



Bill Digest

Health (General Practitioner Service) Bill 2018

No 66 of 2018

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Wednesday,
4 July, 2018

Abstract

The Health (General Practitioner Service) Bill 2018 provides for GP Visit Cards to be extended to those in receipt of Carer's Allowance or Carer's Benefit.

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Bill published 26 June 2018: Second Stage Debate 5 July 2018.

This Digest may be cited as:

Oireachtas Library & Research Service, 2018. *Bill Digest – Health (General Practitioner Service) Bill 2018*

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Summary

Background

The *Health (General Practitioner Service) Bill 2018* (the Bill) seeks to extend General Practitioner Visit Cards (GP Visit Cards) to those in receipt of Carer's Allowance or Carer's Benefit.

While the provisions within the Bill were not included as specific commitments in the 2016 Programme for Government they do echo broader commitments within the Programme for Government and dedicated national policy to improve supports for carers. The announcement to bring forward this legislation was accompanied by additional €10 million funding for respite care and followed a focus on carers' issues in the media in 2017.

Ireland is the only EU health system that does not offer universal coverage for GP care. 2016 figures show that 45% of the population receive free or subsidised GP care via a Medical Card or GP Visit Card. The proposal to extend free GP coverage to those in receipt of Carer's Allowance and Carer's Benefit is part of a phased expansion of coverage to different cohorts. While GP Card eligibility was initially solely based on means it has been extended to all children under six and all adults aged 70+.

Cost to the Exchequer

The Explanatory Memorandum accompanying the Bill estimates that "this measure will have a full-year cost of €2.8m (€2.4m for those in receipt of Carer's Allowance and €0.4m for those in receipt of Carer's Benefit).

What the Bill proposes to do

This proposed legislation will grant a GP Visit Card to some 14,000 carers, that is, the 17% of those in receipt of Carer's Allowance or Carer's Benefit who do not already have free access to GP care.

As of June 2018, 77,384 people received Carer's Allowance and 2,747 received Carer's Benefit. The vast majority (83%) of this combined population already have access to free GP care as they satisfy the existing qualifying criteria for a Medical Card or GP Visit Card.

Using the Census 2016 figure of 195,263 carers in the country, this will bring a new entitlement to free GP care to some 7% of carers.

GP Visit Cards, while granting free access to GP care, differ from Medical Cards in that they do not provide access to medication, aids and appliances or the whole range of primary and social care services to which Medical Cards facilitate access. People with GP Visit Cards remain liable for all other charges for public healthcare levied on non-Medical Card holders.

Evidence indicates that carers have poorer mental and physical health outcomes so extending free GP care to carers would be of particular value to them.

Stakeholder response

While welcoming the legislation, carers' groups have called for the extension of free GP care to an even broader population of carers, specifically those in receipt of the Carer's Support Grant. This proposal would further extend coverage to a maximum of an additional 29,869 carers on top of the 14,000 already set to benefit. In terms of costs to the Exchequer this could more than triple the cost of the provisions in the Bill. Given difficulties sourcing data it is not possible to say definitively how many of this subset of 29,869 carers already have entitlement to a Medical Card or GP Visit Card and would therefore not result in an additional cost.

Organisations representing GPs outline a range of challenges to further extending GP Visit Card entitlement including:

- a shortage of GPs
- "overwhelmed professionals" and
- under resourcing

Various studies over a number of years have suggested a potential shortfall in numbers of GPs resulting from a combination of:

- GP training and the long lead-in time between training and fully qualified professional
- supply factors and GPs leaving the country for opportunities abroad
- increased proportion of women in the profession (a factor because women are more likely to work part-time and retire earlier)
- an ageing GP workforce
- population ageing (increasing demand) and
- policy decisions giving greater priority to primary care (with a subsequent pressure on their resources)

Implications

Worth considering in the context of further extending free access to GP care is a 2017 study which found that children's use of GP services increased when they became eligible for free GP care. Among children who did not have access to free GP care, the study found that children from higher income families were more likely to visit their GP.

This proposed legislation may require data sharing procedures so that a recipient's eligibility for a GP Visit Card will change appropriately as they come on or off Carer's Allowance or Carer's Benefit. In light of the new General Data Protection Regulations (GDPR), the HSE will conduct a data protection impact assessment in advance of the commencement of the legislation.

In a press release dated 4th April 2018 Minister Harris stated his intention that persons in receipt of half-rate Carer's Allowance should qualify under the Bill for free GP care. However, it is not clear if this provision is included in the Bill as drafted.

Introduction

The *Health (General Practitioner Service) Bill 2018* (the Bill) seeks to extend General Practitioner Visit Cards (GP Visit Cards) to those in receipt of Carer's Allowance or Carer's Benefit.

This Bills Digest provides an analysis of the Bill as follows

- Policy background
- Profile of carers
- Social protection payments
- GP care in Ireland
- Numbers to benefit from legislation
 - Reaction from carers' organisations
- Implementation challenges
 - GP staffing
 - Reaction from GP organisations
 - Eligibility issues
 - Data sharing
 - Half-rate Carer's Allowance
- Principal Provisions

Further relevant Oireachtas Library & Research Service resources (available on L&RS Oireachtas intranet pages)

Bills Tracker: [*Health \(General Practitioner Service\) Bill 2018*](#) (2018)

[*L&RS Research Matters Quarterly: Mind the Care Gap June*](#) (2018)

[*Spotlight: Home care for older people – Seven policy challenges*](#) (2017)

[*Spotlight: GPs and the Irish primary care system: towards Universal Primary Care?*](#) (2014)

[*L&RS Note: Medical Card Eligibility in Ireland: Origins, Coverage and Costs*](#)
(Oct. 2013)

Please note some links may only work to those accessing them through the internal Houses of the Oireachtas network

Policy background

On 12th December 2017 Government announced its intention to provide GP Visit Cards to all those in receipt of Carer's Allowance¹, later this was extended to include those in receipt of Carer's Benefit². Also announced in December, but not provided for within this Bill, was the allocation of an additional €10 million in funding to provide respite care for persons with disabilities.

