Reviewer’s report

Title: Factors associated with low patient satisfaction in out-of-hours primary care in Denmark - a population-based cross-sectional study

Version: 0 Date: 20 Mar 2016

Reviewer: Amy O'Donnell

Reviewer’s report:

Dear authors

Thank you for the opportunity to review this paper. In essence, I found this an interesting study - for varied reasons, the issue of how OOH is managed, and the level of patient satisfaction with different OOH approaches, is of increased importance in a number of developed countries. However I have a number of queries in terms of your explanation of design / methods - and would like more information to support the rationale for the study, and your interpretation of the findings. I have summarised my main concerns below.

Introduction:

* I would like to seek more consideration of the role of OOH care and a clearer definition. Some statistics on levels of usage/types, especially in contrast to standard hours care. It would be helpful to understand more about the international context here too.

* There is an assumption that patient-perceived quality is 'crucial' for OOH. I don't doubt that is the case but for the purposes of the paper, there needs to be some justification. For example, what might be the consequences of low patient satisfaction in OOH - poor adherence to treatment regimen, increased likelihood to use acute care services, increased costs to health services, adverse impacts on standard hours GP services?

* Both these points are critical in terms of more effectively establishing a clear rationale for your study

Methods:

* In terms of design and setting, more information about the frequency of OOH v consultation v home visit is needed to justify the telephone survey sampling strategy

* I am not clear why you dichotomised the SF-12 responses or whether it was appropriate to do so - particularly given there are 5 potential responses to the SF-12. Is this a standard approach? If not, please explain. There are likely to be implications in terms of skewing responses towards the positive. I have a similar concern about your splitting the 5 satisfaction responses into 2 categories and recoding 'Don't know' as missing values. I
would at least like to have seen some exploration first as to whether there are any specific groups of participants responding 'don't know' in comparison to genuine missing values.

* Please also provide more detail on how you accounted for multiple comparisons in your analysis - ie as opposed to simply saying you took a 'robust' approach

Results:

* Your exclusion criteria should have been described in your methods first.

Discussion:

* Your statement that respondents and non-respondents did not differ in gender seems to contradict the earlier statement in your results section (para 2, p7). Please clarify

* I would like more exploration of the limitations of your findings - in particular, that this is self-report data, that we don't know the details of either the patient complaint or its eventual outcome

* I would also like more thought put into the extent to which these findings are generalisable beyond Denmark. In the UK, for example, unless the complaint is of an emergency nature, OOH care is usually diverted to a helpline managed by non-clinicians in the first instance (which in itself brings with it a whole host of additional issues!)

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.

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