

**NAGP** 

Cumann Naisiunta na nDoctuirí Teaghlaigh

**Annual Report  
2017**

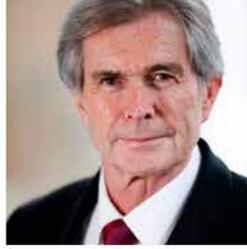
## NAGP NATIONAL EXECUTIVE 2016/2017



President:  
Dr. Emmet Kerin



Vice President:  
Dr Yvonne Williams



Chairman:  
Dr. Andrew Jordan



Honorary - Treasurer:  
Dr Jim Stacey



Honorary-Secretary:  
Dr Mary Flynn



Immediate Past President:  
Dr Conor McGee



Chair of  
Communications:  
Dr Liam Glynn



Officer  
Dr Stephen Murphy



Officer  
Dr Ronan Fawsitt

## NAGP NATIONAL COUNCIL 2016/2017



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Cork



Dr Lucia Gannon  
Tipperary



Dr Shane Corr  
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Wexford



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Dr Michael Fay  
Kildare



Dr Chris O'Rourke  
Kildare



Dr Maitiu O'Tuathail  
GP Trainee



## Message from the Chairman

Dear Member,

Everywhere you go, every doctor you talk to, you feel that sense of doom and gloom. In practices that are heavily dependent on GMS income, there is that sense of foreboding, that sense of hopelessness. Doctors by their nature tend to be upbeat people. They try to sound positive, however, you get that sense of helplessness and hopelessness. You can see it in their faces. There are different scenarios arising in GP practices. GPs are retiring earlier than planned, GPs are spending a day or two on other types of medicine. Industrial medicine, occupational health, Botox, executive medical screening and overseas locums are now becoming attractive alternatives for our GPs.

The GP who has a predominantly private practice isn't interested or concerned about the GMS. He might have a panel of 130 patients and has no desire or wish to grow that. The parting line is that his practice is 'full'. More and more GMS practices are doing less, with less. Having spent the past year being involved in discussions and negotiations with the HSE and the Department of Health, I am absolutely convinced they have no understanding of the realities of general practice. It's not that they haven't been made aware of it, they simply don't get it.

Over the past year the NAGP has been busy. Our core message has been the reversal of FEMPI and to try to forge ahead with getting a new, fit for purpose, modern day GP contract to cover GMS. Again, we hosted the Primary Care Partnership Conference in Croke Park. Fantastic presentations from overseas experts in primary care and general practice were delivered. Key players from the Department of Health and the HSE attended and seemed suitably impressed with some of the initiatives presented. In our pre-budget submission this year, we concentrated on the provision of adequate practice nurses in general practice. A figure of a fully resourced practice nurse per 600-700 GMS patients is the target for the NAGP. The HSE have planned to put up to 900 advanced nurse practitioners into the community. It is unclear exactly what these 900 nurses would be doing. The NAGP have asked that instead of this proposed initiative that these nurses would be placed in general practices as practice nurses, fully resourced and available to GPs in a new contract situation, to support chronic disease management.

Throughout the Primary Care Partnership Conference, the concept of the primary care home was discussed. Due to the many contacts made during the conference, the NAGP decided to organise a 'field trip' to Plymouth to investigate the workings of the primary care home in action. We invited representatives from the HSE, the Department of Health and politicians to see at first hand what initiatives we could garner and implement in an Irish setting. One approach that really springs to mind is the idea of an inhouse clinical pharmacist for medicine management within the practice. In view of the recent debacle involving the HSE and Versatis patches,

it really highlights the value of an approach like this. MDT meetings between doctors, the clinical pharmacists and the patients seemed to achieve benefits for patients and reduced pharmaceutical costs. Economies of scale across groups of practices was very evident involving many organisations in the day to day care of the patients. The promotion of self-care and social prescribing were key elements also.

Frequently throughout the year, great emphasis has been put on the concept of transitional funding that will be required to get general practice up and going again. The Director General Tony O'Brien has been a keen proponent of this for the last number of years. He has mentioned it on numerous occasions both at the Primary Care Partnership Conference and in various other media opportunities. Disappointingly, nothing has happened.

The NAGP also promoted the initiative on dangerous patients within general practice. The concept that the care of the dangerous patient should be transferred to a designated public health facility was recommended.

As we have said on many occasions over the past few years, the NAGP is a solutions driven organisation. During the year, we championed the concept of the EU Cross Border Directive. We engaged with the HSE office in Kilkenny which oversees this initiative. As a result, many of our members have been hugely successful in getting very rapid access to care for their patients outside of Ireland, in a very timely manner.

