Reviewer’s report

Title: Regional differences in reasons for consultation and general practitioners’ spectrum of services in Northern Germany – Results of a cross-sectional observational study

Version: 1 Date: 11 Nov 2019

Reviewer: Catherine Darker

Reviewer's report:

Dear Authors

Thank you for the opportunity to read this paper. I note that this paper has already undergone a period of review and I am being asked to comment on this latest iteration.

Every country grapples with the concept of healthcare utilisation and the readiness of a country's system to respond effectively to that community needs. This is the essence of health system planning. This is particularly important in primary care - the first point of contact of people with their health service.

- With this in mind I think that you may have to explain a little context for your international readers in relation to Germany and how the primary care services are formed and funded. This can differ from country to country. For example, in Ireland GP's are primarily independent small businesses that have contracts of service to the national health service provider; whereas in the UK GPs are employees of the State. This is important in terms of the flexibility and therefore the responsiveness of the GP to alter the type of service they are providing to meet the needs of their population. Can you please provide enough information so as that readers can contextualise this situation in Germany? For example, I am thinking that a lot of it is provided through health insurance - are some health insurers more/less likely to cover/refund particular types of procedures over others? This may be an alternative explanation for some of the findings. I think this is important to be able to comment on the interaction effects between presentation of disease and provision of services.

You state that the study was based on GP and patient interviews but only present GP data - why exclude patients data?

Why an initial plan to recruit 80 GPs per region?

I understand that the study was interview based rather than audit - can you comment on why you did not verify even a subset through a clinical audit of records? This would have determined the validity and reliability of the responses you were getting from the interviews.

What role does deprivation have to play in the study findings? I know that you did quota sampling looked at balancing out by density the three areas of urban, rural and environs but how does this address the important feature of presentation/consultation frequency and also the type of presenting complaint?
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?
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Yes

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I am able to assess the statistics

Quality of written English
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