



**IMO Submission on the Review of the Operation
of Cuts under the Financial Emergency Measures
in the Public Interest Act 2009**

as covered by

**SI No 556/2011 – Health Professionals
(Reduction of Payments to General Practitioners)
(National Immunisation Programmes) Regulations 2011**

4 January 2013

Irish Medical Organisation Submission

The Minister for Public Expenditure and Reform announced in Budget 2013 that professional fees for health service providers such as GPs and community pharmacists will be reduced to save €70 million. The Minister for Health, in accordance with Section 9 of the Financial Emergency Measures in the Public Interest Act 2009,(FEMPI) has initiated a full review of payments to GPs (National Immunisation Programmes) Regulations 2011. The IMO wish to make a submission under the FEMPI Consultation process.

The Minister for Health signed revised payments under the Health Professionals (Reduction of Payments to General Practitioners) (National Immunisation Programmes) Regulations 2011 on the 3rd of November 2011. The impact was subsequently reviewed again in June 2012. The IMO made extensive submissions both written and oral as part of this process and all of the arguments advanced in that process are still relevant and apply. Since these regulations came into operation the effect of them has been firstly to reduce the capacity to provide immunisation services and secondly to reduce resources available to General Practice. It is worth revisiting the submissions made to update on the full extent of the arguments.

This combination has had the effect of diminishing the capacity of general practice to deliver immunisation and to provide a range of services to patients. The loss of staff and expertise has exacerbated the effect of these cuts and the ability of general practice to meet the needs of patients. This trend is most regrettable since in a survey of members conducted to establish the impact of these cuts 96% of GPs have made it clear that General Practice will now become reactive rather than proactive contrary to the objectives of all immunisation campaigns.

Of equal concern is the overall trend for patients to present to their GP. In a survey of IMO members conducted in May 2012 for the purposes of the FEMPI review, 97% of GPs have seen an increase in the number of patients presenting with conditions directly attributable to the recession. These patients are calling to see their GP more often and are taking longer consultation time, with 39% reporting an increase of 10 minutes per consultation.

All of the arguments progressed by the IMO in the submission, which was considered under the review of the previous process, still stand. In the interests of clarity it is worth re stating a summary of the major points so that the relevant issues in the provision of this service are fully considered. The IMO strongly rejects any proposal to reduce fees for these programmes for the following key reasons:

1. Public Vaccination programmes are a critical element of the country's health promotion activities and play a key role in increasing patient well being and reducing down-field health and other costs by preventing illnesses in the population; particularly amongst at-risk groups. The success of these programmes should never be taken for granted.

The level of delivery of the flu vaccine has declined last year and it is disappointing to note that the uptake of this for 2011/12 at 56.5% was less than the take up of 60.1% for the previous year and well below the World Health Organisation target uptake of 75%. We believe this reduction is partly due to the loss of resources allowing the appropriate systematic screening and follow up of patients for such vaccinations. Invitation and follow up of non-attendees is resource intensive and as result is one of the first casualties for a reduction in service provision.

2. The participation of General Practitioners [GPs] has been critical to the long-standing success of the State's public vaccination programmes not least because of the high level of public trust which exists with GPs, the comprehensive, trusted distribution system offered by the network of participating GPs and the level of knowledge and access which GPs have in relation to and with at-risk sections of the population and vice-versa. Ireland lagged behind many European countries at the turn of the millennium in relation to vaccination uptake. Great advances have been made in Ireland since the first EU immunisation week in 2005. New life saving and disease preventing vaccines are now being used, pneumococcal, meningitis, HPV, soon rotavirus and others will be available. GPs have played a vital part in this improvement over the past 10 years.
3. We have seen in recent years attempts to generate public unease/fear about vaccination/immunisation programmes. Any interference in the current, highly trusted system built around GPs may play into the hands of those seeking to undermine confidence in these important programmes.
4. The fees payable to GPs for participation in vaccination programmes can not be judged in isolation as they form part of the broader State payments system for GPs which has always depended on an element of cross-subsidisation to maintain a sustainable GP infrastructure.
5. The effect of the recession has been to shift away from a proactive approach to a reactive model which has a damaging effect on healthcare and is significantly less cost effective. The demand from patients has increased with requirements for less frequent but longer consultations.
6. 92% of GPs reported an increase in patients delaying visits to the GP with an increase in co-morbidities which is a worrying trend and has serious implications for patient's health, as well as demands on the health service. Additionally this is contrary to public health policy and provides health care at significantly increased cost.
7. Given the significant reduction in income from the State already experienced by GPs through three rounds of cuts, together with the falling number of private patients, individual GPs have to review their cost base and their capacity to provide a wide range of services. Additionally - in response to the Budget 2013 announcement of a potential cut - 53% of GPs have indicated they will be forced to further reduce staff hours. In an earlier IMO consultation process 66% have made it very clear that they will be forced to cease participation in the vaccination programmes should fees be reduced from current levels – thus threatening the continued success of these programmes.
8. The provision of immunisation services is delivered within the context of overall health services. It was recognised in the arbitrator's report of 5 July 2000 the resourcing requirements of the scheme should be discussed between the HSE and the IMO although these talks never took place. It is quite clear from the IMO survey of August 2011 that, in the opinion of a significant majority of GPs, any further cuts will make the immunisations schemes unviable.

