# North South Inter-Parliamentary Association

**Third meeting**

# GP Out-of-Hours and emergency ambulance services

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## Key points

Northern Ireland and Ireland share a 470 kilometre land border. Northern Ireland has a population of 1.8 million whereas Ireland has a population of 4.6 million. Despite the population difference, both jurisdictions have similar healthcare needs and demand for healthcare services is high.

General Practitioners (GPs) are usually the first point of contact when people feel unwell. However, the number of GPs per capita on both sides of the border is lower than the EU average.

GPs are available via appointments during the working week and through Out-of-Hours services when GP practices are closed.

Some commonalities in the delivery of GP Out-of-Hours services between Northern Ireland and Ireland exist. There are also, nevertheless, significant differences.

Northern Ireland has 19 GP Out-of-Hours services. These are delivered via five regional providers and commissioned by a single Health and Social Care Board. Each service is open 6pm-8am Monday to Friday, throughout the weekend, and bank holidays.

By contrast, there are 14 centres providing GP Out-of-Hours services in Ireland, covering 90% of the population.[1] Unlike Northern Ireland, many run as businesses through co-operatives, mostly led by GPs, although some are led by the Health Service Executive (HSE). Access to these services varies throughout the country, and not all locations provide services at weekends.

Through their respective GP contracts, GPs in Northern Ireland can 'opt out' of Out-of-Hours work, whereas in Ireland, General Medical Services (GMS) GPs are unable to opt-out. Out-of-Hours work is an important part of the training requirement for trainee GPs in Ireland; yet fully qualified GPs who treat private patients only are not under any obligation to provide Out-of-Hours services.

Another important difference is that GP healthcare is free to patients who are 'ordinary residents' in Northern Ireland. Yet in Ireland, only one third of the population has access to free healthcare; the remainder are considered private patients who pay a fee per consultation. On one hand, charging patients can deter them from accessing their GP, yet on the other, a system with free access to GP care can place huge pressures on the availability of resources.

There are also other disparities regarding the costs of providing Out-of-Hours Services. Figures published by the Health Service Executive (HSE) in 2010 suggest that the provision of Out-of-Hours care in Ireland (when populations are equally weighted) costs €90 million more per annum than in Northern Ireland. However, this estimate has been disputed.

In terms of collaboration, two GP Out-of-Hours cross border pilot projects have been implemented by CAWT (Co-operation and Working Together). These enabled people living in border areas to access Out-of-Hours services in the corresponding jurisdiction.

One pilot enabled patients residing in the Southern HSC Trust area in Northern Ireland to access an Out-of-Hours service in Castleblayney in Ireland. The second pilot enabled patients

[1] Written answer to PQ dated 12/03/13, ref no. 12619/13

residing in Donegal to access an Out-of-Hours service in Altnagelvin Hospital in Northern Ireland, if convenient.

Given the different funding, governance and legislative arrangements in each jurisdiction, many challenges arose in terms of providing cross border GP Out-of-Hours services. In addition, an evaluation of the pilot projects showed that patient uptake was lower than expected. Since the evaluation, the two Out-of-Hours services have been mainstreamed. Nevertheless, usage remains low (around 20-30 patients per month) and both Governments are reviewing their longer term feasibility.

The final part of the paper provides a brief synopsis of emergency ambulance services. A Memorandum of Understanding between Northern Ireland and Ireland exists which enables ambulance services on both sides of the border to provide mutual aid and support. To date, there have also been discussions between the two Health Ministers regarding how both jurisdictions might co-operate on the issue of air ambulance services.

## 1. Introduction

This paper provides an overview of GP Out-of-Hours services and emergency ambulance service provision in Northern Ireland and Ireland, and examines the potential role of cross-border collaboration in these two areas of unscheduled care.

Citizens of the European Union (EU) are entitled, in certain circumstances, to seek treatment in another Member State and have this treatment paid for by their own State. The European Directive on Cross Border Healthcare was adopted by the European Parliament in March 2011. The deadline for implementation by Member States is October 2013. The Directive does not grant additional rights for patients to cross border healthcare. These rights have already been established by the European Court of Justice. However, the Directive aims to establish a framework for the operation of cross border healthcare and set the rules on access and entitlement to care.[2] The Directive also clarifies the grounds on which citizens can claim reimbursement of the eligible costs from their home healthcare system.

The purpose of the Directive is not to foster or promote cross-border healthcare but to facilitate access to healthcare services in other Member States. It is for each Member State to decide how it will be implemented at national level. This Directive, when transposed, should clarify the position for all patients on the island of Ireland who wish to access services - such as GP Out-of-Hours - in either jurisdiction.[3]

## 2. Background: Healthcare in Northern Ireland and Ireland

Northern Ireland and Ireland share a 470 kilometre land border. Whilst both jurisdictions share similar healthcare issues, they experience significant differences in terms of structure, legislation, governance and funding.[4] For example, access to primary care (services in the community that are outside of the hospital setting) in Ireland is funded through a more complex system where approximately 70% of private patients can be charged a General Practitioners (GP) consultation fee, while the remainder of patients are entitled to free healthcare through the medical card or GP visit card schemes.[5] In contrast, in Northern Ireland, access to primary care (and healthcare in general) is free to all 'ordinary residents' at the point of delivery.[6]

Given the current economic climate, healthcare systems in both jurisdictions are experiencing challenging financial pressures. Between 2000 and 2009, healthcare expenditure in Ireland increased on average at a rate of 8.9% per year in real terms, but decreased by 5.4% between 2009 and 2011 due to budgetary cuts.[7]

