

# Circular 5/89: Priorities for Development of General Practice in 1995

**Title: Priorities for Development of General Practice in 1995**

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**From: Department of Health, Ireland**

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

**To: Chief Officer, General Medical Services (Payments) Board**

**Re: Priorities for Development of General Practice in 1995**

Dear Chief Executive Officer,

I refer to a meeting between Officers of this Department and the Programme Managers, Community Care, in Athlone recently at which developments in general practice since 1993 and priorities for further developments were discussed in the context of the Health Strategy.

As promised I now enclose a document which incorporates the priorities for 1995 as discussed at the Athlone meeting. I would be glad if you could bring this to the attention of your officers dealing with general practice developments.

Yours sincerely,

A Aylward  
G M S Division  
7 June 1995

## **Development of General Practitioner Services in 1995**

Priorities for the investment of the General Practice Development Fund and Resources from the Indicative Drug Target Scheme.

### **1. Health Strategy**

The Health Strategy provides a programme for the development of general practice over the coming years. Significant progress has been made to date in the implementation of the commitments in the Strategy relevant to general practice. The major areas of development in 1993 and 1994 included:

- improved organisation of general practice including better rota arrangements for or out-of -hours cover;
- infrastructural developments such as practice premises improvements and additional equipment;
- additional services to medical card patients e.g. palliative care programme, screening programme for children in deprived areas;

- investment in information technology within general practice;
- additional support for the development of vocational trainer practices;
- improved linkages between general practitioners and hospital services and other primary care services.

Developments in all these areas will continue to be part of health board priorities during 1995. In regard to the on-going developments during 1995, Boards should have regard to a number of issues which are referred to in the following paragraphs.

## **2. Organisation of General Practitioner Services- Practice Support**

Circular 5/89 outlines the current arrangements for the payment of a subsidy towards the employment by general practitioners of a practice secretary and practice nurse. Following consultation with health board General Practice Units, the Department considers that some adjustments in arrangements for claiming subsidies are necessary in the light of current developments in general practice. In that regard the following revised arrangements apply:

- where a health board is satisfied that co-operative arrangements between general practitioners are sufficiently developed and sustainable, it may approve the pooling of individual general practitioner's entitlements to practice support subsidies. A health board may also approve of the utilisation by general practitioners of existing practice subsidies to support the recruitment by practitioners of practice managers.
- a health board may also approve of the utilisation of practice support subsidies by a general practitioner or by a group of practitioners to engage practice support staff (viz. nurses, secretaries or practice managers) on a sessional basis.

The existing arrangements set out in Circular 5/89 in relation to accountability for the subsidies, qualifications of support staff and payment arrangements will continue to apply, as appropriate.

## **3. Running costs of new capital projects**

Under the current G.M.S. contract general practitioners are required to provide and maintain practice premises which meet minimum standards. Payments to general practitioners under the G.M.S. contract take account of the costs incurred in providing and maintaining practice premises. Current developments in general practice include the provision of new general practitioner run medical centres. The maintenance and running costs of such centres will be on a shared basis among the general practitioners and may include support by a health board in respect of the use being made by the board of accommodation at such centres for specific services it may wish to locate there. It is acknowledged that the running costs of such centres may involve a level of expenditure by general practitioners over and above what Boards would reasonably expect general practitioners to incur under the current contract. A board may approve the allocation of part of the savings achieved by general practitioners under the Indicative Drug Saving Scheme to defray such costs subject to the following conditions:

- (i) the board is satisfied that the additional costs which are necessarily incurred are clearly over and above what the board considers as reasonable in the provision of general practitioner services under the current contract;
- (ii) the board is satisfied that there is significant enhancement in the range of services provided by the practice, and

(iii) that such arrangements do not have implications for the current G.M.S. contract as applies to doctors generally. In this connection the Department of Health should be contacted before commitments are entered into.

#### **4. Additional services to patients within general practice**

The Department acknowledges the significant improvements undertaken by health boards since 1993 in the organisation and development of general practice. At this stage it is important to focus on specific services which require improvement and which will result in measurable improvements in health and social gain for certain targeted groups.

The improvements in the organisation of general practice and the operation of General Practice Units within health boards provides an effective base from which to address the Strategy commitment to provide additional services within general practice. In that regard, the Department is requesting health boards to concentrate specifically on the following range of services in the context of progressing the implementation of the Health Strategy in 1995:

- services for elderly patients including physiotherapy, occupational therapy, chiropody, audiometry and eye assessment
- physiotherapy
- dietetic services
- counselling, psychiatric (behaviour therapists) and social work support
- services for cancer patients linked to Palliative Care Services
- General Practitioner services requiring special expertise or support. In the area of women's health services, to be made available on a sessional basis
- women's health services provided by health professionals (other than general practitioners) in association with general practitioners in a general practice setting
- Services for the travelling community

The feedback from health board General Practice Units indicates a need for other health service professional support in general practice as listed above. Health boards are requested therefore to give priority to the provision of such support either through arrangements with general hospitals and the continuing care services or through contracting for such services to be provided by professionals working in the community. The recruitment of service providers under this programme should be on a contract for service basis either through sessional arrangements or on short fixed term contracts. General practice units should ensure that local general practitioners are consulted in relation to the determination, organisation and provision of services which are provided under this programme.

These services should be directed mainly at persons covered under the G.M.S. scheme, particularly where the additional service involves an individual consultation with the health professional concerned. However, some of the services will be provided in a group setting and it will be open to make such services available to non-medical card patients as required. As a general rule, priority should be given to GMS patients.

#### **5. Resources**

The Department may make available some funding to support the provision of additional services to medical card patients on the lines set out above. The level of allocation will be determined following discussions with individual boards. Boards will be required to provide significant funding from their proportion of savings achieved under the Indicative Drug Target Scheme to support the implementation of this programme.

## **6. Evaluation**

The recently concluded G.M.S. Agreement requires each health board's General Practice Unit to prepare a quarterly report containing an evaluation of the manner in which the development fund is being utilised. It is imperative therefore that each health board has in place appropriate procedures for evaluating the various initiatives supported by the general practice development fund and the indicative drug target scheme. Apart from the provisions of the G.M.S. Agreement, proper evaluation of developments in the general practice area will be a crucial factor in enabling the Department to make a case for a continuation of the current investment programme.

Each programme will, therefore, require evaluation particularly in relation to its success in improving health gain or social gain, the efficiency and effectiveness of the delivery of the programme, consumer satisfaction with the service provided, the involvement of general practitioners in the organisation and/or the provision of such services and the linkages between general practitioners and other health care providers.