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# ICGP Pre-Budget Submission 2022



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## 1. 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 recognised by the Medical Council as the representative academic body for the specialty of general practice. There are 4,156 members and associates in the College comprising over 85% of practicing GPs in the Republic of Ireland.

Since last year's submission was published, the world of general practice and indeed the world itself has changed dramatically due to COVID-19. The focus for general practice since March 2020 and the entire healthcare service has primarily been on COVID-19 delivery and care and in the last 9 months, the very successful rollout of the Covid Vaccination programme, with over 50% of all vaccines given by General Practice. In addition, general practice has also managed to maintain continuity of care under very difficult circumstances.

The COVID-19 pandemic has exacerbated the workforce and workload challenges facing general practice. The GP workforce is insufficient in number, GPs ageing with impending retirement, issues accelerated by the COVID-19 pandemic. The pandemic has thrust an entire body of new work upon the GP workforce. General practice and our patients are now experiencing a severe workforce and workload crisis. The impact upon patients and secondary care will be immediate and severe. We propose solutions to these challenges in the paper below.

In March 2020, to help deal with COVID-19 in the community, a liaison committee involving the Chief Clinical Officer, senior HSE colleagues and ICGP/IMO representatives was established and met twice weekly. The matters addressed were wide ranging to include all aspects of COVID-19 management and the service continuity of health delivery in a COVID-19 environment. These meetings have continued weekly to this date and ICGP would like to see them continuing post Covid as the closer alignment of all working together can only lead to improvements in the provision of healthcare.

In the last 12 months we have seen increased access to diagnostics available to GPs in the Community. This was undoubtedly one of the outputs from this working group and the close liaison with Sláintecare where such a service has been long sought. The impact on patient care has been unquestionably positive with preliminary data from the ICGP 'Research Hub' demonstrating a reduction in referral to ED & OPD of 74-89%.<sup>1</sup> This clearly enhances the wider secondary care, access times, waiting lists and 'trolley count'.

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<sup>1</sup> ICGP Research Hub, 2021. Personal Communication/as yet unpublished.

## 2. 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, COVID-19 is only one aspect of care delivery by GPs and 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:

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

General practice in Ireland provides professional 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. They manage over 29 million consultations every year and in excess of one million 'out-of-hours' consultations.<sup>2</sup> On a normal day, a GP must deal with 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 well off suburbs, to smaller rural practices, and practices in deprived areas with a high level of complexity. In the last 18 months, General Practitioners have had to revert to tele and video medicine to ensure continuity of patient care and while it has proved a positive addition to caring for patients, it is important that it be not seen to replace the face-to-face consultation. This must always be the primary method of engagement between the GP and his/her patient. The College also welcomed the guidance issued by the Medical Council in December 2020 on the use of telemedicine.<sup>3</sup>

General practices are under significant pressure - as the population continues to increase, and people live longer and the additional impact of COVID-19-. As a result, GPs are dealing with illnesses that are more complex from a wider range of patients and under very challenging circumstances.

Furthermore and which has been very well documented, there are not enough GPs in Ireland, 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 five years. The IMO in 2017 predicted a shortage of 2,055 GPs by 2025.<sup>4</sup> Ireland has 29% fewer GPs per head of population than England.<sup>5</sup> The RCGP have secured commitments to increase

<sup>2</sup> Collins, C., Homeniuk, R. How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices. *BMC Fam Pract* 22, 40 (2021).

<sup>3</sup> Telemedicine Working Group of the Medical Council. Telemedicine: Phone and Video Consultations: a guide for doctors. Dublin: Medical Council; 2020. [Online] Available from: <https://www.medicalcouncil.ie/public-information/telemedicine-phone-and-video-consultations-guide-for-patients/telemedicine-for-doctors-booklet.pdf> [Accessed 20th September 2021]

<sup>4</sup> Irish Medical Organisation (IMO) IMO Submission to the Oireachtas Health Committee on General Practice Manpower and Capacity Issues, 2017. [Online] Available at: <https://www.imo.ie/news-media/news-press-releases/2017/imo-opening-statement-to/> [Accessed 20th September 2021]

<sup>5</sup> Walsh B, Smith S, Wren M, Barron S, Morgenroth E, Eighan J, Lyons S. Geographic profile of healthcare needs and non-acute healthcare supply in Ireland. [Report], ESRI, 2019, ESRI Research Series;90

the number of GPs in the UK by 10%.<sup>6</sup> This demonstrates the very substantial GP workforce deficit in Ireland.

The College has expanded the number of training places for several years now from 150 in 2015 to 235 in 2021. The College is committed to increasing this to 255 in 2022 and aligned with Government policy, will increase to 350 by 2026. It is clear that we need to reach this number per annum to cope with large number of gaps that have emerged in general practice. As a College we are committed to achieving such an intake aligned with appropriate funding. In the last 6 months substantial progress has been made to complete the transfer of training from the HSE to the College and that transfer is expected to be complete by the end of September 2021. The interactions between the College and the HSE have been very positive at each stage of the process and this bodes very well for future expansion aligned with maintenance of quality of training. The transfer of GP training to the College will help to copper fasten the supply of well-trained GPs.

### 3. 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 have special clinical interests (dermatology, gynaecology, musculoskeletal medicine etc.) 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, and they are flexible and open to change and as has been very clear in the pandemic of the last 18 months, where 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. The capital costs of acquiring 'bricks and mortar' are substantial and a barrier to young GPs establishing practice. The challenge of becoming an employer of many practice staff is a further barrier to young GPs establishing practice. NHS Scotland has in recent years successfully addressed these structural barriers. In addition, many rural practices and inner city practices in deprived areas are being left unfilled due to the inability to recruit 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-centred care.

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<sup>6</sup> RCGP. General Practice in Crisis: An Action Plan for Recovery. London: Royal College of General Practitioners; 2021. [Online] Available from: <https://www.rcgp.org.uk/policy/general-practice-crisis-action-plan-recovery.aspx> [Accessed 20th September 2021]

## 4. Key Recommendations

### 4.1 Working Group on Future General Practice - Involve the ICGP in policy development

In 2020 this was our key recommendation and it is regretful that progress has not been made on same. However, its formation is now more critical than ever. One of the positive changes we have seen as a result of COVID-19 is the wider engagement of the College 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 often been poor with resulting misunderstanding. The regular meetings of the HSE/GP group and the working through of problems had a socialising effect fostering a trust on both sides. An understanding of how both groups worked and the limitations they faced fostered a mutual regard and goodwill. On this basis, the ICGP proposes the immediate establishment of a high level Working Group within the Department of Health (to include the HSE) with GPs and stakeholders to plan and deliver the immediate and sustained expansion of General Practice and nursing roles in the community.

This Working Group which would work in co-operation with Sláintecare is required to recognise that general practice has differing requirements and pressures depending on its size, location and patient profile, and the ICGP must be involved 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 reiterate and would urge the Minister for Health and the Department to establish this Working Group as a matter of urgency.

### 4.2 Proposal to Treat Patients with Enduring Mental Illness

#### *Enduring Mental Illness*

People with Enduring Mental Illness (EMI) have a mortality rate two to three times higher than the general population. This translates into a reduced life expectancy of between 13 and 30 years. It is estimated that 60% of this increase in mortality is caused by physical illness. Among people with EMI there is a higher prevalence of diabetes mellitus, metabolic syndrome, cardiovascular disease, respiratory disease and infectious disease. These diseases impact heavily upon the individual, with substantial system wide direct and indirect healthcare costs.<sup>7</sup>

In line with “Sharing the Vision”<sup>8</sup> the ICGP recommends that the physical healthcare of patients with severe and enduring mental illness should be led by their GP. We advocate for these patients to have access to a standardised programme of twice-yearly structured visits to general practice. This programme could operate in a similar way to the Chronic Disease Management programme for Diabetes, Cardiovascular, COPD and Asthma that is currently delivered in General Practice

<sup>7</sup> Collins C, Finegan P, O'Shea M, Larkin J, Pericin I, Osborne B. Promoting physical health among people with enduring mental illness: a qualitative study of healthcare providers' perspectives. *BMJ Open*. 2021 Apr 21;11(4):e044855. doi: 10.1136/bmjopen-2020-044855.

<sup>8</sup> Department of Health. Sharing the Vision: a mental health policy for everyone. Dublin: Department of Health; 2020. [Online] Available from: <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/> [Accessed 20<sup>th</sup> September 2021]

## COVID-19

The COVID-19 crisis has had profound economic, social and educational impacts. More unequal countries suffer with higher levels of mental illness. The social determinants of mental health are hugely significant. Supporting mental health and lives and livelihoods should be the role of every government department, with leadership flowing from the Department of Health.

In 2020 the U.N. launched a report entitled, “Policy Brief: COVID-19 and the Need for Action on Mental Health.”<sup>9</sup> This highlighted that those most at risk were front-line healthcare workers, older people, younger people and those with pre-existing mental health conditions.

## General Practice

Evidence supporting investment in general practice to address this inequity is compelling:

- Adding one GP per 10,000 population reduces mortality, ED visits, inpatient admissions, outpatient visits, surgical activity and health inequalities
- Resourced general practice prevents serious illnesses (cancer and chronic disease)
- Effective general practice is socially redistributive, increases access to health services and delivers better outcomes for deprived population groups
- The NHS GP budget is almost 10% of total NHS spend. The HSE GP budget is <4% of total HSE spend. Modest budgetary support will support timely access to high quality GP care, preventing ED & OPD attendances.

General practitioners play a pivotal role as the first and continuing point of contact to patients. The physical care of people with mental health difficulties should be led by their GP. This is consistent with the priority in the Sláintecare report<sup>10</sup> attributed to “creating an integrated system of care with healthcare professionals working closely together” bringing together physical and mental health services to improve the physical health of people with mental health difficulties and vice versa simultaneously.

## 4.3 Women’s Health

The ICGP works with the HSE and the Department of Health to support a wide range of women's health care needs. ICGP is represented on the Women’s Health Taskforce (WHTF) in the Department of Health, which along with the National Women Council of Ireland has identified Menopause as one of their priority areas requiring action.<sup>11,12</sup> With resourcing from the WHTF, ICGP will provide education in Menopause for GPs to support women suffering with menopausal symptoms thus addressing the consequential health impacts at both primary and secondary care level.

<sup>9</sup> United Nations. Policy Brief: COVID-19 and the need for action on Mental Health. 13 May 2020. [Online] Available from: <https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health> [Accessed 20th September 2021]

<sup>10</sup> Houses of the Oireachtas. Committee on the Future of Healthcare: Sláintecare Report. May 2017. [Online] Available from: <https://assets.gov.ie/22609/e68786c13e1b4d7daca89b495c506bb8.pdf> [Accessed 20th September 2021]

<sup>11</sup> HSE National Service Plan 2021. [Online] Available from: <https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2021.pdf> [Accessed 20th September 2021].

<sup>12</sup> Report produced by Kathy Walsh, KW Research Associates. Women’s Health in Ireland: Evidence Base for the development of the Women’s Health Action Plan. Commissioned by National Women’s Council of Ireland, Department of Health, Health Service Executive. Dublin: National Women’s Council of Ireland; 2019. Available from: [https://www.nwci.ie/images/uploads/Womens\\_Health\\_in\\_Ireland\\_-\\_Evidence\\_Base\\_for\\_the\\_Development\\_of\\_the\\_WHAP\\_-\\_2019.pdf](https://www.nwci.ie/images/uploads/Womens_Health_in_Ireland_-_Evidence_Base_for_the_Development_of_the_WHAP_-_2019.pdf) [Accessed 20th September 2021]



Through work with the Sexual Health and Crisis Pregnancy Programme (SHCPP), ICGP has identified a sustained demand for Long Acting Reversible Contraception (LARC) training. By providing properly resourced training that maps to the action points of the National Sexual Health Strategy, ICGP can maintain adequate numbers of trained GPs proficient in the provision of LARC in the community. Such increase in service provision improves access to contraceptive services to reduce unplanned pregnancies and increases capacity in the health system for the management of several gynaecological conditions. The blended education programme with a quality assurance framework and appropriate clinical governance will provide a geographically accessible service for women.

Due to its clinical expertise, education and geographic reach, the ICGP is ideally placed to rapidly pivot to deliver quality, safe patient care as represented by the above two exemplars.

