PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Dementia case-finding in hospitals: a qualitative study exploring the views of health care professionals in English primary and secondary care
AUTHORS	Burn, Anne-Marie; Fleming, Jane; Brayne, Carol; Fox, Chris; Bunn, Frances

VERSION 1 – REVIEW

REVIEWER	Karen Mate School of Biomedical Sciences and Pharmacy University of Newcastle Callaghan 2308 Australia
REVIEW RETURNED	24-Nov-2017

GENERAL COMMENTS	This is a well written exploration of the views of primary and secondary health care professionals on the English NHS initiative to increase dementia diagnosis rates. This is an important topic. My only criticism of the manuscript is that the authors personal views and opinions become very apparent from the content and structure of the Background section. As there were no details provided about the interview schedule used, this did raise some concern about whether the questions were framed in a way that was more likely to evoke a negative response. This concern could be addressed by providing the interview schedules as supplementary data files. The authors attribute their findings almost entirely to the lack of an evidence based strategy, but many of the themes identified could be equally attributed to inadequate implementation protocols.

REVIEWER	Andrea Fabbo Public Agency for Health (AUSL) of Modena - Italy
REVIEW RETURNED	25-Nov-2017

GENERAL COMMENTS	Study well done

REVIEWER	Zahra Goodarzi University of Calgary Canada
REVIEW RETURNED	09-Jan-2018

GENERAL COMMENTS	Thank you for the opportunity to review your work. Its a very

interesting topic and extremely important to understand these issues given the many patients, health care providers and services that could be effected by such a detection program.

Abstract.
In results, its often hard to summarize qualitative research in the abstract. Your second part of the results was clear but the word fragmentation needs to be changed or explained. Similarly "perceived rationales" is vague and doesn't explain to the reader what you mean. I would try to provide a brief explanation here. The statement "the study showed…" is weaker – suggest active voice. Suggest that this sentence is also more clear – stating "various approachs …" isn't clear.

Intro
Clear and well written – the issue of differentiating delirium from dementia I think needs to be emphasized and if possible are there any studies you could quote re: accuracy of in hospital detection for dementia and overlap with delirium. I think this is important to the reader.
It would also be useful to quote any existing evidence that suggests this type of case finding is useful or not useful – what have other studies done or found here ? This needs to be elaborated on to provide context to the reader.

Methods
It is critical that there was Ethics approval and that this is listed with appropriate approval numbers are described.
You should put the questionnaires in an online appendix for transparency
You do not state how you dealt with the inherent biases the researchers have in doing this analysis.
Were there note takers for the focus groups/interviews? Did you debrief post interviews or FG.
Was there confidentiality forms for the focus groups?
You do not specify about transcription, de-identification or data storage.
Was the coding done in duplicate or overlapping or did the three coders do it separately
Your coding frame should be an appendix to demonstrate the depth of coding undertaken

Results
What proportion of the potential total pool is represented here? E.g. there are 17 GPs out of x amount in those areas?
Do you have any further information on experience of health care practitioners e.g. duration of clinical experience?
Again Fragmentation for theme 1 and perceived rationales for theme 3 are more vague – I think its clearer with the explanations used in table 3 – but I wonder if you could trial more specific language. I do not want to be prescriptive but something like "lack of uniform case finding processes" is more clear.
Table 3 – this is well displayed and carefully worded for the most part
-        "varied approaches…" by this you mean different hospitals used different strategies for implementation or the actual case finding? Not clear which is varied. Be more specific if you can

The tables with exemplary quotes are well done, and clear – really like this, super!

Theme 1
-        Was there any reasons discussed as to why they were so diverse in their processes?
-        Why was there no standard tool used?
-        It would be interesting to hear a bit more of why these things are going on from the interviews vs. that they are just happening.

Theme 3
-        How did they address the issue of delirium – did this come up? Its stated that it was a concern but how is this dealt with
-        Is there a post case finding pathway

Discussion
-        First paragraph
o   Do not repeat the sample size and location in the discussion its unnecessary
oYou also repeat the major theme names in this first paragraph when they have already been labelled.
o I suggest you reformat this to be a brief statement regarding the major themes and then discuss your findings in detail and context
- The discussion overall is a bit repetitive of the results, I think you need to discuss your results in context of existing research more – what to other studies show how does your study compare. Provide more reasoning as to why things are happening.
-Transferability should be discussed last not in the middle of the discussion
- You only mention CASCADE in the discussion – this should be in the methods
- What is the cost of this initiative and impact on other services – is this known? If not it's a possible future study
-Would be worth commenting on downstream effects of the initiative or elaborating on this from the results. You mention more is needed re: outcomes and that looking at "improving care" but what specifically would be of greatest concern?
- To me its important to also comment on the misdiagnosis and delirium components –especially as a future study?
-Also need to look at patient and caregiver impact? Were people diagnosed wrongly? What was the impact of that – did this impact discussions of driver fitness.
- I would specifically address the study limitations at the end of the discussion - other than sampling issues.
You may not be able to answer all these questions but they are food for thought to develop the discussion a bit more – I think this is incredibly important research and I commend you for delving into a complex topic.

