General Practice in Crisis
– a report on primary care in Northern Ireland
Foreword

The findings from this research are clear — smaller practices with fewer partners are at serious risk of collapse in the immediate future with a further large percentage vulnerable in the short term.

We have concerns that the majority of practices in rural areas are at risk of closure, and this risk is greatest in County Fermanagh where three out of four practices are now at risk of closure due to workforce and workload issues.

General practice in Northern Ireland is in trouble. Unless action is taken and funding is made available there is a real risk of practices closing, GPs retiring and thousands of patients here facing the very real prospect of not having a GP to call on when they need help.

BMA Northern Ireland’s General Practitioners Committee is calling for the following actions to be implemented immediately:

– Fair and sustainable funding — a minimum of 10% of the health budget
– The need for a taskforce to support at risk practices
– Put measures in place to reduce workloads
– Expansion of the primary care workforce

Dr Tom Black
Chair, Northern Ireland General Practitioners Committee
General Practice in Crisis – a report on primary care in Northern Ireland

Introduction

In February 2015, BMA Northern Ireland General Practitioners Committee (NIGPC) published General Practice in Northern Ireland – The Case for Change. This 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.

In order to capture what GPs are experiencing on the ground, NIGPC undertook a survey to highlight the issues. Headline results from our survey show that out of the 229 practices that participated, 10% are barely coping and 74.6% indicated that they are struggling but managing, but can see further problems on the horizon. Taken together this represents almost 85% of the practices that responded to our survey.

Figure 01 ‘Do you classify your practice as green, amber or red?’

Survey design

NIGPC set up the Rescue Plan – General Practice Group to explore the situation in greater depth, develop a checklist of factors and influence the Department of Health, Social Services and Public Safety (now the Department of Health) and the Health and Social Care Board. The survey was designed by the Rescue Plan – General Practice Group and analysed by the Project Support Analysis Branch at the DHSSPS – Information and Analysis Directorate.

The survey comprised of 38 questions covering a range of issues. Respondents were initially asked to classify if they perceived their practice was:

- Green – coping well, with no real problems, not in need of assistance or advice
- Amber – struggling but managing, possible problems on the horizon
- Red – barely coping or not coping, in danger

The survey was anonymous, but the working group offered confidential assistance to individuals and practices if they wished to avail of this. The anonymity of the survey means that we are unable to compare the survey response on a geographical basis, but where appropriate, Northern Ireland level data and other robust information will be used to reinforce the findings.

**Methodology**

All 349 practices in Northern Ireland were sent the survey. The data presented in this paper is based on the 229 responses received from the postal responses returned. This represents a response rate of 64%.

The covering letter and survey questions are attached in Appendix One.

**Context**

Primary care is central to the provision of health and social care and is the entry point for patients in Northern Ireland. In our previous publication, *General Practice in Northern Ireland: The case for change*, we highlighted the need for immediate action to ensure the sustainability of general practice. Our report focused on:

- Workload
- Workforce – recruitment and retention
- Funding – decreasing resources in primary care

Whilst some additional investment has since been committed and there has been an increase in GP trainee places from 65 to 85, this is coming from a position of prolonged and persistent disinvestment in primary care which means that whilst any additional investment is welcome, it is a matter of too little too late. As this survey shows, the reality for general practice on the ground is that it is now in the eye of the storm that we anticipated in 2015.
Overall Findings

There are a number of factors in recent years that have resulted in increasing and unsustainable demands on GPs. Northern Ireland has the lowest number of GPs per head of the population in the United Kingdom at 6.10 per 10,000; Wales has 6.70; England has 6.80 and Scotland stands at 8.20.

The total spend on general medical services equates to approximately 6% of the overall spend on health and social care, a decrease from 11% in 2003. The population of Northern Ireland is changing with an increasing ageing demographic and an increase in the number of people with long term conditions and co-morbidities.

Evidence from the Project Support Analysis Branch across similar domains reinforces the findings from our survey.

