Reviewer's report

Title: Nurse telephone triage in out-of-hours GP practice: determinants of independent advice and return consultation

Version: 1 Date: 24 September 2006
Reviewer: Brian McKinstry

Reviewer's report:

General
Thank you for asking me to review this interesting article which compares the types of problems managed by doctors and nurses working out of hours in a small call centre in the Netherlands. The paper is generally well written and easy to follow.

The authors do make several assumptions in their interpretation of the results that, while likely to be true, are perhaps not justified from the evidence they present. For example the assumption that a high onward referral rate by doctors to hospitals reflects the seriousness of the cases that were seen. While I agree this is likely it should be made clear that alternative explanations (e.g. GPs more cautious than nurses) are also possible.

This is quite a small study, with only 8 nurses who varied greatly in their management and perhaps more should be made of the possibility that these results may not be generalisable. Several correlations (e.g. with age and experience) had little hope of being significant given these numbers and I am surprised they looked for them.

I would have been interested in some explanation as to why nurses handled a bigger proportion of calls at night than by day. Was this down to different nursing staff who doing nights than by day or a relative scarcity of doctors? My own work(1), admittedly conducted several years ago in the UK, suggested that while there are fewer calls after midnight they tend to be more serious. If anything I would have expected the proportion of calls overnight handled by nurses to go down if the authors hypothesis that nurses hand over the more serious and complex conditions is true. I would value some further discussion of this point.

Other weaknesses in the method have been accounted for in the discussion which is comprehensive.


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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
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More should be made of the possibility that these results may not be generalisable. It should be made clear that alternative explanations for higher onward referral to hospital (e.g. GPs more cautious than nurses) are also possible.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
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Discretionary Revisions (which the author can choose to ignore)
Possibly some attempt to explain the increased proportion screened by nurses at night should be made.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests