

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Care home services at the vanguard: a qualitative study exploring stakeholder views on the development and evaluation of novel, integrated approaches to enhancing health care in care homes.
AUTHORS	Stocker, Rachel; Bamford, Claire; Brittain, Katie; Duncan, Rachel; Moffatt, Suzanne; Robinson, Louise; Hanratty, Barbara

VERSION 1 – REVIEW

REVIEWER	Paul Wilson Alliance Manchester Business School, University of Manchester UK
REVIEW RETURNED	16-May-2017

GENERAL COMMENTS	<p>Thank you for inviting me to review this nicely written and well reported manuscript. The vanguard is a major initiative in the English NHS and this paper represents one of the early accounts of the early process service innovation and system change. I have three suggestions which I hope will improve the manuscript further.</p> <p>First, although some UK readers may be familiar the new care models programme, some additional detail on the wider context and specifically where the six care home initiatives sit in relation to the other models particularly those focused on integration at the system level would be helpful</p> <p>Second, this study was conducted in the early stages of the vanguard development. Some detail on the nature of this evolutionary phase (developing and refining logic models and local metrics for future evaluation) would help the reader better understand some of the uncertainty in the interviewee responses.</p> <p>My final point relates to the interviewees themselves. You have provided an account of stakeholders' understanding, perceptions and expectations of the new programme, but not all stakeholders are equal. Some will be core and many more will be peripheral; playing less of a role in the development of the new programme. As I understand it, most vanguard plans were initially developed by small core teams. It appears you approached 45 individuals for interview (greater clarity required here) and it would be helpful if you could indicate how many participants were from the core group. Any difference in response between core and periphery should also be weaved into the interpretation of the findings.</p>
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REVIEWER	de stampa
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	Hospital at Home assistance publique hôpitaux de Paris 14 rue vesale Paris 5 France
REVIEW RETURNED	15-Jun-2017

GENERAL COMMENTS	<p>This subject is an important and relevant point for the reorganization of the health care services and the reinforcement of the community-based care for elderly people. But the introduction, methods and results need to be fully reworked.</p> <p>Introduction: The intervention as the integrated care model is not well defined. The reduction of the costs is not often the main aim of the integrated care. Some studies already exist on the subject. The objectives of the study are too large and confusing.</p> <p>Methods: Among participants, interviewees of health care users would have been useful. The local context (in the result part) should be here. Analysis of qualitative data is not explained.</p> <p>Results : It's not obvious to identify the point of view between health care planners and health producers. Each result need to be related to one or more verbatims. Groups of results are not relevant (complexity of what?, trust with who?...) and not clear.</p>
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REVIEWER	Dr Helen Rawson Deakin University, Australia
REVIEW RETURNED	04-Sep-2017

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript on stakeholder perspectives on the development and evaluation of integrated approaches to enhance healthcare in care homes. The following are my detailed comments, queries and suggestions based on my review. For clarity, all points have been addressed under the section in which they appear in the manuscript.</p> <p>Abstract Design: Include that this is a qualitative study using semi structured interviews. Participants: The number of participants (30) should be written as a word at the start of the sentence. Also include the number of participants from all groups listed. Results: At pg.2 line 37 'elements' should be singular to match the context of the sentence.</p> <p>Introduction Include the term care in long-term settings (pg.3 line 17) as throughout the manuscript the term care home is used. At line 34, perhaps expand and be more specific on the quality of what in care homes that can improved by integrated working.</p> <p>Method (pg.4) For clarity it would be appropriate that this section be structured and revised under the following headings:</p>
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	<p>Setting: Information on the local context as mentioned in the findings (pg.6 lines 18-25) should be relocated here.</p> <p>Recruitment and Sampling: It is unclear if the researchers contacted potential participants after the CCG sent introductory emails. The recruitment strategy should be defined using the terms Purposive and Snowballing. Include the total number of potential participants contacted and the numbers recruited via each sampling strategy, i.e. purposive and snowballing.</p> <p>On pg.5, line 7 could be revised as follows: One of the researchers (RS) contacted potential participants directly by email or telephone and invited participation.</p> <p>On pg.5, line 15 include a sentence that participants' demographic characteristics to include in Table 1 are detailed in Table 1.</p> <p>Data Collection: Following the pilot of the topic guide were any amendments made?</p> <p>Data Management and Analysis: include a reference for the thematic analysis process used.</p> <p>No ethical issues are mentioned. How was the process of informed participatory consent managed, and how did the researchers acquire the contact details of potential participants to invite participation?</p> <p>Findings Overall the findings are clearly presented. Points to consider are as follows:</p> <p>Please clarify if the four themes across which the findings are presented, are the final set of higher level themes that emerged from the analysis process. If this is the case, then the information should be included at line 10 (pg.6).</p> <p>Are there additional participant demographic characteristics to include in Table 1, i.e. age, sex?</p> <p>On pg.10, line 8, although the participants did not offer a clear definition of person-centred, can you provide further explanation of what is meant by person-centred outcomes?</p> <p>On pg.10, lines 17-18, can you provide further explanation of why participants expressed difficulty of interpreting information provided by proxies, including family members, and did they discuss the role of the family members' perspective?</p> <p>Discussion Points raised in the discussion should also be discussed in relation to existing literature.</p>
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REVIEWER	Professor Jenny Billings Centre for Health Service Studies University of Kent UK
REVIEW RETURNED	05-Sep-2017

