Irish College of General Practitioners

Coláiste Dhochtúirí Teaghlaigh Éireann

SUBMISSION TO THE OIREACHTAS JOINT COMMITTEE ON HEALTH

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Introduction

The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training, and standards in general practice. The College is accredited by the Medical Council as the academic body for specialist training in the specialty of general practice.

The College currently has a membership of 4,104 and there are 846 GP trainees undertaking the ICGP four-year National GP Training Programme. Based on an analysis of data [1,2], the College estimates that there were 3,496 GPs working in general practice in Ireland in 2020 and a slight decrease to 3,466 in 2021.

General practice is fundamental to delivering timely, high quality, accessible healthcare across Ireland. International evidence is clear: healthcare systems with strong primary care have better, more equitable population health outcomes and are most cost effective. [3] A sufficient GP workforce with manageable workload can deliver timely high quality and safe patient care while avoiding unnecessary ED attendance and hospital admissions.

In this submission to the Joint Committee on Health, the ICGP does not refer to ***Contractual*** or ***Out of Hours*** matters as these are matters for our colleagues in the Irish Medical Organisation and sit outside the remit of the ICGP.

Working Group on the Future of GP role in provision of Community Healthcare

The key stakeholders (Government, HSE, Department of Health (DoH), ICGP, IMO, Irish Medical Council (IMC), patient representatives) must act now and collectively to address the challenges facing general practice to protect patient care. General practice needs a much-expanded workforce with appropriate skill mix, quality purpose-built premises, administrative and IT supports to deliver timely, equitable access to high quality GP care. This will require substantial and sustained investment. NHS Scotland committed to a sustained increase in GP funding to 11% of NHS Scotland budget. [4] A recurring theme in Ireland is the paucity of data pertaining to General Practice workforce, workload, activity levels and clinical outcomes.

In the ICGP Pre Budget-Submissions of 2021 and 2022 [5,6], the College recommended the establishment of a "Working Group on the Future of General Practice" by the Minister for Health. Unfortunately, to date no such group has been established. However, its formation is now more critical than ever. One of the positive changes we have seen since the emergence of COVID-19 is the wider engagement of the College and IMO resolving the many challenges facing General Practice. GPs are small to medium independent professional practices and are self-employed contractors in the provision of health care services to the State and providing care to local communities. Therefore, General Practice operates outside the governance structures of the HSE and Department of Health. Heretofore, communication between the GP community and the HSE has historically been suboptimal. The regular meetings of HSE/GP groups since the start of the pandemic and working through problems has had a socialising effect fostering a deep understanding of our respective roles, mutual trust and collaboration.

On this basis, the ICGP proposes the immediate establishment of a high-level Working Group within the Department of Health and including the HSE, ICGP, IMO, IMC, Patient Representative Bodies, and other key stakeholders to plan and deliver the immediate and sustained expansion of General Practice and nursing roles in the community. This Working Group working in co-operation with Sláintecare is required to recognise that general practice has differing requirements and pressures depending on its size, location and patient profile.

The ICGP has a central role 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 reiterate the urgency of this matter and urge the Minister for Health and the Department to establish this Working Group without further delay.

Workforce Challenges

The paper – "*The Workforce and Workload Crises in General Practice: An Action Plan to support timely equitable access to high quality GP Care"*; Dr Diarmuid Quinlan, ICGP Medical Director, was considered by the College Council in November and the Board of the College in December 2021. It provides a consensus view of the College, illustrating the serious concerns regarding the current status of general practice. This paper also outlines a number of practical and workable solutions to the challenges.

There are many factors underlying our current unprecedented workforce and workload crisis in general practice. The ICGP has long voiced that general practice needs sustained and substantial state investment to meet the incremental healthcare needs of the Irish people.

