

A future together Building a better GP and primary care service

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Introduction

Reform of primary care in Ireland has been on the agenda for several years. The current system is seen as fragmented, poorly developed and unfair. To achieve reform requires a decisive shift towards general practice. For such a shift to occur the State needs changes in its contractual arrangements with General Practitioners (GPs).

A Future Together report:

- A review of how primary care operates internationally
- Consumer/patient research on GP interaction
- Targeted interviews with key individuals in the wider healthcare system.

Spending

The overall public and private spend on general practice in Ireland in 2014 was €858.6 million.

Approximately 42% of the population has various levels of General Medical Services (GMS) coverage. This coverage provided €543 million or 63% of the entire spend on general practice.

GMS patients consult on average 5.63 times/ year and private patients 2.69 times per year.

We have estimated that 4.5% of the entire health budget is spent on payments to GPs. This is the lowest proportion of the comparable countries that we studied.

The role of private health insurers is poorly developed in Irish general practice

Staffing

Ireland has 6.26 GPs per 10,000 population which is broadly similar to Denmark, Germany and the Netherlands but significantly lower than Scotland.

Countries that are rated highly on access and services, have higher numbers of practice based staff including allied health professionals. Ireland has the lowest practice based staff ratio of the countries we studied.

Long term illness

Most countries are struggling with chronic disease management. Single chronic diseases are easier to manage but most patients over 60 years have two or more chronic illnesses.

There is good evidence that seeing the same doctor regularly results in significantly fewer admissions for patients with long-term conditions. Looking after patients with multiple illnesses requires additional time.

Patient satisfaction

Overall 90% of patients in our patient studies were satisfied with their last GP visit. Most patients found it easy to find a GP. They were prepared to go on a waiting list for a recommended GP. Ease of access for appointments was also rated highly, with most parents of children being given priority and same day appointments. The cost of seeing the GP deterred 1 in 3 patients. This was highest among those paying for the service and younger patients.

GP out-of-hours service

These now provide over a million consultations annually in Ireland. Accessibility and satisfaction with out-of-hours service was highly rated.

Information technology

General practices in Ireland are early adopters of Information Technology (IT). It is used for recording administrative, clinical and prescribing details, and for screening programmes.

Electronic referrals (e-referrals) to hospitals are increasing but insufficient links with hospital IT systems are a cause of concern for general practitioners.

Diagnostics

Access to diagnostics, in particular radiology, is an ongoing bugbear for GPs. Worryingly, poor access to diagnostics was cited by GPs in training, as a factor for leaving general practice.

Future GPs

GPs in training see themselves working in multi-disciplinary teams, rather than being single handed. A significant minority is unwilling to take on a GMS contract due to the risks of becoming an employer and the complexity of the contract. Many are interested in becoming salaried GPs for a while before they become partners in a practice.

Nurses

Nurses were rated highly in the consumer surveys and considered to be central to delivering high quality continuing care. Practice nurses want to see more incentivisation for chronic illness care in the practices.

Pharmacists

Pharmacists saw themselves as being able to share some aspects of chronic disease management with GPs. Community pharmacists play an important role in medicines safety and preventing drug interactions.

Clinical pharmacy is being developed in the National Health Service for medication management in chronic disease. Such a pharmacist is employed by the GP practice and does not have a role in the provision of medication. This allows the GP to focus on the clinical management of patients.

Allied health professionals

While the impetus for this report came from the new GP Contract negotiations there is an increasing interest among allied health professionals (AHPs) in caring for patients in primary care. There is a future together for AHPs and GPs in developing primary care as has been shown internationally.

Transitional funding

Providing long-term illness care, improved diagnostic services, increased practice based staff and modern IT requires additional funding. Primary care and general practice, as now structured, will be unable to cope with additional workload. Transitional funding spread over a number of years is needed to allow general practice and primary care in Ireland to be strengthened to international standards. Some funding is one off and the remainder is recurrent. There will be some quick wins in providing services close to where the patient lives. Longer-term gains in equity and wider healthcare goals are an ongoing process and will take much longer.

Finally

Many of the pieces of a good primary care system are in place in Ireland. These include a well trained, entrepreneurial GP workforce, modernised premises, an active Irish College of General Practitioners and a referral system that works. All doctors are registered and indemnified.

The evidence supports a decisive shift to GP led primary care, which is central to transformation of the health service as a whole. There is an unusual consensus in Ireland among politicians, policy makers and clinicians that this is the way to go. It still won't be easy. A move to primary care is a philosophical, political and financial journey that challenges a society impatient for immediate health services.

Report reference:

<http://hse.ie/eng/services/list/2/PrimaryCare/gp-and-primary-care/a-future-together.pdf>