IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Opening Statement to the Oireachtas Committee on Health
Primary Care Expansion

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The IMO would like to thank the Chairman and the Committee for the invitation to discuss Primary Care Expansion.

Since the WHO Alma Ata Declaration of 1978 many countries have recognised the need to orientate healthcare towards GP-led care in the community, based on an extensive body of international research which shows that continuity of care and the patient-centred approach that is specific to the General Practice model of care is associated with better health outcomes, equity of access, reduced inequalities in health, more appropriate utilisation of services and long-term cost effectiveness. [1] [2] [3]

Numerous recent studies have reaffirmed the value of General Practice, for example:

- A seventeen year study of over 1,700 older patients found that continuity of care, attending the same General Practitioner, was associated with lower mortality.[4]
- Continuity of care in General Practice has also been linked to reduced probability of patient hospitalisation,[5] an uptake in screening programs and immunisation,[6] improved medicine use and adherence,[7] and lower healthcare costs.[8]
- Elements of high quality General Practice, encompassing robust continuity of care, greater first contact access and use, more person-focused care over time, greater range of services available and provided when needed, and coordination of care are strongly linked with superior patient outcomes and lower healthcare costs. In particular, areas with greater general practitioner activity have been found to be associated with lower hospital activity, more coordinated care, and lower healthcare costs. [9]
- The efficiencies and cost-saving delivered by investment in General Practice were demonstrated by an analysis conducted by Rhode Island's Department of Health that

[1] Starfield B. Shi L and Macinko J, Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly, Vol. 83, No. 3, 2005 (pp. 457–502)

[2] Atun R, What are the Advantages and Disadvantages of Restructuring a Health System to be More Focused on Primary Care Services? Copenhagen, WHO Regional Office for Europe, Health Evidence Network report ; January 2004

[3] Kringos DS et al, The Strength of Primary Care in Europe, NIVEL 2012

[4] O.R. Maarsingh *et al.*, 'Continuity of care in primary care and association with survival in older people: a 17-year prospective cohort study', *British Journal of General Practice*, Vol. 66, No. 649, August 2016, e531-539.

[5] V.H. Menec *et al.*, 'Does continuity of care with a family physician reduce hospitalizations among older adults?', *Journal of Health Services Research and Policy*, Vol. 11, No. 4, pp. 196-201; J.M. Gill and A.G. Mainous III, *Archives of Family Medicine*, Vol. 7, No. 4, July 1998, pp. 352-357.

[6] S.A. Flocke, K.C. Stange, S.J. Zyzanski, 'The association of attributes of primary care with the delivery of clinical preventive services', *Medical Care*, Vol. 36, No. 8, August 1998, pp. 21-30.

[7] C.C. Chen, C.H. Tseng, and S.H. Cheng, 'Continuity of care, medication adherence, and health care outcomes among patients with newly diagnosed type 2 diabetes: a longitudinal analysis', *Medical Care*, Vol. 51, No. 3, March 2013, pp. 231-237; M.A. Brookhart *et al.*, 'Physician follow-up and provider continuity are associated with long-term medication adherence: a study of the dynamics of statin use', Archives of Internal Medicine, Vol. 167, No. 8, April 2007, pp. 847-852.

[8] M.J. Hollander, 'Financial Implications of the Continuity of Primary Care', *The Permanente Journal*, Vol. 19, No. 1, Winter 2015, pp. 4-10.

[9] B. Starfield, 'Primary care: an increasingly important contributor to effectiveness, equity, and efficiency of health services. SESPAS report 2012', *Gaceta Sanitaria*, Vol. 26, No. 1, March 2012, pp. 20-26.

indicated that higher General Practice utilisation rates are associated with decreased per person healthcare costs and improved patient outcomes,[10]

Ireland's population is both growing and ageing with the population aged over 65 set to grow by 20,000 per annum over the next ten years. At the same time the prevalence of chronic disease is expected to increase by 4-5% per annum over the next ten years. Currently care for patients with chronic conditions is fragmented, with the majority taking place in hospital settings at significant expense to the tax payer. The current model for managing Chronic Disease is fragmented and is focused on the acute hospital system, a system which is overburdened and underfunded with ED overcrowding, intolerable waiting times for outpatient appointments and inequity of access. Acute services are now undertaking an enormous volume of work that could, if resourced properly, be managed in General Practice. Such a move would ensure that care could be delivered to the patient in the community, outcomes would improve and, importantly, capacity in the acute services could be freed up to deal with cases of greater complexity. The IMO have been consistently calling for a shift the model of care towards General Practice and care in the community with additional supports including maximising the use of practice nurses and equitable access to allied healthcare professionals in the community. The model of care must be GP-led to ensure continuity and a patient-centred approach and to avoid duplication and further fragmentation of care.

In May 2017, the Oireachtas cross-party committee on the Future of Healthcare published the *Sláintecare Report* laying out an ambitious ten-year plan for reform of the healthcare system. In line with international evidence, the cross-party group reached consensus on the need to re-orientate care towards General Practice and care in the community, however the IMO have grave concerns about the visitation rates, costings and timelines for implementation.

