NAGP
Cumann Naisiunta na nDochtuiri Teaghlaigh

Address to the Oireachtas Committee on Health by the National Association of General Practitioners (NAGP), presented by Dr. Emmet Kerin, President of the National Association of General Practitioners (NAGP) and Dr Liam Glynn, Chair of Communications NAGP.

Date: 2nd February 2017

Chairperson, Deputies, Senators and Colleagues in Healthcare,

We wish to thank the committee for inviting us here this morning to discuss General Practice and its role in fixing both our broken health system and the manpower crisis it now faces.

My name is Dr. Emmet Kerin and I am the President of the National Association of General Practitioners (NAGP) which represents 1,920 of Ireland's 3000 GPs.

I am here with my colleague, Dr. Liam Glynn, who is the NAGP Chair of Communications. We are both full-time practising General Practitioners in Urban and Rural areas respectively. Our patients are directly affected on a daily basis by the issues we will discuss today.

We strongly support the work of this committee and the Future of Healthcare committee in the development of a 10-year Plan for healthcare. The NAGP has also advocated for such a 10-year plan.

We are now at a critical juncture in the re-development of our healthcare system. We have an upside-down health care system which is hospital centric. Our hospitals are overwhelmed and cannot survive the confluence of increasing demand, reduced capacity and the burden of chronic disease on an ageing population.

To address this, we need a paradigm shift in healthcare, away from hospitals and towards GP-Led Primary Care.

GPs know their patients. They are the senior medical decision makers in the community and can lead team-based healthcare which is “person centred” and “population focused”. GP led Primary Care Teams are ideally placed to provide preventive, predictive and anticipatory care in the community. This will keep more patients well, cared for close to home and out of costly hospital care.

To achieve this, we need to support General Practice.

This means two things:

First: we must provide proper funding for general practice similar to other OECD countries.

Second: we must provide enough GPs to lead and deliver the required primary care service for the population.

Unfortunately, we have a manpower crisis of monumental proportions in Irish General Practice. For example, some 1,020 trained Irish GPs went to the UK to work between 2009 and 2013. They have not come back. Every year some 50% of our new GP trainees emigrate. That figure is growing.

On top of this annual haemorrhage of graduates we actually need 4,500 full time-equivalent GPs by 2025 in order to provide safe, effective and efficient General Practice. The challenge is stark.

Yes, recruitment of GPs is a global issue with shortages in almost every country in the world. But we are exporting our GPs. We are competing also with Canada and Australia where General Practice is supported by adequate resources, access to diagnostics, with a better work/life balance and career structure.

We need a new GP contract which is fit for purpose and which will attract our young, highly trained, GPs back to Ireland. This is critical if we are to facilitate the shift to GP-led Primary Care that is central to the future of Healthcare. I am glad to say that the NAGP is actively engaged in this process.

What else do we need?

We need special supports to attract GPs to work in urban deprived and rural settings. Here, the use of technology with virtual clinics and the networking of single-handed rural practices is especially important.

We need to support the pivotal role that Practice Nurses can play in addressing this issue. We need increased numbers of Practice Nurses with new roles in team-based Chronic Disease Management. We would also welcome the addition of Health Care Assistants - Physician Assistants and Clinical Pharmacists to work in General Practice as part of the new clinical team.

This multidisciplinary primary care service is essential if we are to provide a comprehensive public health service that will provide a wide range of services such as chronic disease management, residential care, minor surgery, end-of-life care and enhanced acute care in the community, especially for the frail elderly.

As we build a more comprehensive range of activities in Primary Care we need to develop a new business relationship between Primary and Secondary Care as equal partners in a health care system based on shared and integrated care. Direct GP access to acute hospital services such as AMAU, ASAU and frail elderly pathways need to be developed. Over

reliance on the Emergency Department route needs to be fixed. Hospitals are there to support Primary Care, not the other way around. This culture change will take time but must happen through local discussion.

Such local clinician and management engagement can be assisted through the ICGP-supported Local Integrated Care Committees, (based on the Carlow-Kilkenny Model) where GPs, consultants and management work together locally to improve patient care. This should be funded and developed nationally. A resourced engagement through formal business structures with secondary care can also support a safe and agreed transfer of chronic disease management from the hospital setting to primary care over an appropriate time frame.

We also need to align Information and Communications Technology between GPs and hospitals - a shared Electronic Health Record is vital for proper flow of patient data between community and hospitals.

We need to ensure that Primary Care Resource Centres are resourced to act as service and diagnostic hubs and that these are accessible to all patients and GPs in each catchment area.

In closing, the Deloitte Report to the RCGP in 2014 showed that every €1 spent by GPs in primary care on the over 65's saved €5 in the hospitals. This financial saving is further emphasised by better patient satisfaction and the improved outcomes experienced with this approach.

There is now universal recognition that we must make a decisive shift to GP-led Primary Care - all GP colleagues in the room today agree; the Health Services Executive agrees; the Minister for Health agrees; and our Health and Social Care colleagues agree.

This journey needs a 10-year time frame and a new GP contract that supports this plan.

It needs ring-fenced funding to make the transition.

It needs political certainty to succeed.

GPs are ready and willing for the challenge.

This is why we have come today.

We hope we have provided some clarity on the challenges but, more importantly, on many of the solutions to achieving a healthcare system we can all be proud of.

We look forward to your questions on any of these matters.

Thank you.