Author’s response to reviews

Title: A national survey of services for the prevention and management of falls in the UK

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Author’s response to reviews: see over
Many thanks to the reviewers for their comments.

Reviewer comments: Dr David Oliver

We have expanded all terms and included an explanation of the role of various bodies.

We have included a brief paragraph outlining the importance and incidence of falls in older people to set the context.

We have moved the text. The information on funding has been moved to the acknowledgements section and the information on ethics to a separate section within the methods part of the paper.

Reviewer comments Dr Finbarr Martin

We have amended the text on the NICE guidance to incorporate this additional detail. This does not really affect Table 1 in any substantial way – we have reported the methods being used. Many of the screening tools used include items of gait and balance.

We agree with the reviewer that comments relating to research and trials should not be part of the conclusion. Hence these comments have either been removed or modified so that it can be clearly seen that they are the opinions of the authors and not the conclusions of the survey.

The references have been amended for style and the correct reference has been inserted. Christelle you need to go through the references carefully. I noticed that some of the journal titles are in full and some are abbreviated. Check carefully to see what the guidelines of the journal are and modify accordingly. Please insert the new reference that Finbar has given (I suspect that you may have done this already). Make sure it is all in a standard format. Did you find a course in the University to help you with this – I think that it is a very important thing to do.

Discretionary changes have been made.

Typos have been sourced and corrected. Christelle please proof read carefully when you have finished it.

Reviewer comments: Dr Judy Stevens

1. The role and standards of NICE and other organisations has been made much more explicit in the introduction.
2. Because the evidence base is fairly new, and also expanding rapidly, it is difficult to formulate definitive conclusions about which interventions are most effective. There is always a degree of personal interpretation in the evidence base as well. NICE has built its policy guidance on a rigorous review of the evidence, alongside expert opinion. To derive a robust consensus about where the evidence base supports practice would require a large systematic review, or guideline exercise neither of which were the remit of this piece of work. NICE is the most recent and robust policy review.
3. These comments have been included
4. Now covered
5. We have described in more detail how NICE came to recommend the five areas of core practice. We wished to examine the full range of services provided, not only in relation to the core practice described by NICE but also to capture the broader range of services provided (as we know that these are very diverse). A sentence has been added to clarify this.
6. Bone health is part of the NICE guidance, and not our specific recommendation. This is justified in the NICE report (reference in the text). We have modified our text to make it clearer where the recommendation comes from.
7. Bespoke removed and additional text added. We had to design a few additional components for the taxonomy where these were not already in existence.
8. We have made some amendments to Table 2 to improve the clarity of presentation. Unfortunately it is not possible to present the data as a matrix, there are 231 clinics, providing a variant on multi-factorial interventions. Although the majority of clinics reported utilising a multi-factorial risk assessment, not all provided or arranged for a multi-factorial intervention. We are happy with the data as it is presented – it is the most simple format for presenting this complicated data set.
9. One of the NICE standards is to ensure close working with Bone Health Interventions. We assessed whether clinics were making any attempt at intervention on Bone Health either by direct action on behalf of the service (for example prescribing bone health agents), or alternatively by onward referral to either the general practitioner or bone health services. These are common pathways in the UK. We report what the pattern of service is in the results and limit our comments to what was observed.
10. We do make reference to several more recent systematic reviews on community falls prevention. The Cochrane review is now very out of date. We have clarified that NICE made it’s recommendations based on randomised controlled trials.
11. We have removed the term response bias is likely to be small, and readers can draw their own inference.
12. Discretionary changes have been made.

Reviewer Lillemor Lundin Olssen
1. We had made a comment about the comparison between acute and community sector services. We have now clarified this and made it clearer. We have removed the reference to economic data, which was collected but will be reported elsewhere.
2. Change the division of classes in Figure 2. We have presented this figure as a pie chart.
3. We have clarified the terminology as suggested.
4. Changes to figure 1 to show the method of recruitment. This has been done.
5. We have clarified the detail on the acute versus community services. This is in essence the same comparison as urban versus rural.
6. Present the data in Table 2 in one or two figures. We have tried to construct figures but they are fairly busy with multiple variables, and multiple categories. We have therefore chosen to leave the table as it is.