

HAFSON welcomes the ICB statement in the letter to GPs (5th March) that they are adjusting the access programme for access to GPs. We welcome the fact that the issue of access is now to be considered over a much extended time frame. But while they say that this will involve BPs, PCNs, patients and other interested parties, it is still the case that patients only know about the mooted changes because of campaigning by groups such as HAFSON who have been working with GPs, and by media reports.

We also welcome the fact that practices which were reluctant to sign up to the new proposals will no longer be penalised by losing access to particular treatment initiatives covering such areas as some diabetes services, mental health services, chronic kidney services and more - through the single offer for enhanced services. Originally practices were mandated to sign up for everything or else they would lose access to these new treatments and associated finance: this would have meant using patients as collateral damage!

But the ICB statement provides NO clarification on core issues such as continuity of care and patients safety.

Patients and GPs need to know whether the 'hub' proposal, where initial triage was to be carried through not by a GP but by a less qualified member of staff has been withdrawn. This is a fundamental question of patient safety. As GPs have told us, triage is a highly skilled activity!

Continuity of care still seems to be limited to only some patients ('for those residents who most value it and where this is essential for high quality clinical care') - but continuity is only built over time and depends on the building of trust between a GP, a practice and a patient and their families. It is also important for diagnosis of new conditions - not just for ongoing complex conditions.

We are also dismayed by the fact that there is no equalities impact analysis even mooted despite questions having been raised by GPs and campaigners.

If there are to be improvements in access programmes across NW London, patients and GPs must be at the centre of any re-design. Any blueprint imposed on PCNs will inevitably lead to levelling down.

Transparency and openness might help!