Author’s response to reviews

Title: The evaluation of the use of a new Physical Health Plan (PHP) for people with psychosis: Protocol for a Quality Improvement study

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Author’s response to reviews:

Thank you to the reviewers for their helpful comments and suggestions. Our responses are set out below with links to any changes to the manuscript noted.

Reviewer #1: This is an interesting well written article focusing on improving the uptake of physical health services among people with serious mental illness via development and evaluation of a physical health plan (PHP) in an exploratory study using a patient partnership approach. Here are a few comments and questions for authors to consider:

Background:

- It will be helpful to list a few physical health interventions or services that are offered to people with SMI

Thank you for your positive view of our paper and study. In response to your comment, there are no nationally agreed interventions or services – this is precisely the problem. As outlined on page 4 there are some initiatives starting to address this nationally, to which we are aiming to add.

- It will be useful to highlight the rationale in terms of doing this study, what health outcomes are envisaged as a result of doing this study and what broad impact it could have among people living with SMI, to the NHS, if any.

The rationale for the study is given on page 5. We are not aware of any other physical health initiative that is designed to be completed by service users and aims to help people with SMI to take more control of their physical health.

In the pre-clinical developmental phase:
- are the focus groups within patient and public involvement remit or were these service users consented to take part in the focus group?

Consent was obtained for these focus groups and this is now stated on page 6

- it would be useful to state what usual care (support with physical health) looks like in primary care and secondary care and what should be the pathway in terms of care coordination between primary and secondary care for people with SMI.

Although there are no agreed interventions or definitions of usual care, screening is incentivised by the CQUIN/QOF systems in the UK, with the presumption being that an abnormal result detected on screening will be managed in the same way as in the general population. This is alluded to on page 4

Modelling phase:

The questions shown in the sample questions in figure 1 do not match what is given in test. It might be useful to have the whole questionnaire. Were health literacy or language issues considered with regard to use of PHP or is this not a problem in this population?

The whole questionnaire is too long to be able to add to the manuscript. However we have attached a copy for the reviewers to see—we would ask that this is not shared. The PHP is designed so that it can be responsive to changes in guidelines and recommended good practice as we now state on page 8. We have added additional details about the questions asked in the PHP on page 8. The language used was considered and we piloted the questions with three service users as stated on page 8

In Stage 1: Initial qualitative work to refine and validate the Theory of Change

- There is no mention of approximate number of focus groups and number of people in a focus group planned.

We state that the number of participants in the service user focus group will be between 6 – 8. We have now added that there will be one service user focus group per team on page 10.

How many will be enough? It would be good to state the rationale for conducting focus groups.

The rationale for undertaking the focus groups to articulate focus groups has been expanded on in page 10

How many is all staff?

This will depend on the size of the team. We now state on page 10 that numbers will be between 10 – 20 to make the approximate size of teams clearer

What is the sampling method?
For staff-it will be all staff in the team. For service users we give the inclusion criteria. We have added our sampling method on page 10

- Is the topic guide - structures, semi-structured, open?

We have added that the topic guide is semi-structured on page 11

- Will the person conducting the focus groups also be conducting recruitment and will they be known to the service users, staff approached?

The person conducting the focus groups will also be conducting recruitment. They will not be known to the service users or staff approached. This has been clarified on page 10.

Stage 2: Use of the PHP

How many appointments can a service user have with care coordinator for their PHP or action plans discussed?

We have not stipulated the number of appointments. This will be a decision for the service user and care co-ordinator. We will record how many appointments each participant has.

Is there any training involved for staff in the use of PHP?

We will provide information on why the PHP has been developed and work with staff in the focus group in Stage 1 so that they feel confident using the PHP.

Outcomes:

What is the approximate timeline for when patients should attend a physical health service following the use of PHP? What is the current uptake?

We do not have a timeline for this-as this will be part of the discussion between the service user and care co-ordinator on what action(s) to take following completing the PHP. In the evaluation we will determine whether or not the prompted action has been taken at the follow up at 4-6 months.

When are the PAM, PHASE assessments carried out?

The PAM will be carried out when the PHP is completed. The PHASE will be completed when the care co-ordinator starts doing PHPs with the clients they are working with.