Overall, you might say what a depressing year! As well as the slippage in whole time equivalents from practice in the GMS, there is much discussion about the sale of some of our most ambitious primary care projects led by GPs over the past fifteen years. This is extremely disheartening and is a true reflection of where general practice has found itself. So, what are we going to do? We need to battle on.

We need a reversal of FEMPI, we need a new contract, we need new arrangements for out of hours, we need a new contract for the care of nursing home patients. We need to create a working environment that will attract our young doctors to come back and work here. Yes, we have changed the conversation. We are turning the dials. If the NAGP is to succeed over the coming year, we can only do it with your support. This coming year is critical for the future of general practice. This is our year. If we cannot save general practice in the next twelve months, then I think we must face the reality that it will only be possible if more GPs get involved in the political process. We have commenced our social media campaign to #savegeneralpractice. I encourage you to use this hashtag on Twitter, #savegeneralpractice to keep pressure on the government to act fast to safeguard our future and that of the healthcare in our communities.

Wishing you happiness and good health.

Sincerely,  
**Dr Andrew Jordan**



## Message from the President

Dear Member,

What a year it has been. As I look back on the NAGP as an organisation and where we've come from since its inception I am very proud of the efforts made by GPs to form an organisation to represent General Practice. When I joined the NAGP in 2013, the catch phrase at the time was 'general practice in crisis', which was a simple slogan recognising what was happening at that time, draconian cuts to general practice and a detachment of the State from general practice. There was widespread disillusionment amongst us all.

I had just established my practice in 2012 and was working hard to keep it afloat. So, I naturally gravitated towards the NAGP and became involved in the organisation. I joined the National Council in 2013, I sat as Vice President to Dr Conor McGee before being elected as President in 2016. In that timeframe it was fantastic to be involved in an organisation which had a very clear, innovative approach to making a difference in the health care system.

With just over 2,000 members today, we have seen huge growth in our membership, with a belief and trust in what we want to achieve on behalf of all our members. We are committed to leading the conversation in healthcare reform. I clearly remember the day when the NAGP championed the notion of a GP led primary care structure, having the ability to reach out to its surrounds with a structure comprising of all the allied health care professionals (physiotherapists, occupational therapists, social workers et al). It made clear sense, so we had our inaugural primary care partnership (PCP) meeting, which for the first time, brought all those healthcare professionals together. We heard from international speakers on what best practice looked like. The Second PCP grew in size and was held in Croke Park last April, which was a huge success. With each meeting a consensus document was polished to promote and support healthcare reform. These documents have since influenced the conversations and interactions we have had with the HSE and the Department of Health. Bringing people together to get a consensus, out of which comes an action plan, that for me, is what the NAGP is all about. GP led primary care is now part of the everyday language used by government and other organisations and it was great to see it being mentioned in the Sláinte Healthcare report published last year.

The structure of the NAGP is composed of twenty motivated and passionate GPs, all of whom donate their time pro-bono and during their personal time. Their commitment to the National Council is hugely commendable and demonstrates the desire of GPs to make a change. Having these highly accomplished and professional people represent GPs at Department of Health and HSE meetings while still in practice themselves, makes our views and recommendations real, from the grassroots. I believe the views of general practice have been well represented by the National Council, for which I want to thank them. I trust the public are aware of our endeavours and are supportive of our campaigns to provide a better healthcare system for all.

The NAGP's involvement with the contract negotiation process has been very frustrating. We have been working hard to foster good relationships with the HSE and with the Department of Health so while discussions have broken down, we have assurances from the Minister for Health in the recent past that interactions will have to change in order to get this negotiation process underway. Who will sit at the negotiation table and who will be a part of the decision-making process is something that the NAGP hopes to influence. Looking at

Scotland as an example, Scottish GPs recently negotiated a new contract. As part of this negotiation process, the Minister for Health was actively involved, sharing a table with representatives from the various organisations. A functional GP contract will enable a GP led primary care system to be embedded in to our healthcare system. Without a doubt, there is a great learning in the Scottish approach and it is my firm belief that we need to have the Minister For Health at the negotiation table when it comes to the GP contract being revised.

General practice needs immediate resourcing and the NAGP has been fighting hard for that to happen. We have worked hard to restore funding and there has been small wins along the way to date, a lot of the work is not big bang announcements, but increments.

