



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

**Irish Medical Organisation  
Submission to the Health Service Executive  
Public Consultation on Medical Card Eligibility**

**June 2014**

**Irish Medical Organisation  
10 Fitzwilliam Place  
Dublin 2**

**Tel: (01) 6767 273**

**Fax: (01) 6612 758**

**Email: [imo@imo.ie](mailto:imo@imo.ie)**

**Website: [www.imo.ie](http://www.imo.ie)**

The IMO welcomes the opportunity to submit our views to the HSE Expert Panel on Medical Need for Medical Card Eligibility. The IMO commends this recent decision by the Government to return discretionary medical cards taken from 15,300 people with serious medical conditions and to develop a policy framework for medical card eligibility that takes account of medical need. However the Irish Health system is under significant pressure as a result of successive budget cuts which have reduced health service funding by €4bn since 2008. In May 2014 the Health Service is already reporting a deficit of €150m and will require additional €500m in funding before the end of the year. General Practice is significantly under-resourced and is caring for over half a million additional medical card and GP visit card holders while resources to general practice have been cut by 38%. Any expansion of medical card eligibility requires careful planning and must be accompanied by an appropriate increase in resources and must not be to the detriment of other frontline health services.

***The IMO supports the phased introduction of free GP care at the point of access provided it is appropriately resourced.***

The introduction of free GP care at the point of access to the population is a key goal of the Government Programme for Reform. The IMO supports this goal but this requires careful planning, appropriate resourcing and meaningful negotiation. The IMO have advocated that the Government prioritise the extension of free GP care on the basis of medical need and have been openly critical of the Government's decision to extend free GP care to all children under 6 years of age regardless of ability to pay while at the same time removing discretionary medical cards from patients enduring real financial hardship as a result of long-term illness or disability.

The Government's decision to develop a policy framework for medical card eligibility based on medical need is welcomed however General Practice is significantly under resourced and as with the Government's plans to expand free GP care, plans to extend medical eligibility to patients with specific conditions requires careful assessment of clinical and manpower needs, development of a detailed implementation plan and negotiation of a new GMS contract.

### **Current situation in General Practice**

General Practice in Ireland is significantly under-resourced.

- General Practice now cares for over 500,000 additional medical card and GP visit card holders while resources have been cut by €160m (€434 cumulative);
- The Government spends just 2% of total expenditure public and private on General Practice compared to 9% in the UK;
- General Practice is struggling financially after successive FEMPI cuts (resources to General Practice have been cut by 38% compared to 23% to healthcare overall) ;
- GPs receive currently receive on average less than €10 per month per medical card patient regardless of the number of visits;
- Ireland is facing a GP manpower crisis:
  - 260 GPs (12% of the GMS workforce) are 64 years or over and are due to retire;
  - many newly qualified GPs are emigrating - 1049 Irish trained GPs have taken up principal posts in the UK NHS (these GPs as well as being GMS principals were the locums and assistant that allowed flexibility in supply of GP healthcare allowing for leave or the development of additional services);

- GP services in rural and deprived areas are in need of urgent remedial management with many GMS posts left unfilled;
- There is no infrastructure in place to support multi-disciplinary team working and there are insufficient community and primary care professionals to cope with current demand under the GMS. Waiting lists apply for all allied health and social care services in Primary Care<sup>1</sup> and many of these services are simply not available to patients outside the GMS regardless of their ability to pay;

Currently 2,414 GPs deliver care to over 2 million GMS patients, 24 million clinical consultations and 1 million out-of-hours consultations take place each year. 95% of consultations are dealt with by the GP without need for referral to secondary care. GPs currently provide a same-day service 24/7 and 365 days a year. However the Government's plan to provide free access to GP care or to expand eligibility for a medical card to specific patient groups cannot be achieved without careful planning and an increase in financial and manpower resources. Unless the manpower crisis is urgently addressed and resources are forthcoming waiting lists will apply for GP appointments.

### **Assessment of clinical and manpower needs**

Expanding medical card eligibility to patients with long-term conditions or disabilities requires careful analysis including a detailed cost analysis of:

- Current and future morbidity rates – a register for each condition will be required;
- Clinical service and visitation rates – Clinical guidelines need to be established to assure consistent diagnosis and care for patients with long-term conditions and the most appropriate use of scarce resources. Clinical guidelines must be evidence-based and reflect best international practice;
- Specific needs of patients in rural and deprived areas must also be established. Patients in deprived areas have higher rates of morbidity and co-morbidity while isolated rural communities have greater issues of access to healthcare in general :
- Manpower needs
  - including the required number of GPs and other practice staff per 1,000 population;
  - and an assessment of the number allied health and social care professionals required in Primary Care per 1,000 population;
- Pharmaceutical treatments and medical appliances required – based on pharmaceutical or health technology assessment;
- Infrastructural requirements including Premises/Medical and Diagnostic Equipment/IT Requirements;

### **Development of a detailed Implementation Plan**

Following a detailed analysis of the service requirements and the cost of provision a detailed implementation plan should be agreed with the Irish Medical Organisation which includes a;

- Realistic Timetable for implementation
  - Appropriate resources for General Practice including resources for clinical service and infrastructure;

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<sup>1</sup> HSE National Performance Assurance Report March 2014

- An action plan to ensure the continued viability of General Practice in urban deprived and rural areas taking into account co-morbidities and additional burden of providing services in these areas;
- Sufficient Manpower planning including:
  - an increase in the number GPs, Nursing and practice support staff;
  - Access to allied health and social services in Primary Care.

The Irish health system is cracking under financial stress and the Health budget was already €150m in deficit by May of this year. The IMO would suggest that Government could begin by expanding medical card eligibility to all patients with long-term conditions under 6 years of age.

### **Negotiation of a new GMS Contract**

Medical card eligibility is currently assessed on the basis of income with some flexibility for financial hardship. Capitation rates take into account average visitation rates of both healthy and ill GMS patients. However the current model of funding will no longer be sustainable if medical cards are awarded on the basis of medical condition. The resource allocation model will need to reflect increased visitation rates of particular patient groups.

Many of the conditions that will be considered for medical card eligibility will require disease management. The current GMS contract is a diagnosis and treatment contract and not a disease management contract. Any change to the GMS Contract requires negotiation with the IMO to ensure the contract is fit for purpose. The IMO has negotiated the GMS and publicly funded contracts with Department of Health/HSE since the inception of the GMS in 1972. Contracts such as the GMS Contract, the Mother and Infant Scheme, GP Visit cards, Out-of hours Co-operatives, have delivered Value for Money to the State, Quality Services to Patients and a Service that works – GP services have a 97% patient satisfaction rate.

Negotiation benefits all parties:

- The Department of Health acquire GP knowledge and expertise as to what can work in General Practice
- It ensures GPs can deliver care in a safe, effective and sustainable way
- Patients remain at the centre of care
- Legitimacy is enhanced
- Implementation is smooth – delivering a standard and equitable service to all patients
- Both parties have an interest in making it work and ensuring success

### **Summary of Recommendations**

**The IMO welcomes the Governments plans to develop a framework for expanding medical card eligibility based on medical need provided that it is accompanied by appropriate resources. The IMO recommends:**

- **Careful analysis of clinical and manpower needs – clinical service must be evidence based to assure the most appropriate use of scarce resources;**
- **Development of a detailed implementation plan with realistic timelines and appropriate financial and manpower resources;**
- **Negotiation of a new GMS contract that is fit for purpose for patients with long-term medical needs.**