
Pre-Budget Submission 2018

September 2017

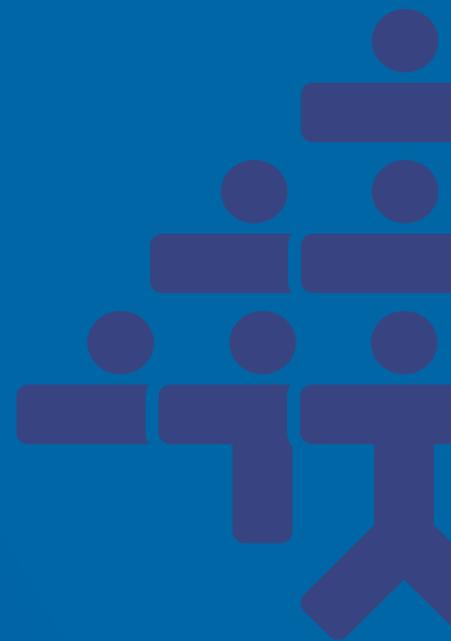


TABLE OF CONTENTS

| | |
|---|---|
| Introduction | 1 |
| Key Recommendations | 2 |
| 1. Negotiation of a new GP contract, providing for Chronic Disease Management (CDM) in general practice | 2 |
| 2. Appropriate funding for general practice | 2 |
| 3. Increasing capacity in general practice and primary care | 2 |
| 4. Access to diagnostic services | 3 |
| 5. Access to mental health services | 4 |
| 6. Promoting healthy behaviours in society | 4 |

Introduction

The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The ICGP is the representative organisation for education, training and standards in general practice and encourages the highest standards. The College is the recognised 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 practising GPs in the Republic of Ireland.

The ICGP has six evidence based and cost effective recommendations which should be prioritised in Budget 2018. A failure to resource these policies will ultimately result in worse healthcare outcomes for Irish patients and will cost the tax-payer more.

Key Recommendations

1. Negotiation of a new GP contract, providing for Chronic Disease Management (CDM) in general practice

- The ICGP recommends the introduction of a new contract for general practice as an overarching priority. The current capitation based GP contract, established in 1989, does not provide for the care of people with chronic illnesses. There is unequivocal evidence that a well-resourced, general practice led, primary care system is the most cost effective mechanism to deliver healthcare. There is urgency that this matter is addressed as no progress has been apparent in the last 12 months.
- A comprehensive community based chronic disease management programme will improve patient outcomes and reduce healthcare costs. The management of persons with multiple chronic illnesses (multimorbidity) needs to be prioritised in the new GP contract.
- General practice teams should be adequately resourced to provide more effective end of life care for people and their families, in their communities. GPs should also be resourced in order to provide more co-ordinated care in the nursing and care home setting.
- These policies will reduce outpatient attendances, reduce emergency department visits (in the future) and decrease hospital bed occupancy, enabling hospitals to focus on secondary care activity.
- General practice needs to have a central, enhanced role in Integrated Care Programmes and Clinical Care Programmes.
- Parallel to the contractual provision of CDM, the ICGP also recommends the implementation of a medications management programme, enabling safer prescribing and providing cost savings for the State and individual patients.

2. Appropriate funding for general practice

- The ICGP recommends the resourcing of Irish general practice **in line** with other OECD countries, to address historic underfunding and more recent reductions through FEMPI.
- Irish general practice receives approximately 3% of public health expenditure, which compares to approximately 11% in the UK.
- Steps to reverse FEMPI cuts to GMS income must be enabled in Budget 2018, to ensure existing practices can cope with current workload levels and to facilitate the expansion of primary care services in the coming years.
- As per the Programme for Government, the ICGP advises that adequate funding be made available for the Postgraduate GP Tutors Network as a key support in enabling GPs to maintain knowledge and skills in the rapidly evolving discipline of general practice.