This announcement followed media attention in 2017 highlighting the circumstances of carers around the country. To the fore in this coverage were articles by Rosita Boland in the Irish Times³ and RTE's Prime Time Special 'Carers in Crisis'⁴. Interviews with individual carers highlighted issues including;

- insufficient respite care
- insufficient home care
- dealing with challenging behaviour
- detrimental impact of caring on carers' mental and physical health and
- concerns about what will happen to those cared for when the carer passes away

While the provisions within the Bill were not included as specific commitments in the programme for government they do echo broader commitments within the 2016 Programme for Government to improve supports for carers.

“Carers are the backbone of care provision in this country. In 2012, the first ever Carer's Strategy was published. We are committed to implementing it in full. We wish to see greater involvement of family carers in the preparation of care plans, aiding the provision of care, together with more accessible training and respite care, to facilitate full support. We also support an increase in Carer's Allowance and Carer's Benefit as well as improved access to counselling supports for carers” (Programme for Government p74).

This proposals in the Bill also have direct relevance to a recommendation in the [Sláintecare Report](#), published in May 2017, to introduce universal GP care, which was equated to "access to GP care without cost".⁵

The Bill was not subject to pre-legislative scrutiny and, at time of publication of this digest, a regulatory impact assessment (RIA) was not publically available.

¹ [Press release: Health Ministers Announce New Supports for Carers & People with Disabilities](#) Department of Health 12/12/17

² [Press release: Minister Harris receives Government approval for the drafting of legislation to allow over 14,000 carers to benefit from free GP care](#) Department of Health 12/04/18

³ Boland, R. [Minding my disabled daughter: 'I don't want to do this any more'](#) The Irish Times 19/11/16. Boland, R. [Elderly mother with dementia left as daughter's carer](#) The Irish Times 30/06/2017

⁴ [Prime Time – Carers in Crisis](#) RTE Television 07/12/18

⁵ Committee on the Future of Healthcare, [Sláintecare Report](#), May 2017

The National Carers' Strategy

The strategic direction for future policies, services and supports provided by Government Departments and agencies for carers is set out in the [National Carers' Strategy](#) published in July 2012.

It sets out:

- guiding principles,
- goals and objectives addressing priority areas (income support, health, information, respite, housing, transport, training, employment, children and young people with caring responsibilities) and
- a '*Roadmap for Implementation*' containing 42 actions to be achieved on a cost-neutral basis in the short to medium term.

However, the Strategy's ambition was limited by the constraints on public spending at the time and it acknowledged that most of its actions were selected on the grounds of being 'cost neutral'.⁶ A second phase of the strategy - one backed with necessary resources - has been called for by the advocacy group Family Carers Ireland.⁷ Each year the Department of Health has published annual reports on progress across all relevant government departments.⁸ These have been evaluated by carers' organisations from the perspective of carers.⁹

⁶ [National Carers' Strategy](#), Department of Health

⁷ [Family Carers Ireland pre-budget submission](#). Budget 2018. Family Carers Ireland 2018

⁸ [National Carers' Strategy Progress Reports](#), www.health.gov.ie

⁹ [Fourth Family Carers' Scorecard: Full Report](#) (2nd Version updated with corrections 02/01/18 Family Carers Ireland 2018

Carers: a profile

The National Carers' Strategy defines a carer as:

"...someone who is providing an ongoing significant level of care to a person who is in need of that care in the home due to illness or disability or frailty."

The CSO defines an informal carer in relation to their voluntary status:

"Someone who provides regular, unpaid personal help for a friend or family member with a long-term illness, health problem or disability."

According to international literature carers are the main source of care provision for those in need of care due to a long-term illness, disability or frailty living in the community^{10,11}. Carers are particularly important for their roles in instrumental day-to-day, hands-on care and for their part in negotiating and organising other forms of care for the care recipient – seeking services, making appointments etc.

Recent estimates have put the value of informal care in Ireland at between €2.1 billion and €4 billion per year.¹²

Numbers, hours and role

The 2016 census recorded 195,263 carers providing 6,608,515 hours of care each week, averaging 38.7 hours of unpaid care per carer. This represents 4.1% of the population, the same proportion as in the 2011 census.

The majority (60.5%, 118,151 carers) of carers are women and as charted in figure 1 below there is a particular caring demand on women in the 40 to 59 age group. Over half of all carers (52.7%) were in the 40 to 59 age group while the greatest proportion of carers was in the 50-54 age group, which accounted for 28,703 carers (14.7%).

For a further consideration of female carers and the narrowing pool of available carers to the state see the 'Mind the Care Gap' article in Research Matters Quarterly, June 2018.¹³

