

# Pre-Budget Submission

*6 October, 2015*

*ICGP calls for investment to stem GP emigration, and support rural general practice and areas of deprivation in pre-budget submission 2016*



## TABLE OF CONTENTS

<b>Introduction</b>	<b>1</b>
<b>Vision for the future of rural general practice</b>	<b>1</b>
<b>Recruitment and retention of younger GPs in Ireland</b>	<b>2</b>
<b>GPs working in areas of deprivation</b>	<b>2</b>
<b>Action still required in key areas identified in 2015 and 2014 pre-budget submissions</b>	<b>3</b>
<i>Diagnostics</i>	3
<i>Universal healthcare</i>	3
<i>Community supports</i>	3
<b>Adequate resourcing of general practice</b>	<b>4</b>
<b>ICGP-specific recommendations for Budget 2016</b>	<b>4</b>
<b>About the ICGP</b>	<b>6</b>



## Introduction

Government health policy in recent years has created a crisis of confidence in general practice. This is not good for patients, morale amongst GPs or the health system. The ICGP has focused this year's pre-budget submission on three areas of general practice, which if left unaddressed, have the potential to substantially alter general practice as we access and understand it in Ireland. The three priority areas are 1) rural general practice, 2) GP manpower and 3) areas of deprivation.

The ICGP has produced a detailed report addressing each priority area. Two of these have recently been launched with the final report scheduled for release later this month. Each report offers an analysis and recommends solutions, which the ICGP urges the Government to consider.

Without investment in rural and deprived general practice, the inequalities in these areas will eventually **mirror the public-private divide**. This situation will be exacerbated by the **continued emigration of general practice graduates** unless specific retention policies are introduced.

## Vision for the future of rural general practice

GP manpower shortages have been predicted for some time now and the impact on inner city and rural areas was highlighted in previous manpower studies as a source of concern. The reality of this is now coming to pass as illustrated by the continued inability to replace a retired GP in Feakle, Co Clare. The difficulty that the HSE is experiencing in attracting a candidate to take on the vacant GMS list in Feakle will come as no surprise to GPs. Declining rural populations due to emigration as well as **substantial cuts in top line payments under the FEMPI legislation** and the **discontinuation of rural distance codes** have contributed to the perfect storm that is hitting rural practice. Under the current system no allowance is made for the fact that a GP in an isolated rural area is required to cover a large but sparsely populated geographical area, with all the associated pressures of travel, logistical difficulties and clinical responsibility (including out-of hours) with low levels of practice income. The Rural Practice Allowance (RPA) has proved an essential support for rural general practice and **restoration/maintenance of the rural practice allowances or equivalent must be considered by the government**.

In her report, **"A vision for the future of rural general practice"** Dr Margaret O'Riordan, Medical Director, ICGP, details the issues and supports necessary to stabilise rural general practice. The ICGP is calling on the Government in Budget 2016 to prioritise supporting rural general practice by providing the leadership and resources to implement these recommendations.

## Recruitment and retention of younger GPs in Ireland

In its second consecutive manpower research report, the ICGP is calling on the Government to introduce specific retention policies to ensure our highly qualified specialist general practitioners are encouraged to remain in Ireland post qualification.

**"Bridging the gap – How GP trainees and recent graduates identify themselves as the future Irish general practice workforce"**, by Dr Gerard Mansfield and Dr Claire Collins is also being published today, 6th October 2015. It follows a similar report produced in 2014 and indicates many of the same issues in relation to the career expectations of current trainees and recent graduates of specialist training in general practice. The findings indicate that concerns about the viability of general practice are somewhat less prevalent than in 2014, however more than **one in ten (13%) of current trainees are definitely planning on emigrating** once qualified. Only one third of current trainees are confident enough of their futures as general practitioners in the Irish health system to consider definitely planning on staying in Ireland. Both the **viability of general practice in Ireland (20%) and financial prospects (36%) are the main reasons for emigrating.**

A further issue arising from the study is that worrying proportions of trainees find the financial and employer responsibilities of being a principal/partner GP unattractive. This is a significant shift in attitudes.

