Author’s response to reviews

Title: Reasons for encounter by different levels of urgency in out-of-hours emergency primary health care in Norway. A cross sectional study.

Authors:

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Author’s response to reviews:

Dear Editors of BMC Emergency Medicine!

Thank you for useful input to our manuscript, and for interesting comments from the reviewers. We have now uploaded a revised version of the manuscript. We have reduced the main text to 3371 words, and the number of tables is now 6. One table is removed, and four are now Additional material.

We have responded to comments from reviewers below.

We hope the manuscript is now ready for publication.

Kind regards

Guttorm Raknes
Steinar Hunskaar
Reviewer 1: General:

The main consideration is that the manuscript is too unfocused. This makes the design of the study and presenting of results not completely clear and precise. The result section would profit from fewer tables (11 tables are far too many for the reader to navigate through) and with higher quality.

The language used is acceptable and appropriate for this subject matter.

RESPONSE:

We have reduced the number of tables and amount of text in the revised version.

I would make the following suggestions and questions.

Background:

The reader would be helped by a more focused introduction which shortly describes the problem, the lack of knowledge which should automatically leads to the aim. The manuscript could benefit from a more specifically aim, investigating a hypothesis.

RESPONSE:

We have made some changes in the introduction to make the aim of the study clearer and of more general interest.

The authors write: "The reasons for encounter (RFE) given by patients on first contact is probably more relevant than the doctors diagnoses when planning capacities of future OOH clinics". Is it the authors own experience or is it a hypothesis?

P 5, line 33: "Until 2014...." Belongs to the methods section

RESPONSE:

We disagree that this sentence belongs to the methods section. It is actually an important background information for the objective of our study. We have removed the “Until 2014” from this sentence to make the introduction more consistent.
Method:

P 6, line 10-21: It is difficult for the reader to understand how a project can be split, and understand the explanation of missing data? Need to be more clearly described.

RESPONSE:

We have rewritten this section to make it more concise, partly by omitting some less relevant details on the Watchtower project.

P 7, line 2: The abbreviation of ICPC-2 has to be presented in the abstract and when it is mentioned for the first time on page 5. On page 5 the reader reads it as ICPC-2 is the abbreviation of diagnosis?

RESPONSE:

ICPC-2 is used for both RFEs and diagnoses. To avoid confusion, we have removed the reference to ICPC-2 on page 5, and explained the abbreviation on first appearance in abstract and main text.

P 7, line 13-17: Unfocused. For example, why does the reader need to be informed about the recorded telephone calls? What does component 1 and 7 stand for?

RESPONSE:

We agree that the information about telephone calls is unnecessary, and we have deleted this sentence. Component 1 and 7 were explained, but we have moved the parentheses in order to make it clearer that we describe what the components mean.

P7, line 36-57: Could largely be omitted, since these information are not necessary according to the aim of the manuscript and are already explained in reference 8.

RESPONSE:

We have deleted the paragraph with the description of the Index.

P 8, line 5: Please describe what a GP alarm means?

RESPONSE:
We have changed “GP alarm” to «alarming of doctor on call».

P 8, line 18-34: ICPC-2 groups. Could be explain more precise i.e. "There is a certain overlap between several of the ICPC-2 codes, why some of the ICPC-2 codes were grouped in this study resulting in 22 RFE groups". Table 1 should be in an appendix

RESPONSE:

We have specified that we created 22 RFE groups. We believe it is important to present how the RFEs were aggregated, and we would prefer to have not have Table 1 as additional material. We leave this to the editors to decide.

P 8 outcomes: 1) In the section above, the author generated new RFE groups due to the overlap between codes, often across chapters. Why then use the RFE frequencies of the chapters as outcome?

RESPONSE:

The ICPC-2 chapters have now been toned down, they are only presented as additional files. We still believe it is prudent to present results for the chapters, to make the results of our study comparable to other studies on RFE.

2) Not necessary for the reader to know, that the rates for each OOH district were calculated.

RESPONSE:

Reviewer 2 found the rates of the different districts particularly interesting. We also believe it is important to show the great variability in the use of ICPC-2 codes.