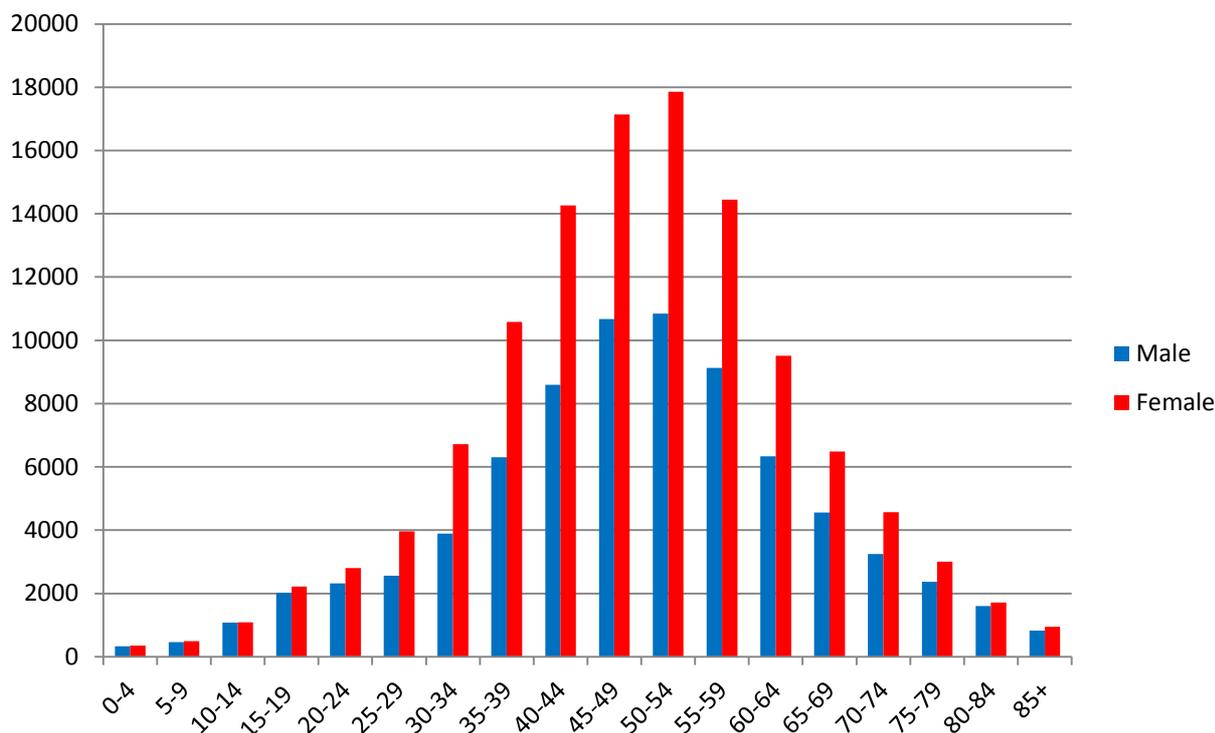
¹⁰ Mosca et al. 'Sustainability of Long-term Care: Puzzling Tasks Ahead for Policy-Makers' International Journal of Health Policy and Management 6.4. (2017)

¹¹ Hoffmann, F & Rodrigues, R. 'Informal Carers: Who takes care of them?' Vienna: European Centre for Social Welfare Policy and Research (2010), 3 http://www.euro.centre.org/data/1274190382_99603.pdf

¹² Hanly, P and Sheerin, C '[Valuing informal care in Ireland: Beyond traditional production boundary](#)', *Economic and Social Review*, Vol. 48 (3), Autumn (2017)

¹³ '[Mind the Care Gap](#)' Library & Research Services, Houses of the Oireachtas, Research Matters Quarterly (June 2018)

Figure 1: Carers by gender and age group (Census 2016)

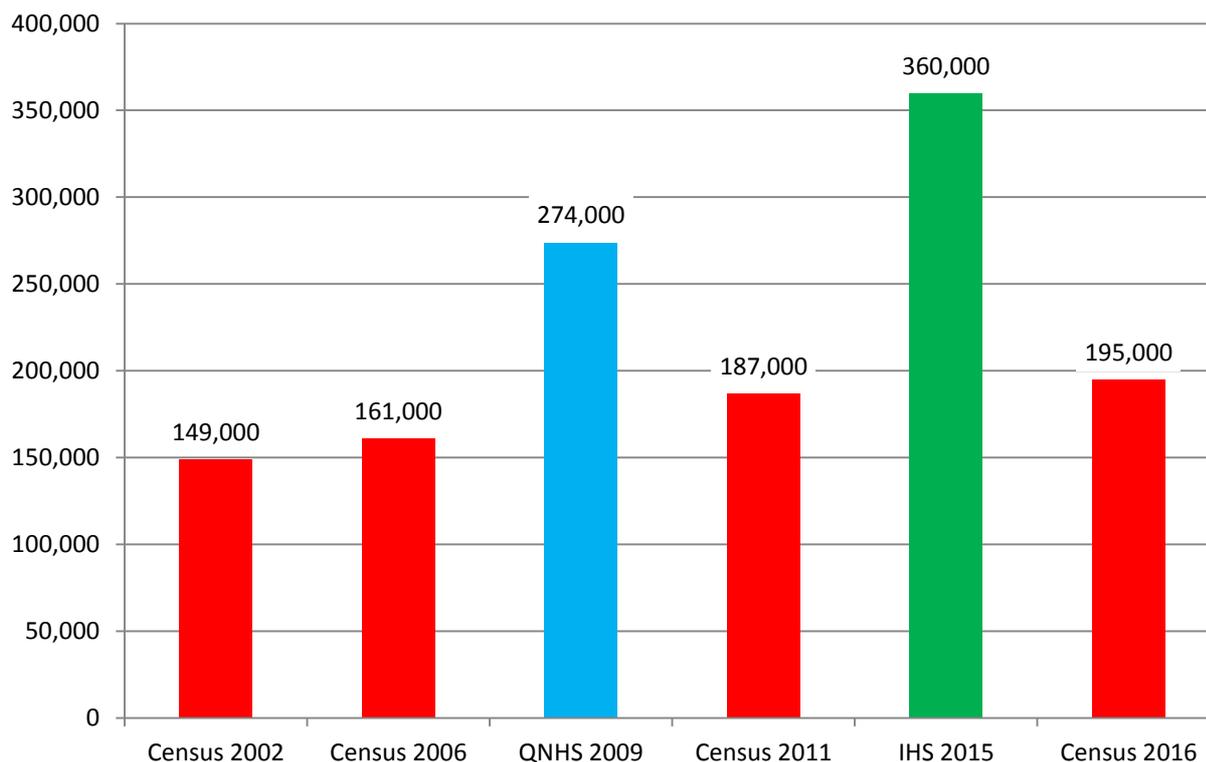


Source: Library & Research Service using Census 2016 data

Other nationally representative surveys using different questions to identify carers suggest much larger proportions of the population engaged in unpaid care. A 2009 Quarterly National Household Survey (QNHS) found that 8% of respondents aged 15 and over provided some level of unpaid care.¹⁴ Furthermore, the Irish Health Survey 2015 found that “10% of the population are providing care to someone with a chronic condition or an infirmity due to old age. In 86% of these cases, the person being cared for is a family member. The average number of hours spent providing care is 44.7 hours per week”.¹⁵

¹⁴ [Quarterly National Household Survey, Quarter 3 2009](#) Central Statistics Office (2010)

¹⁵ [Irish Health Survey 2015](#), Central Statistics Office (2015)

Figure 2: Numbers of Carers in Ireland

Source: [Trends in Family Caring in Ireland in 2017](#), Care Alliance Ireland (2017)

Impact on carers' health

Carers' groups observe that:

"Providing care can be both enriching and rewarding where expectations placed on Family Carers are reasonable and adequate supports are provided."¹⁶

However, for many carers the task may come at a significant cost – for instance loss of or reduced opportunities for employment and an increased risk of mental health problems (the OECD puts this at 20% greater than the general population).¹⁷ Advocacy groups for carers highlight the physical, emotional, social and financial toll that caring can take.¹⁸ And indeed, the Department of Health has stated that more than one in four carers (27%) aged 50+ report a high level of stress or distress.¹⁹

A number of Irish studies show that sample populations of carers struggle with psychological problems such as stress or depression more than the general population. Among a sample of spousal carers of people with dementia, anxiety and depression were common, with '37% of carers [reporting] clinically significant depressive symptoms, and a further 40% [reporting] levels of

¹⁶ Care Alliance Ireland [Budget 2017 – Recognising and Respecting Family Carers in Ireland as Key Partners in Care \(2016\)](#)

¹⁷ Organisation for Economic Co-operation and Development [Preventing Ageing Unequally](#), OECD Publishing, Paris (2017)

¹⁸ Family Carers Ireland [Budget 2017 – Achieving Fairness for Family Carers](#) (2016)

¹⁹ HSE and Department of Health [Positive Ageing 2016 – Indicators Report](#). (2015)

depressive symptoms that were not clinically significant'. Further: 'About 35% reported anxiety symptoms indicating borderline (15%) or probable (20.6%) mood disorders'.²⁰

In a 2016 study of 247 full-time carers of children with an intellectual disability, 'two fifths of respondents scored above the threshold for poor psychological distress (40.8%), which is a much higher proportion than that found among the general population (12%)'.²¹

In a large survey of stress and coping skills in carers of older people published in 2014 (2,311 respondents, ranging in age from 19 to 92), it was found that 44% were at risk of developing clinical depression.²² The chronic stress associated with caregiving has been shown to have a negative impact on the physical system, in particular the immune system, making carers more vulnerable to infection²³ and parents of children with significant developmental difficulties when monitored showed poor antibody responses to pneumococcal vaccination.²⁴ This echoes the findings of a previous study of carers of people with dementia, which also showed elevated salivary cortisol levels indicating emotional distress, as well as a poor antibody response to influenza.²⁵

²⁰ Brennan, S. et al. [De-stress: A study to assess the health and wellbeing of spousal carers of people with dementia in Ireland](#) Dublin: Alzheimer Society of Ireland (2017)

²¹ Lafferty, A., O'Sullivan, D., O'Mahoney, P., Van Bavel, B. [Resilience in Family Carers of Adults with an Intellectual Disability](#) Dublin: National Disability Authority (2016)

²² Lafferty, A., Fealy, G., Downes, C., Drennan, J. [Family Carers of Older People: Results of a National Survey of Stress, Conflict and Coping](#) Dublin: National Centre for the Protection of Older People/UCD (2014)

²³ Gallagher, S., Phillips, A.C., Evans, P., Der, G., Hunt, K., Carroll, D. 'Caregiving is associated with low secretion rates of immunoglobulin A in saliva' *Brain, Behavior, and Immunity* 22, 565–72 (2008)

²⁴ Gallagher, S., Phillips, A.C., Drayson, M., Carroll, D. 'Parental caregivers of children with developmental disabilities mount a poor antibody response to pneumococcal vaccination' *Brain, Behavior & Immunity* 23, 338–46 (2009)

²⁵ Vedhara, K., Cox, N., Wilcock, G., Perks, P., Hunt, M., Anderson, S., Lightman, S., Shanks, N. 'Chronic stress in elderly carers of dementia patients and antibody response to influenza vaccination' *The Lancet* 353.9153, 627–31 (1999)

Social protection payments

The State supports carers financially through a number of social protection schemes. Considered below are Carer's Allowance and Carer's Benefit, as it is to these groups the Bill proposes GP Visit Card be extended to. Also included is the Carer's Support Grant. Carers' groups have suggested that GP Visit Cards be extended to this broader cohort of carers.²⁶ A full list of social welfare supports for carers is described on this [Citizens Information Page](#).²⁷

Carer's Allowance

Carer's Allowance is a payment for people who are caring on a full-time basis for someone who requires full-time care and attention and will require it for at least 12 months. The carer must satisfy a means test and be habitually resident in Ireland. A person in receipt of Carer's Allowance is also entitled to the Carer's Support Grant (formerly the Respite Care Grant) the Free Travel Pass and may be entitled to the Household Benefits Package. To qualify for the Household Benefits Package the recipient must be living with the person they are caring for. The Household Benefits Package includes an electricity allowance and a television licence. For a more comprehensive list of rules for entitlement to Carer's Allowance see this [Citizens Information page](#).

One of the criteria for receiving Carer's Allowance is that the person being cared-for must require 'full-time care and attention' where

- He or she is so incapacitated as to require continuous supervision in order to avoid danger to him or herself, or continual supervision and frequent assistance throughout the day in connection with normal bodily functions, and
- He or she is so incapacitated as to be likely to require full-time care and attention for a period of at least 12 months.

Table 1: Carer's Allowance rates from 29 March 2018

Carer	Maximum weekly rate
Aged under 66, caring for 1 person	€214
Aged under 66, caring for 2 or more	€321
Aged 66 or over and caring for 1 person	€252
Aged 66+, caring for 2 people	€378
Increase for a Qualified Child	€31.80 (full-rate) €15.90 (half-rate)

Source: Citizens Information, [Carer's Allowance page \(accessed 27/06/18\)](#)

²⁶ [Free GP Cards to be made available to all Carer's Allowance recipients; €10m respite funding](#) Family Carers Ireland (12/12/2018)

²⁷ http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/carers/

Half-rate Carer's Allowance is paid to people who are caring on a full-time basis and in receipt of another social welfare payment (except Jobseeker's Allowance/Benefit). This means the carer will keep the main social welfare payment and get half-rate Carer's Allowance as well. As with full Carer's Allowance, the carer will also be entitled to a Free Travel Pass and Household Benefits Package. To qualify for the Household Benefits Package the recipient must be living with the person they are caring for. The Household Benefits Package includes an electricity allowance and a television licence. For a comprehensive list of rules see this [Citizens Information page](#).

Carer's Benefit

Carer's Benefit is a short-term payment paid for up to 24 months to people with sufficient social insurance contributions who reduce their working hours to 15 hours per week or give up employment to care on a full-time basis for someone who requires full-time care and attention. The leave may be taken in one block or broken up in a number of batches. Carer's Benefit is not means tested. Employees who have at least one year's service may take unpaid Carer's Leave of up to 2 years from their work in order to provide full-time care for someone who needs it. Carer's Benefit may be paid during this time (if they have enough paid social insurance contributions). The carer will receive a Free Travel Pass and the Carer's Support Grant (formerly the Respite Care Grant). They are not entitled to the Household Benefits package and Free Travel. For a more comprehensive list of rules for entitlement to Carer's Benefit see this [Citizens Information page](#).

Table 2: Carer's Benefit rates from 29 March 2018

Carer aged under 66	Maximum weekly rate
Caring for 1 person	€215.00
Caring for more than 1 person	€322.50
Increase for each qualified child	€31.80 (full rate), €15.90 (half rate)

Source: Citizens Information, [Carer's Benefit page \(accessed 27/06/18\)](#)

Carers Support Grant

Carer's Support Grant, formerly Respite Care Grant, is an annual payment made to carers. It is paid automatically to people getting Carer's Allowance (whether full-rate or half-rate), Carer's Benefit or Domiciliary Care Allowance. It can also be paid to other carers and while it is not means tested they must be aged 16 or over and providing full-time care for at least six months a year. An applicant for the grant is not allowed to work for more than 15 hours each week or be signing for Jobseeker's Credits or on Jobseeker's Benefit or Allowance. A Carer's Support Grant is paid for each care recipient (i.e., a person caring for two people can receive two grants). It can be spent entirely at the discretion of the carer. The current value of the Carer's Support Grant is €1,700 as of June 2018. For a more comprehensive list of rules for entitlement to the Carers Support Grant see this [Citizens Information page](#)

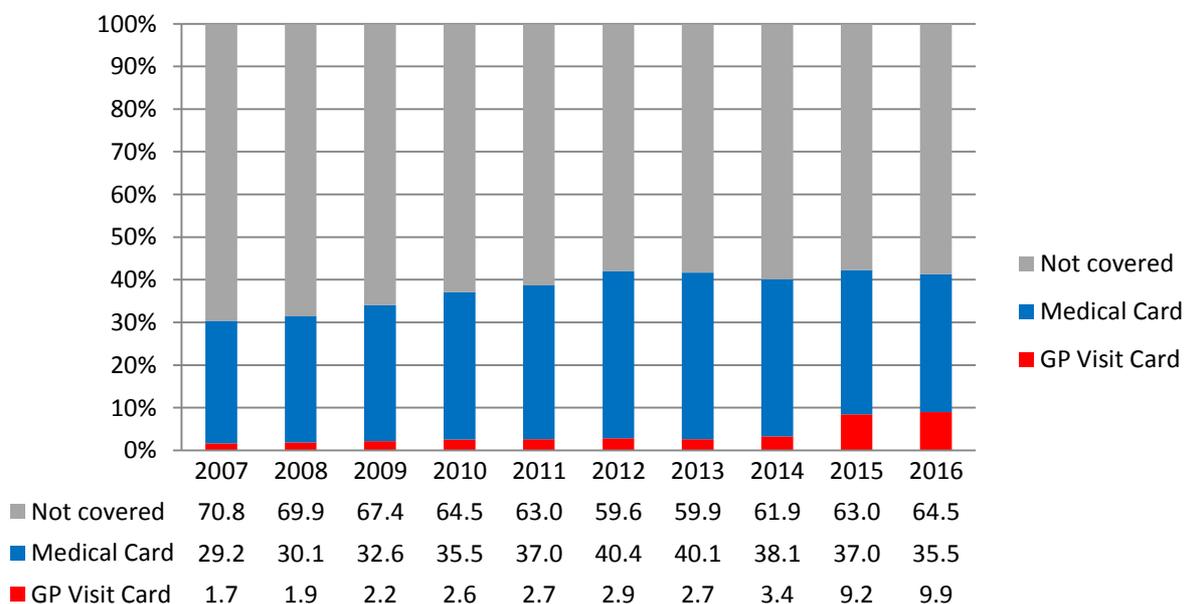
GP care in Ireland

GPs are at the heart of the primary care system in Ireland. The role of the GP is not limited to seeing, diagnosing and treating patients. A key part of their role is to act as ‘gatekeepers’ to secondary or specialist care. Those who are not eligible for a medical or GP card pay for their own visits to GPs, either out of pocket, or in some cases with reimbursement from their private health insurance (PHI) policies.

Eligibility and phased expansion of free access.

Ireland is the only EU health system that does not offer universal coverage for GP care.²⁸ The proposal to extend free GP care to those in receipt of Carer’s Allowance and Carer’s Benefit is in the context of a phased expansion of coverage to a wider proportion of the population. Figure 2 below charts the year-on-year increase in access to free GP services. GP Visit Card entitlement rose from 1.7% of the population (n=75,589) in 2007 to 9.9% (n=470,505) in 2016. Medical Card entitlement rose from 29.2% of the population (n=1,275,178) in 2007 to 35.5% (n=1,683,792) in 2016.

Figure 3: Percentage of Irish population with free access to GP services



Source: Library & Research Service using Department of Health data²⁹

In October 2005, the GP Visit Card was first introduced to enable access to GP care without charge for those whose income is below a certain threshold, but above the Medical Card threshold. GP Visit Cards also cover blood tests to diagnose or monitor a condition. However, they do not provide access to medication, aids and appliances or the whole range of primary and social care

²⁸ [Universal GP care in Ireland: potential cost implications](#), The Economic and Social Research Institute (2018)

²⁹ [Health in Ireland Key Trends 2017](#) Department of Health (2018)

services to which Medical Cards facilitate access. People with GP Visit Cards remain liable for all other charges for public healthcare levied on non-Medical Card holders.

While eligibility was initially income-related, GP Visit Cards have been extended to (and are further promised to) certain groups:

- In summer 2015, free GP care for all children aged under 6 years of age, and all adults aged 70+ years was introduced.
- In May 2016, the Government announced a commitment to an extension of free GP care to all those under 18 years of age. *“Extending in phases, and subject to negotiation with GPs, we are committed to the introduction of free GP care to under 18s. This will require a substantial increase in GP numbers to support the additional workload”*.³⁰ The [Legislative Programme Spring/Summer Session 2018](#) did not list any Bill(s) relating to this objective.
- On the 28 June 2018 the Department of Health published this Bill proposing to extend entitlement to GP Visit Cards to those in receipt of Carer’s Allowance and Carer’s Benefit (i.e. those who do not already qualify for a GP Visit Card or Medical Card on means or age grounds).

Cost to the Exchequer

The Explanatory Memorandum accompanying the Bill estimates that “this measure will have a full-year cost of €2.8m (€2.4m for those in receipt of Carer’s Allowance and €0.4m for those in receipt of Carer’s Benefit).[^]

New beneficiaries in context:

The Department of Health has indicated that this proposed legislation will extend a GP Visit Card to some 14,000 carers³¹.

This represents 17% of the 80,131 people in receipt of either Carer’s Allowance (77,384 people) or (Carer’s Benefit 2,747) in June 2018.³²

³⁰ [A Programme for Partnership Government](#), (2016).

³¹ Department of Health (2017). [Press release Minister Harris receives Government approval for the drafting of legislation to allow over 14,000 carers to benefit from free GP care](#) 12/04/18

³² Personal correspondence with Carer’s Section, Department of Employment Affairs and Social Protection 04/07/18

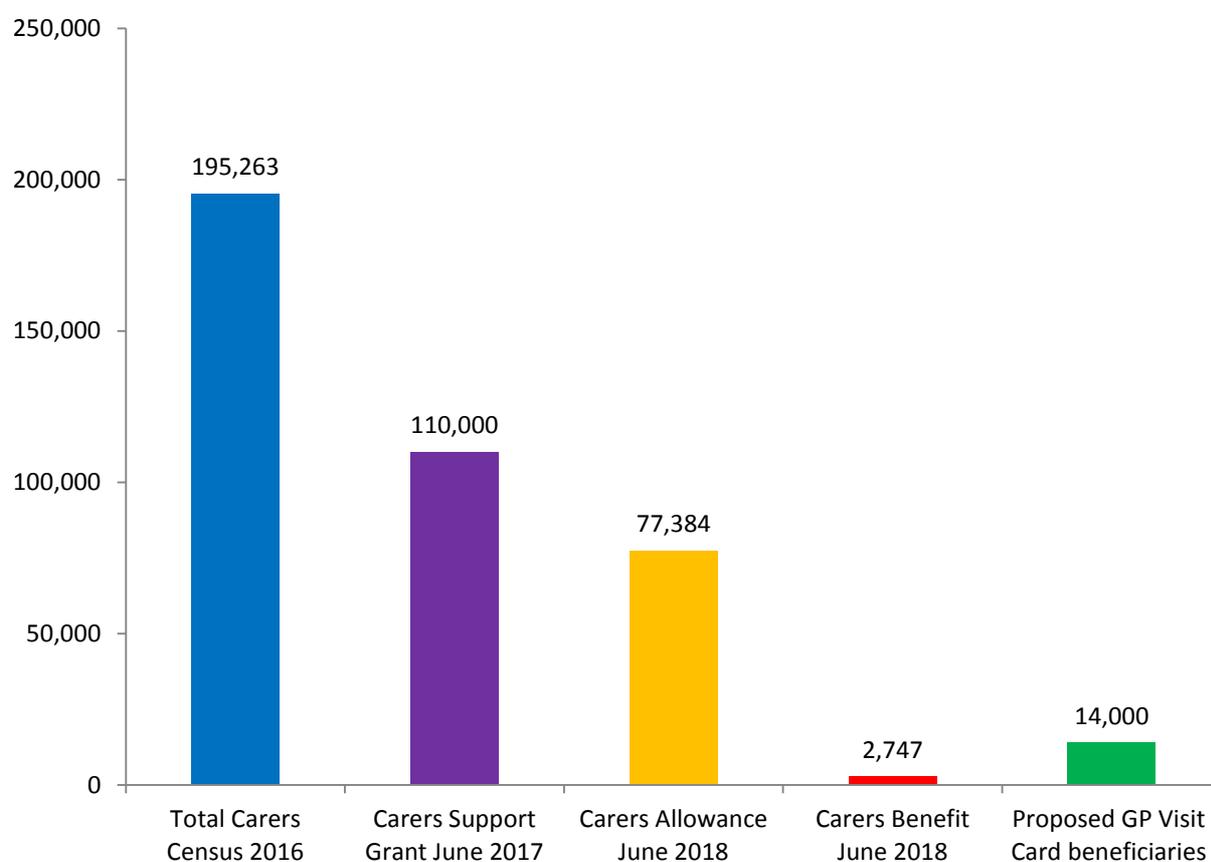
[^] [Explanatory Memorandum, Health \(General Practitioner Service\) Bill 2018](#) Department of Health May 2018

This tells us that the vast majority (83%) of this combined population already have access to free GP care as they satisfy the existing qualifying criteria for a Medical Card or GP Visit Card.

In terms of a proportion of carers in the country as a whole, using the Census 2016 figure of 195,263, these provisions will bring a new entitlement to free GP care to some 7% of carers.

The chart below displays the number of new beneficiaries of this Bill side by side with other key population figures relating to carers.

Figure 3: New beneficiaries of GP Visit Card in context



Source: Library & Research Service using data from Census, Department of Health and Department of Social Protection

Extending free GP care to recipients of Carer's Support Grant?