GENERAL COMMENTS	Thank you for the opportunity to review this paper. It has the potential to provide some much sought after commentary about vanguard progress, and how care homes are situated in particular. But it unfortunately lacks details in its methodological description
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	<p>and findings, and is in great need of a critical discussion. With these additions it would certainly be publishable.</p> <ul style="list-style-type: none"> - With the methods, access to the sample was through the CCG and the benefits and shortcomings (potential biases) of this need to be recognised. The sample seems to show good representation of stakeholders, but data saturation is sometimes difficult to achieve with this diversity and some discussion of this is needed. With the instrument, what sources were drawn on for the schedule construction? Ethical approval is missing, this is a weakness. There must be an explanation of how ethical standards and procedures were upheld. - The thematic construction of the findings appears credible and there is some commentary about auditability. However there are too few quotes to justify the interpretation. The quotes are also from a narrow range of respondent groups which raises questions as to the depth of analysis and extent of comparative views. - The discussion gives a good overview of the findings but it limited to this summary. We get only partial insight into the extent to which the study objectives were achieved, and this is not totally clear. For example, the evaluation thread is superficially treated and there is much to critically review here. For example, how do the suggested evaluation approaches and metrics compare to The New Care Models team's 'local evaluation guidance' document that has been out for a while now? Or even care home evaluation in general? Importantly, the discussion only touches on the bare bones of the comparative literature. The findings of this study are resounding echoes of integrated care implementation, whether it be in care homes or elsewhere, there is a lot of analytical generalisability that has been missed in relation to change, roles and relationships at all levels. It was a strength to pull out trust and complexity as a theme, but a weakness not to capitalise on the wider organisational relational literature that gives explanation of this. Such additions would enrich the study and enable it to draw more full conclusions about where the care home services at the vanguard are positioned and what can be recommended in the future to promote success.
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VERSION 1 – AUTHOR RESPONSE

Dear Dr Gray

Thank you for the opportunity to revise and resubmit our paper 'Care home services at the vanguard: stakeholder views on the development and evaluation of novel, integrated approaches to enhancing health care in care homes' for BMJ Open. We have found the reviewer's comments to be particularly helpful, and through addressing them, believe that the paper has improved significantly. Please find below a point-by-point response outlining our revisions. The page numbers given relate to the track change 'all markup' version submitted, and we also submit a non-track change version.

We hope that the changes made to the paper are acceptable and that you find it worthy of publication in BMJ Open.

Yours sincerely,
Dr Rachel Stocker and co-authors.

Editor Comments to Author:

- Please amend the title so that it expressly states the study design.

We have added the study design to the title. The study title now reads: Care home services at the vanguard: a qualitative study exploring stakeholder views on the development and evaluation of novel, integrated approaches to enhancing health care in care homes.

- The Strengths and Limitations section should be structured in a bullet point list.

This section has been restructured into a bullet point list, on page 2 lines 54-61.

- Please discuss the limitations of the study in the discussion section.

