BMA Northern Ireland
Written evidence for Health Committee members on the crisis in general practice

20th October 2016
General Practice in Crisis in Northern Ireland
How did we get here?

We have 85 training places for GPs. We need 111.

From 2003

- 63% increase in consultations per person
- 28% increase in prescribing rates
- 115% increase in administrative workload
- 216% increase in laboratory tests per person
General Practice in Crisis in Northern Ireland

How did we get here?

50% of general practices expect GPs working there to retire in the next two to five years

10% of GP practices here say they are not coping

Funding: in 2015/16 general practice got 5.67% of the health budget, down from 11% in 2003

13% increase in practice list sizes over the last 10 years
General Practice in Crisis in Northern Ireland

How did we get here?

Northern Ireland has the lowest number of GPs per 10,000 head of the population in the United Kingdom.

8.20 in Scotland

6.10 in Northern Ireland

6.80 in England

6.70 in Wales
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Executive Summary

Introduction

1. BMA Northern Ireland welcomes the opportunity to give evidence to the Health Committee detailing how general practice is in crisis and needs urgent attention. We will also outline to the committee the solutions and actions that are needed to ensure that general practice remains viable for the future.

Background

2. In February 2015, BMA Northern Ireland General Practitioners Committee (NIGPC) published *General Practice in Northern Ireland – The Case for Change*, (2015). This publication highlighted the issues facing GPs in Northern Ireland regarding workforce, workload and funding and what was likely to happen if solutions were not implemented. Sadly, some of the predictions regarding the future viability of practices have now become a reality.

3. Like everyone else we are waiting for the publication of the report of the expert panel and the Ministers vision. BMA believes that transformation is key but we also acknowledge that this will be a slow process. So whilst we support change, general practice cannot wait for long term transformation but needs action now. If general practice falls, we will not be able to reform and the collapse of secondary care will follow very quickly.

Immediate actions

4. **Funding**
   - A public commitment from the Health Minister to invest recurrent funding in general practice at a **minimum of 10% of the health budget** and to rebalance health resources to where care is delivered.

5. **GP rescue taskforce**
   - The Department must establish a **task-force and a stabilisation fund** to provide support to vulnerable or at risk practices which could include the provision of management resources, clinical input, proactive support that can be called in at short notice. This needs to be developed in liaison with the Local Medical Committees (LMCs).

6. **Workloads**
   - **Immediate resources to fund an expanded and comprehensive primary care team** to reduce and relieve GPs workload, including mental health practitioners, health visitors, advance nurse practitioners, physiotherapists and physician associates.
– Support and fund GP Federations

– Develop guidance for ensuring that secondary care work is not passed onto GP practices.

– Ensure information technology is fit-for-purpose and resourced. For example online/phone triage / AskMyGP.

7. Workforce

– An immediate increase in the number of trainee GP places to 111.

– Increase opportunities for patients to directly access services such as specialist nurses or physiotherapists to reduce the GP first point of contact.

– Invest in GP out-of-hours service to enable an expanded and sustainable clinical workforce.

Conclusions

8. The evidence from our publications, General Practice in Northern Ireland – The Case for Change, (2015 and General Practice in Crisis – a report on primary care in Northern Ireland (2016), clearly highlight that general practice is in a downward spiral and urgent steps are now needed to address this. The past decade of underinvestment has to be reversed to provide general practice with the stability it needs to remain the foundation of the National Health Service.

9. The proposed actions outlined above, if all implemented, will go some way to address the crisis facing general practice. This is a matter of urgency to not only rescue general practice but to ensure that patients in Northern Ireland have a responsive, safe and sustainable general practice service that they know will be there when they need it.
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Introduction

10. BMA Northern Ireland is both a Professional Association and a Trade Union which represents the medical profession across all branches of practice. Our mission is “we look after doctors so they can look after you”.

11. BMA has 169,000 members worldwide and 75% of doctors and medical students are members in Northern Ireland.

12. BMA Northern Ireland welcomes the opportunity to give evidence to the Health Committee detailing how general practice is in crisis and needs urgent attention. We will also outline to the committee the solutions and actions that are needed to ensure that general practice remains viable for the future.

13. Like everyone else we are waiting for the publication of the report of the expert panel and the Ministers vision. BMA believes that transformation is key but we also acknowledge that this will be a slow process. So whilst we support change, general practice cannot wait for long term transformation but needs action now. If general practice falls, we will not be able to reform and the collapse of secondary care will follow very quickly.

Background

14. In February 2015, BMA Northern Ireland General Practitioners Committee (NIGPC) published *General Practice in Northern Ireland – The Case for Change*, (2015). This publication highlighted the issues facing GPs in Northern Ireland regarding workforce, workload and funding and what was likely to happen if solutions were not implemented. Sadly, some of the predictions regarding the future viability of practices have now become a reality.

15. As a follow on from this report and in order to capture what GPs are experiencing on the ground, NIGPC undertook a survey to explore this in more detail. Our publication *General Practice in Crisis – a report on primary care in Northern Ireland* (2016), showed that out of the 229 practices (representing a response rate of 64%) that participated, 10% are barely coping. A further 74.6% of respondents indicated that they are struggling but currently managing although they are extremely concerned about their short term future. Representing almost 85% of respondents, this clearly demonstrates that general practice in Northern Ireland is now in trouble and unless immediate action is taken and funding made available, practices will
close, leaving thousands of patients facing the very real prospect of not having a GP to call on when they need help.

The context of primary care

16. General practice is recognised as one of the most cost-effective, high quality means to deliver care to patients in their communities. General practice is the backbone of primary care and it is most effective when integrated across the wider primary care team, including nurses, pharmacists and other allied health professionals.

17. Primary care is central to the provision of health and social care and is the entry point for all patients in Northern Ireland. As is the case in the rest of the UK, Northern Ireland is experiencing demographic shifts in terms of ageing, life expectancy and a growing population. People are living longer with long-term conditions and unhealthy lifestyle behaviours such as poor nutrition, smoking and alcohol consumption are having a significant impact on the quality of life.

- The population of Northern Ireland is increasing and is projected to reach 2 million by mid-2034iv
- From 2012 to 2022, the population aged 65 or more will increase by 26% (71,000 people)v

18. Public expectations and attitudes towards their care are changing but support for a universal NHS remains high in Northern Ireland at 73%vi.

19. A number of other challenges such as patterns of disease and disability, medical advances, information technology and the workforce will further intensify the pressure on the financial stability of health and social care in Northern Ireland.

What is general practice?

20. General practitioners are specialists in general medicine who provide whole person diagnosis and holistic care to their patients. The role of GPs has changed over the years and they are now responsible for care that would have been traditionally carried out in hospitals such as diagnosis and management of major diseases, preventative medicine and minor procedures.

21. GPs in Northern Ireland are independent contractors and through the General Medical Services contract they deliver primary care services to a registered list of patients on behalf of the Health and Social Care Board and the Department of Health.

22. The main characteristics of general practice can be described as:

- A GP is first point of contact for people with the health service
- GPs are community based and accessible to everyone
- GPs are closely linked to secondary care and other allied health professionals
• GPs are highly trained to treat complex health and social care needs
• GPs act as advocates on behalf of their patients.

Why is general practice in crisis?

23. In our previous publications, General Practice in Northern Ireland: The case for change and General Practice in Crisis – a report on primary care in Northern Ireland, BMA highlighted the need for immediate action to ensure the sustainability of general practice. We identified that the following areas were in need of urgent attention if general practice was to survive:
  • Workforce - recruitment and retention
  • Workload
  • Funding
  • A task-force to support for vulnerable practices.

24. The Department established a review of GP-led primary care services in Northern Ireland and the recommendations of the working group were published in March 2016. This review identified five strategic goals and made nine recommendations with key actions to ensure sustainable GP services. Whilst there has been limited progress, we believe that this is not enough to save general practice.

Workforce – who are GPs?

25. Numbers

In 2015 there were 1,274 GPs in Northern Ireland dealing with 1,948,268 registered patients, working in around 349 practices. BMA Northern Ireland estimates that this equates to 950 full-time GPs, allowing for part-time working, maternity leave and other responsibilities. There are now equal number of women and men as registered GPs, whereas in 1985, 81% were male and 19% were female.

26. GP trainee places

Whilst there has been a welcome increase this year in GP trainee places from 65 to 85, the Department’s own analysis in 2014 identified the need for 111 GP trainee places by 2018. It is important that the committee notes that 65 training places per year does not necessarily relate to 65 new GPs in the workforce as many complete their training over a number of years due to maternity leave, and an increase in the uptake of part-time training. For example, in 2014, of the 65 training places, only 33 completed their training equating to a whole time equivalent of 18 GPs. This has been a noticeable trend in recent years which has not been factored in by the department.

27. It takes a minimum of five years to become a GP post-graduation, therefore it will be a number of years before this increase in training numbers will have any impact.

28. Older GPs
25% of the current GP workforce in Northern Ireland is aged 55 and over - 22% in England, 20% in Scotland, and 23% in Wales\textsuperscript{xii}. Those GPs who are close to retirement age have indicated that they are more likely to retire earlier due to the unsustainable workload\textsuperscript{xiii}.

29. **Vacancy rates**

Our survey, *General Practice in Crisis* referred to above, reported an overall vacancy rate of 14% and this almost doubled (27%) for those practices that reported that they were struggling.

30. **GPs per head of population**

Northern Ireland has the lowest number of GPs per 10,000 head of the population in the United Kingdom.\textsuperscript{xiv}

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<th>Northern Ireland</th>
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*Source: GP numbers relative to UK populations, Nuffield Trust*

**Workload**

31. As well as a deficient number of GPs, there is also a marked increase in their daily workload. GPs are often the first and main point of contact for patients. The range of activities that a GP undertakes on behalf of their patients has increased dramatically in the last decade.

32. Evidence from the Project Support Analysis Branch,\textsuperscript{xv} show that from 2003/04 to 2013/14 the number of consultations per person per year rose from 4.04 to 6.6 representing an overall increase of 63%.