[2] http://www.networks.nhs.uk/nhs-networks/cross-border-healthcarenetwork/documents/EU%20Treatment%20Guide.pdf
[3] For more details on this EU Directive (2011/14) please see http://www.dhsspsni.gov.uk/de/microsoft_word_-_dh1_13_192718__eu_directive_consultation_document_august_2013-_v2_1.pdf
[4] Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project p10.
[5] Health Service Executive All about Medical Cards http://www.hse.ie/eng/services/list/1/schemes/mc/about/
[6] DHSSPS Circular HSS (PCD) 10/2000.
[7] http://www.oecd.org/els/health-systems/Briefing-Note-IRELAND-2013.pdf

Both healthcare systems in Ireland are undergoing a process of reform which aims to make more effective use of resources.[8] Policy proposals for reform have placed greater emphasis on strengthening primary care services and treating people closer to their own homes. For some patients, this may mean that their nearest healthcare service provider is located across the border. Whilst there are clear advantages to cross-border healthcare such as increased accessibility, there are also a number of logistical and operational challenges, as well as implications in terms of patient mobility.

Healthcare delivery on a cross-border basis has historically been low. Nevertheless, in more recent years there has been an increase in cross-border healthcare collaboration following the Belfast (Good Friday) Agreement (1998). A wide range of cross-border projects are currently being delivered by CAWT (Co-operation and Working Together) on behalf of the two Health Departments.[9] In addition, other initiatives such as the creation of specialist treatment centres such as the radiotherapy unit at Altnagelvin hospital[10] or services to reduce waiting lists for elective care[11] will result in an increase in the number of patients travelling across the border for care when necessary. A more in-depth list of cross border collaborative projects is provided in Appendix 1.

## 3. The role of the GP

GPs work in primary care across the island of Ireland. They are often described as 'gatekeepers', in other words, as a first point of contact for most people when they feel unwell. A wide range of medical services are provided by GPs, including advice on health problems, physical examinations, diagnosis of symptoms, medication prescriptions and referrals to secondary care if more specific investigations are required. GPs play a vital role in the healthcare system because early intervention and treatment of illnesses is known to provide better outcomes and long-term savings.

The majority of appointments with a GP are typically available during the working week. However a number of GP 'Out-of-Hours' services also exist for people who require medical treatment at other times of the day when GP practices are closed. These services operate during the evening, at weekends and on public holidays. GP Out-of-Hours services are part of a larger network of unscheduled care providers which also includes emergency ambulances and Accident and Emergency (A&E) Departments.

The next section of this paper provides background information about GP services across the island of Ireland whilst paying particular attention to GP Out-of-Hours services and the role of cross border collaboration.

[8] See DHSSPS Northern Ireland Transforming Your Care (2012), and Department of Health (Ireland ) Future Health A Strategic Framework for Reform of the Health Service 2012 – 2015 (published 2012)
[9] Personal correspondence with CAWT (Edel O'Doherty) on 27.6.13.
[10] Belfast Telegraph (November 2012) £50m Altnagelvin cancer unit will treat 500,000 patients
[11] Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project p13. Elective care refers to non-emergency care such as planned surgery for example, for patients on waiting lists.

# 4. GP care in Northern Ireland

In terms of country background, Northern Ireland has a population of 1.8 million[12] and is the fastest growing population in the UK.[13] Those under 18 years of age represent around one quarter of the population (25%).[14] Moreover, during the next decade, those aged between 60 and 74 is projected to increase by 19%, while the proportion of people aged 75+ is likely to grow by 36%.[15] In addition to the demand of the increasing aging population, the rise in chronic illnesses and the impact of smoking and obesity also create enormous financial pressures for the health and social care system in Northern Ireland.

The majority of Northern Ireland's population use the public healthcare system.[16] This means that, in general, visits to a GP and any subsequent prescriptions are free to 'ordinary residents' in receipt of a medical card.[17,18] As a result, out-of-pocket payments are low, and there is much less uptake of voluntary or private health insurance in comparison to Ireland.

### 4.1 Licensing and registration

To practise medicine in Northern Ireland, GPs must be registered with a licence to practice. This is provided by the General Medical Council (GMC).[19] GPs have a professional obligation to ensure that patient safety and welfare is their first priority - in line with GMC guidance. In turn, a GP is accountable to the GMC for their professional practice.[20]

### 4.2 GMS contract

GPs in Northern Ireland work under the General Medical Services (GMS) contract.[21] This is a UK-wide contract which came into effect in 2004.[22] The GMS contract was designed to give greater autonomy to GPs, and to bring about a range of improvements in primary care; providing demonstrable benefits to GPs, the health service and patients.[23] The new contract also introduced a new system for funding GPs and their practices.

[12] NISRA website http://www.nisra.gov.uk/publications/default.asp10.htm
[13] Health and Social Care Board/Public Health Agency (2012) Commissioning Plan p18.
[14] Office of National Statistics (2011) http://www.nisra.gov.uk/archive/demography/publications/annual_reports/2011/Table2.1_2011.xls
[15] NI Assembly Research paper: A demographic portrait of Northern Ireland - some implications for public policy.
[16] Borderwise Health (Feb 2008) factsheet http://www.borderpeople.info/north-health.pdf
[17] A person is considered an ordinary resident if they "are living in Northern Ireland voluntarily and for a settled purpose as part of the regular order of his/her life for the time being. A person must have an identifiable purpose for their residence and that purpose must have a sufficient degree of continuity to be properly described as settled." See HSS (PCD) Circular 10/2000.
[18] However, user charges can be applied to dental care, but some exemptions are available.
[19] See GMC Website http://www.gmc-uk.org/doctors/medical_register.asp
[20] General Medical Council Northern Ireland http://www.gmc-uk.org/about/northernireland.asp
[21] General Medical Services Contract: The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 http://www.hscbusiness.hscni.net/pdf/GMS_CONTRACT_REGS_BM3.pdf
[22] Written Statement to the Assembly by Health Minister Edwin Poots (12 April 2012) The General Medical Services Contract 2013/14 http://www.dhsspsni.gov.uk/index/statements-minister/gms-contract.htm
[23] DHSSPS GP contract http://www.dhsspsni.gov.uk/index/hss/gp_contracts.htm

In essence, GP practices run as small businesses.[24] The total funding for GPs, staff and premises is around £234 million per annum, which equates to 5.5% of the total healthcare budget for Northern Ireland.[25] As independent contractors, GPs can either be self-employed as a 'partner' who runs the practice and is involved in the business aspect of the service, or employed as a 'sessional worker'. Sessional workers are either salaried or locum GPs, as follows:

- A 'salaried GP' is employed by the practice and receives a salary from their practice for a fixed number of hours worked. If a GP becomes salaried, this can either be though a practice or a Trust (for example through Out-of-Hours working arrangements). Salaries are drawn from the "global sum" - core funding given by the Department of Heath, Social Services and Public Safety (DHSSPS) to its commissioning body, the Health and Social Care Board.
- 'GP locums' are employed to provide suitable cover (for example for sickness, staff shortages) and they work on a freelance basis. They are self-employed and are paid by GP practices via the DHSSPS's Business Services Organisation.

## 5. GP statistics: Northern Ireland

A range of data is available concerning GP services in Northern Ireland:

- In terms of demand, figures from April 2013 indicate that 1,911,002 patients in Northern Ireland were registered with a GP Practice.[26]
- The number of consultations per year in general practice is around 10.5 million, with 95% of consultations being completed within primary care and a much smaller number (500,000) being referred to hospital.[27]
- There are around 1,163 self-employed GP 'partners' and approximately 400 'sessional' GPs in Northern Ireland.[28]
- At least 350 GP practices are in operation in Northern Ireland.[29] The average number of patients per practice is 5,374, (around 1,631 patients per GP). Patients consult their practice on average 6.5 times per year.[30] This rate is 100% higher – (twice as much) as patients who see their GP in the Republic of Ireland.[31]

[24] British Medical Association General Practitioners briefing paper. http://bma.org.uk/-/media/Files/Word%20files/News%20views%20analysis/pressbriefing_GPs.doc
[25] Information obtained from BMA Northern Ireland, response dated 11.6.13.
[26] Correspondence with DHSSPS and author, response dated 21.06.13. This figure does not include locum GPs. The figure is higher than the NI population and may include people who have left Northern Ireland but are still registered with a GP and those not counted within current population data.
[27] Information obtained from A. McDermott (British Medical Association); correspondence dated 6.10.13.
[28] Information obtained from A. McDermott (British Medical Association); correspondence dated 6.10.13.
[29] HSC Business Services Organization (2013) http://www.hscbusiness.hscni.net/pdf/Northern_Ireland_Practice_List.xls
[30] Information obtained from BMA Northern Ireland, response dated 11.6.13.
[31] Belfast Telegraph (23 Aug 13) A week to see the doctor: Patients in Northern Ireland face longest delays in UK

- In terms of waiting times, a recent survey showed that people residing in Northern Ireland have to wait longer than their counterparts in the rest of the UK to see a GP. Around 35% of patients have to wait at least 5 days to get a GP appointment.[32]

- Whilst the number of GPs per capita (per head) in Northern Ireland has grown steadily since the early 1990s, the current level of 65 GPs per 100,000 people[33] remains below European Union levels.[34]

- There is no system which records the total hours worked by GPs. GPs do not normally fall within the remit of the European Working Time Directive because most, as independent contractors, tend to be self-employed GP partners.

- On average, a GP appointment costs around £28.[35] This is paid for by the State.

- In terms of remuneration, the average GP income (NI) in 2010/11 before tax was £88,000.[36]

- GPs spend approximately 8 to 10 minutes with each patient.[37]

- Around 5% of all GP appointments are missed by patients.[38]

A key issue in terms of future GP provision in Northern Ireland concerns the adequate recruitment and retention of GP staff - given current patient list sizes, high levels of demand and the shortage of GPs. This has led to workforce planning issues which will require further consideration if gaps in service provision are to be avoided. One example of this is the increasing number of female GPs, who in time may require time off work to have families and indeed, may require more flexible working patterns.

## 6. GP Out-of-Hours services in Northern Ireland

### 6.1 Responsibility for providing Out-of-Hours services

Until the introduction of the new GMS contract, individual GPs in Northern Ireland were responsible for the care of their patients outside hospital, on a 24 hour-a-day basis. With the introduction of the new contract in 2004, Out-of-Hours services were no longer seen as a fundamental part of GP provision, and as a result, became a separately commissioned service by the Health and Social Care Board.[39] This meant that GPs could, if they wished, 'op-out' of providing care on an Out-of-Hours basis.

