

Circular 7/93: General Practice Development Fund

Title: General Practice Development Fund

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From: Department of Health, Ireland

To: Each Health Board Chief Executive Officer

Re: General Practice Development Fund

Dear CEO

I am directed by the Minister for Health to refer to the current Agreement with the Irish Medical Organisation for the provision of services under section 58 of the Health Act, 1970 and to the Department's letter of 11 June requesting proposals in respect of an allocation from the above fund.

The Department has examined the proposals submitted by your Board and by Boards generally and is now allocating, in accordance with the criteria detailed in the above letter, resources from the fund (as set out in Appendix A) to implement the following national and regional programmes to support developments in general practice:

Palliative care

A: A national programme is being introduced from 1 September, 1993 to improve palliative care provided by general practitioners for terminally ill patients in the community. The scheme will apply to general practitioners who provide domiciliary palliative care for the final phase of a terminal illness in accordance with a treatment programme for such patients as approved by the Health Board (see Appendix B). In order to participate in this scheme, general practitioners should forward an application to their local health board setting out in each individual case the proposed treatment and care programme which the general practitioner has planned. A once-off fee of £100 per patient is payable to general practitioners whose application is approved. The amount provided for your Board for this programme in 1993 is on the basis of the introduction of the scheme from 1 September, 1993.

B: To support local and regional initiatives in the training of general practitioners so as to improve their expertise in palliative care, cash limited amounts as set out in Appendix A are being allocated to your Board in 1993 and in 1994. Consideration is also being given to the introduction of a national training programme in 1994.

Improvements in services for children in deprived areas

A: A national programme with the specific aim of improving the uptake of immunisations viz. Diphtheria, Tetanus, Polio, Hib and MMR, in respect of children of medical card holders in the 1 to 4 year old age group is being introduced for the period from 1 September 1993 to 31 December 1994. This programme will provide payment for each vaccination at the current vaccination rate of £6.25 to GMS doctors who administer to children of medical card holders between the ages of 1 to 4 years the following vaccinations:

Diphtheria / Tetanus / Polio --- two vaccination courses

MMR --one vaccination

Hib --- one vaccination.

The current arrangements will of course continue in regard to the Board's immunisation programme for children in the first year of life. Private patients requiring primary vaccinations at any age and carried out by a general practitioner will not be supported by this programme.

B: A national pilot screening programme is being introduced in respect of children whose health status may be vulnerable. Screening will cover immunisation uptake, physical examination and social and family history including developmental advice and the identification of at risk behaviour. Payments to general practitioners will be £12.84 (i.e. current GMS special item payment). It will be a matter for individual health Boards to establish the precise criteria to be used in determining who should be screened including age specification and whether the screening should be provided on a deprived area basis as defined by boards.

In general, however, screening should be confined to children in areas where the medical card population is greater than 50% and particular priority should be given to the travelling community.

To ensure consistency nationally in relation to the screening programme and to ensure comparability of data, participating general practitioners will be required to return to the Board a standard screening format (see appendix C). The analysis of data from this pilot will be an important ingredient in the evaluation of this programme.

National Initiative on Epidemiology and Health Information

The Report on the Future of Public Health Medicine laid particular emphasis on the need to develop effective information systems as part of a routine epidemiological function at health board level. In that regard the role of general practitioners was especially recognised as of core relevance to the development of detailed information systems at national and regional levels. The Report recommended that general practitioners be encouraged to contribute at regional level information on the health status of their patients. The Limerick Review also sets out an agreement between management and general practitioners on information requirements. Furthermore, it is generally accepted that the standard of practice record systems needs improving. Improving practice records also has significance for reducing medico-legal costs.

To address this deficiency it is proposed that investment from the development fund be made towards improving practice records systems in practices which are prepared to provide epidemiological data to your Board on an agreed basis. The usual constraints of patient confidentiality will of course apply. The details of this scheme will be developed by the National GP Unit in conjunction with Regional Units.

Other developments in general practice

A once-off allocation is being made available this year for your Board on the basis of priorities as determined by you to implement developments in general practice under the following headings:

- (i) investment in the development of information technology within general practice
- (ii) practice premises grants and other capital projects
- (iii) equipment grants
- (iv) regional research and pilot projects.

All health boards should ensure that any money spent on developments in general practice out of the fund should be accounted for separately. The Department will be requesting details of such expenditure.

Yours sincerely,

G. McCartney
Assistant Secretary
26 August, 1993

Appendix A

GENERAL PRACTICE DEVELOPMENT FUND 1994 ALLOCATIONS TO HEALTH BOARDS, (figures in thousands of pounds)

	GP Unit	Immunisation	Screening	Palliative Care A £ 100	Palliative Care B Training	Information Technology	Additional Items	Total
EHB	316	111	25	106	17	35	83*	693
SHB	145	53	15	45	10	15	178**	461
SEHB	145	43	10	33	8	11		250
WHB	119	47	10	29	8	10		223
NEHB	119	35	10	26	8	9		207
MWHB	119	32	10	27	8	9		205
NWHB	94	31	10	18	8	6		167
MHB	94	25	10	18	8	6		161
TOT	1151	377	100	302	75	101	261	2.367

* includes £50,000 in respect of EHB Drug Unit and £33,000 for A&E project in St. James's.

** Cork Vocational Training Centre.

APPENDIX B

TREATMENT PROGRAMME GUIDELINES

The broad thrust of this programme is to ensure a more coordinated approach to the management and treatment of terminally ill patients in the community and thereby reduce the need for institutional care.

This broad treatment programme is intended as a general guideline to health boards in terms of implementation of the palliative care elements of the attached circular.

The main areas to be covered in any palliative care treatment programme would be:

1. The management and treatment of pain.
2. The administration of any other concurrent therapy to maximise the quality of the remaining period of life.
3. The support and counselling of immediate family and other carers.
4. The co-ordination, organisation and liaison with other services such as nursing, district palliative care service (if available) and other social services.

The Payments under this scheme would of course not be precluded where admission to hospice or institutional care was necessary in the final phase of the illness.

Appendix C

STANDARD SCREENING FORM

Surname: _____ Forename: _____

Address: _____ Sex: Male/Female: ____ D.O.B.: _____

PAST MEDICAL HISTORY: _____

SOCIAL FAM. HISTORY: _____

SCHOOL HISTORY: _____ MENARCHE/PUBERTY: _____

VACCINATIONS: Primary Vaccination ____ Age: ____ Booster: ____ Age: ____

MMR: ____ Age: ____

Rubella: ____ Age: ____

Tetanus: ____ Age: ____

PHYSICAL EXAMINATION:

HEIGHT: _____ cm WEIGHT: _____ kg

VISION: EYES: L _____ R _____ CVS: _____

HEARING: _____ RESPIRATORY: _____

Normal/abnormal peak flow

EARS: L _____ R _____ ABDOMEN: _____

E.N.T.: _____ GENITALA: _____ Eneuresis: _____

CNS: _____

SCOLIOSIS: _____ DEFORMITIES: _____

ANAEMA: _____ URINE: _____

DEVELOPMENTAL/PARENTAL & CHILD ADVICE:

ANY HISTORY OF ALCOHOL/SMOKING/DRUG ABUSE: _____

"AT RISK" BEHAVIOUR: _____

BEHAVIOUR: _____

MOOD: E.G. WITHDRAWN, ANXIOUS, ANGRY

NUTRITION: _____

COMMENTS/ACTION:

Doctor's Signature: _____ Date: _____

Address: _____ Reg. No.: _____

Appendix D

Allocations for 1993