Author’s response to reviews

Title: Improving access to school health services as perceived by school professionals

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Author’s response to reviews:

Title: Response to Reviewers “Improving access to school health services as perceived by school professionals” (BHSR-D-16-01473).

Date: 22th March 2017

Dear editor,

Please find our revised manuscript “Improving access to school health services as perceived by school professionals” (BHSR-D-16-01473) for consideration as an article in BMC Health Services Research. We appreciate the opportunity to revise our manuscript and found the comments of the reviewers very helpful in improving the clarity of our manuscript. We explain below how we have addressed the comments of the editor and the reviewer. All responses are preceded by [RESPONSE]. Where useful, changes that we made in the text in response to the reviewers have been italicised for clarity. We hope that this revised version will contribute to the contents of BMC Health Services Research.

We look forward to your reply.

With kind regards,

Also on behalf of the co-authors,
Editorial comments:

1) Please confirm in the Ethics approval and consent to participate that the participants provided consent to participate in the study when they completed the questionnaire.

[RESPONSE] We have modified the following sentence in the Ethics approval and consent to participate section (Line 397, page 18).

Participants completed the digital questionnaires anonymously. They gave consent to participate in the study when they completed the questionnaire.

Note that the original comments from the second reviewer from the first round of review may be attached to this decision letter. These are for reference only.

[RESPONSE] We have already answered the comments from the second reviewer in the first round of the review.

Reviewer reports:

Esther Crawley (Reviewer 1):
I am not convinced the authors have adequately addressed the concerns raised. Here are some examples:

1. The issue with the response rate is not power but bias. A low response rate will be biased and there needs to be a much more detailed discussion on the implications of this bias in the limitations section.

[RESPONSE] We agree that a more detailed discussion of bias issues will strengthen the paper. We agree that low response rates may impose bias on the study results. There was non-response from both schools and the school professionals at those schools. We were not able to make a comparison between the study population who received a questionnaire and the group that eventually responded to the questionnaire.

As we have already pointed out, we expect schools and school professionals who are satisfied with either approach or have had more contact with SHS professionals to be more willing to participate in the study and to complete a time-consuming questionnaire. Dissatisfied or uninvolved participants would be less inclined to spend time on this study.

A selective response group may undermine the external validity of study findings. We already expected a possible overestimation of the findings for our outcome measures, appropriateness of care and contact frequency in general.

We have modified the following sentences in the Strengths and limitations section as follows (Line 315, page 14).

From:
A methodological limitation is the difference in the response rates for the schools.

To:
A methodological limitation is the low response rates, although this is not uncommon in surveys of both schools and professionals in those schools.

And in the same section (Line 316, page 14).

From:
The results may have been positively affected by the response rates for schools in the triage group, which may be associated with the higher number of school professionals who were satisfied with SHS being included.

To:
The results may have been positively affected by the higher response rates of schools and school professionals who were positive about access to SHS. We expect schools and school professionals who are satisfied with either approach or who have had more contact with SHS professionals to be more willing to participate in the study. This would imply an overestimation of the findings for our outcome measures, appropriateness of care and contact frequency.

And we deleted the following sentence in the Strengths and limitations section:

The response from 358 schools was large enough for both study groups to obtain significant results based on the pre-calculated minimum sample size.

2. The differential response rate also suggests bias. The authors response that "We expect the lower response rate for school professionals in the triage group may have offset the differences between the two groups." suggests that they do not understand the issues of bias and the issues this has for their conclusions.

[RESPONSE] A differential response rate was found between the triage and the usual approach, and this does indeed suggest bias. We found a lower response rate from participating schools in the usual approach. By contrast, at the schools that participated, we found a lower response rate from school professionals working with the triage approach. We now discuss two differences between the schools and school professionals in the two approaches which we think could explain the differential response. We found a difference in municipality size in the regions where the schools were located (Table 1). We have already looked at the duration of the implementation of the triage approach. We now discuss these causes of possible bias.

We have added the following text in the Strengths and limitations section (Line 323, page 15).

A difference in the response rates was found between the schools. We found that more schools located in relatively larger municipalities in the triage group responded than schools in those municipalities in the approach-as-usual group. Although we corrected for this in the analyses, the higher scores for appropriateness and contact frequency may suffer from bias due to the more frequent and severe health problems in children living in a more urban area, leading to more SHS activities. On the other hand, there were no differences between the schools in terms of socio-economic status. Because this is an important factor for the health status of children and the correlation with urbanisation, we expect that differences in levels of urbanisation to have a minor effect in schools using the triage and usual approaches.

