Reviewer’s report

Title: Use of delayed antibiotic prescription in primary care: a cross-sectional study

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Reviewer: Merlin Wilcox

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Use of delayed antibiotic prescription in primary care: a cross-sectional study

General comments

This is an interesting study about an important topic and gives useful information on level of use of DAP in Spain.

I suggest a few minor modifications:

Methods;

Study population

Please clarify how participants were approached and recruited. We need a little more background info on the intervention being tested in the RCT. Were individual staff randomised to deliver DAP, or was it an intervention for the whole health centre? Are these health centres typical of others in Spain?

Line 113: delete "was run" (duplication)

Table 1: explain what is meant by "rapid diagnostic techniques" - is this whether these are available in the health centre? Or whether the respondent uses them regularly?

Results:

You do not present the results of the scenarios. I would suggest giving the scenarios in the methods section or in a text box, and then in the results describing what the respondents answered.

Discussion:
The qualitative study quoted from the UK is not representative of all UK general practice. This was not a quantitative survey, and all the respondents were recruited in North-West England. I suspect there must be regional variation in the use of delayed prescribing and it may well be higher in other regions, for example central and southern England. Ref 17 (Ryves et al) gives a more balanced view from a more representative sample of UK GPs. However this is still also qualitative. In your search of the literature, did you find any comparable surveys on frequency of use of DAP? Are there any variations between regions or countries? Does this correlate with levels of antibiotic prescription and resistance?

I don't think that the prescription of painkillers for osteoarthritis is comparable with DAP. I have never before heard this described as "delayed prescribing". It is not the same as an acute infection where a patient is given a prescription to take if they are not starting to improve after the expected duration of the illness. For this reason I would recommend cutting this part as I feel it is irrelevant. The "guidance regarding when to seek further medical attention" is what we call "safety-netting" and applies in any consultation. It is a much broader concept than delayed prescribing. Even if you give immediate antibiotics, you still need to safety-net.

Why does an over-estimation strengthen your conclusions?

Figures 1 and 2 - it is not clear what the denominator is. Is it number of respondents, or number of infections?

Figure 3 - the colour coding is not at all clear. I don't understand which colour refers to which response. Choose different colours rather than different shades of blue.

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

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