Author’s response to reviews

Title: Cross-sectional study in an out-of-hours primary care centre in northwestern Germany - patient characteristics and the urgency of their treatment

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Author’s response to reviews:

Rebuttal letter
Dear Mrs. Huibers,
Dear Mr. Sandvik,
Ladies and gentlemen,

thank you for the intensive discussion of our manuscript "Cross-sectional study in an out-of-hours primary care centre in northwestern Germany – patient characteristics and the urgency of their treatment" and the constructive suggestions for improving our work. We have worked through these carefully and tried to implement them. However, some comments refer to an older version of the manuscript and had already been revised.

We will present and discuss each point below. All changes to the text are highlighted in yellow.

With kind regards,

Insa Seeger
Reviewer reports:

Linda Huibers (Reviewer 1):

**Introduction**
Row 54: I am not sure if I understand "... are only occupied by the hour".
You’re right. We have changed the wording accordingly into: “... are often only open one hour a day.”

Is it correct that the description "statutory health insurance data cannot answer all research questions" refers to the sentence on previous studies in Germany that have only used administrative data. Or in other words, "statutory health insurance data is the same as administrative data?"
This comment refers to an older version of the manuscript. In the meantime, we have changed the wording: "The few studies published so far on OOH primary care have only used administrative data [20, 21]. However, these data do not include information on the duration of complaints, waiting times on site, urgency of treatment from a medical point of view and the clinical pathways of patients.”

The extra information on the German system was very helpful. Just to check my understanding on who will see the patients between 10pm and 8am (so during the nights) -that is the physician on duty, sa is written in row 89?

In the introduction one can find information on how to reach the physicians outside opening hours: “If the OOH primary care centre is closed, the physician on duty can be reached directly by telephone via 116117. The patient then receives a telephone consultation or a home visit.”

**Methods**
In the „design and setting‘ you describe that ophthalmologists see patients at the ophthalmological OOH service. Do pediatricians see patients at the OOH pediatric service? One could consider adding this too.

Thank you for pointing that out. We’ve added this information in the methods:

“For children and adolescents there is an OOH service at the children's clinic, which is provided by pediatricians. There is also an ophthalmological OOH service, which is carried out by ophthalmologists.”

If possible, I would like to ask for some additional information on the development of the questionnaires, as this is the basis of your article.

- „previous clinical experience?": what does this mean? Experience from doctors who were part of the research group? Or experiences from researchers?

- „all participants”?: who are these?

- Is it correct to assume that you aimed to have face and content validity?

Thank you for pointing that out.

- The questionnaire was developed by the research team in cooperation with a physician from the OOH primary care service. We changed the wording: “The questionnaire was developed on the
basis of previous experience of an OOH-GP and the research group."

- all participants: we changed the wording.

- Aim of the pretest was to achieve face and content validity.

Page 5, sentence 123 mentions a pretest, whereas page 6 sentence 126 mentions a pilot. Is there a difference?
You’re right, there is no difference. We changed the wording: “The questionnaire was pretested with patients…”

And reading about a pretest/pilot, I am curious to hear what was tested and how? Clarity of questions for patients and doctors? How many joined the test? And were the questionnaires adjusted?

We’ve added information about the pretest: „On a Saturday shortly before the start of the study, a pretest was carried out with all corresponding patients and the GP on duty. Few changes in wording were made.”

With regard to your explanation on stratifying analyses for sex and age, I agree with findings from previous studies. Perhaps the authors could consider to explain this choice in the text? In general, I feel that this is also related to the choice of presenting the results (i.e. descriptive figures). The addition of confidence intervals to table 1 is relevant.

Age and sex differences in health services use often exist, but are not that often assessed. It is known from international literature that emergency room visitors are often younger, and that the epidemiology of many diseases as well as consultation reasons differs between women and men. This is also confirmed by our results, which is why we believe it makes sense to present results according to age and sex.

Discussion
The discussion is overall much better, but still quite long. Some places have room for further shortening. Again, we have shortened the text, but we would also like to discuss all the research results with respect to the literature.

I am not sure whether I understand sentence 223-224 on page 9: ‘it was noticeable…’. Please consider rewriting.
We’ve changed the wording.

Furthermore, the part about equipment in OOH primary care can be deleted I would say - not closely related to the findings.
We deleted the part about equipment in OOH primary care.

The authors refer to POC tests, incl troponine, that were used in OOH primary care - I am not sure if they refer to the previous sentence (and thus other studies) or to Oldenburg? Troponine is not common in OOH primary care I would say. If in Oldenburg, these tests are not mentioned in the methods.
By shortening the discussion, this was deleted (see above).

In general, it could be relevant to add access to diagnostics in the setting paragraph.
We’ve added the access to diagnostics in the setting paragraph:

“Only limited diagnostics are possible in OOH, e.g. urine and blood rapid tests, ECG and ultrasound. For further diagnosis, the patient must be referred to the hospital.”

Strengths and limitations
The authors mentioned the fact of seasonal variation, and added that the study was conducted during the summer holidays. As this has a potential large effect on the results found and thus on the representability and generalisability, more explicit statements on the external validity seem relevant.

Over the whole year, however, there were no serious changes in the number of cases in the OOH primary care centre. In the winter months, fewer patients visit the OOH primary care centre with insect or tick bites. During the holidays some GP practices are closed, but due to the holiday season the demand of patients might also decrease.

Page 12, row 294: „isn’t“ should be „is not“. Furthermore, this sentence „this evaluation…” is not clear to me. Does „This“ refer to the present study, with doctor assessment of urgency. Please rewrite.

Thank you for pointing that out. We have rewritten the sentence.

Hogne Sandvik, M.D. Ph.D. (Reviewer 2): I think the authors have addressed my comments adequately. Just remove the comma in ref 29 (Huibers, LAMJ)

You’re right. We’ve removed the comma.