We have added a paragraph in the discussion (page 15 lines 443-450) discussing limitations.

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Paul Wilson

Please leave your comments for the authors below Thank you for inviting me to review this nicely written and well reported manuscript. The vanguard is a major initiative in the English NHS and this paper represents one of the early accounts of the early process service innovation and system change. I have three suggestions which I hope will improve the manuscript further.

First, although some UK readers may be familiar the new care models programme, some additional detail on the wider context and specifically where the six care home initiatives sit in relation to the other models particularly those focused on integration at the system level would be helpful

Second, this study was conducted in the early stages of the vanguard development. Some detail on the nature of this evolutionary phase (developing and refining logic models and local metrics for future evaluation) would help the reader better understand some of the uncertainty in the interviewee responses.

Thank you for these insightful comments. We have added more contextual information on the vanguard programme on page 3 (lines 85, 87-89) and more detail on the initial phase of the programme on page 4 (lines 109, 112-114).

My final point relates to the interviewees themselves. You have provided an account of stakeholders' understanding, perceptions and expectations of the new programme, but not all stakeholders are equal. Some will be core and many more will be peripheral; playing less of a role in the development of the new programme. As I understand it, most vanguard plans were initially developed by small core teams. It appears you approached 45 individuals for interview (greater clarity required here) and it would be helpful if you could indicate how many participants were from the core group. Any difference in response between core and periphery should also be weaved into the interpretation of the findings.

Most interviewees (n=30 – this has been clarified in the abstract) were not funded directly by the vanguard programme, however a small minority were. Vanguard related working roles are outlined in Table 1 (Interviewees – Role in the local Care Home Vanguard). As the care home vanguard programme in England is relatively small, providing further information would compromise participant anonymity.

Reviewer: 2

Reviewer Name: de stampa

Institution and Country: Hospital at Home, assistance publique hôpitaux de Paris, 14 rue vesale, Paris 5, France Please state any competing interests or state 'None declared': non declared

Please leave your comments for the authors below This subject is an important and relevant point for the reorganization of the health care services and the reinforcement of the community-based care for elderly people. But the introduction, methods and results need to be fully reworked.

Introduction:

The intervention as the integrated care model is not well defined. The reduction of the costs is not often the main aim of the integrated care. Some studies already exist on the subject. The objectives of the study are too large and confusing.

Thank you for your comments. We agree that cost reduction is not the primary aim of integrated care, and feel that this is presented appropriately in the paper. The first (of two) study objective has been re-worded for clarity.

Methods:

Among participants, interviewees of health care users would have been useful. The local context (in the result part) should be here.

The local context section in the results has been moved to the methods section (page 5, lines 126-130).

Analysis of qualitative data is not explained.

The analysis has been outlined with more clarity in the new 'data management and analysis' section (page 6, line 169 onwards) as suggested by Reviewer 3. Interviews with health care users were conducted as part of another linked piece of work elsewhere and more work is planned; however this paper intentionally focuses on the perspectives of staff to explore their understanding of the new care model and how it might be evaluated in the future.

Results :

It's not obvious to identify the point of view between health care planners and health producers. Each result need to be related to one or more verbatims. Groups of results are not relevant (complexity of what?, trust with who?...) and not clear.

The results are grounded in the data and the higher level themes identified were derived via line by line coding and careful analysis by the authors. We have added more verbatim quotations in the text (page 8 lines 237-240; page 9 lines 272-276) to further illustrate results. However, due to constraints imposed by the word limit, it is not possible to illustrate each point with a quotation. We have an abundance of data which supports the points made, and we have carefully synthesised and summarised our data in narrative format, with a selection of illustrative verbatim quotations.

Reviewer: 3

Reviewer Name: Dr Helen Rawson

Institution and Country: Deakin University, Australia Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below Thank you for the opportunity to review this manuscript on stakeholder perspectives on the development and evaluation of integrated approaches to enhance healthcare in care homes. The following are my detailed comments, queries and

suggestions based on my review. For clarity, all points have been addressed under the section in which they appear in the manuscript.

