**Reviewer’s report**

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

**Version:** 0  **Date:** 06 Feb 2017

**Reviewer:** Christian Backer Mogensen

**Reviewer's report:**

A research article concerning the Out-of-Hours reason for encounters in Norway in primary Health care.

It is well written paper, easy to follow and represents a impressing amount of descriptive information.

The aim is merely to describe the distribution of reason for encounters against acuity and age/gender. No hypothesis are tested nor any comparison between Groups. The produced information is primarily of interest for Health administrators and educators in Norway and countries with similar primary Health care setting, and could as well have been published in a report. Due to its report structure it is a long paper (>4.000 Words) and many (11) tables.

The results are of limited general scientific value, but since there is a lack of information concerning reasons for encounter in contrast to final diagnosis and the study is well described and executed, it merits publication to inspire a wider readership.

The main problem is that the Whole paper is much focused on Norway and is too long and present itself more like a report, which makes it less generalizable or interesting for other readers. I suggest the authors to consider what is of interest for the BMC readers in a range of countries and try to shorten down the paper.

**Major comments**

**Abstract:**

I suggest to emphasize the scene in the introduction: primary Health care. It is mentioned in the conclusion, bu deserves to be in front.

Furthermore to expand the abstract result section with a few more results, especially since the conclusions mentions differences- where are the differences?
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.

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.

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.

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 standardised qualification requirements for casualty clinic staff".

What are the consequences of your findings in this regard?

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.

Minor comments:

Language
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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