Author’s response to reviews

Title: A pilot study of the duration of GP consultations in Ireland

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Reviewer reports:
Reviewer #1: A good paper around the automated collection of the amount of time taken on GP visits. This will be very usefull for people wanting to routine data for health studies and those wanting to do Health Economic analysis. The graph seems a little blurries to me and I think that a better copy may be needed. A revised graphic has been supplied.

In Table 2 for practice c I think that the p-value should be a less than sign rather than a greater than sign. The sign has now been amended.

Reviewer #2: Thank you for the opportunity to review this manuscript which examines the feasibility of collecting objective data on the duration of GP consultations in Ireland. The study outlines a simple, easily accessible, low cost means of obtaining such data, and as such is a valuable addition to the literature on the provision of primary care.

I have just a few concerns about the manuscript which I would like to see addressed. These include:

-How applicable are the methods/results from the Socrates software when this is only used by 17% of GPs? I know this is briefly mentioned, but I would be concerned to know how/if the data extraction tool applies in the same way to other software systems? We have been advised by the ICGP (who coordinated the software update) that the elapsed time
between the opening and closing of a patient file is collected across all four software package systems used by GPs in Ireland and, with a software upgrade, has the potential to be harvested in a manner similar to that reported in our paper for Socrates. Adding the same functionality to the other software packages (HPM, HealthOne and CompleteGP), we have been told, would not be technically difficult and the required changes to the software are small. As with the current study, the implementation would need to be carried out in conjunction with the ICGP.

- How were clerical staff opening the patient files excluded?

There is a variable in the database which identifies “True Visits”. In practice the process through which a “true visit” is identified is as follows: when a patient attends the GP they are logged on a “waiting room” tab in the Socrates software by admin staff, when or before the GP calls the patient, the GP clicks on the patient on the “waiting room” tab and a pop up window with a time stamp appears, the GP clicks this to begin the consultation.

The manuscript has been amended to read “The duration of a consultation was only included when the patients file is accessed for a clinical consultation; patient files opened for administrative purposes are identified in the database and excluded from the analysis”.

- Validation exercise: Upon first reading I thought that the consult duration data came from the 2 week period when GPs were asked to make sure they opened and closed records. But then reading the results it looks like data was from 2010. Reporting of the results of validation are also not clear- they mention the intervention for diabetes period, which is not explained. What was the comparison period? I think this is quite important, as the results obviously rely on the GP opening and closing the record at beginning and end of the consult. This needs to be better explained.

This comment is addressed in detail below.

I have a few other minor comments/suggestions:

Abstract:
Spell out GP on first use
This has now been amended.
Not sure that the paper also demonstrates "how such information can be used to inform the delivery of primary care" as stated in abstract. I would remove this from the twin aims, and just state in the conclusions that potential uses of the information are also discussed.

The abstract has now been amended to read: “The objective of this pilot study is to demonstrate how the duration of consultations can be collected, using readily available administrative data.”

Intro:
Is there also lack of training/recruitment of new GPs in Ireland contributing to smaller workforce?
Yes. The text has been amended to read: “This has coincided with an increase in emigration among newly trained GPs, an increase in part time working by many existing GPs (2) and many GPs nearing retirement age (3). In the absence of increased training and recruitment, these trends will place increasing pressure on those who remain to deliver an increasingly complicated and administratively demanding service (4).”

‘...UK the average consultation durations' should be duration?
This has now been amended.
Estimates of GP consultation durations in Ireland are based on recall- add GP recall.
This has now been amended.
'Practices characteristic' should be Practice characteristics?
This has now been amended.

Methods:
Validation exercise: I think this needs to be clarified or rephrased. The 2 week period was just for
validation of the records from 2010? Maybe a separate heading in the methods section to talk about validation after the other sections.

In the section on “Data capture in the GP practice” a line has been added to clarify the data collection period: “Data was captured from January 2010 to January 2019 for all practices.” A separate heading has been included on data validation. This section has been revised incorporating the specific dates of the validation period: “Participating GPs were asked to close each patient's file at the end of the consultation over a 2 week period from the 28th of November to the 11th of December 2018. This period was compared to the two week period prior to the information being provided (13th of November to the 27th of November 2018). The difference in the mean duration between the two periods was calculated to identify any change in patterns of duration between the two periods.”

Is there any more detail about the 3 practices that agreed to participate- eg rural vs urban, lower vs higher SES etc? ie some indication of how representative the 3 practices were?
There is nothing obviously atypical about the practices from the information we have available. Two of the practices are rural, one is urban; two of the practices have 5 GPs, one has 2 GPs. An additional line has been added to Table 1 to show the Urban/rural split.

Results
Table 1: Age add yrs; '…in all practice' should be 'practices'. For consistency add '.' For no. of practice nurses
These have now been amended.
Results of validation are not clearly reported. What was the comparison period?
The 'intervention for diabetes' is not part of this study and is not explained elsewhere, so it's not clear to use this as the comparison period.
This section has now been revised as follows:
Validation exercise: The validation exercise carried out involved comparing the mean duration of consultations in the period prior to requesting that consultation files be closed, from 13th to 27th November 2018, with the period from 28th the 11th of December 2018 when GPs were requested to close patient files following a consultation. There were a total of 76 and 79 consultations with people with diabetes in each of these periods respectively. A comparison of these two periods shows no change in the mean consultation length (14.99 minutes vs 14.86 minutes).

Discussion
Limitations
I don't think the section about additional work done by GPs but not captured in the consult duration is needed- the study was not trying to say that this is all the time GPs spend working.
This section has been removed.

Other comments
Overall there is a bit of a mix of past and present tense used throughout the paper. Eg "The duration of consultation was only included when the patients file is accessed for a clinical consultation with a GP. This should be made consistent throughout the paper- I think past tense is more appropriate. The tense has been changed to past tense."