ICGP Pre-Budget Submission 2023

08 September 2022

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Introduction

The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The ICGP is the representative organization for education, training and standards in general practice and encourages the highest of standards. The College is the recognized body for the accreditation of specialist training in general practice in Ireland and is recognized by the Medical Council as the representative academic body for the specialty of general practice. There are 4200 members and associates in the College comprising over 85% of practicing GPs in the Republic of Ireland. In addition, there are 932 GP trainees working in general practice on a supervised basis and who are undertaking the ICGP four-year National GP Training Programme.

We are exactly 29 months since our first lockdown on 13th March 2020, and now in September 2022, much of society has returned to normal. However, COVID-19 continues and in recent months we have seen the delivery of a second booster to much of the population.

The roll-out of vaccines has provided protection and has stopped serious illness in many. The provision of the vaccine booster by the GP Community over Christmas 2021 is one of the key reasons society was able to return to some form of normality earlier this year. Collectively general practices gave well over 50% of the vaccine booster.

The last two years have created very serious strain on general practice, affecting both patients and the GP community. Notwithstanding this, without general practice, the positive societal and health impacts resulting from the vaccination and boosters' programme would not have been possible. It is notable that 'routine' general practice continued, with routine childhood vaccines and cervical smear uptake unaffected by the pandemic. The delivery of healthcare is changing rapidly, partially due to new technologies, and the pressures on hospitals. Most GPs have special clinical interests (dermatology, gynaecology, musculoskeletal medicine, nursing homes etc.) and many more want to develop sub-specialist expertise. In the future, the structure of General Practice will be built around a Primary Care Team approach i.e., GPs, nurses, a practice manager, and administrative staff, combined with allied health professionals.

General practices are coming under pressure to adapt to change, and they are flexible and open to change, and this has been very clear in the pandemic over the last two years, where they have been able to adapt their practices to ensure delivery of patient care.

However, there is a significant shortage of GPs to replace those retiring and to meet population demand.

The current GMS contract and HSE structures make it difficult for establishing general practitioners to set up. The capital costs of acquiring 'bricks and mortar' are substantial and a significant barrier to young GPs establishing practice. In an ever worsening economy and high interest rates, this situation is getting even worse. The challenge of becoming an employer of many practice staff is a further barrier to young GPs establishing a practice. In addition, many rural practices and inner-city practices in deprived areas are being left unfilled when the GP retires, due to the inability to recruit mainly because of a general lack of supports and incentives from the HSE. GP-led practices are at the heart of their communities, with strong local connections, and patient centered care.

Several positives have emerged from the last 24 months, such as availability of diagnostics, telemedicine, better organization of our waiting rooms, ePrescribing and eCertification all of which have enabled greater efficiencies in general practice. However, that face-to-face engagement with our patients is the cornerstone of general practice, valued by our patients and we cannot lose that. As a result of our extensive engagement in COVID-19 vaccinations, we have now seen a return to near normal general practice, but that has also created challenges.

The last two years have been exhausting and we ensured that general practice remained delivering patient care despite many obstacles. However, we also have a responsibility to look after one another, our staff, and our own wellbeing and that of our families. The pace at present is not sustainable. Our workforce is also ageing with many GPs looking to retire or reduce their workload commitment.[1]

In July 2022, 258 new trainees (the highest number to date) were admitted into our training programme. There are now over 900 trainees in total in the ICGP 4-year training programme. We are committed to growing this number further in the coming years to go some way towards alleviating the national shortage of GPs.[2]

However, this is not, and cannot be the only solution and we look forward to working with the Minister for Health and other key stakeholders to bring forward a number of workable solutions which will create stability in our specialty and in the care we provide to our patients.

Why is there a shortage of GPs?

There are 3,982 GPs working in general practice in Ireland.[1] Of these, 14% are over 65 years of age, 25% are over 60 years of age, 5% are over 70 years. Based on research the ICGP has calculated that 29 million consultations (GPs and practice nurses) take place in GP practices each year. Currently, of all practices in Ireland, only 21% say they are open to new GMS patients, and 26% for private patients.[1]

Our population is growing, people are living longer, and clinical care is more complex. We do not have enough GPs to meet existing demand. The recent Medical Workforce intelligence Report [3] identifies a 42% deficit in GP numbers. We are training many more GPs, (increased by 70% in the last 6 years). There are restrictions due to limited capacity in hospitals to expand training places. We know there remains a substantial GP workforce deficit and it may not be possible to train enough to meet projected demand. However, in line with the Programme for Government,[2] the ICGP is rapidly increasing the number of training places, and plans to have 350 training places by 2026. However, with a four year training programme, it will be 2030 before these young doctors are qualified general practitioners.

