We would like to thank the reviewers for their positive reviews. We have made some changes to the manuscript in response to these. We detail our response to each of the individual points below with the reviewer’s original comments shown in italics. Also, in addition we have made two very minor, second decimal place, typo corrections to odds ratios (one in Table 2 and one in Appendix B) that were picked up after submission.

Reviewer: 1

This is a very useful contribution to the discussion over accessibility of health facilities to people with disabilities. It is an excellent first step and I hope the authors will pursue some additional aspects of accessibility. For example, it should be noted that physical access does not stop at the door – accessibility of examining space and equipment is also very influential in the experience disabled people have in primary care.

Thank you for the positive endorsement of our paper. Unfortunately this work is limited to considering only those aspects of access that and covered by the survey that we are using, namely the GP Patient Survey. As this only considers the basic questions of getting to and getting into a GP surgery that is all we can cover in this paper. We have noted this as a limitation adding the following text to the discussion section, paragraph 2.

"By its nature this study was limited to aspects of accessibility to health care that were asked about in the GPPS. We note that physical access is not limited to getting to and getting into premises and that accessibility of examining space and equipment are also important."

I am pleased to see the authors awareness of attitudinal, expertise and systemic barriers as well, and that these deserve further consideration. I would appreciate a bit more discussion of these more subtle impediments to equitable care provision.

Thank you for this suggestion. We have added some further discussion of these issues in the final section of the discussion.

Finally, I am not in support of the focus on transportation. This is a concern for another jurisdiction, and in my view, permits health authorities and physicians to deflect responsibility away from themselves and onto others. For this journal, it would be preferable to focus on health system and provider issues, and to draw clear implications for action in those two constituencies.

Whilst we agree that the issue of transportation should not detract from health authorities’ role and physician’s role it remains an important issue since access begins with the patient’s ability to get to health care premises. As such authorities and physicians should have responsibility to advocate, liaise and to promote good transport access, as well as ensuring that their own premises/services are accessible. We take on board the fact that the emphasis on the issue of transportation may have been too great and in light of this we have reduced the discussion of this issue (Discussion paragraph 5).

Reviewer: 2

While sparse, there is a little more UK literature on disability and access to healthcare that may be of interest to the authors (and readers). This includes the report (2006) of the Formal Investigation of the Disability Rights Commission into access to (primary) healthcare and Allerton, L., & Emerson, E. (2012). Individuals with impairments face significant barriers to accessing health services in the United Kingdom. Public Health 126, 920-927.

Thank you for these suggestions. We have discussed the Allerton and Emerson paper in the introduction by adding the following text
"An analysis of the Life Opportunities Survey has shown that individuals with chronic health conditions or impairments were more likely to report a range of issues with access to healthcare, from being able to get to appointments and getting into buildings, to lack of help with communication."

We also noted the broader barriers to healthcare identified in this paper in the final paragraph of the discussion by including the following text:

"A survey conducted in the UK found that individuals with chronic health conditions or impairments were more likely to report problems with inexperienced or unhelpful staff, discrimination, anxiety or lack of confidence, lack of information and lack of help with communication."

Further we have mentioned the DRC report in the third paragraph of the discussion with the addition of the following text:

"It should be remembered, however, that problems of access are also an issue for those with learning disabilities and/or mental health problems."