VERSION 1 – AUTHOR RESPONSE

Editorial Requirements:

Please revise your title to state the research question, study design, and setting (location). This is the preferred format for the journal.
---We have revised the title to include location. "Dementia case-finding in hospitals: a qualitative study exploring the views of health care professionals in English primary and secondary care"

Please complete and include a COREQ check -list, ensuring that all points are included and state the page numbers where each item can be found: the check -list can be downloaded from here: https://www.equator-network.org/reporting-guidelines/coreq/ ---See COREQ checklist provided as a supplementary file

Please revise the Strengths and Limitations section (after the abstract) to focus on the methodological strengths and limitations of your study rather than summarizing the results.
---See amendments to the Strengths and Limitations section on page 3*

We note that your study has received ethical approval from the University of Hertfordshire Ethics Committee. However, you have not included this information in the manuscript. Please include an statement to this effect in the main text of the manuscript.
---Ethical approval added to page 23

Reviewer 1 comments

This is a well written exploration of the views of primary and secondary health care professionals on the English NHS initiative to increase dementia diagnosis rates. This is an important topic.
---Thank you we appreciate your comments

My only criticism of the manuscript is that the authors personal views and opinions become very apparent from the content and structure of the Background section. As there were no details provided about the interview schedule used, this did raise some concern about whether the questions were framed in a way that was more likely to evoke a negative response. This concern could be addressed by providing the interview schedules as supplementary data files. ---The interview schedules are now included as supplementary files

The authors attribute their findings almost entirely to the lack of an evidence based strategy, but many of the themes identified could be equally attributed to inadequate implementation protocols.
---It was beyond the scope of this study to assess how well hospitals are implementing case -finding procedures

Reviewer 2 comments

Study well done
---Thank you

Reviewer 3 comments

Thank you for the opportunity to review your work. Its a very interesting topic and extremely important to understand these issues given the many patients, health care providers and services that could be effected by such a detection program.
---Thank you for taking the time to review our paper and we appreciate your comments Abstract.
In results, its often hard to summarize qualitative research in the abstract. Your second part of the results was clear but the word fragmentation needs to be changed or explained.
---Thank you for the suggestion and we have changed 'fragmentation' to ' lack of consistent approaches ' (on page 2 and amended throughout)

Similarly "perceived rationales" is vague and doesn't explain to the reader what you mean. I would try to provide a brief explanation here.
---We agree and have changed to: 'perceptions of rationale, aims and impacts of case-finding' which we think is clearer

The statement "the study showed…" is weaker – suggest active voice. Suggest that this sentence is also more clear – stating "various approachs …" isn't clear.
---We have changed to 'the study shows' (page 2)
'Various approaches' has been reworded to make this clearer (page 2)

Intro
Clear and well written – the issue of differentiating delirium from dementia I think needs to be emphasized and if possible are there any studies you could quote re: accuracy of in hospital detection for dementia and overlap with delirium. I think this is important to the reader.
---Sentence added on Page 5

It would also be useful to quote any existing evidence that suggests this type of case finding is useful or not useful – what have other studies done or found here ? This needs to be elaborated on to provide context to the reader
---There is very little existing evidence on whether or not case-finding is useful. Sentence added (page 4)

Methods
It is critical that there was Ethics approval and that this is listed with appropriate approval numbers are described.
---Details of ethical approval added on page 23

You should put the questionnaires in an online appendix for transparency ---
Interview schedules are now provided as supplementary files

You do not state how you dealt with the inherent biases the researchers have in doing this analysis. ---Please see p7 - Three researchers (A-MB, FB, JF) independently scrutinized and developed codes from the transcripts and through discussion compared codes and developed an initial coding frame. Emerging themes were discussed with representatives from the Patient and Public Involvement Groups at both participating Universities. and refinements were made to the coding frame

Were there note takers for the focus groups/interviews? Did you debrief post interviews or FG.
---Notes were taken by the facilitating researcher and the research team had discussions post interviews/FGs. We have not added all these details to the text because we did not want to make the Methods section too long. Details have also been added to the COREQ check list.

Was there confidentiality forms for the focus groups?
---Consent forms were signed, and this included an explanation to participants about confidentiality and secure data management

You do not specify about transcription, de-identification or data storage.