It shows that from 2003/04 to 2013/14 there has been an overall increase in:

- consultations by 63% per person
- prescribing rates by 28%
- repeat prescribing rates by 41%
- laboratory tests per patient by 216%
- administrative workload processed by general practice by 115%
- consultation rates of nurses in general practice by 66%
- consultation rates for health visitors by 34%
- patient contact by 66%

These statistics paint a very clear picture of a primary health care service which can no longer be sustained and those decision makers in positions of authority must now act. We have passed the ‘sticking plaster’ stage. We now need a long term strategic recovery plan if general practice is to survive. All of the challenges outlined have further contributed to chipping away at the morale and motivation of the existing workforce, leading to retention and recruitment problems in the immediate and long term.

What is clear from this survey is that those practices that are bigger are more likely to be sustainable and are able to cushion themselves from foreseen and unforeseen circumstances with single-handed and smaller practices less likely to survive.

We now need to strategically tackle this, not only in the short term to ensure practice survival but to ensure the long-term stability of general practice.

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Survey Findings
The realities for general practice in Northern Ireland

GPs overall perception of their practice
Practices were asked to rank themselves describing how they felt they were coping in the current climate. Only 30 (13.9%) of the practices stated that they are coping well, meaning that 189 (84.4%) practices are in the amber (167 or 74.6%) and red (22 or 9.8%) categories, struggling or barely coping.

If we extrapolate the findings against the overall number of practices in Northern Ireland which currently stand at 348, this would read across that 54% of all practices in Northern Ireland are struggling.

Practice list size
The average list size in Northern Ireland in October 2015 is 5,582. Our survey shows that the average list size was 6,271 which may indicate that smaller practices did not complete the survey. What the survey does show, is that those who reported themselves as green, had the highest list sizes at 7,255 and those who reported themselves as red had lower list sizes than the Northern Ireland average at 5,271.

Looking at trends we can see that list sizes have increased by 13% over the last 10 years, from 4,930 in October 2005 to the current 5,582 in October 2015. 78% of our respondents replied that they were experiencing a growth in their practice sizes. The growing population projected for Northern Ireland in conjunction with an ageing population will also add further pressure on practices.
Number of GPs in practices
We know there are 1,274 GPs registered with an average list size per GP of 1,663 in October 2015. BMA estimate that this equates to 950 full time GPs, allowing for part-time working, maternity leave and other responsibilities.

Using the red, amber and green classification, we can see that practices which reported themselves as green tended to have a higher number of GPs working in the practice than those classifying themselves as amber and red.

Composition of the GP workforce in practices
The composition of the general practice workforce is changing and our survey asked the following questions to determine the extent of this. Figures 03 and 04 show that practices that self-reported as green have higher numbers of both partners and salaried doctors than the average. Those who reported themselves as red, have fewer partners and fewer salaried doctors, with nearly 73% stating that they had no salaried doctors.

Figure 03 Average number of partners per practice, according to self-reported status

<table>
<thead>
<tr>
<th>Status</th>
<th>Average Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>4.33</td>
</tr>
<tr>
<td>Amber</td>
<td>3.65</td>
</tr>
<tr>
<td>Red</td>
<td>3.06</td>
</tr>
</tbody>
</table>

Figure 04 Average number of salaried doctors per practice, according to self-reported status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>1.5%</td>
</tr>
<tr>
<td>Amber</td>
<td>1.24%</td>
</tr>
<tr>
<td>Red</td>
<td>1.33%</td>
</tr>
</tbody>
</table>

Nine (4%) practices identified themselves as single-handed practices, of which one was self-reported as red and the rest amber. Data from BSO gives an overall proportion of single-handed practices of 11.5%.

BMA undertook a national survey of GPs in 2015 and this showed that just under 73% of GPs support the continuation of a national GMS contract and more than 82% of GPs support maintaining the option of independent contractor status for GPs.
Number of GP sessions

The number of GP sessions (defined as four hours and ten minutes) was also explored in our survey. The ability of a practice to offer more sessions is influenced by a number of factors such as list sizes and the number of available GPs. The lack of sufficient GP trainee places has been documented elsewhere, but as highlighted above, Northern Ireland has the lowest number of GPs per head of population across the UK and more GPs need to be trained.

