Dear editor,

Thank you very much for giving us the opportunity to revise our manuscript according to the reviewers' comments. In addition, we are grateful to the reviewers who have provided us with critical but constructive commentary on our manuscript. Below we have addressed the reviewers' comments on a point-by-point basis.

Kind regards,

Caro van Uden

REVIEWER #1 (Dr. Robert K. McKinley)

**GENERAL**

In response to the reviewer's comment about which variables are included in the analysis, we have constructed a table including all variables entered in the analysis (Table 4).

Based on the reviewer's suggestion, we have also included patient satisfaction score (1-5 scale) in the logistic regression analysis.

We chose not to address the reviewer's suggestion to discuss possible interventions with regard to unscheduled reconsultation, because we think it is still somewhat premature to talk about interventions, when we still do not know if these reconsultations are (in)appropriate.

The English language has been checked and corrected where necessary.

The numerical inconsistency has been resolved. This was an error in figure 1 and the text. The number in the table was correct.

**MAJOR COMPULSORY REVISIONS**

We have constructed a table which includes all variables entered in the analysis (Table 4).

**MINOR ESSENTIAL REVISIONS**

The numerical inconsistency between the results section, figure 1 and table 1 has been resolved. The number in the table was correct.

**DISCRETIONARY REVISIONS**

Patient satisfaction has been included in the analysis as an independent variable. We found that only in the overall model, patient satisfaction was a relevant predictor of follow-up care. Low satisfaction rates correspond with higher probability of follow-up care at the patient's own GP.

We chose not to address the reviewer's suggestion to discuss possible interventions with regard to...
unscheduled reconsultation, because we think it is still somewhat premature to talk about interventions, while we still do not know if these reconsultations are (in)appropriate.

REVIEWER #2 (Dr. Cathy Shipman)

GENERAL
NA

MAJOR COMPULSORY REVISIONS

We have chosen to use a significance level of 0.10, because we wanted to reduce the chance of loosing relevant predictors as a result of a too strict alpha level. Since this study suffered from a modest response rate and presents relatively new data in this field of discipline, we have been cautious in loosing relevant information.

Non-responders received a reminder by mail after 4-5 weeks after the questionnaire had been sent. This is addressed in the text (Page 6, Para 1).

We have collected information about patient characteristics from the GP cooperatives. This information is based on a four week data collection at the GP cooperatives. There were no differences in the distribution of gender and insurance between the study population and the study sample. With respect to age we were able to get detailed information per type of consultation. Also for age there were no differences between the study population and the study sample. This information is also presented in the results section (page 7, para 2 and page 8, para 2)

MINOR ESSENTIAL REVISIONS

1) The number 2805 was the total number of questionnaires sent to patients of the seven cooperatives. A detailed description of the sampling procedure is now presented on page 6 (Para 1).

2) We have constructed a table which includes all variables entered in the analysis (Table 4).

3) A table with all questions and variables with response rates was constructed (Table 5-8).

4) Overall figures for type of consultation are presented on page 5 (last paragraph) and page 6 (first paragraph)

5) Grammar has been corrected, and the last sentence of the statistics section has been clarified.

6) Last sentence of the statistics section has been modified.

7) We agree that the numbers ‘166+232’ are very confusing, and therefore, we have replaced ‘166+232’ by the total number of all patients who attended their own GP within a week (n=398), which is the sum of these two numbers. (Page 8, Para 1)

8) We have added an extra sentence explaining what we meant by inefficient care. (Page 12, Para 2).

9) We have asked patients to report whether they have visited the A&E after they had contacted the GP cooperative. This information has been added to the flow chart (Figure 1).

DISCRETIONARY REVISIONS

We have decided not to address the reviewer's suggestion to look at the results for each co-op separately. We think the issue about socioeconomic differences has already been addressed by including information on type of insurance. However, the suggestion is very relevant and can be used in future research when many more GP cooperatives are involved.