The NAGP has shown resolve and strength to fight for general practice by taking difficult stances and calling out the Government. We were very vocal during the introduction of the Under 6's scheme. I must commend the contribution of Dr Yvonne Williams who campaigned and took a High Court case against the government at the time. Unfortunately, we were outnumbered and felt the weight of the State's resources, but again it highlighted our commitment to doing what is best for general practice. The NAGP believed in the principle that healthcare should be provided on a needs basis and not by an age cohort. It is now widely accepted that the Under 6's scheme was an ill-conceived idea and has in effect, overloaded the healthcare service. The out of hours attendance is up by 40% and is putting pressure on a generally overwhelmed and maxed out healthcare system. The Government has recognised the error in its ways and has put on hold the introduction of any similar schemes.

The NAGP has more recently taken on some difficult topics, such as the recent statement from the Oireachtas Health Committee's statement on a GP led abortion service. The NAGP correctly challenged the Minister of Health on this assertion, informing him that it was very presumptive that GPs would perform this service without any consultation. The population have not even voted on the Eighth Amendment and to have this reported as an accepted role for GPs, is not acceptable.

With an enthusiasm and motivation to see change, I am delighted to announce that Dr Maitiu O'Tuathail is standing at the ready to take over the reins of President. Maitiu will complete his GP training in June and will bring the drive and commitment to ensure there is meaningful change in our healthcare system, for you our members and our communities. I remain optimistic that we will see positive engagement with the Minister for Health soon. A reversal of FEMPI is high on our priority list as well as negotiating a new contract, talks on which are earmarked for April. On a personal level, I am keen to see reform in the Irish healthcare system which places General Practice as the lead in delivering a wellness model of healthcare as opposed to the current sickness model we have. I want to thank you for your support during my term as presidency and I want to take this opportunity to wish Maitiu every success in his new role. There is an exciting path ahead and I am confident that Maitiu and the National Executive will ensure that you are well represented at all negotiations in the offing.

Is Mise le Meas,

**Dr Emmet Kerin**



## Message from the Chief Executive

Dear Member,

As we look to 2018, there are a number of core issues that need to be addressed. An immediate reversal of FEMPI without condition is of primary concern. However, the idea of FEMPI being linked to additional work and more efficiencies commencing by the end of 2019/2020 on a phased basis, is unacceptable for general practice.

A new contract for GPs is also a priority for us. We've been working for over one year to get the basis of a new contract with little or no progress being made. The focus for 2018 must be to complete a new contract which is fit for purpose, a wellness contract as opposed to a sickness contract which is currently in place for over forty years. For a new contract to be efficient and effective it must include three main components:

1. A daytime contract is required to provide day time care to patients.
2. An out of hours arrangement, which is voluntary, needs to be included also. The idea of GPs being required to provide 365 day, 24/7 care is unacceptable. While GPs need to maintain the governance of out of hours, there are many GPs that are unable or simply don't want to work out of hours and their reasonings need to be respected.
3. A nursing home contract where the provision of care by general practice should also be agreed by the state.

The NAGP is seeing increasing levels of burnout by GPs over the past two years. One of the goals of the NAGP in 2018/2019 will be to put in place a structure that supports GPs who are suffering from the increasing pressures of general practice. This support mechanism could be of financial or emotional help to assist GPs during trying times. This is a priority for the NAGP. The Sick Doctor scheme is an excellent scheme which is already in place. It should be noted that, it is not the intention of the NAGP to undermine this great policy in any way, but to further augment the support structures for GPs.

The NAGP would like to see a fundamental shift in the way healthcare is delivered in this country. Ireland, unfortunately, has an upside-down system. It is a system that is focused on hospital care, be it hospital beds, trollies or hospital employees. This focus is most inefficient in terms of delivering best in class health care.

When we look at the healthcare system in New Zealand, which is a primary care led system, supported by secondary care, it has one of the lowest costs in the world. Equally, when we compare places like Denmark, where 95% of all patients are not only seen, but managed in a primary care setting, they have one of the best health care systems in the world. It is these countries that Ireland needs to understand and gain insights from.

The NAGP over the past five years, through its lobbying and its media activities has successfully managed to change the conversation. Before its resurrection, the conversation was focused on hospitals, waiting lists and trollies. Today, the focus is on GP led primary care systems. We know what we must do, now we need the Government to invest. HSE Director General Tony O'Brien has stated we need €500m a year for the next 10 years invested as a transitional fund into primary care. The Department of Health and the Department of Public Expenditure & Reform now need to recognise that this funding needs to be implemented as a matter of urgency if we want our health care system to be transformed into a more efficient and effective structure with patient wellbeing and safety at the core of the system. I believe we are in the midst of 'an awakening' in general practice, with our members energised and committed to ensuring we see positive change. I strongly believe that the NAGP is well positioned with the Minister for Health and the HSE to see this through. We are committed to representing you, our members, to safeguard the great work, commitment and service you provide to all in our communities.