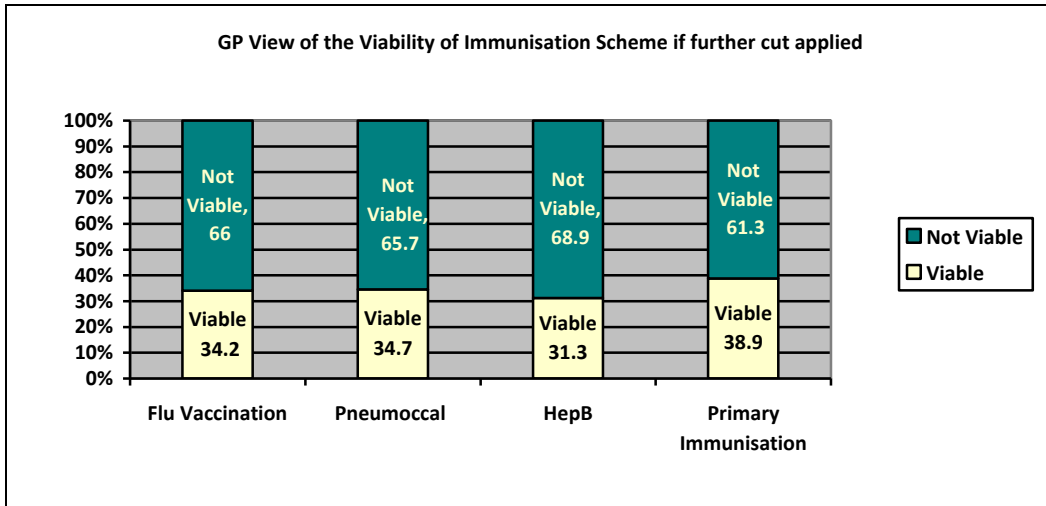


Figure 1 Viability of the Immunisation Schemes

The consequences of this are significant since the survey established that GPs would consider not providing the service. It is clear that in each of the vaccination schemes, the majority of GPs say they would cease providing the service if they considered that it was unviable. Reducing these fees further would be an example of saving a small amount in the short term with significant cost implications in the long term.

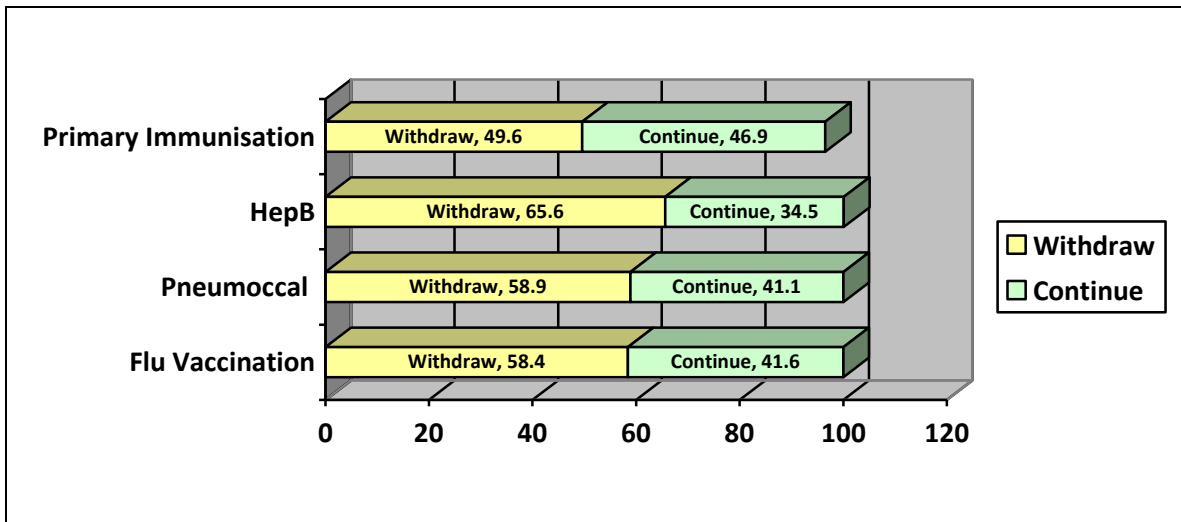


Figure 2 Likelihood to provide Immunisation Schemes

- This situation is all the more serious since GPs have indicated that additional cuts will necessitate a reduction in other services they currently provide which will impact on what is available in general practice. The strength of the GP service is the opportunity to be proactive in vaccination and identify illness at an early stage and so ensure better outcomes for patients and greater cost efficiency for the state. Any further cuts will mitigate against this approach.

Public Services Agreement 2010-2014

The IMO is a party to the Public Services Agreement 2010-2014 and represented on the Croke Park Implementation body where IMO members, including GPs, have been involved at the on-going delivery of change across the public sector. Any change in fees is contrary to the agreement which in Section 1.15 which provides "*There will be no further reductions in the pay rates of serving public servants for the lifetime of this Agreement. This commitment is subject to compliance with the terms of this Agreement*".

The IMO understanding of this agreement is that in co-operation with the delivery of the transformation programme, which is vital for the future success and sustainability of the health system, GPs would not have their income cut. The IMO is prepared to engage in the transformation programme and this is also incorporated into section 2.22 of the Public Services Agreement, which has yet to be actioned. Any move to reduce GP income is in fact a breach of this agreement which is completely unacceptable and contrary to public policy.