



ICGP Pre-Budget Submission 2020



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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 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 in Ireland has seen a number of significant changes, the most important being the agreement between the Irish Medical Organization (IMO) and the Department of Health/HSE on a new fee structure and expansion of chronic disease management in the community led by GPs. The College welcomes this agreement but only as a first step in reversing the damage done to general practice over the last decade.

The Slaintecare plan is continuing to develop apace with the plans to expand community-based care. The HSE has once more restructured its hospital groups and boundaries.

The Government has stated its intention to expand free GP care to the under 12s in the near future, having already provided free GP care to the under 6s and over 70s. The management of training of GPs is being restructured as the number of places continues to expand.

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.

Context

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 24 million consultations every year. 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 women 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.

But all general practices are now under significant pressure - as the population continues to increase, and people live longer and as a result, GPs are dealing with more complex illnesses from a wider range of patients.

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 2025¹.

The College has expanded the number of training places for several years now from 150 in 2015 to 193 in 2019. The College is committed to increasing this to 240 within two years and it is clear that there is a need for an intake of at least 300 GP trainees per annum to cope with large number of gaps which have emerged in general practice. As a College we are committed to achieving such an intake once appropriate funding is in place and the long awaited transfer of GP training to the College has been completed. The transfer of GP training to the College will help to copper fasten the supply of well-trained GPs.

¹ Irish Medical Organisation (IMO) IMO Submission to the Oireachtas Health Committee on General Practice Manpower and Capacity Issues, 2017. Available at: <https://www.imo.ie/news-media/news-press-releases/2017/imo-opening-statement-to-/Submission-to-OHC-GP-Capacity-issues-Final.pdf>

General Practice is Changing

The delivery of healthcare is changing rapidly, partially due to new technologies, and the pressures on hospitals. Most GPs specialise 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.

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 because of a general lack of incentives from the HSE.

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

Key Recommendations

1 Working Group on Future General Practice

Involve the ICGP in policy development.

The ICGP calls for the creation of a Working Group within the Department of Health with GPs and stakeholders to plan the expansion of General Practice and nursing roles in the community.

This Working Group which would work in co-operation with Slaintecare 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 urge the Minister for Health and the Department to establish this Working Group as a matter of urgency.

2. We Need to Train Doctors to Run Bigger Practices

With increased urbanisation and the growth in the size of General Practices, we need to recognise 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 have a portfolio career.
- Greater role for nurses in general practice i.e. a rapid increase in Practice Nurses

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;

The financial and planning resources needed to develop big practices is significant. 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 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). Practice nurses must also be 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. We need to increase the number of practice nurses from approximately 1800 to 4,000 or ideally 5,000.

The ICGP with the Irish Practice Nurses Association (IPNA) 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.

4. Research

We need more research on the impact and effectiveness of general practice. As the recent ESRI report shows, there is a dearth of up-to-date information regarding the impact of general practice on health outcomes. HSE data relating to the work of GPs, e.g. consultation rates, must be publicly available, and datasets on patient needs, patient profiles and health and disease profiles must be made publicly available.

5. Resources for Expanding Training

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.

6. Information Communication Technology (ICT)

ICT costs incurred by GPs, allowing the provision of CDM, should be provided by the HSE. The failure of secondary care to computerize 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 prioritized. Investment in communication solutions between GP and hospital care can reduce formal referral rates and overall secondary care.

7. Access to Diagnostic Services

Public patients are unable to access necessary diagnostic in an appropriate timeframe. Some patients are unable to access any diagnostic (e.g. CT or MRI) from a 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 with 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 detrimental to patient care. It is also incompatible with international norms in developed economies.

8. 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 now at crisis point. 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 occupational therapists.

9. Promoting Healthy Behaviour in Society

The ICGP welcomes the introduction of a tax on sugar sweetened drinks and urge the implementation of the minimum unit pricing on alcohol to reduce the availability of low alcohol products. This is progress; however, there remains much to do. 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 the above:

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 Department of Education, Environment, Health and Sport.

GPs and general practice team are well placed to offer brief interventions to address health promotion with patients, if adequately resourced.

GPs care for marginalised populations. These 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.

CONCLUSION

Irish general practice is changing, rapidly. There are huge pressures on existing practices, and 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, Slaintecare 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
- Greater engagement with the HSE to support general practice in deprived urban and rural areas
- Greater engagement to enable the consolidation of practices
- Greater support for the College in the expansion of quality training