3. Increasing capacity in general practice and primary care

- **Manpower**
 - Almost 700 GPs are over the age of 60 and will retire in the next five years. The HSE has predicted a shortage of 2,000 GPs by 2025.
 - The ICGP can increase GP training capacity annually with adequate resources. However, recruitment is only possible if general practice is seen as a sustainable career choice. Prioritising the retention of GPs through the provision of an adequately resourced general practice system, which funds chronic disease management, is the

most effective mechanism to increase recruitment. A successful new GP contract will reignite interest in general practice as a viable career in Ireland. The ICGP will continue to support and collaborate to achieve an increase in GP training numbers in 2018.

- Practice nurse supports must be urgently increased to enable community based CDM. This must be performed in context of the new GP contract, which must ensure that practice nurses are on an equal footing with nursing colleagues in the acute hospital sector in terms of basic pay, sick pay, maternity leave, educational leave, pension, and career progression.
- The ICGP can provide its expertise to enable the training of sufficient numbers of practice nurses.
- **ICT**
 - ICT costs incurred by GPs, allowing the provision of CDM, should be provided by the HSE.
 - The failure of secondary care to computerise is an outstanding weakness in the Irish health system. This matter needs to be urgently addressed by the HSE.
 - 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 prioritised. Investment in communication solutions between GP and hospital care can reduce formal referral rates and overall secondary care costs.
- **Physical infrastructure**
 - To build general practice capacity, the ICGP recommends the negotiation, with GPs, of an agreed mechanism to expand built capacity in existing practices.
 - In urban locations, new and establishing GPs should be supported and encouraged to set up new practices through an innovative start-up package, helping younger GPs build a practice from a zero list.
 - In rural areas, addressing the inadequacies of the current contract and FEMPI must be achieved within the next year to prevent the closure of further rural practices.
- **Transfer of discrete services**
 - Several discrete services are suitable for transfer into general practice teams if adequately resourced, including minor surgery, extended-minor injuries skill set, ENT primary care surgical services (e.g. aural microsuction), joint injections and venesection for haemochromatosis. These activities, if remunerated adequately in general practice will deliver greater volumes of service, at lower cost, coupled with convenience for people in need of these services.

4. Access to diagnostic services

- Public patients are unable to access necessary diagnostics in an appropriate timeframe. Some patients are unable to access any diagnostics (e.g. CT or MRI) from general practice. This results in delayed diagnoses and workload transfer to secondary care.
- The ICGP recommends the immediate expansion of radiological, cardiac and endoscopic investigations for all patients accessible within general practice.
- The ICGP views waiting times of greater than six weeks for routine ultrasound, and greater than six months for routine medical OPD as unsafe, and incompatible with international norms in developed economies.

5. Access to mental health services

- GPs manage the majority of mental health complaints in the Irish State, such as addiction, anxiety and depression. A severe shortage of primary care psychological services in particular is curtailing effective management of these mental health conditions. Additional resources applied to general practices to enable sessional psychological and counselling services should be financed.
- The ICGP recommends an increase in the number of allied primary care professionals, including psychologists, community psychiatric nurses and occupational therapists.

6. Promoting healthy behaviours in society

- GPs are well placed to offer brief interventions to address problem alcohol consumption, smoking, stress, sedentary lifestyles, unhealthy diets, and other addictions. The ICGP recommends the following as a government wide approach to dealing with obesity, sedentary lifestyles, problem alcohol use, stress, tobacco and the other social determinants of health:
 - The introduction of a tax on sugar sweetened drinks in 2018, as set out in Budget 2017.
 - Minimum unit pricing on alcohol to reduce the availability of low-cost alcohol products.
 - The enhancement of secondary education programmes, which teach social, personal and health education to adolescents. The importance of addressing increasing sedentary lifestyles needs to be reflected through a broad government coalition, including the Departments of Education, Environment, Health and Sport.
 - GPs and general practice teams are well placed to offer brief interventions to address health promotion with patients, if adequately resourced.
 - GPs care for marginalised populations. Those populations who are socially excluded include asylum seekers and the homeless. The distribution of resources based on population or geography is flawed and should reflect the needs of marginalised, remote, deprived and homeless communities.
- Regulation of Private Health Insurers
 - Private health insurers who wish to operate in the Irish Economy should be required to fully recognise general practice care for relevant aspects of chronic disease management, and end disparate levels of remuneration between GP and hospital provided service items.