Author's response to reviews

Title: Delivering stepped care: an analysis of implementation in routine practice

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Author's response to reviews: see over
Dear Professor Kent,

Re: **MS: 1926490187542800** Richards, DA et al:

Thank you for reviewing the above paper and requesting revisions. We have undertaken these as requested and have detailed them below. The revised manuscript also comes with tracked changes to enable checking of these revisions by your team.

I hope that the paper is now acceptable to you and I look forward to hearing from you soon.

Yours sincerely,

David A. Richards,
University of Exeter, UK.
Reviewer: Elizabeth Yano

Reviewer's report:

MINOR ESSENTIAL REVISIONS
There are a number of minor essential revisions necessary.
1) ABSTRACT: The abstract needs to be revised as it does not provide sufficient information to readily understand content of the manuscript. For example, as written, the abstracts seems to assume a mental health readership or knowledge base, e.g., provision of low- and high-intensity treatments (no anchor for interpreting meaning. "...operation of this model" is unclear in terms of meaning, and using the term "implementation" or "operational implementation" would be clearer. There is no analysis method described unless "mapped patient flow" reflects it, but there is no data source noted and so it is unclear what they actually did. An example after "service level design features (e.g. _____)" would help anchor this statement. The ratios and percents presented in the Results component are not easily interpretable without better orientation or anchoring in the high-low definition in the context of stepped care.

   We have addressed all these points and have rewritten the abstract as requested. Track changes indicate these revisions.

INTRODUCTION: Revision is much stronger and easier to follow and clarifies paper's intent and its contribution. Modest revisions needed:
2) Introduction paragraph 2, spell out NICE on first use.
   Done

3) Introduction, paragraph 3, line 3, class of recommended treatment...last "them" should be "it" or something like "such therapy". Same paragraph 3rd sentence, an example of a low-intensity written or computer platform should be added--later in the paper, there is mention of self-help but without anchoring here, non-mental health readers may be left wondering what this type of care includes. The description of the high-intensity treatment is clear.
   All suggestions incorporated

4) Introduction, paragraph 4, 2nd sentence, "there are" instead of "there is data".
   Done

5) Introduction, last paragraph (Aims): Recommend replacement of fragment to a regular sentence. Questions are good.
   Done

METHODS:
1) The authors describe their conceptual framework as being the "patient pathway." It is not clear how the pathway approach to data collection and assessment is a conceptual framework per se. The accompanying reference is a weblink with very modest information. The authors clearly did substantial work reviewing the pathways of 8000 patients, and as the methodological foundation for the paper, it warrants more detail (i.e., the website paragraph indicates that treatment centres are organized around pathways but it is not clear if that translates into a bunch of diagnosis centers, treatment centers, rehab centers, etc. or one-stop shopping type models where care is organized quite differently. No data source(s) is mentioned, and instead a list of what was
"recorded" is provided. The data source(s) need to be included and the specific methods of abstracting or recording the data, training of recorders if appropriate, approaches to ascertaining the reliability/validity of data collection, etc. all should be described. The numbers of patient records assessed are not mentioned until the discussion and should be described earlier with respect to sample in Methods or Results.

We have substantially rewritten this section to address the reviewer’s concerns

RESULTS
1) Paragraph 1, "Workers included..." -- it is not entirely clear if this is about all sites or about Site D. Recommend either having the site D sentence made a phrase after a semi-colon of the previous sentence or otherwise clarifying that the worker description is for all sites.
   Amended

2) 1st sentence under Demographic Characteristics should clarify what "routine datasets" are (related to lack of data source information under Methods).
   Amended

3) Under Service Delivery and patient pathways, the authors talk about the assessment being "extremely difficult" --the purpose of this sentence is not clear and if anything this seems to be a discussion point in terms of feasibility of this method for future work? It also points to the importance of clarifying the methods as they do not yet reflect a difficult process (though I have no doubt it was time-intensive by the time I read the entire paper).
   Offending text removed for clarification

4) Same section 3rd paragraph, 2nd sentence, recommend adding ratios ("reverse of A").
   Done

5) Scheduled and unscheduled discontinuation are jargony and should be defined (an "i.e.," or "e.g." or something) on first use.
   Amended as requested

DISCUSSION
1) 1st line is 1st mention of application to 8000 patients--should be described earlier in paper. Also add "for depression" to "stepped care services" also in 1st sentence (unless this goes beyond depression--the paper notes a distribution of patients with anxiety, depression or both but the introduction focuses on depression so some clarification is warranted).
   These changes have been made. Title and some text amended throughout to rightly show that this paper includes both depression and anxiety.

2) last sentence 2nd paragraph: an example of when patient population characteristics are likely to influence would be useful.
   Added

3) 4th paragraph, change "data is" to "data are"
   Done
4) 7th paragraph, "self-correction principle" -- I am not familiar with this term and its application here. Please clarify and determine whether a citation is warranted. 
   **Explained better here and referred to now earlier in paper**

5) 2nd paragraph under Implications, 3rd sentence, add "treatments" or "care" after "large numbers directly to high-intensity"
   **Added**

**DISCRETIONARY REVISIONS**
1) Abstract: Since NICE is not spelled out, the acronym will have no meaning to the majority of Implementation Science readers in and of itself. Since the abstract does not afford that length, I would recommend the authors consider eliminating the term NICE until the narrative wherein there is space to spell it out on first use (which is not currently done and should be) and describe it (which they do reasonably well).
   **Amended as requested**