Yours sincerely,

Chris Goodey



**Chris Goodey presenting a voucher to Dr Roisin McNamara at the ICGP network of GP Trainees Conference.**

## NEWS AND ACTIVITY HIGHLIGHTS FROM 2017

### NAGP CALLS FOR URGENT REVERSAL OF FEMPI IN LIGHT OF PAY DEAL

In June, the NAGP called for the urgent reversal of FEMPI cuts in line with other sectors. The GP union said FEMPI reversal would stem the tide of GP emigration.

Reacting to news that a draft pay deal has been agreed for public sector workers, the National Association of General Practitioners has called on the Government to urgently reverse Financial Emergency Measures in the Public Interest (FEMPI) cuts in general practice. The GP body say General Practice has suffered disproportionate funding cuts of up to 38% under FEMPI. Meanwhile, patients with medical and GP Visit cards have increased to almost half the population with the introduction of the under 6's and over 70's free GP care. The union has said that FEMPI is a key factor in the high emigration of GPs as the profession is now unviable in Ireland.

Mr. Chris Goodey, NAGP Chief Executive, said, "FEMPI is driving young GPs abroad in search of better terms and conditions. Newly qualified doctors have demonstrated their lack of faith in the viability of general practice. For the first time, 10 GP training places have remained unfilled in 2017. Training places were oversubscribed before FEMPI was imposed. Almost half of all GP Trainees are seeking better opportunities abroad. Urgent and decisive action must be taken by the Government to address the shortage of GPs in Ireland".

The NAGP believe that without the reversal of FEMPI, along with a new General Medical Service (GMS) contract, medical graduates will no longer choose a career in general practice. 63.1 GPs per 100,000 population are currently practicing medicine in Ireland. This figure falls well below international best practice of 80 per 100,000 population. To compound the issue further only 74.2% of all GPs registered with the Council are practicing full-time.

### NAGP TO HIGHLIGHT FREE HEALTHCARE ABROAD

The National Association of General Practitioners (NAGP) has announced their intention to undertake an information drive highlighting the benefits of the Cross Border Healthcare Directive to their members and patients. The Cross Border Directive allows for EU residents to access health services in EU member states other than their own. The NAGP has stated that the Directive has the potential to significantly reduce waiting times for day, inpatient and outpatient care in Ireland and ensure patients are seen sooner.

Dr. Emmet Kerin, NAGP President, explained the move, "Feedback from our members has highlighted the considerable lack of awareness among GPs and patients that they have the right to seek healthcare in another EU country. This has resulted in relatively low levels of uptake. The Directive, while not an ideal solution to the issues in our health system, has the potential to alleviate the pressure on hospitals and cut waiting times. The NAGP will, in the best interests of patients, proactively highlight the Cross Border Healthcare Directive to our members".

### NAGP SAY GOVERNMENT BURIED THEIR HEADS IN THE SAND OVER GP CRISIS

The National Association of General Practitioners say Government must stop ignoring the crisis in General Practice. The NAGP calls on Government to urgently resource General Practice. The reversal of FEMPI will make General Practice viable and stem the tide of GP emigration. Dr. Andrew Jordan, Chairman, said the NAGP had been highlighting the emerging crisis to the Government for at least four years, "We have outlined the devastating impact FEMPI cuts of up to 38% have had on General Practice. However, the Government choose to bury their heads in the sand and not heed our warnings. General Practice has borne the hardship of these cuts and continued to prioritise the care of patients. We are now seeing the direct impact through high levels of emigration of GP Trainees. We are training our GPs for export while the HSE struggles to recruit GPs for vacant practices across the country".

The NAGP believe that without the reversal of FEMPI, along with a new General Medical Service (GMS) contract, medical graduates will no longer choose a career in general practice.



**GPs of the year 2016 and 2017 Dr Emmet Kerin and Dr Ronan Fawsitt.**



**Submission of Primary Care Partnership document 'Designing Primary Care in the 21st Century'.**

## NEWS AND ACTIVITY HIGHLIGHTS FROM 2017



**Emergency meeting in Naas Setpember 2017.**

### EMERGENCY MEETING OF NAGP MEMBERS – 23RD SEPTEMBER 2017

The crisis in General Practice continues to escalate with growing challenges in morale, manpower and resources. A viable 21st century general practice requires a reversal of FEMPI and a new fit-for-purpose GP contract.

