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# ICGP Pre-Budget Submission 2021



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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 and indeed the world itself has changed dramatically due to COVID-19. Last year, we positively acknowledged 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. Earlier this year, we conducted roadshows with the IMO on the rollout of same. Like everything, this came to a halt in late February when it was clear that we were heading into an era of significant uncertainty. The focus for general practice since then and the entire healthcare service was primarily on COVID-19 delivery and care.

In March 2020, to help deal with COVID-19 in the community, a liaison committee involving the Chief Clinical Officer, senior HSE colleagues and ICGP/IMO representatives was established and met twice weekly. The matters addressed were wide ranging to include all aspects of COVID-19 management and the service continuity of health delivery in a COVID-19 environment. Some notable positive outcomes which have followed from this engagement include the following:

- GP input on the testing protocols, the end to end process of testing and tracing, the public communications, and the resolution of delays has greatly helped the agile and reflexive response to COVID-19
- Advance planning for the winter to include the management of the winter infections in children has been prioritised. The collaboration of GPs, paediatricians and public health led by the National Clinical Advisors and Group Leads (**NCAGL**) resulted in the production of the children's testing algorithm, contact tracing algorithm and the clinical care template which dovetailed with children returning to school.
- In anticipation of a wave of COVID-19 cases in April 2020 community assessment hubs were rapidly scaled up. Thankfully they were not needed to the degree anticipated and were scaled back
- PPE supplies were a very live issue at the beginning of the pandemic. The ongoing feedback of problems and their resolution on the ground was critical to the safety of GPs and their confidence in facing this virus
- Grave manpower deficiencies prior to COVID-19 resulted in a significant number of patients having no GP. The GP organisations were able to act in concert to encourage GPs to take these patients on lest their COVID-19 care be lost.
- The provision of off-site services to obviate the need for patients to attend hospital was a goal shared by the GPs and the HSE and the impetus to deliver community based diagnostics has borne fruit.

## Context

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.

However, COVID-19 is only one aspect of care delivery by GPs and it is important that resources are available to ensure that GPs can provide care in its widest sense. 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. In recent months, General Practitioners have had to revert to telemedicine to ensure continuity of patient care.

General practices are under significant pressure - as the population continues to increase, and people live longer and the additional impact of COVID-19-19. As a result, GPs are dealing with more complex illnesses from a wider range of patients and under very challenging circumstances.

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 2025<sup>1</sup>.

The College has expanded the number of training places for several years now from 150 in 2015 to 209 in 2020. The College is committed to increasing this to 250 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 and the College welcome the progress made to date and the inclusion of the transfer in the Government programme.

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<sup>1</sup> 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 and has Changed

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 and as has been very clear in the current pandemic where they have been able to adapt their practices to ensure delivery of patient care. .

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.**

One of the positive changes we have seen as a result of COVID-19 is the wider engagement of the College in resolving the many challenges facing General Practice. General Practice operates outside the governance structures of the HSE and Department of Health. GPs are independent providers running small enterprises providing care to local communities. Communication between the GP community and the HSE has historically often been poor with resulting misunderstanding. The regular meetings of the HSE/GP group and the working through of problems had a socialising effect fostering a trust on both sides. An understanding of how both groups worked and the limitations they faced fostered a mutual regard and goodwill. On this basis, the ICGP calls for the creation of a Working Group within the Department of Health (to include the HSE) 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 pursue a portfolio career if they wish.
- 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;
- Where group practice is not viable or not wished for, the HSE also need to facilitate the ongoing support of such practices

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. We need to at least double the current number of practice nurses in the short to medium term, but again this needs to be properly funded.

The ICGP with the Irish Practice Nurses Association (IPNA) and University College Dublin 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. It is hoped to launch a one year part-time diploma commencing in January 2021.

### **4. 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.

### **5. Management Assessment and Surgical Assessment Units (MAU and SAU)**

For those problems not amenable to resolution in the community the longstanding policy has been to triage and commence treatment in ED Departments with large numbers waiting on trolleys. With the new IPC requirements for distancing this cannot be allowed to happen this year. There are a number of MAUs and SAUs located throughout the country and where operating well (e.g. CUH), they provide an excellent route for GPs to have their patients promptly, efficiently and safely seen.

We would recommend the following:

- MAUs and SAUs need to be prioritised and increased in number,
- There must be direct access on referral and a standardised operating model (remain open and staffed during busy periods).
- They must also have senior clinical decision-makers on the floor of the Units.
- They must not be seen as an adjunct to Emergency Departments but have an equal standing and be recognised as a standalone essential function of the hospital.

## **6. Information Communication Technology (ICT)**

In March 2020, the implementation of Electronic Prescribing has illustrated for the patient, GP and Pharmacist, the positive impact of good use of technology and innovation. 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.

### **6.1 Electronic Hospital Discharges**

A standardised approach to electronic hospital discharges on a nationwide basis is required. This is available in some locations but is very limited. There is a HIQA template for discharges and we would recommend that this is delivered using Healthmail (which is a secure email source). Such a change would dramatically improve patient care and lead to many efficiencies both within hospitals and the community. That there is no system in place reflects very poorly on Irish Healthcare.

## **7. 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.



## Conclusion

Irish general practice is changing, rapidly and has changed beyond recognition in the last 7 months. It has also shown how flexible and adaptable it is to meet urgent needs. However, 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
- Improved IT infrastructure
- An increase in the number of allied primary care professionals

