approach in that it is not ‘the EHR’ so to speak, but it is ‘an EHR’. There are also NHS secondary mental health care providers like Camden & Islington NHS Foundation Trust who have implemented a ‘tick box’ within their EHR system to record service users consent to be approached about research.

Background/para 4
Do the authors have evidence that clinicians are vital to the recruitment of service users to an EHR-linked research register? If so this should be referenced. Or should this be reworded as a hypothesis?

Methods/Design Para 1
It would be helpful for the ongoing revision of the training materials to be explained / explored further, in the design and/or analysis sections. It is not clear whether the revision might impact on the analysis of the consultations. Is there evidence that the evolution of the training materials impacts on the outcome of the consultations?

Sample and recruitment Para 1
How were people’s feeling about research assessed? How did people in the other 3 groups feel about research? Where the attitudes to research of the clinicians assessed. It would be interesting to know how attitudes to research impact on the outcomes, both in terms of service users response to the consultation, clinician content etc. It is noted that an analysis by group will be
reported elsewhere, but without any further exploration touching on ‘feelings about research’ does not add anything to this article. It would be interesting to know how perceptions/feeling about research were assessed for the people recruited to phase 2, and for the clinicians delivering training? Is there any information about people’s baseline views about research and its impact on outcomes, how does this sit with the literature?

Procedure/para 2
How long was each consultation? Were service users asked to make a decision during it? Would be useful to make clear in the method section

Procedure/para 2
How were the five items to be rated selected? Where they identified through phase 1?

Data analysis/para 2
Did the 100 transcripts include the 25 already analyzed?

Data Analysis/para 2
Items deemed to be important according to what? Presumably from the responses in the transcripts rather than in reference to the literature?

Results/Phase 1: Focus Group Analysis/Para 1
Would like better explanation here about the role of the topic guides and their impact on this analysis. From the procedure section it reads as though the topic guides were created before the phase 1 focus groups that would suggest that the topic guide is likely to influence the themes arising in the focus groups. The authors acknowledge this influence ‘to some extent’ without any discussion of what else influenced the themes of the focus groups.

Results/Phase 2: Analysis of Consultations/Para 1
Does the number of times these items were mentioned change over time, as the training materials are amended?

Phase 2: Analysis of Consultations/Para 2
Is there any intra-clinician analysis? ie do individual clinicians mention (or forget to mention) the same items time and time again, or do individuals forget different items each time?

Phase 2: Analysis of Consultations/Para 2
Did recall of link to EHR correlate with consent?

Phase 2: Analysis of Consultations/Para 4
The 86% consent rate is really interesting. This is at the high end of expected general consent to these registers, but perhaps expected because of the way consent is being sough, trust between SU and clinician (see recruitment method) etc. Particularly interesting as it is high AND about linking to EHR data. This
might deserve more comment.

Phase 2: Analysis of Consultations/Para 4

Would be helpful to have this explained a little more clearly. Are the differences relating to service user understanding of the explanation or to the content of the clinicians explanation? (and how correlated where these?)

Discussion/Para 1

Why is the Trust consent rate (65%) lower than in this study (86%)? Does this demonstrate the impact of training clinicians to explain the register well, or does it relate to the limitation noted re the selection of service users?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

Declaration of competing interests:

I declare that I have no competing interests