The NAGP National Council, like all its members, is concerned about the slow pace of contract negotiations. We are also concerned that the reversal of FEMPI, which has been afforded to workers in the public service, has been denied to general practitioners. Without this remedy, General Practice remains on an insecure financial footing and cannot meet the valid needs of patients and providers.

The reversal of FEMPI and a new contract can help set the circumstances that:

- limits the drain of our young GPs emigrating abroad;
- allows investment into General Practice;
- plans for achievable and fully reimbursable service expansion;
- allows GPs to work at a sustainable pace with a secure retirement mechanism.

Un-resourced work continues to be imposed on General Practice without consultation. This includes a recent letter from the HSE outlining new obligations to fill out online forms to justify our prescribing. This attitude is extremely concerning. Consultation with your union on this, and other issues, remains crucial but has not happened.

Further to the motion passed at our AGM, the NAGP has prepared a legal analysis of GP obligations under the current GMS contract. This analysis will inform members of what work is resourced under the contract.

### NAGP CALLS FOR ADDITIONAL PRACTICE NURSES: PRE-BUDGET SUBMISSION

In their pre-budget submission, the National Association of General Practitioners (NAGP) has called on the Government to urgently redirect funding presently assigned for community health nurses, to practice nurses. The NAGP say the Government's recent commitment to provide an additional 900 community health nurses would be better utilised in General Practice and would provide a coherent team-based system of care in the community.

Dr. Andrew Jordan, NAGP Chairman, explained, "Practice nurses are an invaluable part of the GP practice team. By deploying these resources as practice nurses, the GPs will be better resourced to care for patients in the community. Committing to the immediate recruitment of 900 additional practice nurses would support acute care and the delivery of Chronic Disease Management (CDM) in the community. Extra practice nurses would ensure more patients are seen in a timely manner and would assist the capacity crisis in General Practice".

If GPs are to work to standards set by the national clinical programmes, they will need more nursing support in their practices. GPs need an extended team to deliver a first-class service to patients. This would enable general practice to provide more preventive, predictive and anticipatory care to patients in the community. Vulnerable cohorts including the frail elderly would benefit most from this rationalisation of healthcare delivery.

Community health nurses are not currently part of the practice team. The NAGP believe that investing in more community care nurses will only lead to another silo of community services that are detached and unaccountable to the primary care physician – and therefore will add to the fragmentation of care.

To further assist GPs and practice nurses, the training of healthcare assistants or physician assistants to carry out other tasks would also alleviate workload pressure and is an option that must be explored. It is in the best interests of patient care that all health professionals would work to the top of their licence.

### OVER DEPENDENCE ON HOSPITAL CARE STRANGLING HEALTH SYSTEM

At the launch of the second Primary Care Partnership consensus document, "Defining Primary Care in the 21st Century", the partnership of primary care providers called on the Government to heed their calls for genuine reform. The National Association of General Practitioners (NAGP) are proud members of the Primary Care Partnership.

The Primary Care Partnership hosted a conference in Croke Park, Dublin on the 31st March and 1st April 2017 attracting more than 350 health and social care professionals. The two-day conference provided an open forum for ideas and synergies. In six workshops, these ideas were refined into action plans which formed the basis for this consensus document.

The Primary Care Partnership brought together key leaders in areas such as General Practice, nursing, medical training and education, rehabilitation services, nutrition and patient care and pharmaceuticals to produce a series of potential solutions which should be put in place in order to tackle Ireland's health problems.

## NEWS AND ACTIVITY HIGHLIGHTS FROM 2017

### **NAGP LEAD FACT-FINDING MISSION ON INNOVATIVE NEW HEALTHCARE MODEL IN ENGLAND**

A delegation from Ireland, led by the National Association of General Practitioners visited the UK in September to learn about the National Association of Primary Care's (NAPC) primary care home model and the achievements of one of the rapid test sites – Beacon Medical Group in Plymouth.

The delegation included Fianna Fáil TD and spokesperson on primary care and community health services John Brassil TD and Fine Gael Senator and Seanad spokesperson on health, Senator Colm Burke.

Other members of the delegation included Dr David Hanlon, the national clinical advisor and group lead for primary care from the Health Service Executive (HSE) and Ms Joan Gallagher, HSE Policy Analyst. NAGP President, Dr Emmet Kerin; NAGP Chairman, Dr Andrew Jordan; and NAGP Council member, Dr Lucia Gannon led the delegation.

