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: 30 Jan 2017

Reviewer: Helene Skjoet-Arkil

Reviewer's report:

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.

I would make the following suggestions and questions.

Background:

The reader would be helped by a more focused introduction which shortly describe 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.

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

Method:

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

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?
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 stands for?

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.

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

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

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? 2) Not necessary for the reader to know, that the rates for each OOH district were calculated. 3) The selected outcomes are not clearly linked with the aim.

P 9, Missing data: Should be more explicit

Results:

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

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.

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.

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

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.

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

No
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:

Acceptable

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