

# GENERAL MEDICAL SERVICES SCHEME - ROLE OF GP UNIT DOCTOR

**Title: General Medical Services Scheme - Role of GP Unit Doctor**

**Date: 26 March 1996**

**Document Type: Circular 2/96**

**From: Department of Health, Ireland**

**To: Each Health Board Chief Executive Officer**

**Re:- General Medical Services Scheme - Role of GP Unit Doctor**

Dear CEO

I am directed by the Minister for Health to refer to the above matter.

As you will be aware, the Department, the Health Boards and the Irish Medical Organisation (IMO) are committed to the Indicative Drug Target (IDT) scheme and have recognised its significant contribution to the development of general practice.

Having regard to the overall commitments given by both sides in GMS Agreements since 1992 and in the light of recent trends in prescribing costs, the Department is concerned that appropriate measures are in place to ensure that the benefits from the IDT scheme continue to be secured for the foreseeable future. The GP Unit and the GP Unit doctor, in particular, have a crucial role to play in the ongoing monitoring of the scheme in their own health board areas. The importance of the GP unit doctors' roles in delivering the aims of the units for general practice development was emphasised in a presentation to Programme Managers at the meeting in Athlone on 10th May, 1995. In order to assist GP Units and Unit doctors in this, please find attached, at Appendix A, a document which re-iterates the principles outlined in Athlone.

The document highlights the importance of regular and ongoing contact by each GP Unit doctor with other GP Unit staff and the GPs in his/her area. It also emphasises the various responsibilities which the GP Unit has, in particular, those relating to the IDT Scheme as a whole.

I am to ask that you would bring this document to the attention of the officers and medical personnel within your Board dealing with general practice developments.

Yours sincerely

Alan Aylward  
GMS Division  
26 March 1996

## **APPENDIX A**

### GENERAL PRACTICE UNIT :- THE ROLE OF THE GP UNIT DOCTOR

#### 1. ROLE OF GP UNIT DOCTORS.

The primary functions of the GP Unit doctor are to:

- visit/contact general practitioners in his/her area;
- maintain a record of the visit or contact and their context, particularly the position in relation to the GP's Indicative Drug Target (IDT) budget and any attitudes/difficulties which the GP has to the scheme in relation to his/her own practice;
- Promote with general practitioners the Health Strategy objectives for improvement of general practices.

#### 2. INDICATIVE DRUG TARGET SCHEME

##### (a) Effectiveness of visits

The GP Unit doctor should carry out an assessment of the effectiveness of visits by:

- monitoring practice expenditure in relation to the IDT scheme;
- estimating the value of the visit to the practice in terms of the support and advice given;

Priority should be given to GP who are high prescribers or are over their IDT budget. At least two visits/contacts per annum should be made and these may be to individuals or groups of GPs

##### (b) Assistance with Prescribing

The GP Unit doctor should be able to assist GPs who have specific prescribing problems. Particular attention should be paid to:

- Group A doctors who, in a small number of instances, are high prescribers because of specific patients/exceptional groups in the practice;
- Group A doctors who have made significant savings but are remaining in Group A, should be given specific attention and assistance if necessary;
- Doctors who are working single-handedly in areas of social deprivation or because of pressure and volume of work, are unable to become actively involved in the IDT scheme, should be given special consideration for support (e.g. security and practice support);
- Doctors who are not currently interested in the IDT scheme (e.g. if the GP is prepared to make a commitment to become more cost effective and demonstrate insight into the value of conserving resources for general practice development in his/her area, the GP Unit should consider some incentives in this regard.

### (c) Responsibilities in relation to IDT budget.

GP Unit doctors need to be aware of their responsibilities for the global budget of the doctors to whom they relate. They should be able to monitor trends and changes in prescribing patterns in that group. They should also be able to provide advice as to cost effective alternatives in prescribing, particularly for the more common conditions seen by the GP in his/her practice.

### 3. WORKING RELATIONSHIPS

A major function of the GP Unit doctor is to provide leadership and initiative in identifying opportunities to improve:-

- co-operation between general practitioners in his/her area;
- services to patients by general practitioners in his/her area and
- developing proposals with the GP Unit Administrator and individuals or groups of general practitioners for the investment in general practice of IDT savings and/or Development Funds.

GP Unit doctors are required to report to their GP Unit Administrator and the Programme Manager, Community Care, which should include a regular report to their GP Unit Administrator on the work which they have been commissioned by the health board to undertake. They should also liaise closely with all GP professional groups, GP Unit administrative management, Pharmacists, hospitals and other community based services with a view to improving working relationships between the various groups.