The visit followed the publication of the all-party Slaintecare Report in May which outlined a new 10-year vision for the future of healthcare in Ireland and a shift away from the hospital-centric system to more primary and community-based care closer to people's homes. The NAGP welcomed the following principles that were highlighted in the report:

- More care for patients delivered in the community
- The implementation of an integrated care system
- The development of general practice
- Enhanced teams working in primary care with GP leadership
- Better access to community diagnostics through service hubs
- Ring-fenced transitional funding underpinned by legislation
- An emphasis on clinical leadership, governance and State accountability

The Primary Care Home – which has rapidly expanded to 191 sites across England serving eight million patients, 14 per cent of the population – is one of the new models being explored to support the change following a presentation by Dr Nav Chana, the Chair of the National Association of Primary Care (NAPC) at the Primary Care Partnership Conference in Dublin earlier this year which discussed “Defining Primary Care in the 21st Century”.

NHS England Chief Executive Simon Stevens launched the primary care home programme in the autumn of 2015. Beacon Medical Group in Plymouth was one of 15 rapid test sites selected in December 2015.

Developed by the NAPC, the model is an innovative approach to strengthening and redesigning primary care and is featured in the Next Steps on the NHS Five Year Forward View as part of the practical delivery plans to transform primary care over the next two years.

Over the two days, the delegation learned more about the primary care home model and its four defining characteristics, Beacon Medical Practice's achievements and how it has moved into a psycho-social medical role including its close links with the community and how patient engagement has been integral to its success.

### **GPS TO CONSIDER INDUSTRIAL ACTION – NAGP REACTION TO BUDGET 2018**

The National Association of General Practitioners (NAGP) has reacted strongly to news that there will be no meaningful resourcing of General Practice in Budget 2018. The GP union is now considering some form of industrial action as they say General Practice, as it is currently funded by the state, is unsustainable. The NAGP warned that if General Practice fails this winter, the hospital system will implode. The NAGP said the Budget announcement was contradictory to the political rhetoric of a move to GP-led Primary Care. The Budget makes no progress towards achieving this objective.

Dr Andrew Jordan, NAGP Chairman and GP in Dublin, called on the Government to put in place a transformational fund of €500 million to make a decisive shift to GP-led Primary Care, “The Government have stuck their heads in the sand and ignored our calls for reversal of FEMPI (Financial Emergency Measures in the Public Interest) in General Practice. The service is beyond capacity and requires urgent investment. All stakeholders agree that a cornerstone of healthcare reform in Ireland must be a move to more community-based care. This requires resourcing”. €25 million funding for General Practice was announced in the Budget for 2018 which the NAGP say does not even begin to address the current crisis in capacity. Patients with medical and GP Visit cards have increased to almost half the population in recent years with the introduction of the under 6's and over 70's free GP care.



**Delegates from Ireland visit Beacon Medical Group and NAPC.**

## NEWS AND ACTIVITY HIGHLIGHTS FROM 2017

### NAGP CALL FOR TRANSITIONAL FUNDING TO SUPPORT GENERAL PRACTICE

The National Association of General Practitioners has welcomed the HSE's recognition that transitional funding is essential to support a move to GP-led primary care. The GP union was reacting to the launch of the HSE's "A Future Together" report which addressed building better GP and primary care services for patients. The report recognised that a decisive shift to GP-led primary care is an essential component of healthcare reform and that transitional funding is needed, both in the short and longer term, to achieve this. Dr Emmet Kerin, NAGP President, speaking after the launch of the report said, "This report is a commendable body of work that supports the approach that all stakeholders have been discussing – moving more patient care into the community and resourcing general practice. Tony O'Brien (DG of the Health Service Executive) states in the report that

transitional funding of €500 million per year over 10 years is required to resource this shift to GP-led primary care. The NAGP is calling on the Government to take on board the recommendations in this report and the all-party Slaintecare report. We must start to see some credible progress on behalf of patients as we face into yet another challenging winter". The report recognised that the percentage of the overall healthcare budget spent on general practice was extremely low by international standards and needs to increase. The HSE report found that trainee GPs believe "the current system is not professionally satisfying for them" and are therefore considering alternative options. The NAGP say that a new GP contract is critical to stabilising the profession and restoring viability.

### PRACTICE CANNOT BE CONDITIONAL – FEMPI REVERSAL FOR GENERAL PRACTICE

The National Association of General Practitioners (NAGP) has called on the Government to unconditionally reverse Financial Emergency Measures in the Public Interest (FEMPI) cuts in general practice. The GP union was responding to the Minister for Health's announcement "in future, the relevant Minister, with the consent of the Minister for Public Expenditure and Reform, will have the statutory power to set and vary the fees paid to (health care) contractors". The NAGP say that a Minister having unilateral power to set rates in this manner would be disastrous for the future of general practice and patient care. The GP union said the Government must now decide whether they want a severely disadvantaged service or if they wish to resource a decisive shift to GP-led primary care that is resourced to keep patients out of hospitals and provide more care in the community.

