PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to the BMJ but declined for publication following peer review. The authors addressed the reviewers’ comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

ARTICLE DETAILS

<table>
<thead>
<tr>
<th>TITLE (PROVISIONAL)</th>
<th>Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study.</th>
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<tbody>
<tr>
<td>AUTHORS</td>
<td>Stagg, Helen; Jones, Jane; Bickler, Graham; Abubakar, Ibrahim</td>
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VERSION 1 - REVIEW

<table>
<thead>
<tr>
<th>REVIEWER</th>
<th>Gimeno-Feliu, Luis</th>
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<tbody>
<tr>
<td></td>
<td>Centro de Salud San Pablo</td>
</tr>
<tr>
<td>REVIEW RETURNED</td>
<td>04-Nov-2011</td>
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</tbody>
</table>

<table>
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<tr>
<th>GENERAL COMMENTS</th>
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<tbody>
<tr>
<td>The authors were asked about factors that can complicate accessibility for the recent immigrant population in the United Kingdom (UK). It is a retrospective cohort study that compares information from two databases: the port health tuberculosis screening processes at Heathrow and Gatwick and the Personal Demographic Service database (PDS). The authors discuss variables associated with a low level of registration with a GP.</td>
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<tr>
<td>1. Importance of the work to general readers: The subject of the study is pertinent, as the ability of immigrants to access the health care system and the factors that influence such access have recently incited great interest in developed countries 1-5. This type of work improves the knowledge needed to develop strategies for increasing accessibility.</td>
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<tr>
<td>2. The study is original. In my personal experience and according to a bibliographic search, no other study has explored this topic. As mentioned above, there are numerous questions involved in addressing the accessibility of immigrant populations, and this is one of those questions 3 4.</td>
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<tr>
<td>3. It is a relevant theme to clinicians, researchers, policymakers, and patients. Because of its broad perspective, it is a suitable article for publication in the BMJ. Another possibility would be publication in another journal as The Journal of Epidemiology and Community Health.</td>
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<td>4. Research question: It’s clearly defined and appropriately answered</td>
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<td>5. Overall design of study: This point is correct, although it would be interesting to include the time of stay as an additional important variable.</td>
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<td>6. Participants: The patients are adequately described. However, as</td>
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mentioned in the discussion, there can be significant bias in the type of population screened.
7. Participants: Statistical comparisons were made on European immigrants who were being screened for tuberculosis. It would be useful to have more data for this population.
8. Methods: It would be useful to compare the variable of time of stay with whether the patient registers with a general practitioner (GP). I do not place any trust in the statistics because I am not an expert. The authors conveniently explain their motive for not requiring approval from an ethics committee.
9. Results: They are generally clear. In Table 3, the † symbol indicates the lack of an explanation.
10. Conclusions: On page 9, line 15, it says that the proportion of immigrants is lower than that determined by other estimations, but these figures are neither cited nor discussed further. Line 50 references other works that are not comparable, mostly because they do not deal with immigrants. Rather, they deal with “sick” immigrants who are undergoing care in an Infectious Diseases Department6 and in a hospital7. This situation calls for further discussion, as it can affect the results of the study and their interpretation.
11. Conclusions: In the discussion, the possibility that a group of immigrants might not register with their GPs until they have a health need is not proposed. This possibility is in accordance with the “healthy migrant effect” 8 9 and results in a lower use of services10.
12. Conclusions: The discussion does not thoroughly examine the differences according to national region, age, and type of immigration.
13. Bibliography
14. Bibliography: Citations 1, 2, 3, 16, 17, 18, 21, 22, 24, and 25 do not seem to follow the Vancouver rules.
15. Abstract: This point is correct, though it does not explain the meaning of the values between parentheses after the RRR.
Note: Major points include 6, 7, 10, 11 and 12

REVIEWER
Jensen, N.
University of Copenhagen, Department of Public Health

REVIEW RETURNED
26-Nov-2011

GENERAL COMMENTS
Review of the study: Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study

Summary
The study is a retrospective cohort study that aim to investigate some of the factors that influence migrants’ uptake of registration with general practitioners. It is based on a database of all entrants to the UK staying for more than six months and having been subjected to screening for tuberculosis by chest X-ray from two different ports. All included subjects have entered the UK in the time from June 10 2009 up until November 10 2010, thereby, covering a period of almost one and a half year. Registration with a general practitioner is measured through linking records with the Personal Demographic Database. The results show that registration with a general practitioner is associated with region of origin, immigration status and sex.