The HSE predicts a GP shortage of between 1,260 and 1,660 by 2028. [(7)] Our population is growing and recently exceeded five million people. [(8)] The Department of Health forecasts a 59% growth in people aged "65y+" and 95% growth in "85y+" population by 2025, these older people are "*high users of health services*". [(9)] The demands of the COVID-19 pandemic exacerbated the workforce deficit and added substantial additional workload. We just do not have enough GPs to meet the current or future needs of our expanding and ageing population with highly complex care needs. The "*HSE 2018 Capacity Review*" identified a need for a "*sharp rise in capacity"* of the primary care workforce by between 37% and 48% by 2025. [(9)]

The role of General Practice in delivering healthcare is pivotal. GPs undertake in excess of 29 million consultations/year, with an additional 1 million+ consultations in GP 'Out-of-Hours'. [(10)] GPs have had a frontline role throughout this COVID-19 pandemic. Most recently, GPs delivered in excess of 1 million COVID-19 booster vaccinations, a key component of preventing COVID-19 hospitalisation and enabling the reopening of society.

The two key drivers underpinning the current GP crisis are workforce deficit and excessive workload. These are the two fundamental challenges for continued timely high quality patient care. The nature of the challenges are summarised below along with a number of solutions.

General practice workforce and workload crisis

Challenges

- Ireland has 30% fewer GPs than England
- DoH 2018 report recommends 37% to 48% increase in GP numbers
- Ageing GP workforce: many GPs >65 years of age; 20% plan to retire within 5 years
- Approx. 25% of GPs are in single-handed practice, especially in rural areas
- Insufficient GP Nurses, phlebotomists, healthcare assistants, pharmacists, etc.
- Workload: expanding and ageing/frail population, multimorbidity and polypharmacy is the norm
- GMS eligibility predictably increased GP workload
- COVID-19 workload: acute and chronic COVID-19 illness, COVID-19 vaccinations

Solutions

4 components: (1) Workforce, (2) Workload (3) IT & Data and (4) bricks and mortar

- Train more GPs
- Retain GPs (older, younger, mid-career)
- Interns in GP
- General Practice Nurses, Healthcare Assistants, practice management and admin supports
- Pharmacists, Physiotherapists, Mental Health Team expansion, Social Workers, etc.
- Data drives quality decision making: substantially expand Research Hub for General Practice, data gathering and data analytics
- Built infrastructure: address bricks and mortar entry barrier

Solutions to GP workforce deficit and workload

3.1 Workforce

We need to substantially 'grow' the GP team with appropriate 'skills mix' to ensure each healthcare professional is working at the 'top of their licence'. We need more GPs, more GP nurses and allied healthcare staff in GP. The team working, supervision and governance of these allied HCPs requires GP time. **We need more GPs: train, retain and recruit.**

3.1.1 Training – We need to train more GPs

On 16 October 2021, the transfer of the responsibility for the delivery of GP training from the HSE to the College was concluded. This was a long-term ambition of both the College and HSE and was achieved following positive engagement between all the key stakeholders. As of that date, the College has full and complete responsibility for the delivery of GP training.

The ICGP is working closely with the HSE to substantially increase GP training places, from 159 in 2015, 236 in 2021 and 258 in 2022 and with a projected increase to 350 by 2026. GP training in Ireland is 4 years long: this is not a 'quick' win. However, this expansion in GP training is fundamental to sustainably deliver our future primary care workforce. One of the barriers to continued expansion of GP training is identification of suitable GP training positions in hospitals. ICGP acknowledges the invaluable support of the HSE NDTP Unit to deal with this challenge; it will continue to be a limiting factor. General Practice needs many additional training posts in hospital. The dearth of accredited hospital training posts remains a challenge for all specialties, including general practice.

3.1.2 How to recruit GPs to work in Rural Areas

Address multiple barriers to working in rural general practice, including onerous GP Out-of-Hours commitment. Develop and deliver meaningful incentives to enhance attractiveness of rural practice. This may include guaranteed locum provision, additional GMS annual leave, income support, suitable practice premises and OOH commitment, to name a few. GPs in rural Scotland and Australia have locums provided by the health authority, thus guaranteeing their annual leave. This approach has proven essential and highly successful in attracting GPs and their families to permanently live and work in rural areas. Within Europe, Ireland has one of the highest number of people living in rural areas: timely access to GP care is essential to support rural Ireland.

