Reviewer's report

Title: Making the case for a fracture liaison service: a qualitative study of the experiences of clinicians and service managers

Version: 2 Date: 31 May 2015

Reviewer: Teun Teunis

Reviewer's report:

Summary
The authors assess the process of creating a Fracture Liaison Service business case. They do this by interviewing 33 healthcare professionals. They try to answer a well-defined three part question: (1) how do healthcare professionals experience to process; (2) what factors are important to get the business case approved; (3) how to construct a business case. The methods are well described and the data seems sound. But in it’s current form I cannot assess interview selection bias. Based on their data the authors clearly outline recommendations for developing a Fracture Liaison Service business cases.

Major Compulsory Revisions
(1) Methods: Of 82, 43 agreed to take part and 33 people were actually interviewed. From the results I get the feeling some people were pretty frustrated. You don’t want only frustrated people telling you their opinion, as this is not a reflection of reality. The manuscript would benefit from assessing potential selection bias.

Perhaps include a (appendix) table assessing differences between those who accepted and declined the interview? For example, include age, sex, position, hospital size, and specialty. Also include if they successfully created a Fracture Liaison Service business case, or include how long it took them to set up this business case. This will tell us about the generalizability of the data.

(2) This also brings me to the demographic data of the people you did include. Did all of your participants successfully create a Fracture Liaison Service? Was there a difference in the amount of time it took them to get approval to create such a service?

If so, this would create an opportunity to compare more and less successful groups/people. Is there a difference in ‘frustration’ between them? Is there a difference in the best way of making business cases?

Minor Essential Revisions
(3) Abstract, line 60: “suggesting that decisions were not always made on the basis of evidence-based care”.
This feels suggestive. Perhaps try to make it sound more like this was the feeling of the people interviewed.
(4) Abstract: not everyone reads beyond the abstract – sadly; could you add specific recommendation to the abstracts concluding paragraph?

(5) Introduction: The first paragraph comes of to me as very detailed on changes in the English healthcare structure. If you’re targeting a more international audience, perhaps you could make it more abstract and shorten it a little. Or perhaps include some parallels to other Western healthcare systems.

(6) Line 325: different fond in my version

(7) Discussion: can you provide directions for future research or methods of improvement in your discussion? For example:
- On the experience of clinicians, how can we make this process less frustrating?
- Factors influencing the decision of managerial bodies: should their verdict be more transparent?

Discretionary Revisions

(8) General: writing might benefit from chopping up some sentences (possibly without abbreviations). For example in the abstract: 41-43, 47-49, 61-64. I find that when a sentence spans more than two lines, it’s often too long to read comfortably. I noted this mainly in the abstract and introduction.

(9) Introduction: this is completely optional – I’m aware it’s in part a style issue – but consider using fewer abbreviations. I think it will make the manuscript better readable to UK outsiders.

Level of interest: An article whose findings are important to those with closely related research interests

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