The literature review by Kerrigan et al confirms the alacrity and confidence that patients have in screening follow-up care provided with their General Practitioner. It confirms that results of follow-up in general practice are favourable versus hospital review. The study alludes to the provision of such care in Canada and the Netherlands, albeit at an early stage of development. The provision of such care in the jurisdictions of both Canada and the Netherlands comes in the context that up to 10% of their health budget is provided to General Practice Care compared to a State spend of 2.3% in Ireland whilst the Gross Health spend in both jurisdictions as a percentage of GDP is of the order of 10.4% and 11.8% respectively. Ireland languishes at a below average OECD health spend of 8.1% of GDP. One has to remember that this difference in spend is in order of billions of euro spent on healthcare resources and systems. Both Canada and the Netherlands have spent decades investing in General Practice thus allowing innovative patient-centred cost effective transfers of care from secondary to Primary Care.

The article indicates confirmation that the proposed transfer of follow up care of Breast Cancer patients to General practice by the National Cancer Programme to be appropriate whilst signalling that ‘further resources may be required to aid such transfer’ reflecting the ‘resulting additional workload’. The research found that General Practitioners were equally divided regarding their support for transfer of follow up. The study is timely as it comes some 18 months after the attempted transfer of Breast Cancer patients without engagement with the IMO and without recognition of the resources required to ensure best practice transfer, possibly explaining the dichotomy of views of the study population.

The Irish Medical Organisation GP Committee welcomes and supports the planned transfer of secondary care workload to primary care with the provision of appropriate resources through discussion and agreement with the IMO as the representative body for GPs. It is only by such engagement that a structured programme with organised surveillance and equity of access that optimal care will prevail. Indeed it is only by the advocating of such an approach by General Practitioners that patients will continue to have confidence in the care that they provide.

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