Reviewer's report

Title: Out-of-hours demand for GP care and emergency services: patients choices and referrals by general practitioners and ambulance services

Version: Date: 26 February 2007

Reviewer: Chris J Salisbury

Reviewed: No

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

none

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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)

Thank you for asking me to review this paper. Generally it appears to have been well conducted and well written. The topic it studies is not completely original but it provides useful updated information compared with previous studies and will be particularly interesting to readers in the Netherlands.

Method: With regard to the methods it is not clear whether the data they collected from A&E departments were restricted to people who lived in the city of Ijmuiden or whether it included anybody who attended the A&E department. In the latter case how did they know the population using these departments, which they would need in order to calculate rates per thousand population?

Results: I could not understand the second paragraph of the results and make it tie up with Table 1 until I eventually worked out that Table 1 shows percentages to all out-of-hours contacts whereas the text refers to percentages of people who contacted the GP cooperative or the AED. This could be clarified if the second paragraph began “of those patients who contacted the GP cooperative in both periods combined (11375), 4741 patients (41.7%)”…. and so on.

In the fourth paragraph of the results the authors talk about the call rates to the GP cooperative for children under five being three times greater than the rate at AED. I think this is incorrect, since the rate of people attending the GP coop is about eight times higher for all ages combined. I think what they mean is that children under five years accounted for more than three times the proportion of consultations at the co-operative compared with the AED, while young adults accounted for a high proportion of those attending the AED.

The authors discuss differences in the diagnoses of people consulting in each site. However the data were collected in different ways so there may well have been coding differences. I think this is an important limitation which should be mentioned.

Half way down page seven the authors say that “compared to the GP co-operatives, more male patients were seen in the AEDs”. This is the same point as I have made above. They mean a higher proportion of patients attending the AED were male.

The discussion is reasonable and the references appear appropriate, as are the tables.

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Discretionary Revisions (which the author can choose to ignore)

It might be helpful if the authors added rates of calls per 1000 patients in different age groups as a final column in Table 2.
What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests