Reviewer’s report

Title: The increasing importance of a continence nurse specialist to improve outcomes and save costs of urinary incontinence care: an analysis of future policy scenarios

Version: 1 Date: 13 Aug 2017

Reviewer: Mark Harris

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The study explores the economic consequences of the specifications to provide specialist continence nursing in primary care (OCSS) in the Netherlands based on a number of different healthcare policy scenarios in an ageing population. The OCSS is a key focus of the study but description is quite limited. This is well described in reference 15 by Wagg et al but requires the reader to search for the publication (because there is no URL). There should be a diagram such as Fig 6 in the reference included in the paper.

The authors wording in the introduction seems to suggest that the authors have prejudged their study (page 7 line 57-59, page 8 line1). [The line numbers throughout the manuscript do not line up with the text lines]. These comments are referenced to [16] (Holtzer-Goor et al) which is a cost effectiveness study on the OCSS. It should be more clearly stated that these are findings of that study. It is also important to explain how the current paper adds to this previous study which concludes that under the new OCSS"a QALY gain of 0.005 per patient is achieved while saving €402 per patient over a 3 year period from a societal perspective".

The methodology is complex and should be reviewed by a health economist. Effectiveness estimates are based on one RCT by Subak et al. published in 2002 of the effect of behavioural therapy on urinary incontinence involving 152 women in the US. This found a 50% reduction in mean number of incontinent episodes recorded on a 7-day urinary diary compared with a 15% reduction for controls. A number of systematic reviews have concluded that behavioural interventions are effective but that there are few high-quality studies. The authors acknowledge on page 24 that other studies have not shown such large effects. Technology assessments in other jurisdictions (eg Canada) have been more cautious than the authors. This deserves more discussion.

The discussion is focused on the economic case for the OCSS in the Netherlands. To be relevant to readers of the Journal, the paper should discuss the implications for implementation in primary care. There is a brief reference on page 9 to the model which may involve either a specialist continence nurse visiting several general practices or being appointed within only one practice but having other roles. This should be discussed in more detail. The two models would have quite different logistic and cost implications as well influencing the extent to which they will be seen either as a visiting practitioner or as a member of the practice team. It is unclear what the financing mechanism would be for these two models.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Unable to assess

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
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Yes

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