



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Opening Statement to the Oireachtas Joint Committee on Health on Issues Relating to General Practice– 26th January 2022

The IMO thanks the Committee for the opportunity to discuss the issues facing General Practice.

No more than many other areas of the health services, General Practice has been facing a capacity issue for over a decade, while at the same time patient demand increased and funding decreased.

The IMO, the ICGP, the HSE and Government commissioned independent reports, have for many years now, highlighted the problem with GP numbers, identified the required number to meet the need of patients but we have yet to significantly address solutions that will drive change.

It is important to state that COVID-19 exposed the fragility of our health service, but the pandemic did not cause the problems, which in the main were generated by significant cuts to funding during the years of austerity. General Practice was cut by €120 million, and it is only in recent times, due to the IMO GP Deal with the Department and the HSE that we saw that funding restored in the last 3 years, with the final phase under payment this month.

Despite the lack of funding, GPs and their teams have continued to care and more importantly provided continuity of care which is associated with better health outcomes, equity of access and more appropriate utilisation of services. Patient satisfaction with the service remains high, but we are now seeing issues with access in some areas where GPs cannot safely take on any new patients, and there are large parts of the country where the number of GPs is not adequate to meet the needs of an ageing population.

During the past two years of the pandemic, GPs have demonstrated their agility where they adapted overnight to ensure patients continued to receive care, particularly in circumstances where large parts of the health service could no longer provide anything but the most urgent of care. GPs stayed operational, adapted to a new test assessment and referral model, successfully identified and provided targeted vaccines to the population while continuing to deliver what we now call “normal” GP services. And during all this GPs had to deal with the effects of the Cyber Attack.

Capacity must be addressed and to do so meaningfully we have to look at all the factors affecting capacity while at the same time ensuring we do not overburden the service.

Key Facts

- There are approximately 2,500 GPs who hold a GMS Contract , 500 GPs who provide other State Contracts such as primary care childhood immunisations and a further 500 working outside of publicly funded contracts.
- We have an average therefore of 0.69 GPs per 1,000 population when we require between 1.02 and 1.1 GPs per 1,000 population.
- The most recent analysis of medical workforce requirements from NDTP estimates that an additional 1260 – 1660 GPs are needed by 2028, to meet the needs of population growth and the significant growth of those aged over 65 and those aged Over 85 who are naturally high users of the service. ¹

Issues Driving Capacity Problems

- Demographic trends in General Practice with one fifth of GPs due to retire over the coming years.
- High levels of burnout and stress associated with the demands of the service where many GPs are unable to take sufficient annual leave or appropriate sick leave.²
- Obligations of the current contract, including the risk burden on individual GPs, in terms of hours (daytime and out of hours commitment/costs), financial commitments in terms of buildings, IT systems and all overheads, staffing commitments and uncertainty around the model of practice. This makes it unattractive for younger GPs who may be considering taking on lists or establishing new practices. The average working week of the current workforce is far in excess of the notional 39 hours, with significant additional hours spent on administration, telephone consults, checking test results, referrals and the normal admin associated with the practice.
- Insufficient support for hiring a fully functional GP Team to include Assistant GPs, Practice Nurses, Healthcare Assistants, Allied Health Professionals and Administration Staff.
- Increased demand and lack of referral options to other services within both the acute and community setting. Currently GPs are managing patients with the GP setting who have not been able to access specialist care in a timely manner which in turn leads to a higher demand on GP services.

¹ NDTP - Demand for Medical Consultants and Specialists to 2028 and The Training Pipeline to Meet Demand (2020)

² IMO, Report of the Doctor Mental Health and Well-being Survey (2021)

- No control over demand except to reduce patient numbers. Whatever the Government policy is in relation to access to GP Services, it must be brought in on the basis that there is sufficient capacity, clinical priorities and appropriate supports and funding.