And we deleted the following sentences in the Strengths and limitations section:

This can probably be explained by the methods used to approach the respondents: through the care coordinator in the triage group and through the school heads in the approach-as-usual group.

We expect the lower response rate for school professionals in the triage group may have offset the differences between the two groups.
And: More schools in the triage group than in the usual group were willing to participate in this study.

We have modified the following sentence in the Strengths and limitations section as follows (Line 339, page 15).

From:

Another limitation was that the outcomes of the triage approach may have been affected by a difference in the duration of the implementation of the triage approach in the two triage SHS services.

To:

Another possible cause of bias is that the outcomes of the triage approach may have been affected by the fact that the triage approach had not been in place for as long as the usual approach. The professionals using the triage approach have less experience with this novel method, and this could lead to contact frequency and the appropriateness of care being underestimated.

3. These issues mean that their conclusions are still too strongly worded. Whilst the authors have defended the international interest of this paper, they need to discuss how the implications may differ in countries that do not have similar systems and not just defend generic changes in health care reforms. Or state, that the results are only of interest to countries with the following types of screening methods.

[RESPONSE] We agree that the results are mainly of interest to countries with a population-based SHS screening programme with routine assessments for all children conducted by physicians and nurses.

We have modified the following sentence in the Background in the Abstract section as follows (Line 61, page 4).

From: We studied the impact on the school professionals’ perception of access to school health services (SHS) that use a triage approach for routine health assessments in primary schools.

To: We studied the impact on the school professionals’ perception of access to school health services (SHS) when a triage approach was used for population-based health assessments in primary schools.

And we have modified the Conclusion in the Abstract section (Line 80, page 4) as follows. From:
School professionals were more positive about access to SHS when a triage approach to routine assessments was in place than when the usual approach was used. These positive perceptions can probably be attributed to the triage approach which results in more opportunities for physicians and nurses to attend schools regularly and to assess children on demand.

To:

School professionals were more positive about access to SHS when a triage approach to routine assessments was in place than when the usual approach was used. Countries with similar population-based SHS systems could benefit from a triage approach which gives physicians and nurses more opportunities to attend schools for consultations and assessments of children on demand.

We modified the following sentence in the Background section as follows (Line 127, page 7).

From: The aim of this study was to explore how school professionals in primary schools experience access to SHS with a triage approach to routine health assessments compared to experiences of school professionals who were offered the usual approach of SHS.

To: The aim of this study was to explore how school professionals in primary schools experience access to population-based SHS systems when a triage approach is used for routine health assessments. We compared these perceptions with those of school professionals working with the usual SHS approach.

And we have modified the Conclusion section as follows (Line 381, page 17).

From:

School professionals were more positive about access to SHS when a triage approach to routine assessments was in place than when the usual approach was used. These positive perceptions can probably be attributed to the triage approach which results in more opportunities for physicians and nurses to attend schools regularly and to assess children on demand.

To:

School professionals had more contacts with SHS professionals and were more positive about the appropriateness of support from SHS when a triage approach to routine assessments was in place than when the usual approach was used. Countries with similar population-based SHS systems could benefit from a triage approach which gives physicians and nurses more opportunities to attend schools for consultations and assessments of children on demand.
And we have modified the following sentence in the Implications for school health services section (Line 361, page 16).

From:

The involvement of assistants in the routine assessments could result in many benefits for the efficiency of preventive health care. Our study showed a triage approach used by SHS, could be advisable because it creates opportunities for nurses and physicians to increase the contact frequency with schools to deliver care on demand and to enhance the collaboration and relationship between school and health professionals.

To:

Our study showed that the use of a triage approach by SHS could be advisable in countries with similar population-based SHS systems involving routine assessments conducted by physicians and nurses. The involvement of assistants in the routine assessments could improve the efficiency of SHS. A triage approach used by population-based SHS systems could create opportunities for nurses and physicians to increase the contact frequency with schools to deliver care on demand and to enhance the collaboration and relationship between school and health professionals.

And we have deleted the following sentence from the Implications for school health services section:

Since nurses are involved in delivery in many countries, the study results for the shifting of tasks from nurses to assistants will be useful internationally.

Minor comments

the use of new abbreviations throughout make the paper very difficult to read.

[RESPONSE] We have deleted some abbreviations. We have only used the abbreviation SHS (i.e. School Health Services) throughout the manuscript.