### MINISTER FOR HEALTH PROMISES 40,000 PATIENTS GP CARE THAT HE CANNOT DELIVER

In response to the Health Ministers announcement, the National Association of General Practitioners welcomes supports for carers, who provide a vital function in our society. However, in this case, the Minister is making a promise that he knows he cannot deliver. The Minister has recognised that there is no additional capacity in the GP sector, yet makes this promise despite assurances that there would not be any extensions to the existing 40 year old GMS contract.

Further, this decision was made by Minister Harris without consultation or agreement with the medical representative bodies. This flies in the face of a "collaborative" process and makes a mockery of the negotiations in relation to a new GMS contract. With an election expected in Spring 2018 this can only be seen as a populist move to win votes.

### NAGP CALL FOR SAFE TRANSFER OF DANGEROUS PATIENTS

The National Association of General Practitioners is calling on the HSE to allow GPs to transfer the care of potentially dangerous patients to designated public health facilities. The GP union has written to the HSE as attacks on GPs continue to escalate unaddressed. GPs have reported physical assaults, verbal abuse and threats to themselves, their patients, and staff from these patients. The NAGP say health and safety must take priority and are seeking safe transfer of care to public health facilities where there are appropriate structures in place, including a security presence.

Mr Chris Goodey, NAGP Chief Executive, said, "Our members have serious concerns, not only for their own safety, but for that of their practice staff and other patients. Dangerous patients with drug, alcohol and mental health challenges who have been removed from one GP's practice are being assigned to another practice without any consultation with the GP and without providing the patient's history. They have no warning of the health and safety risk the patient poses until an incident occurs. They are not being given the support required to provide appropriate care. As a result, the NAGP is receiving reports of physical and verbal assaults; Gardaí intervention and damage to property. The HSE is failing in its care for both parties".

All patients have the right to access healthcare. The NAGP state that practice staff, GPs and other patients, however, have an equal right to safety. The NAGP is calling for GPs to have the right to prioritise health and safety in their practices and safely transfer the care of these patients who are a potential danger to other patients and staff.



**Deputy Michael Harty speaking to Chris Goodey at the GP Trainees Conference in the Hudson Bay Hotel.**

## NEWS AND ACTIVITY HIGHLIGHTS FROM 2017

### NAGP REVEALS 84% IN FAVOUR OF REVISION FOR PATIENT SAFETY & DOCTORS HEALTH

The NAGP released the results of their ballot question put to its members in early February.

The question “should the NAGP recommend to its members to revise their existing participation in the out of hours services commensurate with patient safety concerns and to comply with existing European directive on hours worked by doctors?” was put to members.

The ballot was taken by SMS and in total there were 1830 messages delivered. The result shows that 84% of respondents are in favour of revising their existing participation in the out of hours service.

The NAGP have repeatedly called on the HSE to take corrective action in relation to patient safety and doctor

health, only for the calls to be ignored. In anticipation of an upcoming report from the HSE on the revision of the out of hours service, the NAGP again calls on the HSE to take clear and decisive corrective action to directly address these issues.

The NAGP believes that the issues of patient safety and doctors health are key contributory factors to the ever-deepening crisis in general practice. Now is the time for action from the HSE.

The scheme is disingenuous, in that, it is offering a doctor visit card that does not carry with it the benefits such as medications, counselling, physiotherapy and occupational therapy, that this particular group need.

The Ministers announcement demonstrates a complete disconnect and lack of engagement with general practitioners and the deepening crisis in the sector. 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.

The NAGP now calls on Minister Harris to proactively move forward in GMS contract negotiations in a manner that suggests that he and the Department of Health are serious about providing properly resourced primary care services to the Irish people. This needs to be done as a matter of urgency to avert a full-blown healthcare crisis.

### LEGAL REVIEW : MEDICAL CARD & GP VISIT CARD

The NAGP sought legal advice from Galligan Johnston on the extent of GPs obligations under the GMS Contract and the Under 6s Contract. The basis for this was that there have been ongoing and long running disputes with the HSE on certain issues. Medical and GP Visit Cards allow you access to a wide range of GP services free of charge. There are additional services that are NOT covered by the General Medical Services. We issued a poster to all of our members, outlining those services which are not included.

