Letter: General Practice Development in 1994

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From: Department of Health, Ireland
To: Chief Executive Officer, Each Health Board

Re: GENERAL PRACTICE DEVELOPMENTS IN 1994

Dear Chief Executive Officer

Following discussions with the nominated representatives of the Chief Executive Officers it has been agreed that it would be useful for each General Practice Unit to prepare a developmental plan for 1994 in respect of achievable developments in general practice. In that context the Department has prepared the following documents which deal with:

(i) guidelines on the investment of savings achieved under the drug target scheme

(ii) priorities for the development of general practice in 1994.

Perhaps you would be good enough to have your GP Unit consider the attached document at (ii) above and prepare proposals for development in 1994. The Department proposes to discuss with health board Units, early in 1994, their proposals and priorities for the development of general practice for the coming year in the light of the attached document. In that regard the Department is available to assist and support the preparation of proposals by health board Units.

Yours sincerely

A Aylward
GMS Division
6 December 1993

GUIDELINES ON INVESTMENT OF SAVINGS ACHIEVED UNDER THE DRUG TARGET SCHEME

Individual doctors who achieve savings in their drug target

1. Savings are for investment in developments in individual or group practices.

2. Developments may include investment in:

(i) information technology and improved practice information/record systems;

(ii) practice premises;

(iii) clinical equipment;

(vi) improved organisational arrangements at local level;

(v) recruitment by general practitioners of primary care expertise on fixed term contracts e.g. paramedical;

(vi) research;

(vii) education and training.

3. Developments to qualify for investment will require the approval of the health board.

4. Priority should be given by Units to improving organisational arrangements at local level in particular the active promotion of amalgamations, groups or cooperative type arrangements between general practitioners. In this connection, practices which achieve significant savings in the operation of their drug targets might be encouraged to invest these savings in organisational changes on the lines suggested in the Blueprint. Additional financial support from the health board proportion of the drug savings should be targeted for this purpose.

5. Appropriate accounting arrangements will apply.

Proportion of savings allocated to health boards

6. Investment from this fund can encompass support for individual practices under the headings set out above. In this connection, particular priority should be given to those general practitioners who, while not having achieved a saving in their 1993 drug target, did make a serious effort to reduce their prescribing costs.

The balance of the fund should be earmarked for developments which progress the policy aims outlined in the Blueprint document "The Future of General Practice in Ireland".

ROLE OF GENERAL PRACTICE UNITS IN THE IMPLEMENTATION OF THE "BLUEPRINT ON THE FUTURE DEVELOPMENT OF GENERAL PRACTICE IN IRELAND"

1. Purpose of Document

The purpose of this document is twofold:

(i) to accelerate the implementation of the Blueprint through health board GP Units,

(ii) to set an agenda for Units in determining priorities for 1994 which develop general practice.

2. INTRODUCTION

All parties to the current Agreement on the provision of services under section 58 of the Health Act, 1970, are fully committed to the development of general practice as set out in the Blueprint 'The Future of General Practice in Ireland'. The establishment of General Practice Units at health board level and within the Department, implements important structural developments as proposed in the Blueprint. The Department is encouraged by the support of health board management and the commitment of those involved in the Units to the achievement of real improvements in the delivery of general practitioner services.

Given the importance of securing resources for investment in infra -structural developments in 1994, Units have, of necessity, been required to concentrate at ensuring the successful operation of the indicative drug target scheme. The Blueprint, however, identifies many other important issues and the Department considers that it is timely to accelerate the implementation of other developments in general practice.

This document is intended to set the agenda for the on-going development of general practice in specific areas as set out in the Blueprint, to utilise existing structures at regional and national levels in the planning, implementation and review of developments and to establish a framework for the investment of future developmental resources. The primary objectives remain the continuing improvement in and development of general practitioner services in the best interest of patient care and to provide the best return on resources.

A core function of the Department as set out in the framework is to take the necessary steps to ensure that national policy in relation to the organisation, management and development of general practice is implemented in a uniform manner. This document progresses this requirement.

3. THE SPECIFIC TOPICS ADDRESSED IN THIS DOCUMENT ARE:

(i) ACCESS/AVAILABILITY

(ii) ORGANISATION OF GENERAL PRACTICE

(iii) PRIMARY CARE INTERFACE

(iv) HOSPITAL INTERFACE

4. ACCESS/AVAILABILITY

Each GP Unit must be in a position to satisfy itself that there is a uniformly ready access to general practitioner services in their functional area. The current GMS contract is of course specific in terms of access and availability. The Blueprint envisages different contract arrangements in the future in terms of the provision of a continuum of care on a 24 hour/7 day week basis with different arrangements for night and week-end cover. Various implementation models are set out in the Blueprint.