---Transcripts were anonymised and data protocols for secure data storage followed (added to page 7)

Was the coding done in duplicate or overlapping or did the three coders do it separately
---See P7 - Three researchers independently coded multiple transcripts. Transcripts were allocated in such a way to ensure that transcripts were coded by at least two of the researchers

Your coding frame should be an appendix to demonstrate the depth of coding undertaken
---We do not think that it is standard practice to include this as an appendix but the coding frame is available from the authors on request

Results
What proportion of the potential total pool is represented here? E.g. there are 17 GPs out of x amount in those areas?
---We contacted 18 hospitals. Staff from 12 of those hospitals agreed to participate. This has been added to the Results section (page 8)
We cannot give the total number of GPs contacted because they were approached through regional professional networks and Clinical Commissioning Groups

Do you have any further information on experience of health care practitioners e.g. duration of clinical experience?
---We did collect the years of clinical experience and have added this (page 8)

Again Fragmentation for theme 1 and perceived rationales for theme 3 are more vague – I think its clearer with the explanations used in table 3 – but I wonder if you could trial more specific language. I do not want to be prescriptive but something like "lack of uniform case finding processes" is more clear.
---We have re-labelled Themes 1 and 3 to make them clearer. Theme 1:
Lack of consistent approaches in case-finding processes Theme 3:
Perceptions of rationale, aims and impacts of case-finding

Table 3 – this is well displayed and carefully worded for the most part- "varied approaches…" by this you mean different hospitals used different strategies for implementation or the actual case finding? Not clear which is varied. Be more specific if you can
---We have re-worded 'varied approaches' to be clearer (Table 3, page 9).
Hospitals implemented different strategies for case finding in terms of how they did it, where and when it was done. The table gives a summary of main themes and subthemes and we explain the themes further in the text

Theme 1
Was there any reasons discussed as to why they were so diverse in their processes?
Why was there no standard tool used?
It would be interesting to hear a bit more of why these things are going on from the interviews vs. that they are just happening.
----The Department of Health implemented the initiative across England and Wales allowing hospitals to develop their own case-finding processes locally (see Background page 5). This has resulted in variations in processes across hospitals e.g. the assessment tools were dec ided by each hospital. We asked hospital staff to speak about the processes in their own hospitals and not about the processes

across all hospitals because processes vary. Indeed most hospital staff and GPs were unaware how dementia case-finding was carried out elsewhere.
Theme 3
How did they address the issue of delirium – did this come up? Its stated that it was a concern but how is this dealt with
Is there a post case finding pathway
---Delirium was not a specific line of enquiry in the interviews and focus groups. There is no clear post case finding pathway. The discussion has been edited to pick up on this point (see p19)

Discussion
First paragraph
Do not repeat the sample size and location in the discussion its unnecessary
---We have removed the sentence giving the sample size and location (page 19)

You also repeat the major theme names in this first paragraph when they have already been labelled. I suggest you reformat this to be a brief statement regarding the major themes and then discuss your
findings in detail and context We have reformatted this so that the theme names are not repeated
The discussion overall is a bit repetitive of the results, I think you need to discuss your results in context of existing research more – what to other studies show how does your study compare. Provide more reasoning as to why things are happening.
---We have added that the reason this is happening is that the Department of Health Policy has not been implemented on an evidence base. We have removed some of the repetition

Transferability should be discussed last not in the middle of the discussion.
---We have moved transferability to the penultimate paragraph in the Discussion Pages 22

You only mention CASCADE in the discussion – this should be in the methods.
---We now mention the CASCADE study in the Methods section with a reference to the study website (page 6)

What is the cost of this initiative and impact on other services – is this known? If not it's a possible future study ---We agree that this is an important question. The cost of the initiative is being explored in the second phase of the CASCADE study and will be presented in a separate publication

Would be worth commenting on downstream effects of the initiative or elaborating on this from the results. You mention more is needed re: outcomes and that looking at "improving care" but what specifically would be of greatest concern?
---In the Conclusions we have specified that particular concerns are health and wellbeing out comes. The previous paragraph at the end of the Discussion section, though not using the exact phrase 'downstream effects' mentions other impacts of the initiative that the next phase of the wider study will address.

To me its important to also comment on the misdiagnosis and delirium components –especially as a future study? ---This study did not directly address delirium but we have commented about misdiagnosis and false positives in the Discussion (Page 20)

Also need to look at patient and caregiver impact? Were people diagnosed wrongly? What was the impact of that – did this impact discussions of driver fitness.

---These are all important points but were not included in this phase of the study.

This paper focuses on views of healthcare professionals. The impacts on patients and family carers is considered in the second phase of the study and will be published in a separate paper

I would specifically address the study limitations at the end of the discussion - other than sampling issues.

---We have put the study limitations in the penultimate paragraph. The final paragraph highlights the lack of monitoring of data and not sampling issues

You may not be able to answer all these questions but they are food for thought to develop the discussion a bit more – I think this is incredibly important research and I commend you for delving into a complex topic.

---Thank you for your comments which have been very helpful to us in developing the paper

VERSION 2 – REVIEW

REVIEWER	Karen Mate University of Newcastle Australia
REVIEW RETURNED	18-Feb-2018

GENERAL COMMENTS	Issues raised with the manuscript have been adequately addressed. Publication is recommended.