- Currently there are 666 GPs over the age of 60 who will be retiring in the next five to seven years, of which 244 GPs over the age of 65 are likely to retire in the next two years. With current difficulties in recruiting GPs, rural areas are likely to be most affected;
- The HSE Health Service Planning Office estimates that with the introduction of the under 6 GP visit card demand for GP consultations in this population will have increased by 65.7% in 2017 and by 42.4% by 2022; [11]
- Based on conservative estimates by the HSE National Doctors Training and Planning Office, by 2025 Ireland will need and an additional 1,380 GPs to meet current demand while an additional 2,055 GPs will be needed to expand free GP care to the entire population;[12]
- FEMPI cuts of up to 38% to General Practice has had a significant impact on GP moral and their ability to recruit additional staff. A recent survey by the Irish College of General Practitioners highlights a number of causes of general practitioners' dissatisfaction with their working conditions. Roughly half of all general practitioners rate their morale as either poor or very poor, three-quarters report their stress levels to be either high or very high, and

[10] B.D. Steiner *et al.*, 'Community care of North Carolina: improving care through community health networks', Annals of Family Medicine, Vol. 6, No. 4, July 2008, pp.361-367; T. Leddy, 'RIte Care: Rhode Island's Success In Improving the Health of Children and Families', *Medicine and Health Rhode Island*, Vol. 89, No. 12, December 2006, pp. 391-396; Rhode Island Department of Health, *Impact of Primary Care on Healthcare Cost and Population Health: A Literature Review*, Providence, 2012, pp. 7-9.
[11] B. Smyth *et al.*, *Planning for Health, Trends and Priorities to inform Health Service Planning 2017*, HSE, 2017,
[12] HSE, *Medical Workforce Planning: Future Demand for General Practitioners 2015-2025*, September 2015,

more than half of those who tried to recruit a sessional doctor or assistant during the past year were unable to do so;[13]

- 17% of newly qualified GPs work abroad[14] with many more planning to emigrate. A survey of GP trainees found that more than half are undecided as to whether they will remain in Ireland, one-eighth are resolved to leave Ireland, and just one-third plan on remaining to practise in Ireland;[15]
- There is no infrastructure in place to support multi-disciplinary team working. Waiting lists apply to access allied health and social care services in the community and many of these services are simply not available to patients outside the GMS regardless of their ability to pay.
- The most recent national system of health accounts released, those for 2015, demonstrate that just 3.5% of public current expenditure on health is spent in general practice.[16] By contrast, the United Kingdom's National Health Services spends 8.1% of its budget on general practice, and has committed to increasing this proportion to 11% of its budget.[17] In Australia this figure sits at approximately 6.4% of public current expenditure.[18] Ireland is losing its newly qualified GPs to countries where the value of GP care is recognised and where Governments apportion a greater percentage of public spending to GP care.

Experience from other jurisdictions shows that in order to reap the benefits, the development of General Practice and care in the community requires significant investment over time. Even if General Practice were fully funded tomorrow there is not enough capacity in General Practice to deal with the predicted additional workload. The under 6 contract brought in 240,000 additional patients. In the *Slaintecare* report it is recommended that free GP Care is extended out to 500,000 additional patients per annum. As it is currently constituted this will lead to waiting lists in general practice as demand will outstrip capacity. Additional supports for infrastructure and practice staff, specifically additional practice nurses will be needed to allow GPs build up capacity. Consideration must also be given to supports for GP principals to hire additional GPs as well as administrative support. Many practices will need to physically expand to cope with the additional workload and create capacity. This may require grants for extensions, additional rooms etc. GPs must be able to access diagnostics and allied health and social care professionals on an equitable basis.

The same day service and continuity of care is part of what makes Irish General Practice work well. By increasing demand (availability of service free at point of use) without also increasing capacity we may threaten these very principals. It is important therefore that the impact of any measures are fully thought through with a more detailed examination of the increased workload and capacity that

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[13] C. Collins and M. O'Riordan, *The Future of General Practice: ICGP Member Survey 2015*, ICGP, Dublin, 2015,
[14] Collins C. et al, *Planning for the Future Irish General Practitioner Workforce – informed by a national survey of GP Trainees and Recent GP Graduates*, ICGP, 2014.
[15] G. Mansfield *et al.*, *Bridging the gap – How GP trainees and recent graduates identify themselves as the future Irish general practice workforce*, Irish College of General Practitioners, Dublin, 2015, p. 1.
[16] Central Statistics Office, *Ireland's System of Health Accounts, Annual Results 2015*, Cork, 2017; HSE, *Primary Care Reimbursement Service: Statistical Analysis of Claims and Payments 2015*, Dublin, 2016, p. 62.
[17] N. Roberts, 'GP funding rising but still just 8.1% of NHS spend, official data show', *GP Online*, 21 September 2016; D. Millett, 'GP share of NHS funding will rise to 11% by 2020, RCGP says', *GP Online*, 19 October 2016; NHS England, *General Practice Forward View*, London, April 2016, p. 12.
[18] Productivity Commission for the Steering Committee for the Review of Government Service Provision, *Report on Government Services 2015, Volume E: Health*, 2015, pp. e8 and 10.7.

will be required to ensure that care is delivered to the patients that need it. There is no point in removing one barrier to access (cost) if we only create another (time).

In line with the IMO recommendations to the Oireachtas Committee on the Future of Healthcare, the IMO is calling on the Department of Health and the HSE to agree a strategy with the IMO for the development of General Practice and GP-led care in the community over the coming decade with priority given to negotiating a new GP contract with the IMO that is properly resourced and fit for purpose for a 21st Century Health Service with a focus on investment in evidence-based Chronic Disease Management Programmes for which GPs are already trained.

The IMO would be pleased to discuss any aspect of our statement further with the Committee.