GP Units should assess the potential in their functional area for initiatives on the lines set out which can improve, access and availability for patients.

Units should also identify the barriers to such developments and identify appropriate measures, including incentives, which can achieve the objectives set out in the Blueprint.

Proposals which have implications for the existing GMS contract will require discussion with the Irish Medical Organisation. Separate proposals are set out below in relation to group practices in urban areas and towns and multi-centred group practices.

5. ORGANISATION OF GENERAL PRACTICE

The Blueprint is specific in terms of the future organisation of general practice. It details the type of organisation specifically group practices in urban areas and towns and multi-centred group practices and single/two handed practices where group arrangements are not workable. The organisation models outlined in the Blueprint for group practices and multi-centred practices

require additional investment in the provision of medical centres, equipment and support staff. The appropriate linkage with paramedical and social services together with access/use of diagnostic and treatment facilities require local attention for any such development to succeed.

The Department will invest in the establishment of a number of initiatives in this area on a pilot basis which are aimed at achieving the organisational objectives outlined above.

Where Boards consider that suitable practices can be utilised to develop such models they should outline their specific proposals and the type of investment/incentives required.

6. PRIMARY CARE SERVICES AND GENERAL PRACTICE

Measures necessary to facilitate the general practitioner in caring for patients in the community are identified in the Blueprint and each Board will need to examine these measures with a view to their implementation over time. The improvement in the interface between general practitioners and community based services is identified as an objective of GP Units. The expansion of the role of the general practitioner for the purposes of providing a more comprehensive and cost-effective primary care service is a key element in the current strategy. The identification of, and the entering into arrangements with, practices to provide additional services where these could be performed more cost effectively than at present is set out in the Blueprint as a function of GP Units. The Department considers that the potential of such a development should now be examined by Boards. The nature of any arrangement and the type of primary care services which can properly meet the objectives of this initiative require careful assessment, planning and evaluation

Where Boards identify suitable sites and anticipate service improvements they should submit to the Department an outline of pilot arrangements which it considers can be successfully tested.

In the case of suitable projects, detailed protocols can be subsequently developed between individual Boards and the Department. It is clear that such proposals can only be properly tested in group practices, amalgamated practices or through multi-centred practices.

7. HOSPITAL SERVICES AND GENERAL PRACTICE

Hospitals are an important community resource. An improvement in the interface between general practice and hospital services has been identified as a major component in the future development of general practice. A rigid demarcation between health sectors is no longer seen internationally as the ideal organisation of traditional community or institutional based services. Improvements in the interface with hospital services is motivated by a need to continue to develop general practice, to achieve parallel benefits for hospital services with consequential improvements in access, availability of, and the timeliness of patient services.

Significant improvements in hospital/general practice interface can be achieved with improvements in communications between general practitioners and hospital service providers, particularly consultants.

GP Units should identify priority areas which can be usefully progressed with local hospitals.

While considerable progress can be achieved directly between individual boards/Units and hospitals, there may be instances where the Department can usefully assist the resolution of particular issues. The Department's initiative in relation to hospital initiated prescribing serves as a useful example.

Consideration should also be given to the feasibility of the provision of traditional hospital sited diagnostic services and treatment facilities within general practice which can provide similar service standards and improve access and efficiency.

This matter is also addressed under 4 above.

In addition on to improvements under existing service configurations at hospital and general practitioner level, the Department considers that it is timely to examine, in selected pilot sites, whether additional progress can be made by innovative combinations of hospital medical manpower and general practitioners.

Specifically, useful experimentation might be assessed, for example, by the provision of consultant sessions in association with general practitioners within general practice in the care, treatment and management of patients. Further experimentation may be considered by the provision of general practitioner services within hospitals in limited areas to augment existing services.

Particular care will be needed in the planning, selection, implementation and review of initiatives. While such developments raise core issues of clinical responsibility, patient management, accountability etc., they have important potential in improved patient management appropriate use of primary and secondary health services, GP training etc.

The Department considers that careful consideration should be given by Units to such developments and where Boards can identify suitable pilot areas which can meet the objectives set out it should submit outline details to the Department for consideration.

It is acknowledged that the organisation of general practitioner services may not be sufficiently robust to implement effectively some of these pilot proposals.

Where appropriate the Department will consider specific investment in necessary general practice infrastructure, including multi-centred and properly equipped group practices as part of necessary foundation for suitable pilots.

8. ROLE OF NATIONAL GENERAL PRACTICE UNIT.

The National Unit will take a lead role in reviewing progress towards the achievement of the objectives of the Blueprint. It will also liaise with and support health board Units in their development of proposals outlined in this document. In conjunction with health board Units it will identify issues which have national implications or which require to be addressed and progressed at national level. Such a collaborative approach is essential in the development of general practice.