A full time GP would expect to cover nine sessions per week. The following table shows that practices that self-classified themselves as green offer the highest average number of GP sessions with a partner in the practice, while practices that self-classified themselves as red offered the highest number of GP sessions per week with a salaried doctor.

Table 01 Average number of GP sessions per week, according to self-reported status

<table>
<thead>
<tr>
<th>Average</th>
<th>Partners</th>
<th>Salaried</th>
<th>No salaried doctor sessions</th>
<th>Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>24.51</td>
<td>5.64</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Amber</td>
<td>23.97</td>
<td>5.44</td>
<td>26</td>
<td>167</td>
</tr>
<tr>
<td>Red</td>
<td>19.75</td>
<td>7.17</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Not answered</td>
<td>18.4</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>21.66</td>
<td>5.06</td>
<td>39</td>
<td>224</td>
</tr>
</tbody>
</table>

Out-of-hours

Our survey shows that over 70% of doctors provide out-of-hours sessions and those who self-classified themselves as green provided the most sessions at 25, with those in the red category closely following with 23 sessions.

Vacancies

There is an overall vacancy rate of 14% amongst all practices, but those in red classification report a 27% vacancy rate — almost double the average. The average length of a vacancy is just under one year.

Retirements

We know that the age profile of GPs is changing with 25% aged 55 and over. However, when we add in those in the 50-54 age bracket, who we know under current pressures are more likely to retire early, this increases to 37%.

Over 50% of the practices in our survey indicated that they were expecting retirements to happen in the next two to five years and 17% indicated that they had planned retirements in the next five to ten years. Again we see that those practices which classified themselves as red (45%) are reporting higher levels of planned retirements with those in the amber (34%) classification close behind.

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Capacity to take annual leave

Over half (56%) of the practices stated they had difficulty in taking annual leave and the most common source of this was the inability to secure locum cover. Figure 05 allows us to drill down further and we can see that 86% of those practices in the red category had difficulty in taking annual leave and this was 59% for those in amber. Anecdotally we know that this seems to be more of a problem in the west and rural areas generally.

Figure 05 ‘Have there been any difficulties in taking annual leave?’

Locum cover

We sought to examine the use of locum cover by practices and whether there is growing need for this. Whilst the reason for locum cover was not specified, (it is clear that practices use locums to cover annual leave, vacancies or other situations), the responses were similar for all respondents as shown in figure 06.

Figure 06 ‘Do you have increasing need for locums (all respondents)’
Workloads

Again we see similar trends across the classifications as detailed in Figure 07 below. The average number of patients per doctor in our survey shows that those who self-assessed themselves as green (1,515) and amber (1,514) had lower numbers of patients per doctor compared to those in the red classification (1,538).

Figure 07 Average number of patients per doctor, according to self-reported status

1,515 1,514 1,538

The average patient list size per doctor in Northern Ireland on October 2015 was 1,663. The higher than average patient list size per doctor for practices that have classed themselves as red may further support their perception of their practice.

Further examination of the workload of respondents explored how up-to-date GPs were with administration. Table 02 shows that while the majority of respondents are up-to-date with their referrals, less than 60% across all classifications are up-to-date with either emails or correspondence.

Table 02 The proportion of respondents from each self-reported practice type who are up-to-date with each type of administrative duty

<table>
<thead>
<tr>
<th>Self-reported practice type</th>
<th>E-mails</th>
<th>Correspondence</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>67%</td>
<td>67%</td>
<td>90%</td>
</tr>
<tr>
<td>Amber</td>
<td>53%</td>
<td>59%</td>
<td>81%</td>
</tr>
<tr>
<td>Red</td>
<td>45%</td>
<td>55%</td>
<td>73%</td>
</tr>
</tbody>
</table>

We also explored with respondents if referrals are increasing. Across all classifications, practices are reporting an increase in referrals, but in line with trends in this survey, those in the red category are experiencing higher than average increases.

A recent BMA UK wide survey on the future of general practice also highlighted that 53% of GPs in Northern Ireland described their current workload as generally manageable but too heavy at times, 40% described their workload as unmanageable, leaving only 7% describing their workload as generally manageable.

