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LETTERS

RETHINKING PRIMARY CARE'S GATEKEEPER ROLE

Author's reply to Mathew

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We thank Mathew for her feedback on our article about gatekeeping in primary care.[1] The purpose of our short analysis[2] was not to make any conclusion or statement in favour of or against gatekeeping. Rather, we aimed to provide an even handed view on its pros and cons and to highlight the need for more evidence.

As she noted, the effect of gatekeeping on waiting lists in both primary and secondary care is complicated. We did not claim that a "specialist first" system would reduce the waiting time from onset of symptoms to receipt of an appropriate diagnosis and treatment plan. On the contrary, we said that gatekeeping could reduce waiting times to see specialists and that direct access might increase waiting times in secondary care.

Can direct access to specialists reduce waiting lists for specialists? If patients got more specialised care for their problem at an earlier stage, the specialists' job may become simpler, leading to reduced workload and shortening of waiting lists. To answer this question we need rigorous scholarly evidence on the effect of gatekeeping on waiting lists in both primary and secondary care.

Direct access to specialists does not necessarily lead to increased use of specialist services, as shown by evidence from the US,[3 4] but we agree that we should produce further evidence to support this claim.

We cannot assume that sick people will wait longer owing to the "worried well" being seen first. This could be avoided by having efficient triage systems, similar to those implemented in urgent care. Emergency departments know how to prioritise acute conditions above minor injuries, and similar pathways could be deployed in secondary care.

The aim of our article was to highlight the need for fresh and creative thinking about the intersection between primary and secondary care and patients' access to specialists. We encourage clinicians, commissioners, and policy makers to take a step back from the traditional debate about whether gatekeeping is "good." We need a broader perspective to understand how gatekeeping mechanisms fit in the context of providing care that is integrated, shared, person centred, sustainable, and cost efficient.

Competing interests: None declared.

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