[32] Belfast Telegraph (23 Aug 13) A week to see the doctor: Patients in Northern Ireland face longest delays in UK
[33] National Audit Office (2012) *Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland.* [Online]. Available at: http://www.nao.org.uk/report/healthcare-across-the-uk-a-comparison-of-the-nhs-in-england-scotland-wales-and-northern-ireland/
[34] O'Neill, C. et al. (2012) Health Systems Transition: United Kingdom (Northern Ireland) http://www.euro.who.int/__data/assets/pdf_file/0007/177136/Northern-Ireland-HiT.pdf Vol 14 No 10, p17.
[35] Correspondence with DHSSPS and author, response dated 21.10.13.
[36] Information obtained from BMA Northern Ireland, response dated 11.6.13.
[37] NHS website: http://www.nhs.uk/choiceintheNHS/Yourchoices/GPchoice/Pages/GPappointments.aspx
[38] Doctor Patient Partnership (DPP) /Institute of Healthcare Management: *Keep it or cancel it* campaign 2012.
[39] NI Assembly Hansard: (March 2010) Committee for Health, Social Services and Public Safety GP Out-of-hours Provision in Northern Ireland.

In 2007, a Regional Out-of-Hours Project was set up with the aim of making optimum use of the skills available from doctors, nurses and other health and social care staff. The project sought to develop "*a targeted service which incorporates GMS Out-of-Hours services within a holistic system of urgent/emergency care*".[40] To do so, it was posited that this would require a redesign and the integration of a number of services, including the interfaces between A&E, Out-of-Hours services, on-call social work rotas, mental health, twilight nursing, palliative care, pharmacists and the ambulance service.

By 2009, following the Review of Public Administration, responsibility for the commissioning of Out-of-Hours primary care services in Northern Ireland was passed to the newly established Health and Social Care Board from the four legacy health and social services boards. The Board became the regional commissioner for Out-of-Hours services with the aim to:

> "*provide, for urgent conditions, a comprehensive, safe and efficient Out-of-Hours Service to the Northern Ireland population, as well as to the non-resident transient population, who are also entitled to General Medical Services (GMS) services until the patient's own GP surgery is next open*". [41]

### 6.2 Overview of the current service

In Northern Ireland, GP Out-of-Hours is not an emergency service or a 'walk-in' service, as is the case in some other parts of the UK. Currently, GP Out-of-Hours are available from 6pm until 8am on weekdays, throughout the weekend, and on public holidays.[42] As shown in Figure 1, these services are located in nineteen Out-of-Hours sites across Northern Ireland; mainly at health centres or hospitals.[43]

Five providers operate these services in the health Trust areas as follows (please note, two service providers are mutual organisations):

- Belfast HSC Trust
- South Eastern HSC Trust
- Southern HSC Trust
- Western Urgent Care; services for the Western HSC Trust area (mutual)
- Dalriada Urgent Care, services for the Northern HSC Trust area (mutual)

[40] RQIA Review of GP Out-of-Hours Services,p11
[41] Health and Social Care Board (2012) Strategic Framework for out of hours, p7.
[42] RQIA Review of GP Out-of-Hours Services,p11. However, under the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004, states the official times for GP Out-of -Hours services from 6.30pm –8am Monday to Thursday, 6.30pm on a Friday to 8am Monday and Bank holidays.
[43] Health and Social Care Board (2012) Strategic Framework for Out-of-Hours, p7.