In the same survey, GPs stated that their workload does at times have a negative impact on the quality of care received by their patients (75%) and they believe they should be able to offer longer consultations for certain groups such as patients with long-term conditions (72%).

Enhanced services

Enhanced services are additional commissioned services and can include extended hours, support for people with dementia or alcohol-related risk reduction. The capacity to provide these is an indicator of the pressures that practices are under. Figure 08 shows that once again we can see that those who classified themselves as red provided fewer enhanced services than those in green or amber categories.

Figure 08 ‘Are you able to deliver enhanced services?’
Those answering ‘yes’ according to self-reported status

![Pie chart showing percentages of those able to deliver enhanced services by color: 97% red, 88% amber, 64% green.]

We also explored with respondents how difficult it was to provide enhanced services given the pressures on practices. Figure 09 is interesting as we can see that those in the green are declining new enhanced services and those in the amber category are declining existing enhanced service. Suggesting that the future trend for the provision of enhanced services is problematic.

Figure 09 ‘Are you declining existing or new enhanced services?’
Those answering ‘yes’ according to self-reported status

![Pie chart showing percentages of those declining enhanced services by category and type: 17% green existing, 46% amber existing, 13% red existing, 34% green new, 15% amber new, 0% red new.]

**Work life balance**

When asked about work life balance Figure 10 shows that 76% of respondents stated that their workload affected their family or work-life balance.

**Figure 10 ‘Does workload appear to be affecting your family or work-life balance?’**

- 4% Not answered
- 76% Work life balance is affected
- 20% Work life balance not affected
What needs to happen now?

The findings from this survey are clear and unequivocal — smaller practices with few partners are at serious risk of collapse in the immediate future and a large percentage are vulnerable. The reduced capacity of GPs leads to increased workload and a higher incidence of practitioner burn-out as our survey shows. We know that practices who self-assessed themselves as red had double the average vacancy rate with over half stating that they had difficulty in taking annual leave.

The impact of unmanageable workloads, too few GPs and inadequate resources are putting practices on the brink of collapse. NIGPC have set out the necessary steps below that need to be taken to ensure the survival of general practice as we know it. 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.

NIGPC has developed the GP federation model to attempt to ameliorate the situation and ensure the delivery of a responsive, safe and sustainable general practice service. However, strategic long-term investment in primary care now needs to be made to counteract the demise of general practice.

Immediate actions

Funding

– A public commitment from the new minister to invest incremental recurrent funding in general practice at a minimum of 10% of the health budget and to rebalance health resources to where care is delivered. Transforming Your Care™, envisaged care being delivered closer to home with the expected shift in resources to accompany this.

– The provision of an immediate stabilisation fund for general practice to provide emergency support to vulnerable practices at risk of collapse or where safe patient care is compromised such as out-of-hours.

GP taskforce

– Similar to the NIGPC Rescue Plan Group, the department must establish a task-force 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).
Workloads

– It is vital that a national standard is set for a maximum number of patients that GPs, nurses and other primary care professionals can reasonably care for during a working day to maintain the delivery of safe and high quality care.

– GP Federations are in a position, if properly supported and funded, to provide locality hubs to which practices can refer urgent patients when they have reached the threshold for safe care on any given day.

– Establish a list of services that are not included in the core GMS contract which practices can choose if they wish to provide.

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

– Review and reduce the bureaucracy on general practice in areas such as QOF and appraisals.

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

Workforce

– We know that there are not enough GPs and we need a clear and credible plan to recruit and train more GPs for Northern Ireland.

– 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.

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

– Reduce the bureaucratic burdens of the GP returner scheme.

– Invest in GP out-of-hours service to enable an expanded and sustainable clinical workforce, addressing issues such as indemnity costs.

Conclusions

The results from this survey are clear, the state of general practice is in a downward spiral and urgent steps are now needed to address this. The decade of under-investment has to be reversed to provide general practice with the stability it needs to remain the foundation of the National Health Service.

We must find ways of securing general practice in the short term and evolve to a modern, sustainable model of general practice for the future to allow us to “provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness.”

The actions outlined above, taken together, if 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.
Dear Colleague

In February this year Northern Ireland General Practitioners Committee (NIGPC) published “General Practice in Northern Ireland – The Case for Change”. This highlighted the issues facing GPs in Northern Ireland regarding resourcing, workload and workforce.