#### 4.4 Need to develop professional teams to support all GP Practices, enabling GPs to focus on patient care.

With increased urbanisation and the growth in the size of General Practices, we need to recognise the importance of professional management and administrative support to enable GPs to do their work efficiently.

In that respect, we need:

- Professional Practice Managers for bigger teams, with HR support
- Group Practice consolidation
- Practices that enable GPs to specialise and pursue a portfolio career if they wish.
- Greater role for nurses in general practice i.e. a rapid increase in Practice Nurses and education to increase nursing roles: ANP, Nurse Prescriber, CNS etc.
- Expand GP healthcare team, to include phlebotomists and Healthcare assistants

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
- Resourcing sustained professional practice management, to enable GPs to focus entirely upon patient care
- Where group practice is not viable or not wished for, the HSE also need to facilitate the ongoing support of such practices

The financial and planning resources needed to develop big practices is significant. The needs will vary substantially with the geography: inner city and remote rural areas have common and diverging infrastructural needs. A suite of infrastructural options is essential to long-term equitable timely access to GP care in every community. NHS Scotland has successfully implemented and delivered the primary care capital infrastructure.

The DOH/HSE has to move away from seeing GPs as contracted providers to engaging with us as genuine partners in health care. If they want GPs to be the leaders in delivering health in the community, they must engage 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 also -could 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.



#### 4.5 Role of Nurses

Ireland has a fraction of the number of practice nurses in comparison to UK general practice. Our nurses are eager to upskill and take on advanced nursing skillsets, including ANP, CNS and nurse prescribing. Practice nurse supports must be urgently increased to enable these nurses to upskill and support community-based chronic disease management (CDM). Practice nurses must also be on an equal footing with nursing colleagues in the acute hospital sector. We need to at least double the current number of practice nurses in the short to medium term, but again this needs to be properly funded.

The ICGP with the Irish General Practice Nurses Educational Association (IGPNEA) and University College Dublin is actively looking at ways of providing a structured educational programme to encourage an increase in numbers of practice nurses and to provide a structured career development pathway for practice nurses. Due to the pandemic there have been delays in establishing this programme, but it is hoped to launch a one-year part time diploma commencing in January 2022.

#### 4.6 Rural General Practice

There is growing concern, particularly in rural Ireland, at the reduction of 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 approaching retirement.

These include ways to encourage consolidation of smaller practices in rural areas, including satellite practices and where appropriate and with appropriate controls in place, the use of video consultations.

The provision of the 'bricks and mortar' infrastructure and substantially enhanced practice supports would help attract young GPs to rural communities.

#### 4.7 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 communication solutions between GP and hospital care can reduce formal referral rates and overall secondary care.

##### 4.7.1 Electronic Hospital Discharges

A standardised approach to electronic hospital discharges on a nationwide basis is required. This is available in some locations but is very limited. There is a HIQA template for discharges and we would recommend that this is 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 within the community. That there is no system in place reflects very poorly on Irish Healthcare.

## 5. Conclusion

Irish general practice is changing, rapidly and has changed beyond recognition in the last 18 months. It has also shown how flexible and adaptable it is to meet urgent needs. However, there are huge workforce and workload pressures on existing practices. It must be made more attractive 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. Over the next two decades, huge changes are coming, and the Department of Health, Sláintecare and the HSE must work with the ICGP to develop a policy that protects and grows general practice in the interest of patient care.

### We need:

- An increased say on policy development
- Resourcing General Practice to treat patients with enduring mental illness
- Greater engagement with the HSE to support general practice in deprived urban and rural areas
- Working with the College to provide education in women's health and ensuring greater availability of key services to women
- Greater engagement to ensure provision of GP services in Rural Ireland
- Improved IT infrastructure

It is concerning that many of this year's recommendations are carried over from last year's submissions. This leads to frustration across all involved in general practice who continue to provide excellent patient care despite the numerous challenges faced. However, we have shown what can be achieved in the last 18 months by the College engaging with the HSE, Department of Health and our colleagues in the IMO. The establishment of the "Working Group on General Practice" will enable closer alignment with all groups working towards a vision of general practice with the patient at the centre.