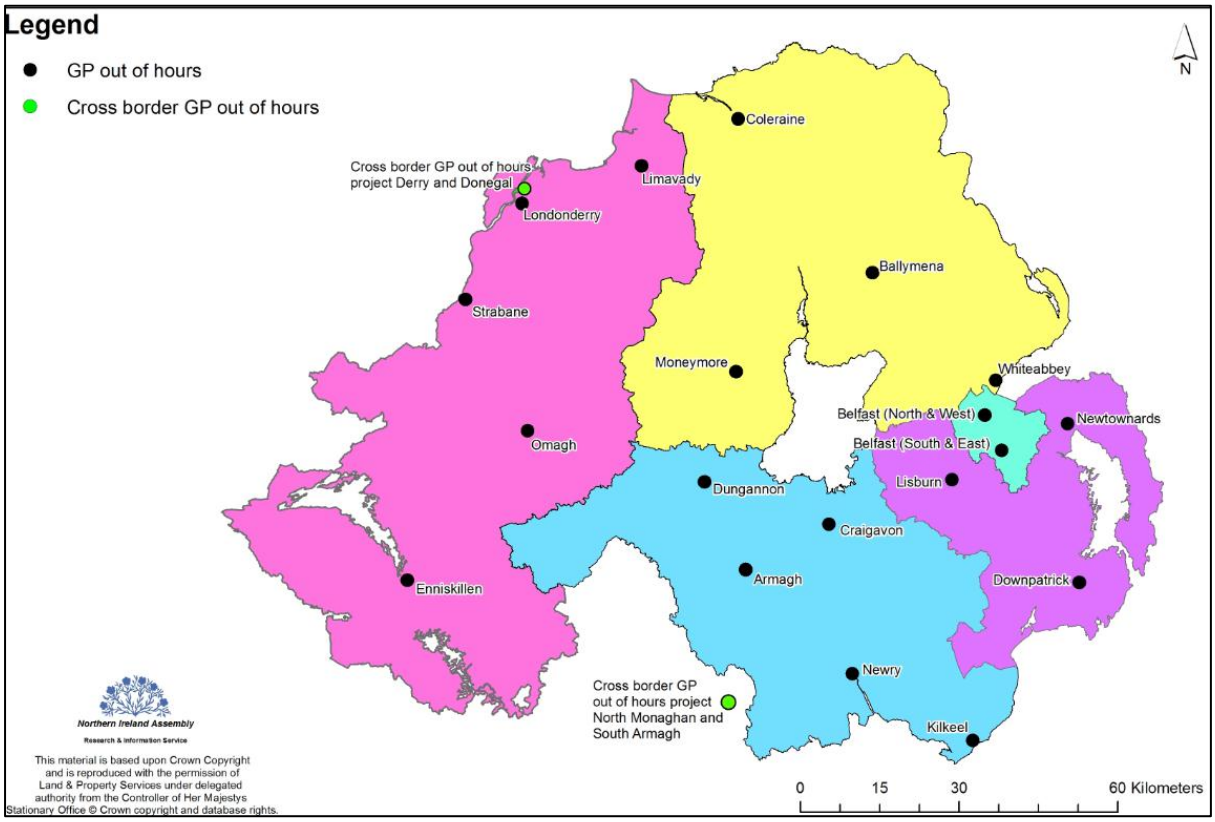


**Figure 1. Out-of-Hours services in Northern Ireland (shown as black dots) and two Out-of-Hours cross border services (in green) that stemmed from the CAWT pilot projects**

Patients requiring treatment can contact the GP Out-of-Hours service by telephone. A GP will return their telephone call (usually within 2 hours) and triage the illness depending on whether the condition is urgent or routine. According to the Health and Social Care Board, 90% of patients with an urgent healthcare need are triaged within 20 minutes. The patient will be offered medical advice, which could include attending a daytime GP service, attending the Out-of-Hours practice (by appointment only), a GP home visit, referral to A&E, or admission to hospital.

In addition, GPs working in Out-of-Hours services in Northern Ireland only perform certain types of treatments; they do not insert or remove stitches, nor do they perform blood tests or x-rays. Nevertheless, the benefit with this type of system is that those with relatively minor ailments can receive treatment much quicker than if they were to arrive at A&E. It is well known that better patient use of Out-of-Hours services also reduces the patient backlogs that are known to occur at A&E sites at peak times across Northern Ireland.

### 6.3 Demand for Out-of-Hours

In terms of demand, in 2012/13 over 606,000 contacts were made with GP Out-of-Hours services in Northern Ireland, as is shown in Table 1.[44] Moreover, this demand is projected to increase. The Northern Trust area Out-of-Hours (served by Dalriada Urgent Care) had the most contact in 2012/13 in terms of telephone advice, home visits and GP visits. The

[44] NI Assembly Question AQO 3700/11-15.

Northern Trust also has the biggest patient population out of all Trust areas, so it is perhaps not surprising that it had the greatest demand for Out-of-Hours services in the last year.

| | Advice | Base Visit | Home Visit | Total |
|---|---|---|---|---|
| Belfast HSC Trust | 70888 | 37560 | 7366 | 115814 |
| Dalriada Urgent Care | 75618 | 59214 | 12685 | 147517 |
| South Eastern HSC Trust | 62834 | 39763 | 7083 | 109680 |
| Southern HSC Trust | 57868 | 52211 | 7352 | 117431 |
| Western Urgent Care | 50088 | 58522 | 7343 | 115953 |
| Total | 317296 | 247270 | 41829 | 606395 |

**Table 1. Out-of-Hours telephone advice and GP visits in NI between April 2012 and March 2013**[45]

- According to the Health and Social Care Board, patterns of demand for Out-of-Hours peaks in the early evening, Saturday and Sunday mornings and during bank holidays. Demand reduces considerably after 10pm in the evenings with low, and, in some areas, very low demand after midnight.[46]
- Planning appropriate staff levels to meet the unpredictable pattern of demand has remained a challenge.[47] Hence, the number of GPs available varies according to the rotas developed by service providers - in response to changes in demand at different times of the day. Typically there are more GPs available at peak times - such as midday on Saturdays and Sundays, and fewer GPs available from midnight to 8.00 am. The number of GP staff on shift can range from 2 to 16 GPs per Trust area[48] - as some Trusts have up to five GP Out-of-Hours services in operation at any one time.

### 6.4 What is the cost of running Out-of-Hours Services in Northern Ireland?

According to the DHSSPS, the cost of providing GP Out-of-Hours services over the last three year period was as follows:

- 2009/10 - £21.5million
- 2010/11 - £21.11million
- 2011/12 - £20.8million[49]

[45] HSC Website: GP Out-of-Hours http://www.gpoutofhours.hscni.net/performance-information/
[46] Health and Social Care Board (2012) Strategic Framework for out of hours, p9.
[47] Health and Social Care Board (2012) Strategic Framework for out of hours, p14.
[48] NI Assembly Question AQW 7804/10 ; Data provided by the HSC Board
[49] Correspondence with DHSSPS and author. Response dated 22.8.13

Out-of-Hours services are delivered using core funding which accounts for approximately £20.5million. However, the actual spend figure is higher. The Department has advised that this is due to additional pressures - such as funding for additional bank holidays, as well as ad hoc requests from providers for specific additional in-year cost pressures.