## GPs working in areas of deprivation

There is robust evidence highlighting the association between socio-economic deprivation and poor health. Somewhere between 22% and 30% of practices in Ireland are in areas of deprivation. The GPs that care for these communities have different needs – including financial, personal, professional and educational – than GPs working in less deprived areas.

A fundamental **solution to health inequalities is a strong well-resourced general practice (and wider primary care) at the heart of the community.** In the current system it is difficult to recruit recent GP graduates to work in areas of deprivation. **There is no incentive financially, professionally or personally for GPs to work in these areas.** More deprived areas generally have fewer GPs which can make it more difficult for patients to access services. **Nationally there is one GP per 1,600 of population (less than the OECD average). In North Dublin there is one GP per 2,500 population.**

The ICGP will publish **"Irish General Practice: Working with Deprivation"** later in October 2015. Dr Brian Osborne, Assistant Medical Director, ICGP, has found in his research that in the most deprived urban and rural areas of the country there are too few GPs to service vulnerable populations. The ICGP is calling on the Government to adopt policies that support the ability of GPs to manage patients in deprived areas.

A project called Deep End has recently begun in Ireland to highlight these concerns. It is important to note that while all GPs deal with some level of deprivation, GPs at the Deep End deal with a blanket level of deprivation, which can lead to greater levels of stress, burnout and low morale. They are currently mapping out the 100 practices serving the most deprived socio-economic populations.

## Action still required in key areas identified in 2015 and 2014 pre-budget submissions

The three priority areas the ICGP is highlighting in this submission are 1) rural general practice, 2) GP manpower and 3) areas of deprivation. There remain a number of crucial health reforms which the ICGP has called for in previous submissions. These include access to diagnostics, universal healthcare, community supports, and adequate resourcing of general practice.

### *Diagnostics*

The ICGP has long advocated for a comprehensive review of and measures to improve access to diagnostics nationally. **Access to diagnostics is a key factor hampering general practitioners' ability to delivery appropriate care to their patients.** Without accurate diagnostics, patients become repeat visitors to the general practitioner, and pain management is often the only solution available while lingering on long waiting lists to access diagnostic tests. The ICGP welcomes pilot initiatives to improve access to diagnostics for our patients, but much more will be needed to address the defects. In 2016, we believe the Government should prioritise this area as it has the potential to have a tangible and positive impact on patient care and on general practice.

### *Universal healthcare*

**The ICGP supports universal healthcare, but it must be done in a properly planned way that won't overwhelm general practice.** The effect on capacity, in an already over-stretched general practice setting, must be monitored after the expansion of doctor visitation to under-sixes and over-70s. Furthermore, the ICGP does not support a universal health insurance model as a means of achieving universal healthcare. Competing insurance companies as a payer has been shown to increase healthcare expenditure and utilisation, and has not proven the most sustainable model of adopting a patient-centred health service.

### *Community supports*

A routine part of a GP's working day involves caring for the 11% of the Irish population over 65 that reside in a nursing home, a figure that may double in the next 30 years. As GPs we know that many senior citizens would prefer additional supports in the community setting to enable them to remain living either at home or in adapted accommodation for longer. Carers must have financial supports or access to day care services and respite care, which will enable them to have a break, ultimately reducing long-term care requirements. A motion adopted at the recent ICGP AGM calls on society and the Government to actively support patients who express a preference for assisted care at home and within their communities rather than within long-term residential care facilities.