Solo GP practices, particularly in rural and remote parts of Ireland, are finding it increasingly difficult to find a successor or even locum cover to allow them to take time off. This is a new crisis affecting rural communities. Most newly qualified GPs wish to work in group practices, closer to towns and cities, in practices that combine clinical consultations, research and specialist opportunities.

What does the shortage of GPs mean for patients?

- It means existing GP practices are unable to take on new patients or fill vacancies when a partner retires. The Infant to Elderly care provided by GPs to generations of families is lost when a GP retires with no successor in place.
- Medical card holders are allocated to a temporary locum (replacement) GP by the HSE or allocated to other GPs.
- Patients who do not have a medical card can find it impossible to register with a practice in their area, which means they have no family doctor or point of contact for continuing care. This places further unscheduled care pressures on local hospital emergency departments and out-of-hours services.

What does the GP shortage mean for GPs and practice teams?

- GPs are unable to find locums (replacements) to enable them to take sick leave or annual holidays. One-third of GPs told an ICGP survey in 2019 that they were unable to take annual leave due to a lack of GP cover in their practice.
- GPs are unable to find replacements for retiring partners and have closed practices to new patients.
- GPs are working longer days, placing further unsustainable workload pressures on their staff and themselves.[4]

What are the solutions?

The ICGP has asked the Minister for Health, Stephen Donnelly TD, to urgently establish a High-Level Working Group on Future General Practice, to help find innovative solutions, and work collectively to address these shortages. We elaborate on this later within this submission.

Context

As the professional training body for general practice in Ireland, the Irish College of General Practitioners calls on the Government to bring general practice into the heart of the reforms ahead.

However, as we appear hopefully to be exiting from the COVID-19 pandemic, it is important to remember that this is only one aspect of care delivery by GPs. It is important that resources are available to ensure that GPs can provide care in its widest sense. General practice is key to the following:

- Urgent and acute care
- Continuity of care
- Local access
- Clinical knowledge and expertise
- Generalist care

General practice in Ireland provides professional timely patient-led quality care, with integrity, at the heart of the community. It is the cornerstone of the Irish health service. General practitioners are the first port of call for most patients.

On a normal day, a GP addresses on average 60 problems presented by patients, from a depressed young adult to a newborn baby, to an elderly woman with several complex needs.

General practices are not a generic group - they vary hugely between larger urban group practices in affluent suburbs, to smaller rural practices, and practices in deprived areas with a high level of complexity. During the pandemic, General practitioners rapidly pivoted to and embraced telemedicine to ensure continuity of patient care.

General practices are under significant pressure. The population continues to increase with our population now at 5.1 million, an increase of 7.6% since 2016[5] and people live longer. As a result, GPs are dealing with more complex illnesses from a wider range of patients and under very challenging circumstances.

Furthermore, and which we have clearly documented, there are not enough GPs in Ireland: we have a GP workforce crisis. We are also faced with the impending retirement of some 700 GPs who are over the age of 60 and will retire in the next three-five years. We need at least 300 new GPs a year just to replace retiring GPs.[1]

The IMO in 2017 predicted a shortage of 2,055 GPs by 2025.[6] The HSE predicts a GP shortage of between 493 - 1380 by 2025, due to the retirements of existing GPs, expansion of primary care services, and a growing population.[7] The HSE NDTP report of November 2020 indicates that number of GPs needed by 2028 is between 4794-5649.[8] The recent Medical Workforce Intelligence Report recognises a worrying 42% deficit in the GP workforce.

To add to the challenge, Ireland has a lower than EU average number of GPs per head of population, and 29% fewer GPs per head of population than the UK.[9]

General Practice is Changing and has Changed

The delivery of healthcare is changing rapidly, partially due to new technologies, and the pressures on hospitals. Most GPs specialize and many more want to. In the future, the structure of general practice will be built around a Primary Care Team approach i.e., GPs, nurses, a practice manager, and administrative staff, combined with allied health professionals.

General practices are coming under pressure to adapt to change. They are flexible and open to change as evidenced in the current pandemic: they have been able to adapt their practices to ensure delivery of patient care.

The current contract and HSE structures make it difficult for establishing general practitioners to set up. Also, many rural practices and inner-city practices in deprived areas are being left unfilled

due to the inability to recruit young GPs, because of a general lack of supports and incentives from the HSE.

GP-led practices are at the heart of their communities, with strong local connections, and patient-centered care.

Key Recommendations

1. Working Group on Future General Practice - Involve the ICGP in policy development.

As previously noted, one of the positive changes we saw because of COVID-19 was the wider engagement of the ICGP in resolving the many challenges facing general practice. General Practice operates outside the governance structures of the HSE and Department of Health. GPs are independent providers running small enterprises providing care to local communities. Communication between the GP community and the HSE has historically been sub-optimal, with much scope for improved collaboration. The regular meetings of the HSE/ICGP/IMO group and the working through of problems had a socializing effect, fostering mutual respect and trust. An understanding of how both groups worked and the limitations they faced fostered a mutual regard and goodwill. On this basis, the ICGP yet again calls for the creation of a Working Group within the Department of Health (to include the HSE) with GPs and key stakeholders to plan the expansion of general practice and nursing roles in the community.