Abstract

Design: Include that this is a qualitative study using semi structured interviews. Page 1 line 25.
Participants: The number of participants (30) should be written as a word at the start of the sentence. Page 1 line 29. Also include the number of participants from all groups listed. Page 1-2, lines 29-33.
Results: At pg.2 line 37 'elements' should be singular to match the context of the sentence. Page 2 line 43.

Thank you for your helpful suggestions. These have all been amended in the manuscript (please see each comment for location).

Introduction

Include the term care in long-term settings (pg.3 line 17) as throughout the manuscript the term care home is used.

At line 34, perhaps expand and be more specific on the quality of what in care homes that can improved by integrated working.

Amended and expanded as suggested (page 3 line 64 & 74).

Method (pg.4)

For clarity it would be appropriate that this section be structured and revised under the following headings:

Setting: Information on the local context as mentioned in the findings (pg.6 lines 18-25) should be relocated here. Page 5 lines 126-130.

Recruitment and Sampling: It is unclear if the researchers contacted potential participants after the CCG sent introductory emails. The recruitment strategy should be defined using the terms Purposive and Snowballing. Include the total number of potential participants contacted and the numbers recruited via each sampling strategy, i.e. purposive and snowballing. Page 5 line 144 onwards.

On pg.5, line 7 could be revised as follows: One of the researchers (RS) contacted potential participants directly by email or telephone and invited participation. Page 5 line 142-147.

On pg.5, line 15 include a sentence that participants' demographic characteristics to include in Table 1 are detailed in Table 1. Page 5 lines 151-152.

Thank you for your suggestion, we agree that this section should be restructured. Please see each comment for location of amendments.

Data Collection: Following the pilot of the topic guide were any amendments made?

Data Management and Analysis: include a reference for the thematic analysis process used.

We have added more detail on the topic guide pilot (page 6 line 160) and a reference for the thematic analysis process we used (page 6 line 170).

No ethical issues are mentioned. How was the process of informed participatory consent managed, and how did the researchers acquire the contact details of potential participants to invite participation?

We have added more information about the ethical process (page 5 lines 142 onwards), recruitment (page 5 lines 145 onwards), and informed consent procedures (page 5 line 146 onwards).

Findings

Overall the findings are clearly presented. Points to consider are as follows:

Please clarify if the four themes across which the findings are presented, are the final set of higher level themes that emerged from the analysis process. If this is the case, then the information should be included at line 10 (pg.6).

Clarified that this is the case, on page 6 line 183.

Are there additional participant demographic characteristics to include in Table 1, i.e. age, sex?

The key participant information relevant to this study is the participants' role in the vanguard. We did not collect these data, but its use would have compromised participants anonymity.

On pg.10, line 8, although the participants did not offer a clear definition of person-centred, can you provide further explanation of what is meant by person-centred outcomes?

We have inserted a short explanation of person-centred outcomes on page 11 line 321-323, which now reads: "Many mentioned the importance of person-centred outcomes, i.e. health and wellbeing goals defined by care home residents themselves and their families and carers as being the most important to reach".

On pg.10, lines 17-18, can you provide further explanation of why participants expressed difficulty of interpreting information provided by proxies, including family members, and did they discuss the role of the family members' perspective?

We have clarified this further on page 11 lines 328-329. Participants did not discuss family members' perspective other than this.

Discussion

Points raised in the discussion should also be discussed in relation to existing literature.

We have enhanced the discussion further (page 14 lines 438-439 and page 15 lines 455-458) – please see response to Reviewer 4 for more specific information.

Reviewer: 4

Reviewer Name: Professor Jenny Billings

Institution and Country: Centre for Health Service Studies, University of Kent, UK Please state any competing interests or state 'None declared': None Declared

Please leave your comments for the authors below Thank you for the opportunity to review this paper. It has the potential to provide some much sought after commentary about vanguard progress, and how care homes are situated in particular. But it unfortunately lacks details in its methodological description and findings, and is in great need of a critical discussion. With these additions it would certainly be publishable.

- With the methods, access to the sample was through the CCG and the benefits and shortcomings (potential biases) of this need to be recognised. The sample seems to show good representation of stakeholders, but data saturation is sometimes difficult to achieve with this diversity and some discussion of this is needed. With the instrument, what sources were drawn on for the schedule construction? Ethical approval is missing, this is a weakness. There must be an explanation of how ethical standards and procedures were upheld.