Potential Solutions

Supporting Establishing GPs

We must acknowledge the factors that are an obstacle to establishing practices and develop a model that will support GPs starting off in their career. There are a number of practical measures that should be taken:

- Enhanced range of supports including, but not exclusively, tax relief to assist in the funding of premises or critical equipment infrastructural equipment including IT systems and medical equipment
- Partnership Pathway support funding to allow for existing GPs to take on Assistants who will enter into succession arrangements to take over the practice on a phased basis.

Supporting Broader GP Practice Team Members

The GP Practice Team has evolved and changed over the years and to a large extent has been funded by GPs themselves. While there are subsidies available for a practice nurse and a secretary/or practice manager, this model needs adjusting to take account both of the broad range of skills required in practice to meet new models of care and to free up skilled personnel for more complex tasks. The IMO seeks initiatives and support around:

- Expansion of the grant aid available to take on additional nursing staff
- Support for a Healthcare Assistant Grade within General Practice
- Support for the recruitment of particular allied health professional expertise on a full time or sessional basis to benefit the broad needs of the patient population including physios, counselling, pharmacy supports
- Recognition of the administrative back up required to run a practice safely, efficiently, and effectively

Workload and Structured Programmes for Delivery of Healthcare in General Practice

Unlike most other professions it is extremely difficult for GPs to manage and predict workload given the variables of providing acute care, routine care and out of hours. The working day/week has been extended beyond sustainable levels and practices require support to better structure the delivery of care so as to meet patient needs, utilise practice time and staff efficiently while being available for acute presentations.

- Defined Models of Care are clinically valid, provide better health outcomes for patients, reduce acute presentations and allow the patient to become active partners in their own healthcare
- The Chronic Disease Model has clearly demonstrated that when resourced General Practice can deliver high quality clinical programmes that result over time in fewer referrals or admission to the acute system.
- In terms of meeting the needs of vast cohorts of patients in a structured and proactive manner it is critical that this programme be expanded and other structured care programmes be introduced. The area of Women's Health has long been neglected by the State and we believe a structured programme dealing with reproductive health, including contraception, maternity care and menopause should be developed within General Practice. Fragmented care is not good for the patient, the taxpayer or the service.

Out-of-Hours Commitments

While the introduction of the Out-of-Hours GP service provided enhanced access for patients and offered much relief to many GPs, who were consistently providing night and weekend cover, it is not without its problems. GPs effectively have to fund the cover provided to patients outside of the normal daytime hours both in relation to the provision of shifts themselves and payment for the provision of locums for red eye shifts. Out-of-Hours commitment is a huge issue for both those coming into General Practice and established GPs. The system has evolved from the initial requirement for access to urgent care and urgently requires a national review to ensure it is not an onerous burden for GPs, is equitable across the country and that the model provides safe access to urgent care.

HSE Locum Banks

It is neither safe or desirable for GPs to work beyond capacity and for a large cohort of GPs, particularly those in single handed practices or in rural/remote areas, it is almost impossible to secure sufficient annual leave or to take appropriate sick leave. The responsibility to source and fund locum cover lies solely with the GP. Given the huge difficulties and costs associated with the sourcing of locums the HSE must take a more active role where necessary in securing locum cover and ensuring that the GP can take leave.

Supports for Rural Areas and Areas of High Deprivation

The package of supports for Rural GP Practices is no longer sufficient to attract GPs to take on these lists and is in need of review to ensure continuity of care for patients. There are a number of issues here that will require both support and development of new models of delivering services in rural areas to ensure patients are cared for and that General Practice is sustainable.

In terms of Areas of High Deprivation, the IMO concluded a funding package with the HSE to support those GPs working in these areas so as to allow them to source and provide much needed services to patients. It will be crucial going forward that these supports continue to be developed and enhanced to meet the very specific requirements of patients in these areas.

Conclusion

General Practice is a rewarding career. However, if we wish to make it attractive to the next generation of GPs and ensure the ongoing delivery of high quality GP care to patients in their communities, we must address the capacity issues now.

We have talked for over a decade about these problems, we have produced endless reports – there is no one single quick fix and addressing the problem will require significant and ongoing funding – the time to plan and invest was ten years ago but the next best time is now.

Thank you for your time and we are happy to address any questions you may have.