Author's response to reviews

Title: A systematic review of integrated working between care homes and health care services.

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Author's response to reviews: see over
18th August 2011

Dear Editor,

Re: A systematic review of integrated working between care homes and health care services.

Thank you very much for the comments on our paper. Our responses to the editorial comments and reviewer’s report are detailed below, and a revised version of the paper has been uploaded.

Response to Editor’s comments

The editor has asked for more details on our search terms

The search terms used have now been added into the paper (see box 1)

The editor asks for more detail of the quality criteria

Greater detail of the quality criteria used has been added to the paper in an additional table (see Table 1). Please note that owing to the additional table all other tables have been renumbered.

Response to reviewer’s comments

Point 1

a) The reviewer feels that the sentence on page 11 ‘overall the interventions were characterised by heterogeneity’ is unclear and ambiguous.

Author’s response: In shortening this section of the text (as suggested by the reviewer) we have now removed this paragraph as the heterogeneity is already referred to on page 8 and the details of the nature of the multidisciplinary working is reported in the section on the nature of integrated working.

b) The reviewer also makes the point that it is not possible to test the effect of integration using the studies included in the review and that much of the information about interventions, methods and outcomes (p10-12) can be removed.

Author’s response: In light of the referees comments we have shortened this section but we don’t feel that it should be removed completely. This information is still useful as it is important to give some details about the types of interventions and to consider the types of integration in light of what impact these interventions have had on the outcomes measured.

c) The reviewer also suggests that tables 2-4 are unnecessary as we have not conducted a meta-analysis.

Author’s response: In the original version of the paper tables 2-4 contained the information on study quality. We feel that it is important to present data on the quality of the studies even though we did not perform a meta-analysis. It is standard practice to present quality data in reviews even when heterogeneity makes it inappropriate to pool studies.
Moreover the editor has asked us for more detail about our quality criteria – it does not seem worth adding in more detail about the quality criteria and then not reporting the results of the quality assessment.

**Point 2**

The reviewer suggests that the point about high level and strategic links needs to be better argued.

**Author’s response:** The ordering of the section on the Nature of Integrated Working has been changed to improve its readability. Further study details on integration have been added to improve clarity of the key findings and Table 7 (was previously Table 6) has also been modified to reflect this. The discussion has also been amended to reflect these changes.

**Point 3**

a) The reviewer suggests that there is a poor link between discussion and results

**Author’s response:**

We believe it is appropriate to begin the discussion with an overview of what the review found. Therefore, we begin with a brief overview of the number of studies we found and the effect of the intervention on outcomes. However, the discussion has been restructured to give greater emphasis to the findings about facilitators and barriers to integrated working and implications for future research (see below).

b) The reviewer suggests that the comment on cost does not clearly mirror data in the results section which does not mention costs

**Author’s response:** The comment on cost in the discussion does mirror data in the results section. The results on cost were presented on page 12 of the results.

**Point 4**

The reviewer suggests that the comment on disease specific approaches in the discussion is not relevant and somewhat unfair as disease specific studies can be appropriate.

**Author’s response:** We agree that disease specific interventions can be appropriate. However, we feel that we are making an important point about the lack of studies addressing the complex health needs of this population. In light of the reviewer’s comments we have revised this paragraph and moved it from limitations of existing evidence to the following section on implications for research. The sentence has been rephrased to:

*Moreover as this population is known to have multiple co-morbidities that are often compounded by cognitive impairment there is a need for more studies look at improving the quality of care for the care home population as a whole.*

**Point 5**

The reviewer queries the statement about a need for more research into the ‘types of interventions which best support integrated working’
Author’s response: We have now amended this sentence to read:

There is a need for more research that addresses how integrated working can best be achieved and that evaluates the effect of integrated working on the health and wellbeing of older people, service use and cost.

Point 6

The reviewer suggests and the abstract conclusions do not match aims – and are not the main conclusions

Author’s response: We agree, the abstract conclusions have been revised to the following:

Despite evidence about what inhibits and facilitates integrated working there was limited evidence about what the outcomes of different approaches to integrated care between health service and care homes might be. The majority of studies only achieved integrated working at the patient level of care and the focus on health service defined problems and outcome measures did not incorporate the priorities of residents or acknowledge the skills of care home staff. There is a need for more research that can understand how integrated working is achieved and that can test the effect of different approaches on cost, staff satisfaction and resident outcomes.

Minor essential revisions

P3, results, line 5: managers’ not manager’s
P8, final paragraph: parenthesis are opened but not closed.
P22, ref 27 Geriatrics not Gertiatrics.

Author’s response:
These amendments have been made as stated above.

Discretionary revision

1 To me, the paragraph at the bottom of page 13, which describes the nature of integration, would go better starting this paragraph. Or some change to the wording to help the logic flow would help.

Author’s response: The order of the paragraphs has been changed as suggested.

2. Reviewer suggests that we direct attention towards Table 7 about barriers and facilitators, explain more fully the link between the level of organisational integration

Author’s response: Within the discussion we have created a separate paragraph that emphasises the significance of the findings about barriers and facilitators and the implications this has for future research on integrated working

Despite the lack of evidence on effectiveness, studies consistently demonstrated key issues that supported or militated against integrated working. These findings are significant for future research and the development of interventions that rely on integrated working between health care services and care home staff. Barriers to integrated working included a failure to acknowledge the expertise of care home staff, their lack of access to health care services, as well as high care home staff turnover and limited availability of training. Facilitators to integrated working were the care home
manager’s support for the intervention, protected time and the inclusion of all levels of care home staff for training and support by health care professionals.

Yours faithfully

Professor Claire Goodman