Thank you for your comment. As stated earlier, we have abundant verbatim material to back up our points, but are constrained by the word limit. We agree that further information about our methods was necessary. We have inserted information about accessing our sample on page 5 line 136 onwards, and indicated the associated potential biases in the limitations section (discussion, page 15 lines 443-450). We have also discussed the interview schedule (page 6 lines 158-159), data saturation (page 6 line 160) and ethical approvals (page 4 lines 123-124).

- The thematic construction of the findings appears credible and there is some commentary about auditability. However there are too few quotes to justify the interpretation. The quotes are also from a narrow range of respondent groups which raises questions as to the depth of analysis and extent of comparative views.

Thank you for your comment. We have inserted further quotes from different stakeholder groups (such as the third sector) (page 8 lines 237-238; page 9 lines 272-275) which provides more context to our analysis, and highlights the broader representation of groups who participated in the study.

- The discussion gives a good overview of the findings but it limited to this summary. We get only partial insight into the extent to which the study objectives were achieved, and this is not totally clear. For example, the evaluation thread is superficially treated and there is much to critically review here. For example, how do the suggested evaluation approaches and metrics compare to The New Care Models team's 'local evaluation guidance' document that has been out for a while now? Or even care home evaluation in general? Importantly, the discussion only touches on the bare bones of the comparative literature. The findings of this study are resounding echoes of integrated care implementation, whether it be in care homes or elsewhere, there is a lot of analytical generalisability that has been missed in relation to change, roles and relationships at all levels. It was a strength to pull out trust and complexity as a theme, but a weakness not to capitalise on the wider organisational relational literature that gives explanation of this. Such additions would enrich the study and enable it to draw more full conclusions about where the care home services at the vanguard are positioned and what can be recommended in the future to promote success.

Thank you for your suggestions. We have enhanced the discussion by comparing study findings with the existing literature on trust and complexity, change, and roles and responsibilities (page 15 lines 455-458). We have also added a brief comparison of metrics suggested by stakeholders and the local evaluation guidance provided by the New Care Models team (page 14 lines 438-439). The discussion is presented in the required format for BMJ Open, and their word limit does not permit a full scale critical engagement with all the literature.

VERSION 2 – REVIEW

REVIEWER	de stampa Hospitalisation à domicile assistance publique hôpitaux de paris
REVIEW RETURNED	30-Oct-2017

GENERAL COMMENTS	results are a bit long
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REVIEWER	Dr Helen Rawson Deakin University, Australia
REVIEW RETURNED	02-Nov-2017

GENERAL COMMENTS	<p>Thank you for addressing my queries and suggestions made to the original manuscript I reviewed. Some further points to consider are as follows:</p> <p>Line and sentence reference is as per the track changed document.</p> <p>Introduction For the benefit of the journal's international readership, At the start of the second sentence (p24 line 8) specify start with ...In the UK, since these are UK figures.</p> <p>On p.24 line 49 perhaps are more appropriate term than 'joining up' would be 'combining'</p> <p>Methods The section on Setting is one complete sentence which makes a very long sentence. I would recommend dividing into two sentences with a full stop after 'CCG', then a new sentence starting with 'This CCG is located within Also CCG used at p.26 line 5 should be written in full and also abbreviated here instead of line 24.</p> <p>Again for the benefit of an international audience, at the first use of NHS, this should be written in full then abbreviated.</p> <p>Findings On p.30 line 3 and p.31 line 3 should 'the' be inserted before vanguard?</p> <p>Discussion There is still limited discussion of the findings in relation to existing literature. In the Summary of findings I question the use of additional quotations here to emphasize points. These points should be integrated in the findings section and not here. The summary should indeed be a synopsis of key points from the findings.</p> <p>The new paragraph on p.36 about the sample should be incorporated in the Methods section under Recruitment and Sampling.</p>
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VERSION 2 – AUTHOR RESPONSE

Dear Dr Gray

Thank you for giving us the opportunity to revise and resubmit our paper 'Care home services at the vanguard: a qualitative study exploring stakeholder views on the development and evaluation of novel, integrated approaches to enhancing health care in care homes'.