This Working Group will work in co-operation with all key stakeholders and is required to recognize that general practice has differing requirements and pressures depending on its size, location, and patient profile. The ICGP must be central in the future policy direction of general practice. Major decisions around the restructuring of hospital groups, and positioning of community services for example, must include the voice of GPs. We urge the Minister for Health and the Department to establish this Working Group as a matter of urgency. There is no time for any further delay if we are to rescue general practice from what is now a severe workforce and workload crisis.

2. We Need to Train Doctors to Run Bigger Practices

With increased urbanization and the growth in the size of general practices, we need to recognize the importance of management and administrative support to enable GPs to do their work efficiently.

In that respect we need:

- GP Managers for bigger teams, with HR support
- Group Practice consolidation
- Practices that enable GPs to specialise and pursue a portfolio career.
- Greater role for nurses in general practice i.e., a rapid increase in Practice Nurses, advanced nurse practitioners, nurse prescribers etc.
- Increased use of phlebotomists, healthcare assistants and pharmacists
- These initiatives will rapidly liberate GP time to address patient complexity and multimorbidity

The HSE needs to facilitate the support of:

- GP training in business planning and management.
- GP training in setting up and building group practices at community level.
- Where group practice is not viable or feasible, the HSE also need to facilitate the ongoing support of such practices, enhancing practice collaboration and networking.

The financial and planning resources needed to develop big practices is significant. The DOH/HSE must move away from seeing GPs solely as contracted providers to meaningful engagement with us as genuine partners in health care. If our vision is GPs as the leaders in delivering health in the community, we must engage and collaborate more. For example, the DOH could work with the European Investment Bank to set up a fund to provide low interest loans to groups of GPs to set up primary care centres run by those GPs. Not only could this fund work for larger practices but it could also be used to micro-fund small, even single-handed practices where there is an urgent need particularly in rural general practice and in inner city deprived areas. There is significant planning required at all levels for a substantial project like this alone.

3. Role of Nurses

Practice nurse supports must be urgently increased to enable community-based chronic disease management (CDM), nurse prescribing and advanced nurse practitioners. Practice nurses must also be on an equal status and employment footing with nursing colleagues in the acute hospital sector. We need to at least double the current number of practice nurses approximately 2,000 are in practice, in the short to medium term, but again this needs to be properly funded.[10]

The ICGP with the Irish General Practice Nurses Educational Association (IGPNEA) is actively engaging with a number of universities including University College Dublin, University of Limerick and the Technological University of the Shannon (Athlone). Together we are exploring avenues

to provide a structured educational programme to encourage a substantial and sustained increase in numbers of practice nurses and to provide a structured career development pathway for practice nurses. Progress has been slow, and it is critical that the Department of Health support this initiative. No more than the need for GPs, the need to radically increase the number of Practice Nurses twofold is equally critical. It is both the College's intention that appropriate Diploma Programmes will be launched no later than January 2023.

4. Resourcing Rural General Practice to attract GPs

There is growing concern, particularly in rural Ireland, at the continued decline in GPs working in small communities. Newly trained GPs do not find rural practice attractive – and yet there are patients who require a GP in these areas. Therefore, innovative ways must be resourced to attract GPs to replace those GPs rapidly approaching retirement.

These include consolidation of smaller practices in rural areas, satellite practices, built infrastructure, rural practice supports and incentives and where appropriate, and with appropriate controls in place, the use of video consultations.[9]

5. Information Communication Technology (ICT)

In March 2020, the implementation of Electronic Prescribing has illustrated for the patient, GP and Pharmacist, the positive impact of good use of technology and innovation. The advancement of IT solutions, such as summary care records, facilitated with a unique patient identifier, to enable an efficient integrated healthcare system, needs to be prioritized. Investment in e-communication solutions between GP and hospital care can improve patient safety, optimise referral rates and overall support secondary care. The College was recently invited to make a submission in respect of the Health Information Bill, and this was welcomed. We urge that progress on implementation of many of the key IT recommendations are fast tracked.

5.1 Electronic Hospital Discharges

A standardized approach to electronic hospital discharges on a nationwide basis is required. This is available in some locations but is very limited. There is an excellent HIQA template for discharges. We recommend that hospital e-discharges are delivered using Healthmail (which is a secure email source). Such a change would dramatically improve patient care and lead to many efficiencies both within hospitals and the community. That there is no system in place reflects very poorly on Irish Healthcare.