Carers' groups have called for the extension of free GP care to a broader population of carers, specifically, those in receipt of the Carer's Support Grant³³. This proposal would further extend coverage to a maximum of an additional 29,869 carers on top of the 14,000 already set to benefit from the Bill. In terms of costs to the Exchequer such a proposal could more than triple the cost of

³³ [Free GP Cards to be made available to all Carer's Allowance recipients; €10m respite funding](http://www.familycarers.ie) www.familycarers.ie 12/12/17

the provisions in the Bill. Given difficulties sourcing data it is not possible to say definitively how many of this subset of 29,869 carers already have entitlement to a Medical Card or GP Visit Card and would therefore not result in an additional cost.

Calculations: extending GP Visit Cards to those in receipt of Carer's Support Grant

All those in receipt of Carer's Allowance and Carer's Benefit automatically receive the Carer's Support Grant. If we subtract the former two benefits from the latter we get the total maximum number of people that could benefit from this proposal by carers' groups. The calculation reads as follows: Carers Support Grant* *June 2017* **110,000**– (Carer's Allowance* *June 2018* **77,384** + Carer's Benefit* *June 2018* **2,747**) = **29,869**. As mentioned above, at time of writing the Library & Research Service could not source data on how many of this subset of 29,869 already have entitlement to a Medical Card or GP Visit Card. While the recipient of Carer's Support Grant must be providing full-time care and assistance and may not work for more than 15 hours a week, unlike Carer's Allowance and Carer's Benefit, it is not means tested. This may mean that a high proportion of this subset of 29,869 carers do not already have entitlement to free GP care.

* Carers' Support Grant figure for June 2017 was sourced from: Press Release "[Carer's Support Grant to be paid this week - Minister Doherty - Over 110,000 Carers will receive the Grant](#)" Department of Employment and Social Protection 07/06/18

* Carer's Allowance and Carer's Benefit figures for June 2018 was sourced from personal correspondence with Carer's Section, Department of Employment Affairs and Social Protection

Implementation challenges

GP staffing

The proposal to extend free GP access to an additional cohort of users has to be considered within existing GP supply issues. Although the number of GPs providing services under the General Medical Scheme has increased, along with the number of GPs registered on the specialist register³⁴, there are concerns about the supply and capacity of GPs. Recent estimates suggest there are 64.4 GPs per 100,000 population in Ireland, significantly lower than the European average of 91 GPs per 100,000.³⁵ Primary care and general practice has been described as facing a 'manpower crisis'.³⁶ Various studies over a number of years have suggested a potential shortfall in numbers resulting from a combination of

- GP training and the long lead-in time between training and fully qualified professional
- Supply factors and GPs leaving the country for opportunities abroad
- increased proportion of women in the profession (a factor because women are more likely to work part-time and retire earlier)
- an ageing GP workforce
- population ageing (increasing demand) and
- policy decisions giving greater priority to primary care (with a subsequent pressure on their resources)³⁷

Furthermore, the future demand for GP services is set to increase dramatically. The capacity of GPs in the country in 2016 was estimated to be 3,570 GPs (whole time equivalent). Should the health system continue to operate as is, the Health Service Capacity Review 2018 forecasts a need for a 12% increase in capacity by 2021 and a 39% increase by 2031³⁸. Demand for GP appointments is forecast to rise from approximately 18.9 million visits in 2016 to over 26.2 million visits per year in 2031. This analysis assumes no changes in eligibility arrangements for the Medical Card and GP Visit Card and does not take into account the proposal to extend GP Visit Cards to those in receipt of Carer's Allowance and Carer's Benefit.

³⁴ "[There were 2,270 GPs on the specialist register in 2010 compared with 3,668 GPs as of 18 May 2018. The number of GPs contracted by the HSE under the general medical services, GMS, scheme has increased from 2,098 in 2008 to 2,497 as of 1 June 2018](#)". Minister for Health, Deputy Simon Harris, Priority Questions, Dáil Éireann 28/06/18

³⁵ Teljeur C., Tyrell E, Kelly A, O'Dowd T and Thomas S *Getting a handle on the General Practice Workforce in Ireland* Irish Journal of Medical Science, Vol. 183

³⁶ Committee on the Future of Healthcare, [Sláintecare Report](#), May 2017

³⁷ For more on this topic see L&RS Spotlight: [GPs and the Irish primary care system: towards Universal Primary Care?](#) (2014)

³⁸ [Health Service Capacity Review 2018, Review of Health Demand and Capacity Requirements in Ireland to 2031](#) Department of Health (2018)

Assessing the impact of extending free GP care

Worth considering in the context of further extending free access to GP care are 2017 findings from the Department of Children and Youth Affairs *Growing Up in Ireland, the National Longitudinal Study of Children*. It found that children's use of GP services increased when they became eligible for free GP care.³⁹ Among children who did not have access to free GP care, the study found that children from higher income families were more likely to visit their GP. It concluded that those who face the full out-of-pocket cost of GP care have significantly fewer GP visits. However, the data did not allow the researchers to assess whether those without a full medical or GP visit card in the Irish context are foregoing 'necessary' care.

GP response to further extension of GP Visit Cards

The current GP contract has not been concluded and in this context organisations representing GPs, while acknowledging carers as a deserving cohort, have expressed disappointment at the extension of GP Visit Cards to carers without consulting GPs⁴⁰.

The National Association of General Practitioners (NAGP) outlined a range of challenges to further extending GP Visit Card entitlement:

"This comes at a time when General Practice is already overwhelmed and under resourced. General practitioners are leaving the profession in large numbers, young GPs, in particular, are leaving Ireland in search of jobs that present a real work-life balance, something that is simply not realistic in Ireland in the current system. Without adequate resourcing this will add to the pressures of a system that is currently bursting at the seams and result in more GPs leaving and increased patient safety risk".⁴¹

In terms of challenges for implementation the Irish Medical Organisation (IMO) highlight current under investment and capacity problems in General Practice stating,

"this measure will require negotiation and adequate resources for General Practice in order for these patients to be cared for appropriately".⁴²

Eligibility when Carer's Allowance/Benefit ceases

Eligibility for Carer's Allowance and Carer's Benefit are based on criteria that could change from week to week. For example, a common criterion for these allowances is that the recipient 'not be

³⁹ Nolan, A & Layte, R. [Understanding use of General Practitioner services among children in Ireland](#) Growing Up in Ireland, National Longitudinal Study of Children, Department of Children and Youth Affairs (2017)

⁴⁰ Press Release. [IMO warns that Free GP visit card for carers can not proceed without negotiations and adequate resources](#). IMO (13/12/2017)

⁴¹ [Press Release: Minister promises 40,000 patients GP care that he cannot deliver](#) National Association of General Practitioners (NAGP) (13/12/17)

⁴² Press Release. [IMO warns that Free GP visit card for carers can not proceed without negotiations and adequate resources](#). IMO (13/12/2017)

engaged in employment, self-employment, training or education courses outside the home for more than 15 hours a week’.

