Reviewer's report

Title: Preschool children in Danish out-of-hours primary care: a one-year descriptive study of face-to-face consultations

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Reviewer: Ruediger Leutgeb

Reviewer's report:

This article addresses an interesting topic, namely the reasons for encounter, the most common diagnoses and provided care of preschool children in Out-of-hours care (OOHC). It is certainly a challenge to assess the ailments of children in the age group of 0-5 years appropriately in the setting of OOHC, in particular because of the commonly demanding parents. Insofar it is a useful addition to evaluate the satisfaction of parents in OOHC regarding the medical treatment of their children and to mention this point as a main objective of this study.

But this article has some considerable weaknesses and questions which I have to address.

First of all a comprehension question regarding the chapter "Data collection and variables":

Are the electronic records of the OOHC registration inaccurately? The survey for GPs addresses nearly the same issues. Is the assessment of the severity of health problems the main addition of the survey because of non-according in the EPR?

Page 4, lines 18-20: You wrote," the computer system randomly selected contacts (every 10th telephone consultation, every 3rd clinic consultation and all home visits). I looked at figure 1 and tried to understand, how the figures came about. For example: 59.5% telephone contacts of 644,395 contacts are 383,415 contacts, every 10th telephone consultation would mean 38,341 selected contacts, or?

Page 5, lines 6-8: Did you use a validated questionnaire? "Satisfaction" is a too complex phenomenon to be answered with just one question.

Page 5, lines 10-11: You listed primary and secondary RFEs and inserted the results in Table 2. In my point of view it is of minor interest how often we can find secondary RFEs of the same ICPC chapter. It would be more interesting, how much secondary RFEs were mentioned from other chapters especially the co-occurrence of RFE’s concerning the same patient would be of
particular interest. This would indicate how difficult it can be to find a clear diagnosis with an adequate medical care.

Page 6 lines 1-7 "Statistics" and 20-23 "Results" and Table 1: I wonder why you used Kendall’s tau-b in order to check significance for all listed variables. At least for non-ordinal scaled variables this does not make sense.

Page 8, lines 18-21, Figure 2: 897 contacts ended with a diagnosis of fever not 891. Figure 2 would be clearer, if you added the total contact numbers, for example beside, above or below the circles. The illustration is a little bit confusing.

In the discussion, the results, which we could expect, are summarized, compared with existing studies and evaluated. But I miss an evaluation of the main objective of the study namely the satisfaction rate of the parents. What does it mean that we only have 7% dissatisfied parents? Is this point a statement that we do not need paediatricians in OOHC? And what does it mean that 156 children got antibiotics without receiving a diagnosis of fever? (Remark: 146 children got the diagnosis pneumonia without having an acute otitis media (AOM). I think, they were treated with antibiotics, or? This is a blur in your results) Is this an argument for more diagnostic in OOHC or do we have to withstand an uncertainty in OOHC by the way exactly as we have to do as a GP in regular care every day?

The conclusions are a summary of the results already cited at the beginning of the discussion! I miss a perspective sentence or an outlook for GPs working in OOHC having to treat children and having to dispute with potentially demanding parents.

Although I see some merit of the paper I have to reject it in the present form.

**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.

Unable to assess

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