Originality
The study presents a highly relevant topic and as is stated in the article it is important to know what factors can help explain why migrants will register with a general practitioner. I particularly find the focus on uptake of registration between different migrant groups relevant. To my knowledge, the article presents new information in relation to migrants’ uptake of primary health care services as new entrants to the UK.

Importance of work to general readers
This work can be of interest to clinicians, patients and policy makers. If there are any problems with general practitioners turning away patients from registration in their practice this article may provide reflections with the clinicians as to why this may be. Furthermore, it will also help politicians to consider whether there is a need to focus on awareness raising in relation to health care rights for certain groups of new entrants arriving in the UK. This may, in turn, also benefit the migrant patients as their access to care may improve.

Scientific reliability
Overall, I find that the study design of a retrospective cohort study is appropriate to answer the research question. It may have been relevant to include more variables in the analysis, such as TB-status of the patients (cf. results section), but it is not clear whether such information would be available for the study. Generally, I find that it
is an important study and the importance of the subject is well motivated by the authors in the introduction. Specific comments for the study are found below.

Introduction

1) Page 4, line 5-6: Is there any specific reason for the number of migrants mentioned runs from Oct. 2009 up until Sep. 2010? It does not cover the entire study period, but may be the only estimates available? Otherwise I would suggest simply presenting the amount of migrants to the UK for either 2009 or 2010 as the entire study period cannot be encompassed after all. It may be interesting to note whether the amount of migrants to the UK fluctuates a lot between the years or whether it has stable over a longer period of time.

2) Page 4, line 23-29. Explain how GP services are different from walk-in centres? E.g. what is the advantage of registering with a GP compared to using a walk-in centre? And is it possible for all the groups included in the study to register with a GP e.g. asylum seekers/refugees/detainees? Is there any reasons for GPs to refuse patients or how does the incentives of the health system work?

3) Page 4, line 36-38: It is mentioned that delayed access may shift the burden of care into emergency services, which is often at an expense greater than if the condition had been treated in primary and secondary care. It is an argument which is often heard, but is it possible to provide a reference for this statement?

Methods

4) Page 5, line 11-12: One of the inclusion criteria to be included in the cohort is that individuals are subjected to immigration controls in the UK. What does it take to be selected for immigration control? Are all migrants entering the UK subjected to immigration control or just a selected group?

5) Page 5, line 43-44: The immigration variable consists of four categories: refugees/asylum seekers/detainees, students and their dependents, long stay visitors and ‘other’.
5.a) How is the category ‘other’ different from ‘long term visitors’? E.g. are long term visitors not allowed to work? Please explain.
5.b) The category ‘other’ is not very informative. It is stated that it mainly consist of individuals entering with work visas and their dependents. As it is the category used as a reference group for the immigration status variable it may be better to restrict the group to people with working visa and their dependents as it gives a better idea of grounds for the comparison.
5.c) Do refugees, asylum seekers and detainees all have equal opportunities to register with a general practitioner? Otherwise it may be better to restrict this part of the analysis as well or split e.g. refugees and asylum seekers in separate groups if their entitlements are different and perhaps even exclude detainees?

Results

6) Page 6: The word matched is used in the article to express whether a new entrant to the UK can be successfully found as registered with a general practitioner. From my understanding, using the word matching here can easily be confused with matching of controls from the background population. Maybe it would be better to use “linkage”, “successful linking to PDS” or something like this to
avoid any associations to matching of controls in epidemiological studies?

