NAGP

Cumann Naisiunta na nDochtuiri Teaghlaigh

NAGP Submission to the Health Service Executive Primary Care Division GP out of hours Review Group

7th March 2017

Introduction

This submission is made by the National Association of General Practitioners (NAGP) to the HSE Primary Care Division as part of their review of GP Out of Hours (OOH) services. The NAGP welcomes this necessary review of the OOH services. The association's 1956 members welcome the opportunity to put forward our vision for the future of this service.

For the benefit of whole population health, it is highly desirable that suitably qualified GPs maintain the Governance of out of hours services to patients 24/7**.** At present, Out of Hours GP care is provided in a number of different ways including small town rotas, large GP Co-ops, and commercial deputising services in large urban locations.

The experience of General Practitioners is that a true member-owned and run Co-op system works best to optimise:

- Clinical outcomes
- Continuity of care
- Safety for both patient and practitioner
- Consistency in care delivery
- Openness to audit of practice and costs
- Efficiency and cost control
- Rapid high-level clinical decision support
- Continuing Medical Education and peer review
- Flexibility in reaction to changing levels of demand
- Opportunities to expand the role of other health professionals
- The ability to leverage new technologies such as video consultations, self-help modules, cloud-based shared Electronic Health Records and the remote integration of incidence based care models, such as the management of falls, with secondary care.

It is the view of the NAGP that the further development of these GP owned and organised Co-ops is the optimum model for OOH care and should be made available nationally on a uniform basis.

It is critical that Ireland does not make the mistake of handing over out of hours care to standalone corporate entities removed from the continuum of care of the whole population GP system. Such a development would result in a negative loop whereby clinical decisions made in isolation, during OOHs, are passed back into daytime practice in a chaotic manner. Were this to happen, it will further impede the ability of practices to engage in more comprehensive and wide-ranging chronic disease management programmes and also result in longer waiting times in daytime practice. This has been the clear experience in the UK leading to prolonged waiting times for routine GP services.

If we wish to expand the scope of daytime practice, it is essential to optimise the clinical management of patients out of hours. The NAGP has already taken steps along with leading IT companies to deploy the technological infrastructure to help achieve this.

In short, out of hours GP services must be protected, enhanced, and integrated into day-time practice. This can only be done with GP-led Co-ops.

Background

Under the 1972 GMS contract which still governs the obligations of an individual GP, he/she is contracted to be 'contactable for urgent cases 24/7 whilst also providing 40 hours of routine availability'. The actual breadth of these obligations has never been defined and are the current focus of much debate within the profession. There is a significant variance in the structure of the OOH service and the current onerous 24/7 duty the individual contractor implies has to change.

Whatever about the contractual obligation argument, the current model will not be viable for much longer for three clear reasons:

- The demographic of existing GPs is now too old to continue to carry this burden of work.

- Newly qualified Irish GPs are simply not willing to work within a system with such an onerous work commitment. Compulsory out of hours work let alone a 24/7 contractual commitment does not feature in the any of the other countries healthcare systems to which they are being actively recruited e.g. Canada, Australia or the UK.

- The increasing challenge of day time general practice as an older more complex patient demographic continues to emerge places hugely increased demands on GPs. It is not tenable to routinely expect GPs to continue a current system where increasingly stressful days or weeks in their surgeries are then followed by compulsory evening, red-eye or weekend out of hours work.

Another pertinent issue for GPs is that they are no longer actually providing an "urgent" out of hours service but, increasingly, a convenience, or overflow, service. While there may be some merit to this situation, with regard to individual patient wishes, the Co-ops clearly lack the capacity and infrastructure to safely and efficiently handle such workload. The experience of Co-ops in dealing with the introduction of the U6 medical card highlighted the increase in workload by as much as 60-70% as doctors feared. The Under 6 card has completely sapped morale in General Practice and any future changes must seek to avoid the same mistake.

Proposal

The NAGP is proposing a number of solutions to how out of hours services should be organised. Many of these are of the utmost urgency both to preserve a viable out of hours service but, more importantly, help stabilise daytime general practice:

1. The current GP contract negotiations should commit clearly at an early stage to the removal of compulsory out of hours working for GPs.
2. The budget for OOH should be negotiated separately from the core contract.
3. The negotiations should simultaneously commit to the concept that the optimum model for OOH care is via GP-managed Co-Ops.
4. The Department of Health must commit to other OOH services such as Palliative Care, Forensic Care, Nursing Home care and Dental Care, for example.
5. GPs who opt to work solely OOH, should have access to a clear pension structure, to be negotiated.
6. GP Co-Ops should look to upskill other healthcare staff so that less complex cases can be dealt with under the supervision of but not directly by GPs.
7. New models of consultation such as telemedicine should become core components of new, more efficient, OOH services.
8. Economies of scale savings should be looked for throughout the service generally. A GP led OOH service will create considerable opportunities for efficiency through consolidation at all levels.

Summary

If we are to succeed with negotiating a new GP contract, it will be necessary to remove any suggestion of an obligation for GPs to individually provide a 24-hour service commitment to patients. The NAGP will not be able to persuade its members to accept a new contract if this does not happen.

The present and future demographics of our profession alongside the very real manpower crisis, mean that the current model of OOH is completely unsustainable, and is not safe.

Financial incentives should be provided to practices to increase their own capacity so that some of the current OOH patient demand is instead facilitated in his/her own practice.

A GP-organised and managed Co-op model represents the best opportunity to provide a comprehensive and effective OOH service which will benefit both patients and the HSE. It will require a fundamental change in culture whereby GPs are incentivised, not coerced, into working and where some of the current patients can be managed by non-medical staff who have been up skilled and work under medical supervision.

There should be a continual emphasis on achieving efficiencies throughout the service through economies of scale, consolidation and comprehensive governance by GPs. This process should be open and transparent.