3.1.3 Support 1 and 2 GP practices

Almost 50% of GP practices have one or two GPs, and 20% of GPs work in small rural areas. These provide invaluable personalised care, close to patients. These GP practices are struggling to recruit younger GPs as older GPs retire. These areas are especially vulnerable to losing their GP, with inevitable adverse consequences for patients and the wider local healthcare ecosystem. We suggest targeted approaches to address the particular challenges

facing one or two GP practices. This could include meaningful incentives to amalgamate some smaller GP practices and develop a larger sustainable GP practice. The HSE could give consideration to providing the 'built infrastructure' and support GPs to deliver 'outreach' clinics in affected villages. A 'local network' of supports could include shared staffing resources (admin, nursing, locum, etc.).

3.1.4 Recruitment

Support non-EU GP recruitment, relocation and integration of appropriately qualified 'non-EU' doctors into Irish general practice. This is a short-term response to the current severe GP workforce deficit providing structured and highly supported entry to Irish general practice. A novel proposal has recently commenced, as an ICGP HSE collaboration in Cork/Kerry and the Midlands. While open to all non-EU doctors, South African GPs have GP training similar to Ireland. The required supports are modest and include financial, educational and administrative (Medical Council registration, Visa requirements, housing, etc.). This overseas workforce could be mobilised and supported to integrate into rural general practice in a short timeframe.

3.1.5 General Practice Nurses

General Practice Nurses are highly skilled autonomous clinicians, with a broad and deep clinical expertise. However, there is a severe shortage of GP nurses. As an example, GP practice in Glanmire, Cork with 8 GPs has just 1 WTE nurse. A similar sized GP practice in the NHS will have 6-10 nurses. Many GPs have great difficulty recruiting more nurses. Drawing on experience across the UK, New Zealand and Australia, practical solutions including nurse training and resourcing are explored in "nurse-led care and chronic disease management in GP". [(7)]

Substantially more General Practice nurses are required. There is also a need for resources to educate, recruit and retain practice nurses in the future as well as upskilling the current cohort of practice nurses to support patient care in general practice. Career and professional development structures are needed to provide more advanced nurse practitioners, nurse prescribers, clinical nurse specialists to support chronic disease management, minor illness etc.

NHS Scotland has in recent years adopted an innovative and successful approach, which is to employ GP Nurses, with NHS terms and conditions, who were then deployed into general practices. [(11)] A similar employment model currently exists for primary school teachers in Ireland, who are employed by the local school while funded by the Department of Education. A similar model to resource GP Nurses would support GP Nurse recruitment. This expansion of nursing staff will require additional 'build infrastructure'.

There is a need for more allied healthcare staff in GP: Engage with regional colleges of education to resource, develop and deliver education for nurses to specialise in General Practice, and to train health care assistants (HCAs).

3.1.6 Wider solutions

In addition to the above, there are wider solutions including the following:

- **Retaining older GPs**
- **Retain young /establishing GPs**
- **Retaining younger female GPs**
- **Increase the number of**
    - **GP interns**
    - **Phlebotomists and HCAs**
    - **Pharmacists working within general practice**
- **The creation of a broader Primary Care team**
- **WORKLOAD: Clinical and administrative workload**
- **IT development: IT enabled secondary care discharge letters: these reduce primary care administrative burden and offer an opportunity to discharge patients from hospitals in a safer fashion**

The current e-Prescribing is very welcome. This should be developed to allow for better analysis of real-time prescribing trends to inform practitioners, the general public and policy makers.

3.1.7 Data drives decisions

There is a paucity of 'real-time' data on the workload and activity levels in Irish general practice. This requires substantial and sustained investment in GP data analytics. The HSE and ICGP cannot quantify the GP workload in 'real time'. This requires strategic robust engagement with the GP IT. We seek modest resources to initiate and establish processes to harvest 'real time' GP data.

The HSE-ICGP-Slaintecare Research Hub for General Practice is rapidly addressing this strategic deficit. Irish general practice is almost entirely computerised, enabling 'real-time' data harvesting. Irish GP electronic medical records form a single comprehensive data repository. All medications, laboratory results, diagnostic imaging, and discharge summaries from across the healthcare system (e.g. out-of-hours services, hospital admissions and some emergency departments) are all contained in our patients' files. The resource deployed to primary care research and analytics data needs a substantial, immediate and sustained uplift to better harness this data to inform policy makers. A cohort of funded 'GP Data Sentinel Practices' could increase the quality and quantum of GP activity data.