7) Page 7, table 2: Maybe column percentages will also be more informative in this table? Then it is easier to compare the distribution between the group that has registered with a GP and the group that has not registered to get a feeling of whether the distributions look different between the two groups and the results can be compared to the overall data in table 1.

8) Do you have any possibility to include measures of the persons actually diagnosed with TB through pulmonary X-ray in the study? If you are diagnosed positive for TB in the screening process this will be likely to affect your use of health care services – including registration with a general practitioner.

9) Page 7, line 51-56: Sensitivity analysis is mentioned here, but it is introduced in the midst of the results of the descriptive findings. Maybe it is better simply to mention this in relation to the findings of the sensitivity analysis at the bottom of page 8. In that way there is less confusion about what the results in the bottom of page 7 relates to.

Discussion

10) Page 9, line 55: Who is included in “most migrants”? Is it simply because GP registration is up to the GP or do some groups have different entitlements to registration?

11) Page 9, line 10. The cohort consists of 252,560 records. Is it possible to give an estimate of how large a proportion of the migrants entering the UK in the study period is included in the database used for the purposes of this study? (related to comment 1 in the introduction).

12) Page 10, line 10: It is not clear from the text who the groups with different immigration status is being compared to. The reference category is “other” which is a bit difficult to write out, which would be in favour of my previous suggestion of restriction this group to people with work permits as they also make up the largest part of the group.

Abstract

13) Again it is not clear in the results section which the reference group for students, asylum seekers and long term visitors is as the group “other” is not included in the text.

14) The abstract omits that age and year of entry into the country is also associated with registration with the general practitioner, but this may be intentional?

References

15) The references appear relevant, but for a high extent focusing on the UK. Maybe the study could benefit from also looking into literature on health care services from more European countries e.g.:

This study explains — amongst other things that migrants have more contacts per patient to the general practitioner. It may be interesting to consider in the light of the results in this study e.g. would this have an effect on any reluctance in registering migrant patients with the GP?

Differences between immigrant and non-immigrant groups in the use of primary medical care; a systematic review by Uiters E, Devillé W, Foets M, Spreeuwember P, Groenewegen PP. BMC Health Serv Res. 2009 May 11;9:76.

16) Reference 6 in the reference list Hargreaves et al. (2008) also explains how charging systems for overseas visitors can be present for registration with general practitioners in the UK. This may also be discussed in relation to the findings of migrants’ low uptake of registration with general practitioners in this study.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1:
1) No action required
2) No action required
3) No action required
4) No action required
5) No action required
6) No action required
7) Added into paper: page 6, line 9
8) No action required
9) Previously rectified
10) See point 15
11) Added into paper: page 11, line 21
12) Added into paper: page 11, paragraph 2
13) Previously rectified
14) Previously rectified
15) Additional references included: page 10, line 8 and page 11, line 21

Reviewer 2:
1) Added into paper: page 3, line 2
2) No action required
3) Additional references included: page 3, line 24
4) Added into paper: page 4, line 9
5) Sensitivity analysis included: page 9, line 4 and 8
6) Changed throughout text
7) Not changed as we felt that the table was clearer as it is
8) Added into paper: page 12, line 11. We would like to cite previously presented data to answer this point, particularly as the impact on our dataset will be very small.
9) Single sensitivity analysis paragraph created, page 9, line 1
10) No action required
11) Previously rectified
12) Sensitivity analysis included: page 9, line 8
13) Added into paper: page 2, line 19
14) No action required
15) Additional references included: page 3, line 23 and page 10, line 8

Additionally, I have made a few tweaks in the text to make things clearer for these reader- these minor amendments are also tracked. Both a marked and an unmarked version of the manuscript have been uploaded.
Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study
Helen R Stagg, Jane Jones, Graham Bickler and Ibrahim Abubakar

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References
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