### 6.5 Review of Out-of-Hours: Northern Ireland

In 2008 an independent review of GP Out-of-Hours Services in Northern Ireland was conducted by the Primary Care Foundation.[50] The review made a series of recommendations - such as the creation of more consistent systems and processes between the various Out-of-Hours services. More recently (2010), another review of Out-of-Hours provision has been conducted by the Regulation and Quality Improvement Authority (RQIA). The RQIA concluded that the five providers of Out-of-Hours services demonstrated a commitment to deliver high quality care which was valued by patients as a localised service.[51] However, the review also made a series of recommendations regarding communication, performance, safety, flexibility in order to further develop systems and processes to benefit patients and staff.[52]

In 2012, a strategic framework for Out-Of-Hours services was published by the HSC Board and subject to public consultation.[53] The framework aims to facilitate the development of future provision of GP Out-of-Hours services across Northern Ireland, improve access to the service, and align it with other key medical services. Yet a number of challenges - which are yet to be resolved in terms of Out-of-Hours provision, are identified in the framework. These include:

- Pressures at peak times;
- Funding;
- Governance; and
- The recruitment and retention of staff who mainly work shift patterns on a part-time basis.

In spite of this, the framework states that since the RQIA review many common protocols, including a Service Specification (which includes standards for service delivery), have been implemented.[54] In addition, a dedicated website (www.gpoutofhours.hscni.net) has been created and the Out-of-Hours telephone numbers have been listed in the 'BT Phonebook' and the 'Yellow Pages' in order to increase awareness and accessibility of the service.

The framework also includes a proposal for the introduction of a single point of contact (for example, one urgent care telephone number such as '111' rather than several numbers which exist at present) which, it is envisaged, will improve integration with other unscheduled

[50] Health and Social Care Board (2012) Strategic Framework for GP Out-of-Hours, p10.
[51] Regulation and Quality Improvement Authority (September 2010) Review of Out of hours services p44.
[52] Regulation and Quality Improvement Authority (September 2010) Review of Out of hours services
[53] Health and Social Care Board (2012) Strategic Framework for GP Out-of-Hours
[54] Health and Social Care Board (2012) Strategic Framework for GP Out-of-Hours, p13.

care services - including the Northern Ireland Ambulance Service.[55] However, according to the British Medical Association's (BMA) Northern Ireland branch, GPs from Northern Ireland rejected this proposal at a recent conference (April 2013) agreeing that "*999 should be the only three digits ever to have anything to do with healthcare in Northern Ireland*".[56]

In addition, there was consensus at the BMA conference that it was the right time for GPs in Northern Ireland to regain control of the GP Out-of-Hours system. There has been some concern by GPs under current proposals for the reform of healthcare in Northern Ireland (as set out in the DHSSPS *Transforming Your Care* publication) that Out-of-Hours services might be provided under the umbrella of "Integrated Care Partnerships". Whilst the DHSSPS has since confirmed that "*there are no plans for Integrated Care Partnerships to take over the running of the Out-of-Hours Service*",[57] it remains unclear if the current set-up will be retained or what Out-of-Hours services will look like in the future.

### 6.6 Patients' views on GP Out-of-Hours Services

In terms of patient perspective, a recent research conducted by the Patient and Client Council in Northern Ireland in 2013 entitled '*Care when I need it' - A report on urgent care services*. As part of the research, a questionnaire was completed by 3,743 people. In summary, many respondents reported being unclear as to what service to contact, for example GP Out-of-Hours service, a Minor Injuries Unit or their main A&E when an urgent care need arose. Other key findings in relation to Out-of-Hours showed that[58]:

- 92% of people felt they should not have to wait more than 1 hour for the GP Out-of-Hours to return their call, 63% would prefer a return telephone call within 30 minutes;
- There was evidence of good practice; 63% of questionnaire respondents who had used the GP Out-of-Hours within the past year rated it 'good' or 'excellent';
- Areas where people voiced concern included negative staff attitudes, lack of expertise and misdiagnosis, poor accessibility and lack of home visits by the doctor - making the service problematic for people living alone or with no access to transport.

[55] The feasibility for a single urgent care number is also outlined in Transforming Your Care, Draft Strategic Implementation plan, p34.
[56] BMA website: GPs demand control over OOH system: http://bma.org.uk/news-views-analysis/news/2013/april/gps-demand-control-over-ooh-system
[57] Correspondence with DHSSPS and author. Response dated 22.8.13 9: (AGY/593/2013)
[58] Patient and Client Council (2013) Care when I need it. http://www.patientclientcouncil.hscni.net/uploads/research/Urgent_Care_Report_22_March_2013_final.pdf, p35

# 7. GP care in Ireland

## 7.1 Overview of healthcare in Ireland

According to the 2011 Census figures there are 4,588,252 people living in Ireland.[59] Since the last census in 2006, there has been an 18% increase in the male population aged 65 and over while there has been a 12% increase in the female population aged 65 and over. Also there has been a 22% increase in the population aged 85 and over.

Also significant in terms of co-ordination of GP care, is the increasing urbanisation of Ireland. In terms of rural and urban divide, the 2011 census figures show that 1,741,370 people live in rural areas while 2,846,882 live in urban areas. These figures reveal an increase in urban areas of 10.6 %, compared with the 2006 census.[60] In contrast, rural Ireland experienced a growth rate of 4.6% in this time. Also, there are now more urban centres than there were in 2006 (197 compared with 170). As with Northern Ireland, the increasing older population, as well as the forecast increase in the level of chronic illnesses - including heart disease, respiratory disease, cancer, and diabetes has, and will, put the health system under pressure.