Sadly, some of the predictions regarding the future viability of practices are beginning to become reality.

Confronted with this NIGPC has set up a free-standing group to explore the situation in some depth and provide suggestions which may help practices already in difficulty, those approaching significant problems and establish common areas where NIGPC can advocate to avoid problems in the future.

We need your help in establishing the situation in a confidential manner and provide a platform for those who wish the assistance of the independent impartial group again with an assurance and protection of confidentiality.

We would ask each practice/GP to consider where their practice resides:

GREEN – coping well, no real problems, not in need of assistance or advice

AMBER – struggling but managing, possible problems on the horizon

RED – barely coping or not coping, in danger

We would ask all practices to help us by completing the attached survey and returning same in the pre-paid reply envelope to assist us in addressing problems, developing an early warning preventative approach and identifying common themes to all NIGPC to advocate for all.

If any practice/GP feels they would value any input from the group please return the tear off slip with the survey response, or separately, and the NIGPC practice support team will make contact.

Many thanks

Dr Tom Black
Chairman NIGPC
# BRIEF ANONYMOUS SURVEY

1. Do you classify your practice as **GREEN** □ **AMBER** □ **RED** □
2. What is your list size? □
3. How many partners in the practice? □
4. How many salaried doctors in the practice? □
5. Do you have any doctor vacancies at present? **YES / NO** If yes – how long vacant? □
6. How many GP sessions are offered per week? □ partners □ salaried doctors □
7. Is annual leave covered by locums? □ partners? □ mixture? □
8. Have there been any difficulties getting annual leave? □
9. Do you have a written practice agreement? **YES / NO**
10. If yes – is it kept up to date? □
11. Do you work from partner owned premises? **YES / NO**
12. If yes - do you have an agreement to transfer ownership on leaving? **YES / NO**
13. Are you committed to a long lease/mortgage 5-10 years □ 10 years + □
14. Do any doctors plan to retire in next year? 2-5 years? □ 5-10 years? □
15. Are any retirements earlier than planned? □
16. Are doctor sessions planned to increase? □ decrease? □ stay the same? □
17. Do any doctors do out of hours work **YES / NO** How many sessions? □
18. Do they intend to increase? □ decrease? □ stay the same? □
19. Do you have a practice manager? **YES / NO**
20. How many administrative staff hours are provided per week? □

PTO
21. How many, if any, practice nurse sessions are provided per week? 

22. How many, if any, nurse practitioner sessions are provided per week? 

23. How many, if any, health care assistant sessions are provided per week? 

24. How many, if any, phlebotomist sessions are provided per week? 

25. Has the practice maintained QuOF achievement year on year? YES / NO


27. Are complaints - rising? falling? same? 

28. Are patient surveys mostly positive? negative? 

29. Do you have high patient turnover? YES / NO

30. Is there growth in the practice list? YES / NO

31. Do you have high staff turnover? YES / NO

32. Do patients increasingly complain about access difficulties?

33. Are home visit volumes - increasing? decreasing? same? 

34. Do you have increasing need for locums?

35. Are you up to date with – e-mails? correspondence? referrals?

36. Are you able to deliver enhanced services?

37. Are you declining existing enhanced services? Or new enhanced services? 

38. Does workload appear to be affecting your family or work-life balance?
Thank-you for taking the time to consider this survey.

Your help is invaluable in assessing the true levels of difficulties faced day to day.

While this is totally anonymous, the opportunity exists for you to request a confidential discussion with a member(s) of the NIGPC independent team if you, individually or as a practice, think that would be of benefit – please return the attached tear off slip either with your questionnaire response or to:

Dr Tom Black c/o NIGPC, 16 Cromac Wood, Ormeau Road, Belfast BT7 2JB.

Please NB this can be arranged for a Practice or for an individual.

I would be grateful if I could arrange a confidential discussion with the NIGPC independent team.

Name: ________________________________

Address: ________________________________

________________________________________________________________

________________________________________________________________

Contact number: in-hours: ________________________________

out-of-hours: ________________________________