6. Access to Mental Health Services

GPs manage the majority of mental health complaints in the Irish state, such as addiction, anxiety, and depression. There is a severe shortage of primary care psychological services in particular; this is curtailing effective management of these mental health conditions.

We are beyond crisis point at this stage. It is critical and must be a budgetary priority that additional resources are applied to general practices to enable sessional psychological and counselling services to be financed.

The ICGP recommends an increase in the number of allied primary care professionals, including psychologists, community psychiatric nurses and mental health therapists.

In this respect we do welcome the funding recently provided by the HSE to appoint a GP Clinical Lead in Mental Health. This is a positive sign. However, the level of frustration expressed by GPs in their inability to provide the appropriate care for highly vulnerable patients is a damning indictment on Irish society. Appropriate and tailored funding for mental health can wait no longer. The challenges around timely equitable access to a well-resourced CAMHS are well documented.[11]

7. Academic GP Career Pathway.

Reflecting the maturity of general practice as a recognised specialty, there is now a need to establish an academic GP career pathway. This pathway will recruit, support and retain sufficient academic GPs to meet Ireland's expanding primary care teaching, healthcare policy and research requirements, to deliver high quality evidence-based GP care to our patients.

There is an urgent need to establish a structured, resourced academic general practice training pathway across Ireland, as currently exists in secondary care clinical specialities. This pathway will help address the clinical, workforce, teaching, and academic needs of all participatory stakeholders, now and into the future. The stakeholders include the broad GP training community, HSE, ICGP, AUDGPI, Medical schools, and the academic GP trainees. Together, we will establish and deliver equitable access to a high-quality academic GP training programme. The ICGP is well placed to play a co-ordinating role in establishing such an academic training pathway and community.

The academic GP training programme will comprise an ADDITIONAL 10% of current GP training places (350 by 2025/2026). These 30 additional training places will further ensure that the programme helps address the significant GP workforce deficit.

The NHS currently provides an academic route for 5% of all GP trainees, with Scotland alone providing twenty-four academic GP training posts each year. We propose approximately 30 new academic GP training places annually. This additional 10% of trainees will help bridge our current GP academic deficit while significantly augmenting our GP workforce.

GP academic pathway: The academic GP training will comprise an additional full year, extending GP training from 4 years to 5 years. The GP training programme will recruit the entire cohort of GP trainees. These doctors will undertake the conventional 2 year hospital clinical training (medicine, paediatrics, psychiatry, O&G, Emergency medicine).

The proposed format for the academic 'year' will be an integrated academic pathway across the 3-year of GP attachment (not an entire isolated 'academic' year). It is expected that the academic GP trainees will undertake research and teaching, leading to the award of a higher degree. The GP academic trainees will join those GP training programmes aligned to the six universities. It is anticipated that one academic GP trainee per programme will be funded for an additional six-month health service research.

GP Training programme:
Roles and responsibilities: The key stakeholders will be the ICGP GP Training Programme, the Universities but with the HSE and DoH being a key stakeholder in the academic GP training programme. Ireland's national healthcare policy is crucially dependent upon high quality healthcare research and contemporaneous data. The academic GP network will provide a large pool of skilled clinical GP researchers. This evolving collaboration will continually inform our health service policy and practice. The academic GP resources are modest and already long established across secondary care clinical specialties.

There is a compelling need to establish an academic GP pathway across Ireland. Clinical academic pathways exist internationally and in secondary care across Ireland. These additional 30 academic GP training places will augment the GP workforce and inform Ireland's evolving Healthcare policy and practice. This academic GP training programme will play a key role in delivering and quality assuring high quality equitable community-based healthcare across our communities.

Conclusion

Irish general practice is changing rapidly and has changed beyond recognition in the last two years. General practice has also shown how flexible and adaptable it is to meet urgent needs. However, there are huge pressures on existing GP practices, and GP must be supported and resourced to retain existing doctors and recruit new GPs into practice. At the moment, general practice is working efficiently, flexibly in a patient-centered way, based in the heart of the community, but is at breaking point.

Over the next two decades, huge changes are coming, and the Department of Health, Sláintecare, HSE and ICGP must intensively collaborate to develop a policy that protects and grows general practice in the interest of patient care. Each year we produce a Pre-Budget submission with many of the recommendations carried forward from year to year. The sense of frustration with the lack of action is no longer acceptable. We have seen progress through collaboration and engagement. For the sake of our patients and to retain high quality clinical care within the Community, the need for Government and those in authority to listen is at a critical point. We await a response.

We Need:

- An increased say on policy development
- Greater engagement with the HSE to support general practice in deprived urban and rural areas
- Greater engagement to enable the consolidation of practices
- Support for rural general practice
- Improved IT infrastructure
- An increase in the number of allied primary care professionals
- Academic GP Career Pathway.
- For those in power to listen to what the “coalface” is saying to them.

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