## MEDICAL CARD & GP VISIT CARD PATIENTS YOUR CARE

Medical and GP Visit Cards allow you access to a wide range of GP services free of charge. There are additional services that are NOT covered by the General Medical Services. Many of these are outlined below. A request for one of these additional services may incur a fee. Please check with your GP practice before requesting one of the services to avoid any misunderstanding in relation to fees.

- Insurance policy certificates and medical examinations
- Examinations and reports for solicitors
- School attendance notes and certificates
- Travel, work-related and pregnancy vaccinations
- Phlebotomy (the taking of blood tests)
- Passport and ID reports
- Letters to councils, creches and general advisory bodies
- Sports medicals
- Drug Kardexes for nursing homes and other residential homes
- Letters in support of social welfare/ council applications, etc
- Driving licenses
- Power of Attorney and Enduring Power of Attorney reports and certification
- Examinations for mental capacity to make a will
- Certification of retrospective mental capacity
- Certification for insurance companies
- Private Medical Attendant's reports/ consultation/examination
- Medicals and health checks
- Travel Insurance reports
- Certificates of fitness to travel
- Certificates of fitness to drive
- Certificates of fitness for Gyms, Sport, Scuba Diving etc.
- Certificates of Fitness to work, or to return to work, or paternity leave
- Examinations and treatment following an accident, performed for legal purposes
- Examinations for Solicitor's reports
- TUSLA reports
- Adoption and foster care medicals and certification
- Examinations requested by public hospitals or private consultants including but not limited to: Blood tests, Breathing tests, Heart monitors etc.
- Family case conferences
- STD screening

GPs hope that we can work together to deliver the healthcare system that you deserve. In order to do this it is important that we:

**RESPECT:** workers' rights to their contract terms and conditions. GPs have a contract dating from the 1970s to provide some medical services to people with Medical/ GP Visit cards which does not include the services listed above

**REALISE:** funding for General Practice has been decreased by 38% in the past few years while the demand for services has risen and the population is increasing and ageing

**REACH OUT:** please help us restore funding to General Practice so we can offer you a better service. Contact your local TDs, Ministers and councillors and ask for more realistic funding for your Medical/ GP Visit card services. Encourage them to draw up a new contract that will reflect 21st century healthcare needs.

#### About the NAGP

The National Association of General Practitioners (NAGP) is the largest representative organisation for GPs in Ireland, representing 2,000 general practitioners. [www.nagp.ie](http://www.nagp.ie)

**National Association of General Practitioners Limited**  
**UNAUDITED Management Accounts for period ended 31 December 2017**

**Profit & Loss Account**

	9 months 31/12/2017	€	€	15 months 31/03/2017	€	€
Income						835,313
Wages	151,636			302,451		
Property Costs	24,264			30,739		
Conference Costs	70,718			239,987		
Printing, Photo & Advertising	21,905			30,825		
Depreciation	7,654			17,527		
Legal & Professional	46,743			27,627		
Bookkeeping	28,845			48,138		
Audit fees	980					
Finance Charges	12,864			14,723		
Sundry	9,710			12,907		
General Bad Debt Provision	35,000			-		
General & Office Expenses	113,002			172,289		
				<u>523,321</u>		<u>897,213</u>
<b>Total Profit/Loss</b>				<u><u>3,750</u></u>		<u><u>(61,900)</u></u>

**Balance Sheet**

	9 months 31/12/2017	€	€	15 months 31/03/2017	€	€
<b><u>Fixed Assets</u></b>						
Fitures & Fittings	4,253			4,986		
Motor Vehicle	14,600			21,521		
Investment	333			333		
				<u>19,186</u>		26,840
<b><u>Current Assets</u></b>						
Members Subs Due	134,320			131,611		
Other Assets	57,850			64,722		
				<u>192,170</u>		196,333
<b><u>Current Liabilities</u></b>						
Bank	76,898			46,864		
Loan	36,675					
Other	127,554			209,830		
				<u>(241,127)</u>		(256,694)
<b>Net Current Liabilities</b>				<u>(48,957)</u>		<u>(60,361)</u>
<b>Total Assets less Current liabilities</b>				<u><u>(29,771)</u></u>		<u><u>(33,521)</u></u>
<b><u>Reserves</u></b>						
Retained Earnings				<u>(29,771)</u>		<u>(33,521)</u>
<b>Members Funds</b>				<u><u>(29,771)</u></u>		<u><u>(33,521)</u></u>

Please note the current reporting period is a 9 month financial period.  
Please note the comparative figures are over a 15 month reporting period.



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