3.2 Suitable primary care premises

3.2.1 Built infrastructure

The GP 'bricks & mortar' built infrastructure is increasingly perceived as an unwanted, unnecessary and unwarranted liability by potential GPs. Society doesn't require other healthcare workers to provide their work premises. The 'bricks and mortar' is now a barrier to recruitment, retention, mobility and retirement. The Scottish government and NHS Scotland have addressed this challenge, to incrementally reduce the built infrastructure risk burden on GPs. [11; p.39] Ireland urgently needs multiple innovative approaches to GP built infrastructure.

Access to purpose-built GP premises is a significant entry barrier for GPs to general practice, especially in affluent urban areas. The HSE can support younger GPs establish practice by providing purpose built GP premises, thereby avoiding substantial capital expenditure on 'bricks and mortar'. This 'built infrastructure' approach will support young establishing GPs, support relocation of overseas GPs to Ireland, and enable amalgamation of smaller GP practices. This may include a variety of innovative options, including interest free loans, HSE-provided and HSE-leased premises.

Expansion of the GP healthcare team, especially nurses, will require substantially more clinical space. The infrastructure costs involved in housing an expanded GP team staff are often prohibitive, especially in urban areas. Incentives to support an expanded GP team must address the built infrastructure requirements.

4.0 Conclusion

Ireland is in the midst of a GP workforce and workload crisis. The COVID-19 pandemic has exacerbated longstanding workforce and workload challenges. There are short, medium and longer term solutions that can support and enhance timely patient access to high quality GP care. Compelling evidence from the UK shows that each additional GP per 10,000 population was associated with fewer hospital admissions for both acute and chronic illness. [3] Addressing the GP workforce and workload crisis will require meaningful engagement of all stakeholders with sufficient resources and 'real-time' data analytics. Working in partnership, we can deliver sustainable timely access to high quality GP care for all patients.

5.0 References

1. Collins C. A profile of the Irish GP workforce in 2021. *Forum: Journal of the Irish College of General Practitioners*; 2021 Jun; 38 (5): 39.

2. Collins C. GPs: the number games. *Forum: Journal of the Irish College of General Practitioners*; 2020 Jan/Feb; 37 (1): 17-18.

3. Starfield B, Shi L, Macinko J. Contribution of Primary Care to Health Systems and Health. *Milbank Q.* 2005 Sep;83(3):457–502.

4. Scottish Government. *General Practice: Contract and Context - Principles of the Scottish Approach* [Internet]. Nov 2016. [cited 2022 Jan 24]. Available from: http://www.gov.scot/publications/general-practice-contract-context-principles-scottish-approach/pages/0/

5. Irish College of General Practitioners. *ICGP Pre-Budget Submission 2022* [Internet]. 2021. [cited 2022 Jan 24]. Available from: https://www.icgp.ie/go/library/catalogue/item/2D7604A0-0C8D-491D-B926AB73BCB44E5C

6. Irish College of General Practitioners. *ICGP Pre-Budget Submission 2021* [Internet]. 2021. [cited 2022 Jan 24]. Available from: https://www.icgp.ie/go/library/catalogue/item/D1811B5B-93BD-4439-AF2775D483D1D4EC

7. HSE. *Medical Workforce Planning: Future Demand for General Practitioners 2015-2025* [Internet]. Sept 2015. [cited 2022 Jan 24]. Available from: https://www.hse.ie/eng/staff/leadership-education-development/met/plan/gp-medical-workforce-planning-report-sept-2015.pdf

8. CSO - Central Statistics Office. *Population and Migration Estimates, April 2021* [Internet]. [cited 2022 Jan 24]. Available from: https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2021/

9. Department of Health. *Health Service Capacity Review 2018 Executive Report: Review of Health Demand and Capacity Requirements in Ireland to 2031 – Findings and Recommendations.* [Internet]. [cited 2022 Jan 24]. Available from: https://assets.gov.ie/10131/5bb5ff12463345bbac465aaf02a2333d.pdf

10. Collins C, Homeniuk R. How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices. *BMC Fam Pract.* 2021 Feb 20;22.

11. British Medical Association, Scottish Government. *The 2018 General Medical Services Contract in Scotland.* 2017. [Internet]. [cited 2022 Jan 24]. Available from: https://www.gov.scot/publications/gms-contract-scotland/documents/