## Adequate resourcing of general practice

It is long known, since the WHO Alma Ata Declaration in 1978, that strengthening primary care is of greatest importance for improving population health and wellbeing. Barbara Starfield's 2012 SESPAS Report showed that by adding **one** extra GP per 10,000 population we can:

- Reduce the overall death rate in the population (1.44 fewer deaths per 10,000, 2.5% reduction in infant mortality).
- Reduce ED visits by 10%.
- Reduce inpatient admissions by 6%.
- Reduce outpatient visits by 5%.
- Reduce surgical activity by 7%.
- Reduce health inequalities.

General practice is the first port of call when a patient becomes unwell and GPs manage and coordinate all health complaints of our patients, be they infants or the most elderly. The vast majority of patients are managed within primary care, with less than 5% requiring referral to secondary care. There are over 24 million consultations which take place in Irish general practice annually, however, only 2.5% of the health budget is allocated directly to general practice. This chronic underfunding was exacerbated by a 40% reduction to the fees paid for medical card services through FEMPI, which has threatened the viability of general practice itself.

**Resourcing general practice reduces overall health expenditure, provides a more sustainable model of health service delivery and provides more patient-centred, efficient care.** General practice is the most important part of the health service but has been badly served by governmental policy.

The continued erosion of confidence in general practice resources will erode the already-stretched capacity in general practice, hamper the ability of GPs to implement government policy and further undermine the morale in the profession.

## ICGP-specific recommendations for Budget 2016

### 1. - Reverse FEMPI legislation:

Urgent reversal of FEMPI legislation which is threatening the viability of Irish general practice.

### 2. - Distance codes restoration:

Immediate restoration of distance codes to support rural GPs.

### 3. - Rural practice allowance

Restoration/maintenance of rural practice allowances or equivalent must be considered by the government to ensure the viability of rural general practice.

**4. - Financial incentives**

Consideration of financial incentives, such as a deprivation weighting, to attract doctors to work in underserved areas, is needed.

**5. - Education**

General practice training schemes must continue to be delivered at a local level in order to promote retention in the areas in which the doctors are trained. This is true for urban and rural areas.

**6. - Infrastructural support**

GPs have invested in the primary care infrastructure of the State and need to be supported by future initiatives to maintain this infrastructure in rural or deprived areas.

**7. - Recruitment and retention**

With 25% of GPs over the age of 60, increasing emigration of GPs and more GP trainees expressing a desire to emigrate, we need to look at policies to reverse this tide of a manpower exodus. To dissuade our younger GPs from emigrating, we need to allow GPs to manage patients in the community by improving financial prospects and making general practice viable.

**8. - Diagnostics**

Unequal and lengthy access to diagnostics for patients is a key factor that hampers the ability of general practitioners to deliver appropriate care. The government should prioritise this area in the forthcoming budget as it has the potential to have a tangible and positive impact on patient care and general practice. The role out of clinical care programmes and chronic disease management in general practice will be threatened without adequate access to radiology, cardiology and endoscopy investigations.

**9. - Under-sixes and over-70s**

The ICGP does not believe, with the existing and worsening lack of capacity within the system and the on-going effects of FEMPI, that GPs can continue to provide the same quality of care to patients without increased resourcing. Research on the effect of the provision of free at point of access primary care by age band should be undertaken before the introduction of further groups. To realise government policy, additional resources must follow to allow an increase in capacity.

**10. - Community services for elderly citizens**

Senior citizens must be supported to remain living either at home or in adapted accommodation for longer, which will reduce overall expenditure on long-term care provision.

The ICGP is calling on the Government to invest in each priority area in the forthcoming budget. These investments are needed to arrest the decline in general practice in Ireland in the interest of patient care and the overall health services the public expects.

Detailed arguments are available in the reports from the ICGP. For further information contact [info@icgp.ie](mailto:info@icgp.ie).

## About the ICGP

The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland responsible for encouraging and maintaining the highest standards of general medical practice and the representative organisation on education, training and standards in general practice, appointed by the Medical Council.

**Dr Mark Murphy**  
**Chair of Communications, ICGP**



**The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The College was founded in 1984 and is based in Lincoln Place, Dublin 2. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.**

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