How soon is the repeat PHP? and how will this be measured?
The repeat PHP will be done 4 months after the initial PHP completed. The researcher will have date of the initial PHP and will inform the care co-ordinator and service user of when the repeat PHP should be done and monitor if this happens.

Analysis:

It will be useful to state what is thematic analysis, rationale for using it and should be supported with references.

We have added a rationale and reference for thematic analysis on page 16

Reviewer #2: This is an interesting study addressing an important area i.e. physical health of individuals with serious mental illness. Whilst the publication of a quality improvement study is to be welcomed in its current format it is quite difficult for the reader to discern what has specifically been undertaken and what the plans for the future study are. Specifically:

The intervention is described in the methods however there is a level of detail missing such as

• who are the research team and team members who designed the intervention?

The research team was JW and FG, along with people with lived experience as described below.

• did the development involve any service users?

Service users were involved in running the focus groups; they co-designed the topic guides, ran the focus groups and co-analysed the data.

• Why is there a need for a new PHP when there are four in use already - in what ways does the developed tool differ from these?

The four examples of physical health checks cover different aspects of physical health, have different purposes and are not designed to be completed by service users. The rationale for designing the PHP was to bring together the best practice from these health checks and allow evaluation of the impact of completing the PHP. The novel questionnaire was established to be used by the patient online so that repeated completions could evaluate whether people changed their behaviour by engaging in health care.
o Figure 1 is not helpful, could a more complete version of the PHP giving a sense of the questions asked be included

A theory of change is mentioned which is helpful, however are there any higher level theories used to guide the intervention e.g. psychological or behavior change theories.

We have not used any behaviour change theories so far. We are hoping that we will gain useful insight into how the PHP is used in the exploratory stage which will help us to develop a more thorough ‘programme theory’ for the research. This may incorporate behaviour change theory, for example if we identify that there are barriers to PHP uptake that relate specifically to behaviour change. If this is the case, theories like the COM-B model may offer an effective frame for design and assessment of behaviour change strategies. We further envisage involving implementation and improvement science frameworks (we are already applying some of them in the current pilot) to guide the analysis of the context within which the intervention will be delivered and how to ensure it is sustainable and scalable, to name just two core issues that theory will help us address.

Which clinicians do you hope will feel better able to care for physical health, is the PHP acting as a mechanism of communication and referral between physical and mental health teams - should this be in the ToC?

In the exploratory stage we are only working with care co-ordinators working in secondary mental health teams. In this stage we want to see if the use of the PHP can act as a mechanism to help communication between primary and secondary care. If this happens we will use this to help develop a further trial.

In stage 1 and stage 2 there seems to be some straddle between intervention and implementation strategies such as the initial discussion with teams to gain buy in, having the PHP available through different modes. It would be helpful to be clearer about the different function of elements and describe these more appropriately.

We have rewritten both stages to make these elements clearer

There is no mention of consent in the study. If this is not considered necessary for a quality improvement study this should be mentioned.

Consent to take part in the focus groups and interviews is now mentioned on page 6, 10 and 15

The study says that it uses recognized QI methodology could the authors be clearer about what this is.

This section has now been rewritten

Outcomes - some of these are repeated and thus this section needs reviewing
The repeated outcomes have been removed

I am not clear on who completes the PHP,

The PHP is completed by the service user with support if required (see pages 11)

what is the definition of SMI used here

We are using this to cover people with a diagnosis of schizophrenia, bipolar disorder and major depression. This has been added to page 4

at which clinics

For the exploratory study we are working with two community mental health teams (not clinics) working with people with SMI. We have expanded on this on page 10 to make it clearer that each service user in this phase of the project will have a named care co-ordinator

what about individuals without a clinic appointment

As above, each service user will have a named care co-ordinator

also when are repeat PHPs conducted, is this formalized or dependent on the occurrence of clinic appointments

Whether the PHP is repeated and when will depend on what the service user wishes to do. We will ask them to repeat the PHP and review any action plan at 4-6 months. This is now stated on page 13

The discussion is weak, consisting of only one paragraph and more reflective and thorough discussion is necessary.

The discussion has been rewritten—but we are also mindful of keeping within the word limit.