The minor revisions suggested by the reviewers have enabled us to improve the manuscript. Please find below a detailed, point by point response. The page numbers given relate to the track changes 'all markup' version submitted, and we have also submitted a non-track changes version.

We hope that the manuscript is now acceptable to you and suitable for publication in BMJ Open.

Yours sincerely,
Dr Rachel Stocker and co-authors.

Authors' response to reviewers' comments

We are very grateful to the reviewers for the time taken to read and comment on our manuscript. Our paper is much improved as a result.

Reviewer: 2 - Results are a bit long

Authors' response: Thank you for your feedback. In our first revision, we added two more verbatim quotations, in response to reviewer recommendations. We feel that the presentation of this section reflects the data analysis and is appropriate.

Reviewer: 3

Introduction: For the benefit of the journal's international readership, At the start of the second sentence (p24 line 8) specify start with ...In the UK, since these are UK figures.

Authors' response: This has been amended (line 61)

On p.24 line 49 perhaps are more appropriate term than 'joining up' would be 'combining'

Authors' response: This has been amended (line 86)

Methods - The section on Setting is one complete sentence which makes a very long sentence. I would recommend dividing into two sentences with a full stop after 'CCG', then a new sentence starting with 'This CCG is located within Also CCG used at p.26 line 5 should be written in full and also abbreviated here instead of line 24.

Authors' response: These have been amended (line 126-127 and 132)

Again for the benefit of an international audience, at the first use of NHS, this should be written in full then abbreviated.

Authors' response: This has been amended (line 73)

Findings - On p.30 line 3 and p.31 line 3 should 'the' be inserted before vanguard?

Authors' response: This has been amended (line 239 and 269)

Discussion - There is still limited discussion of the findings in relation to existing literature.

Authors' response: We have edited the section 'comparison with existing research' to ensure that it is concise, but references relevant existing work (line 445-448). Our comparisons to other work are in line with journal requirements and word limit constraints, and we feel that this section now provides a succinct overview of where our work sits in relation to the field.

In the Summary of findings I question the use of additional quotations here to emphasize points. These points should be integrated in the findings section and not here. The summary should indeed be a synopsis of key points from the findings.

Authors' response: Thank you for your feedback. We can confirm that there are no quotations in the Discussion or Summary of Findings.

The new paragraph on p.36 about the sample should be incorporated in the Methods section under Recruitment and Sampling.

Authors' response: We agree that the purpose of this paragraph was not clear. This paragraph has now been amended to highlight the strengths and weaknesses of the study, and (we hope you will agree) is appropriately sited in the discussion. (line 432-440).

VERSION 3 – REVIEW

REVIEWER	Dr Helen Rawson Deakin University, Australia
REVIEW RETURNED	08-Feb-2018

GENERAL COMMENTS	<p>Thank you for the opportunity to review the latest revision of this manuscript. A few minor points for consideration, as follows:</p> <p>Abstract: Results (p2 line 3): It would be beneficial to include as the opening sentence that four higher-level themes emerged from the data and list these.</p> <p>Setting: (p5 line 3): The term 'poor health' as used to describe the location of the CCG warrants further description.</p> <p>Data collection: (p5 line 44): The developed topic guide is stated as being piloted with members of the research team. A pilot would infer that the topic guide was tested with a sample of the study population who will not be included in the main study. What is described here in using members of the research team is essentially not a pilot, but appears to be a form of exercise for content validity perhaps? An explanation should be given as to the purpose of this exercise with the research team, without the use of the term 'pilot'. This explanation should also include the expertise of the research team and how this fits with validating the topic guide.</p>
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VERSION 3 – AUTHOR RESPONSE

Dear Dr Gray

Thank you for your response to our submitted manuscript. Please find a revised manuscript attached on the submission system, along with point by point responses to reviewer comments.

We hope that the revised manuscript is acceptable and look forward to your response.

Yours sincerely
Dr Rachel Stocker on behalf of co-authors.

- The author also provided a marked copy with additional comments. Please contact the publisher for full details.

VERSION 4 – REVIEW

REVIEWER	
REVIEW RETURNED	

GENERAL COMMENTS	
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VERSION 4 – AUTHOR RESPONSE