

Understanding factors influencing vulnerable older people keeping warm and well in winter: a qualitative study

Many thanks again for the time spent on this paper and for the comments. I have amended accordingly. I have tried to accommodate the requests for more focus, detail and discussion regarding the data. However, as a BMJ paper, I did want to retain the applied element of the paper to ensure it has purchase in the public health and NHS professions, as well as an academic audience. This obviously puts pressure on the word count. I have tried to accommodate the requests and hope I have done so in sufficient manner for the peer reviewer and editor.

1. Staying focused on your findings. Quite a lot of what we have here is general discussion about policy and it's not clear how this discussion follows on from your study. I think the revised paper needs to be clearer about what exactly is being argued and how exactly this follows on from the data that emerges from the study.

Because the policy agenda is changing (introduction of the first Cold Weather Plan, shifting of public health to Local Authorities, and implementation of the Public Health Outcomes Framework) we felt it was important to consider and discuss the findings and outputs in the context of this new policy and what the findings may do to help NHS staff and organisations implementing the policy. I have tried to emphasise this aim in the background and have revised the discussion accordingly, whilst staying focused on the findings.

2. Are we studying vulnerable older people or not? Some revisions have helped with this, but it's still unclear. This is really important – older people are not, by definition, vulnerable. Yes, some of them are prone to winter difficulties, but many are not and gerontologists would take issue with this framing. So be careful not to slip into general claims about 'older people' that don't stand. We see this, for example, in the title. 'Older, vulnerable people' suggests all older people are vulnerable. I think you mean 'vulnerable older people'. This is a small point, but the implications are big and the paper probably needs to be edited with this in mind.

The point is well made and I can see that I missed the opportunity in the previous revision to make the required changes and emphasis. This was partly as I made the revisions quickly. I received the peer review findings after returning from holiday so the turn-around time was a bit stretched. I hope the more recent revisions are adequate and make it clear the study focuses on vulnerable older people.

3. More generally, we need a much more careful edit. The writing is still a bit sloppy in places, with quite a few grammatical mistakes. I'll highlight some of these below.

These edits have been made

4. I think the concluding sections need to connect the findings we have here to the other studies that are now mentioned towards the start. In what way are your recommendations / findings different or similar to those others have made? Is this because you have deliberately chosen potentially vulnerable older people? How exactly are you building on this other work? I think we need to do more than just acknowledge this –it also needs to be engaged with. Otherwise it becomes much harder for those who may want to make interventions based on the research to choose whose advice to follow in particular circumstances.

Some specifics:

The points raised have been addressed but I have not been overly expansive at times due to concern about the growing length of the paper. I have commented on my response to some of the points raised below. As a BMJ paper it may be that an editorial opinion is required in terms of the best fit for the Journal. I am happy to revise in line with editorial preference or request.

Introduction: We probably don't need the discussion of European differences and a lot of this is also quite wordy too. I have left this in as the question of "why is it so bad in Britain compared to other colder countries" does preoccupy public health and clinical communities. I am happy to review if the editor prefers.

Page 6 I think you should probably remove the discussion of the research with nurses and voluntary sector staff. This is off the point in view of the purposes of this paper really. The point of your empirical work was to generate pen portraits not to collect those that others had already painted? Perhaps this could be the subject of a different paper
I have removed all reference to the staff interviews and focus groups and adjusted tables accordingly

Page 11 Limitations. This needs to be re-written or removed. I don't buy this argument really, as I said before. Validity comes through rigorous and considered research, not through people saying your study 'resonated' with them. I have removed the section on the consultation and testing of the study findings and pen portraits. It is my understanding that it is a requirement of the journal to have a section on limitations. I will remove or edit this if preferred.