The following procedure is proposed by the Department of Health to facilitate the matching of GP Visit Card eligibility to Carer’s Allowance/Carer’s Benefit eligibility. The Primary Care Reimbursement Service (PCRS) has administration systems which allow for the easy monitoring of those who move “on and off” the Carer’s Benefit payment, as is the case for those in receipt of the Carer’s Allowance payment and can adjust their eligibility accordingly. Persons will no longer be eligible for a GP Visit Card once their payment for Carer’s Allowance or Carer’s Benefit payment ceases. However, if/when an individual’s Carer’s Allowance or Carer’s Benefit payment has been suspended or closed, the PCRS system will generate a review form to the applicant and for a three month period for the review process individuals will continue to retain eligibility. Depending on the outcome of the review assessment, the recipients may continue to have eligibility based on a means assessment or their eligibility will cease.⁴³

Section 2 of the Bill, through an amendment, provides for an appeal against a decision of the HSE in respect of a person’s eligibility for a GP Visit Card based on receipt of Carer’s Benefit or Carer’s Allowance.

Half-rate Carer’s Allowance

In a press release dated 4th April 2018 Minister for Health Simon Harris stated his intention that persons in receipt of half-rate Carer’s Allowance should qualify under the Bill for free GP care.

Chapter 8 of Part 3 of the Social Welfare Consolidation Act 2005 refers to the half-rate Carer’s Allowance as “a payment under section 186A”. This term is used throughout Chapter 8 in a way that indicates that the payment is not the same as the Carer’s Allowance. However, the new section 58D(1)(b) of the Health Act 1970 (which section 4 of the Bill proposes to insert) will extend GP services only to persons who receive the “carer’s allowance within the meaning of Chapter 8”. The lack of a specific reference in the Bill to “a payment under section 186A” may exclude persons receiving the half-rate Carer’s Allowance from receiving GP services under the proposed new provision.

Data sharing

Data sharing requirements for the appropriate administration of the scheme will require a data protection impact assessment to be conducted after the Bill is enacted but prior to the commencement of legislation.

For the HSE to confirm eligibility for persons in receipt of either Carer’s Benefit or Carer’s Allowance to the services provided under Section 58D of the Health Act 1970 (as amended) it will

⁴³ Personal correspondence with Department of Health

be necessary to share data between the HSE and the Department of Employment Affairs & Social Protection. Current data sharing arrangements between the HSE and the Department of Employment Affairs & Social Protection are governed by Part 3 of the Health (Alteration of Criteria for Eligibility) Act 2013. However, in light of the new General Data Protection Regulations, a data protection impact assessment will be conducted by the HSE, in advance of the commencement of the legislation, as provided for under Section 84 of the Data Protection Act 2018.⁴⁴

⁴⁴ Personal correspondence with Department of Health

Principal provisions

This section of the Bill Digest looks at the key changes proposed in the Bill.

Appeals mechanism

Section 2 of the Bill proposes amending section 47 of the *Health Act 1970*, which provides an appeal mechanism against a decision of the HSE that a person does not come within certain categories of eligibility. The effect of the amendment is to provide for an appeal against a decision of the HSE in respect of a person's eligibility for a GP Visit Card based on receipt of Carer's Benefit or Carer's Allowance.

Guidelines

Section 3 of the Bill proposes amending section 47A of the *Health Act 1970*. The effect of the amendment will be to allow the Minister issue guidelines to assist in the determination of whether a person is ordinarily resident in the State for the purposes of qualifying for a GP Visit Card.

GP medical and surgical service for person in receipt of Carer's Allowance or Carer's Benefit.

Section 4 of the Bill proposes amending the *Health Act 1970* by inserting a new section 58D.

The new section 58D(1) provides that the HSE must provide a GP medical and surgical service (i.e. a GP Visit Card) to persons in receipt of Carer's Benefit or Carer's Allowance. As noted previously, the new section 58D(1)(b) refers only to the Carer's Allowance within the meaning of Chapter 8 of Part 3 of the *Social Welfare Consolidation Act 2005*. It does not specifically refer to "payments under section 186A" which is the term used to refer to the half-rate Carer's Allowance in the 2005 Act.

The new sections 58D(2) and (3) deal with information establishing a person's entitlement to GP services under the Bill. Subsection (2) requires a person to give the HSE "such information as the [HSE] considers necessary" to establish the person's entitlement to such services. If a person fails or refuses to provide the information requested within a reasonable period⁴⁵, the new subsection (3) will allow the HSE to treat that person as not entitled to the service.

The new section 58D(4) provides that, "insofar as considered practicable", the HSE must offer a choice of medical practitioner to persons receiving services under the new provision. This mirrors

⁴⁵ This period must be specified in the HSE's request for information.

provisions in other legislation relating to general practitioner services, such as those relating to persons under the age of 6 years⁴⁶ or over 70 years of age.⁴⁷

Short title, collective citation and commencement

Section 5 of the Bill is a standard provision giving the Bill its short title and providing for collective citation with the Health Acts.

The proposed Act is to be commenced by way of Ministerial order(s) and may be commenced in whole or in part and at various dates and for different purposes.

⁴⁶ Section 58B of the *Health Act 1970*, inserted by [section 5 of the Health \(General Practitioner Service\) Act 2014](#)

⁴⁷ Section 58A of the *Health Act 1970*, inserted by [section 3 of the Health \(General Practitioner Service\) Act 2015](#)



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