3) The selected outcomes are not clearly linked with the aim.

The outcomes should now be more in line with the revised aim of the study.

P 9, Missing data: Should be more explicit

RESPONSE:

We believe we have described missing data sufficiently in the methods section. In addition, missing data is a major issue in the limitations part of the discussion.
Results:

The result section would profit from a flowchart and fewer tables.

RESPONSE:

We believe a flowchart is inappropriate here, we do not include or exclude individuals.

We agree that the number of tables is too high. We therefore have removed tables 3-6 and rather present these as additional material. We also have removed the table 11, as this adds too many variables. Age and gender will be handled in separate studies.

Table 2: Well organized and easy to read. When comparing the two groups, p-values are missing. Discussion of this table is missing in the discussion section.

RESPONSE:

We disagree that p-values should have been presented in order to compare the groups. Hypothesis testing on baseline data is inappropriate. We have, however added standard error of mean (SEM) in order to give the readers an impression of variance. We have actually mentioned the results of this table (“differences between records with and without ICPC-2 codes were negligible” (p. 15, last line).

Table 3-6: These tables could with advantage be merged in to one table or presented as a bar graph containing a red, yellow and green bar for each group.

RESPONSE:

These tables are now additional material.

Table 7-11: The unfocused method section make the sense of these tables not completely clear and precise.

RESPONSE:

Table 11 has been removed. We believe the revision of background an methods sections have made the point of these tables more clear.
Discussion:
In general easy to follow and well described.
P 15, line 39-52: the reference should be at the end of the first sentence.
RESPONSE:
The reference has been moved.

Reviewer 2
Major comments
Abstract:
I suggest emphasizing the scene in the introduction: primary Health care. It is mentioned in the conclusion, but deserves to be in front.
RESPONSE:
We have added emergency primary care in the introduction, and moved one sentence to the methods section.

Furthermore to expand the abstract result section with a few more results, especially since the conclusions mentions differences - where are the differences?
RESPONSE:
We have added more results

Introduction:
Well structured. Very focused on Norway. Try to expand the problem to a more general problem. It is a general problem that we have few data on reasons for encounter, and how such information could be helpful, and then focus on how you did in Norway.
RESPONSE:
We have made some changes in the introduction to make it more relevant for emergency primary care in general, not just for the Norwegian system.

On the other hand, the Norwegian OOH-system (legevakt) is quite unique, and of general interest since introduction of the Norwegian model is considered in other countries.

Methods:

Also well described, but again very much focused on details in "watchtower". Try to reduce this part while leaving the parts which can be adopted by other readers in their countries.

RESPONSES:

We have removed some details in the methods section. However, we have tried to stick to the requirements in the STROBE checklist.

Results:

Again well described and very comprehensive, with 11 tables, which are many for a normal publication. Consider what is needed for general interest and leave the others for appendices.

One of the more interesting findings is the variation of occurrences between the different districts.

RESPONSE:

We have now reduced the amount of information in the result section. Four of the tables have been transformed to additional material.

Discussion:

Well balanced with relevant comparisons to other studies.

Implication (p 18): is held in very general terms.

The reason for doing this study was according to the introduction “to sufficiently staff and equip an OOH clinic according to demand, information about the amount and type of patients is crucial. Also for the development of standardized qualification requirements for casualty clinic staff"

What are the consequences of your findings in this regard?
RESPONSE:

We believe we have described some consequences, for example that abdominal pain is one of the most important conditions in the OOH-services. We have added a sentence on implications of our results seen in light of other parts of the health care system.

p 14 line 57: “as far as we know” and p 17, line: 10 " to our knowledge". I find it quite convincing that you have not overlooked any Norwegian study of OOH contacts, and find it unnecessary with these self-protective clauses.

RESPONSE:

We have replaced “as far as we know” by: “this is the first published study” and “to our knowledge” has been removed.

Minor comments:

Language
p 4 line 39 was -> were
p 4 lin 46 omit an "also"

RESPONSE:

We have addressed these issues.