33. Looking to other indicators that show an increase in workload we can see that:
   - prescribing rates have increased by 28%
   - repeat prescribing rates have increased by 41%
   - laboratory tests per patient have increased by 216%
   - administrative workload processed by general practice has increased by 115%
   - consultation rates of nurses in general practice has increased by 66%
   - consultation rates for health visitors has increased by 34%
   - patient contact has increased by 66%.

34. Committee members need to be mindful of the combination of the reduction in GP numbers alongside an increase in workloads and the impact this can have on GPs in terms of their own health and wellbeing. Our survey showed that of the 64% of practices that responded, over half stated that they had difficulty in taking annual leave and 76% stated that their workload affected their family or work life balance.
Funding

35. In 2015/16 the total health budget was £4,697.9 billion\textsuperscript{xvi} and the total investment in general practice was £266.760m\textsuperscript{xvii}, representing just 5.67%. In 2003 investment in general practice was 11%. This reduction in funding coupled with significant increases in workloads and too few GPs on the ground has caused the crisis.

36. This continued disinvestment has resulted in the current crisis in general practice. Piecemeal funding through monitoring rounds and one off payments will not solve this issue – we need a public commitment from the Minister to invest properly in general practice, immediately increase funding to a minimum of 10% of the health budget and make it very clear that general practice is worth saving.

37. What we are seeing as a result of this crisis is practices collapsing, putting a strain not only on surrounding practices but adding to the workload in secondary care. In order to stem this tide, we are calling for a rescue package and a stabilisation fund to provide emergency support to vulnerable practices at risk of collapse or where safe patient care is compromised such as out-of-hours.

Out of Hours

38. The out-of-hours (OOH) service is also suffering as a result of insufficient number of GPs, increasing workloads and the continued dis-investment of general practice. Our evidence shows examples of where one doctor is working alone to service a large geographical area leaving the service potentially unsafe. Despite raising our concerns with the HSCB, to no avail, NIGPC have subsequently raised this issue with the General Medical Council (GMC) who have passed our concerns on to the Regulation, Quality and Improvement Authority (RQIA) regarding unsafe OOH practice in the southern and western areas.

Solutions to the crisis in general practice

39. The impact of unmanageable workloads, too few GPs and the continued dis-investment in general practice now means that practices are closing and this is impacting on patient care.

40. NIGPC are clear on what needs to happen to ensure the survival of general practice. This is far from breaking news. GPs in Northern Ireland have made all key decision makers aware of this impending crisis for over a decade.

41. NIGPC has developed and funded the GP federation model to attempt to ameliorate the situation and ensure the delivery of a responsive, safe and sustainable general practice service.
42. **GP federations – what are they?**

43. GP federations have been set up as not-for-profit Community Interest Companies funded by GPs themselves. There are 17 federations covering Northern Ireland, providing services to approximately 100,000 patients in each. The primary aim of GP federations is to provide high quality care to patients in the community

- GP federations are legal entities and have the appropriate legal and governance controls and mechanisms in place
- Each practice will still be responsible for its patients and retain its own premises independently
- GP federations are based on a ‘not for profit’ model – this means that individual GPs will not profit from this. Any surpluses created will be reinvested into the federation for the benefit of patients
- GP federations will work with other health and social care providers such as pharmacists to provide integrated care solutions

44. An example of how this model can reduce pressure on GPs workload is the use of practice based pharmacists. NIGPC successfully secured funding from the Department so that by 2021, every practice will have a pharmacist to improve prescribing and importantly reduce pressure on GPs.

45. Although the initial investment in GP federations was made by GPs, strategic long-term investment now needs to be made to ensure this model is sustainable and can contribute to helping general practice back on its feet.

**Immediate actions**

46. **Funding**
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47. **GP taskforce**
   - The Department must establish a task-force and a stabilisation fund to provide support to vulnerable or at risk practices which could include the provision of management resources, clinical input, proactive support that can be called in at short notice. This needs to be developed in liaison with the Local Medical Committees (LMCs).

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− Ensure information technology is fit-for-purpose and resourced. For example online/phone triage / AskMyGP.

49. **Workforce**

− An **immediate** increase in the number of trainee GP places to 111.

− Increase opportunities for patients to directly access services such as specialist nurses or physiotherapists to reduce the GP first point of contact.

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**Conclusions**

50. The evidence from our publications, *General Practice in Northern Ireland – The Case for Change*, (2015 and *General Practice in Crisis – a report on primary care in Northern Ireland* (2016), clearly highlight that general practice is in a downward spiral and urgent steps are now needed to address this. The past decade of underinvestment has to be reversed to provide general practice with the stability it needs to remain the foundation of the National Health Service.

51. We must find ways of securing general practice in the short-term and to ensure that the expected transformation of the health service delivers and puts primary care on a stable footing. The transformation agenda is now well established and GPs need to be confident that when the Minister makes her anticipated announcement at the end of October, primary care will be front and centre.

52. The proposed actions outlined above, if all implemented, will go some way to address the crisis facing general practice. This is a matter of urgency to not only rescue general practice but to ensure that patients in Northern Ireland have a responsive, safe and sustainable general practice service that they know will be there when they need it.

**Ends**

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