Reviewer's report

Title: The cost effectiveness of UK National Health Service Physiotherapy support for occupational health services

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Reviewer: Jaro Karppinen

Reviewer's report:

Design: Pragmatic study on cost-effectiveness of physiotherapy in an Occupational Health patient population where physiotherapy intervention was based on the triage principle (telephone contact, face-to-face physiotherapy and workplace assessment).

Overall evaluation: The study topic is important and interesting. The pragmatic design is well suited for this kind of assessment on the benefits of physiotherapy in occupational setting.

Title: The title is good.

The abstract: The abstract is focused and well-written.

Introduction: The introduction is fine.

Methods: You could tighten up somewhat the Methods part. Especially statistics part is not focused.

-Attrition could be better described. Attrition is explicitly described by recruitment sites. On the other hand, the characteristics of those who did not complete f-u questionnaires compared to those who completed is not clearly stated (did they differ by gender, pain site, income, work absence etc). This has relevance for external validity as you may have captured only the half which was motivated for rehabilitation? Of course, in addition to lacking motivation, life or work situation or severity of the disease (those with high disability may not respond to physiotherapy and thus treatment is interrupted) may affect the findings.

Results:

-I would like to see more detailed flow chart of actual costs

---e.g. face-to-face arm: number of (actual) patients, cost based on published hourly rate, hours of staff time on average, actual physiotherapy costs, physician contacts, physician costs

Why did you not include indirect costs in the economical analysis?

You mention Table 4 (at the end "Costs of service provision" chapter) but it is not available?
Discussion: Is overall fine. You could omit the detailed improvements with bullets and state "The OHPPP produced significant improvements in all outcomes as shown in Table 1"

Figures:
- Figure 1 is somewhat robust. E.g. you could level out the 3-month assessments in the telephone and face-to-face arms (now 3-month f-ups in the telephone arm are at the same level as end of tx in the face-to-face arm).
- You could add also response rates in the figure?

Table 1: Scores have been presented with two decimals??

Detailed questions:
- In the development of the service, it has been stated that the service was provided in 3 stages. I presume that for workplace assessment, each patient had first telephone advice. Was face-to-face assessment needed? The authors could clarify this in the text.
- Related to the question above, in the Results you state that 94% of telephone contacts resulted in face-to-face contact. Could you modify Figure 1 or add a new figure to describe the actual process. If 94% of telephone contacts necessitated a live contact, how many were directed straight to workplace assessment or were all referred to face-to-face contact first? You may describe this in text as well.
- The analyses were performed on 486 subjects. However, 488 were given hospital based or workplace assessment. What happened to two subjects?
- In the results you state that 197 respondents completed questionnaires but in Figure 1 the figures differ (35 +53+115=203)

**Level of interest:** An article of importance in its field

**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