



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Joint Committee on Arts, Heritage, Regional, Rural and
Gaeltacht Affairs
Meeting
Wednesday 2nd November 2016**

**Opening Statement
by
John Hennessy
National Director
Primary Care Division**

Topic - Maintaining an effective service and presence in local communities including locally based doctors and clinics.

Good evening Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting.

My name is John Hennessy, National Director, Primary Care and I'm joined by my colleagues:

- Dr. David Hanlon, GP & National Clinical Advisor & Group Lead Primary Care and
- Mr. John Hayes, Chief Officer Community Health Care Area 1.
- Pat O'Dowd, Assistant National Director, HSE National Contracts Office

This meeting provides an opportunity to update the Committee on some of the measures the HSE is taking to ensure appropriate health and social service delivery in rural areas. The HSE is committed to ensuring that patients throughout the country have access to appropriate healthcare including Primary Care and GP services, especially in remote rural areas, and that general practice in particular is sustainable in such areas into the future.

Primary Care Teams

The development of Primary Care Services continues with 484 Primary Care Teams identified throughout the country covering the entire population. This means that there is a dedicated group of HSE staff assigned to each area, who work closely with GP colleagues to provide services for the population. The aim is to provide services in local communities so that people can be maintained in their own homes and communities for as long as possible.

The GP and the Primary Care Team (PCT) is the key point of service delivery to address the vast majority of the medical and social care needs of the population. PCTs comprise of a range of healthcare professionals, including GPs, Nurses, Occupational Therapists, Physiotherapists, Speech and Language Therapists, Health Care Assistants and Home Help staff. Primary Care Networks provide additional resources depending on assessed need, such as social workers, dieticians, psychologists, Audiologists and Community Ophthalmic Physicians.

The development of the Teams is a work in progress with enhancements occurring in terms of team membership and organisational delivery over time. At present, directly employed Primary Care Team staff numbers amount to 3,111, comprising of nursing, therapy and support staff, together with approximately 2,800 contracted GP's and 2,100 Practice Nurses. Over 300 additional clinical posts have been added to Primary Care Teams since 2013, including PHNs, RGNs and Therapy posts.

Primary Care Centres continue to be developed in all parts of the country with many rural areas benefiting from new centres over the past number of years. The HSE continues to work with local GPs and HSE staff to develop the most appropriate facilities for such teams.

Island Services Review

I would also like to advise the committee that a review of Health Services to Island Communities is currently underway, chaired by my colleague Mr John Hayes, Chief Officer, with representation from the Department of the Arts, Heritage, Regional, Rural and Gaeltacht Affairs; the Department of Health; the Irish College of General Practitioners; local GP's and Island Community Representatives. Cross Divisional representation from the HSE is also included, namely Mental Health, Health & Wellbeing, Acute Hospitals, Social Care, Nursing and the Ambulance service. Recommendations will be made on how high quality, accessible and safe services should be provided in the future in a more integrated, sustainable and cost effective manner.

The group is expected to report its findings in January 2017. Consideration will be given to providing more primary care services locally and improving communications. Tele-health options will be explored to enhance the provision of services such as follow-up appointments by video conference and to enable island health professionals to work more effectively with specialist services and other members of the primary care team. The development of an island nurse job specification and enhanced training for nurses on islands is also being considered.

Supporting General Practice:

Support for rural general practice is one of the priority agenda items under the current review of the GP Contract. It is recognised that we need to strengthen and widen the supports available to GPs in remote rural areas. An early example of progress on this was the introduction of a new Rural Practice Support Framework in May 2016.

Under this Framework some 306 GPs (253 practice units) have benefited already; this is an increase of 139 GP's and the allowance is now worth €20,000 per annum, plus max practice supports for the employment of Practice Nurses, secretarial support, cover for annual leave and medical indemnity insurance.

The purpose of the new guidance (aside from expanding the number of Practices covered) is to ensure consistency, transparency and fairness in decision-making regarding rural GP practices, as well as providing additional options to support GPs.

It should also be noted that a dispensing GP is entitled to receive an additional payment for dispensing medicines where there is no pharmacy accessible.

A number of other contractual changes have also been introduced recently including the introduction of free GP care to under 6s and over 70s, a cycle of care for patients with type 2 diabetes, an asthma cycle of care for children under 6, periodic health assessments for children, and a revised schedule of special items of service for which an enhanced payment is now payable; including 24 hour Blood Pressure monitoring. The option of flexible contractual arrangements where GPs can share the whole-time commitment required under the GMS contract (job-sharing) has also been introduced and the extension of the retirement age under the GMS to 72 is in place at the discretion of the GP.

Further recent developments have included a scheme to provide direct GP access to diagnostic ultrasound examinations and the development of minor surgery capacity in General Practice.

GPs have demonstrated their willingness and capacity to embrace change - and I look forward to further fruitful discussions in the coming months aimed at further enhancing the range and quality of GP services, to include especially the expansion of integrated chronic disease management in Primary Care.

The HSE is keen to ensure that its approach to future contract discussions is informed by contributions from the widest possible network of stakeholders, including members of the public and public representatives, and in this regard will be commencing a comprehensive public consultation process in the coming weeks.

This concludes my opening statement and together with my colleagues we will endeavour to answer any questions you may have.

Thank you.