## 7.2 GP care in Ireland

A qualified doctor in Ireland may set up in General Practice provided he/she meets all the requirements of the Irish Medical Council, which is the regulatory body for doctors. Some doctors enter into contracts with the Health Service Executive (HSE) to provide GP services to medical card holders under the General Medical Services (GMS) Scheme.

Under the GMS Scheme, GPs hold one of two contract types, i.e. the fee per item contract (first introduced in 1972) or the capitation contract (effective from 1989). Over 99% of GPs contracted to provide GMS services do so under the capitation contract. Over time, additional provisions to the 1972 & 1989 GMS contracts have been incorporated (by way of binding circulars) on foot of agreements between the Department of Health, the former health boards (now the HSE) and the Irish Medical Organisation (IMO).

Patients generally choose their doctor from a list of locally based contracted doctors, while GMS patients may be assigned to a GP contractor's panel. The purpose of a GMS patient either choosing or being assigned to one GP is to ensure continuity of care.

A patient who does not have a medical card or GP visit card is considered a private patient and must pay out of pocket expenses when visiting a GP. A GP may opt to only treat private patients. Such a GP has no obligation to provide an Out of Hours service. The relationship between a private patient and a GP is essentially a contract – the patient enters into a contract with their GP to provide services and they pay for the service. Consultation fees

[59] http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/saveselections.asp
[60] http://www.cso.ie/en/media/csoie/census/documents/census2011pdr/Census,2011,Highlights,Part,1,web,72dpi.pdf

charged by GPs to private patients and to GMS patients outside the terms of the GMS contract are a matter of private contract between the clinicians and the patients.

It is the Government's stated intention that a universal GP service without fees will be introduced on a phased basis within the current Government's first term of office, as set out in the Programme for Government and the Future Health strategy framework. Legislation will be developed and in place by 2016 to underpin the universal GP service. Consideration will be given by Government on the phasing of the service later in 2013 (Department of Health, 2013).

### 7.3 Public and private healthcare patients

More than 60% of the population receive GP services on a private fee paying basis, while almost 40% receive such services under the General Medical Services (GMS) Scheme.[61] The HSE review (2010) reports that GP income for non-GMS patients is in the range of €60-€100 per patient, depending on the location of the visit, while income from a GMS patient is fixed at the Special Type Consultation (STC)[62] rate of €46 for a treatment centre visit and €93 for home visits.

According to Central Statistics Office (CSO) figures from the third quarter of 2010, an estimated 47% of adults indicated that they had private health insurance in Ireland, while 6% also had a medical card. Another 30% reported that they had a medical card only, while 23% indicated that they had neither a medical card nor private health insurance.[63]

### 7.4 General Medical Services (GMS) scheme

In addition to their private practices, many Irish GPs provide health care to those covered by the GMS programme.[64]

Prior to the introduction of the GMS scheme in 1972, public patients were treated at a public dispensary and had no choice which doctor treated them.[65] When the GMS scheme was introduced, public patients were treated alongside private patients and could choose their own doctor from a panel, as long as they were registered on the scheme.

GMS contracts are awarded to GPs by the Health Service Executive in three situations:

- The retirement, death or resignation of an existing GMS post-holder;
- Creation of a position as an Assistant with a view to Partnership within an existing GMS-contracted practice; or
- Creation of a new post.

[61] Reply to PQ from Minister for Health Mr. James Reilly, T.D. on 29/03/11.
[62] An STC form is filled in to claim payment for a patient's treatment by the doctor which falls outside the normal capitation payment. Either the doctor or administrative staff can fill in the form.
[63] http://www.cso.ie/en/media/csoie/releasespublications/documents/labourmarket/2010/healthstatusq32010.pdf
[64] http://www.medicine.tcd.ie/public_health_primary_care/assets/pdf/reports/GP_Structure.pdf
[65] http://www.tca.ie/images/uploaded/documents/General%20Medical%20Practitioners%20-%20Part%203.pdf

Important features of the GMS contract include:[66]

**Life-long contract:** The GMS contract is to all intents and purposes a contract for life. The Health Service Executive can only terminate a contract if a GP has been removed from the register of medical practitioners, is found to be of permanent infirmity of mind or body, or reaches the mandatory retirement age. GPs are free to terminate their contracts at any stage, subject only to giving a minimum notice of three months.

**Patient lists:** GPs who are awarded a GMS post, generally receive a list of public patients registered to receive GP services under the terms of the scheme. Payments to GPs are linked directly to the size of their patient list. Public patients are not obliged to stay with the GP to whom they are allocated. They can choose to register with another GMS practice, provided there is one available in the area.

**Location-specific:** The GP undertakes to provide services for public patients within a defined geographical area and are unable take the contract to any other area.

**Full-time:** The contract requires that GPs provide full-time cover for public patients. They must work a minimum of 40 hours per week and must provide full cover for Out-of-Hours services - either personally, or through a deputising arrangement such as participation in an Out-of-Hours co-operative.

**Individual contracts:** The contract is held by the individual GP, not by the practice in which they are working.

**Practice-wide scope:** In multi-partner practices, it is only necessary for one GP to hold a GMS contract in order for all of the GPs in the practice to treat public patients. Patients will not normally be aware whether the GP treating them holds a GMS contract.

The Competition Authority (2009) noted a number of significant changes to the GP profession in Ireland over the previous two decades, which include:

- The “feminisation” of the profession, with female GPs accounting for a rapidly increasing proportion of total GPs;
- A movement away from sole practitioners towards multi-partner practices;
- An increase in the level of specialist vocational training by GPs; and
- An increase in the proportion of GPs working part-time.

### 7.5 GP training[67]

The Competition Authority (2009) outlines the steps a person must take before becoming a GP in Ireland, as illustrated in Figure 2. Aspiring GPs must first secure a place in university to train as a Medical Practitioner. Once they have qualified as a doctor, they must gain

[66] Ibid.
[67] PQ answered by the Minister of State at the Department of Health, Mr. Alex White, T.D. on 12/12/2012

admission to a GP training programme. Finally, qualified GPs who wish to treat public patients within their own GP practice must secure a GMS contract from the HSE.

The promotion and maintenance of standards of GP training in Ireland is the responsibility of the Postgraduate Training Committee of the Irish College of General Practitioners (ICGP). It is required that trainees experience a minimum of 120 hours of out-of-hours work under the supervision of a nominated trainer.

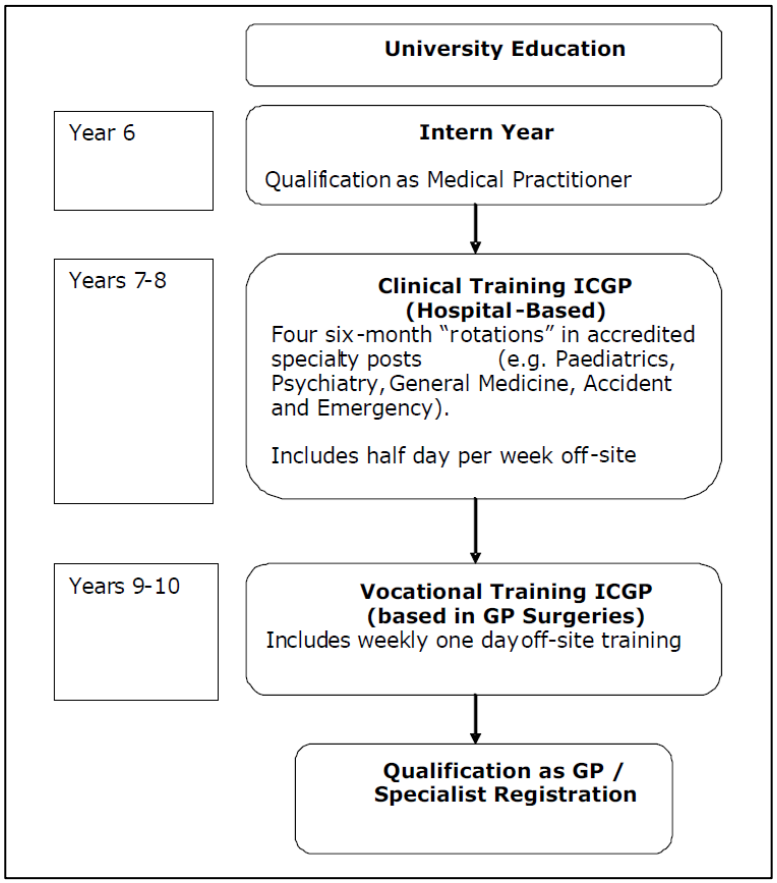


**Figure 2: Education and Training Required to Practice as a GP in Ireland**

### 7.6 Changes to legislation

*The Health (Provision of General Practitioner Services) Act 2012* came into effect in March 2012. The Act removes restrictions on fully qualified GPs who wish to obtain contracts to treat public patients under the GMS contract. It is intended that this will encourage more young GPs to establish their practice in Ireland as well as to attract GPs from overseas. Figures provided by the Department of Health show that as of November 2012, a total of 97 GPs had obtained a GMS contract since the new legislation came into effect.

### 7.7 Recent budgetary cutbacks – the views of the NAGP

On 19th August 2013 the National Association of General Practitioners (NAGP) launched its nationwide patient awareness campaign entitled "General Practice in Crisis." The campaign is highlighting what it perceives to be the negative consequences of three years of cuts

under the *Financial Emergency Measures in the Public Interest Act 2009* (FEMPI). So far, according to the NAGP, there has been a reduction in funding of €160 million (or 33%) in income to individual practices.[68] The Association predicts that the Department of Health's recent cut of 7.5% in GP's fees will have a significant impact on general practice which it characterises as: longer waiting lists, no home visits and changes in fee structures.[69] The NAGP warn that 8% of GP practices in Ireland face closure. This figure comes from a survey of 72 practices carried out by the NAGP.[70]

## 8. GP statistics: Ireland

### 8.1 Number of GPs in Ireland [71]

In December 2012, there were over 2,800 GPs in Ireland. Of these, 2,368 were GMS contract holders.[72] According to the Competition Authority (2010), Ireland has only 60% of the number of GPs per thousand population compared to Germany or the USA, and only about two-thirds the number of most continental European countries.[73] GMS payments to GPs in 2012 amounted to some €415 million. In 2011, payments to GPs totalled €439m.[74]

Reports in 2009 by FÁS (the State training agency) and the Economic and Social Research Institute (ESRI) and in 2010 by the Joint Oireachtas Committee on Health and Children also referred to the shortage of GPs. The Joint Committee recommended *inter alia* that the number of GP training places be increased from 120 to 150 per year. In July 2010, the GP trainee intake increased from 120 to 157 training places per year.

### 8.2 Patient attendance at GP services

Figures taken from the 2010 *Health Status and Health Service Utilisation, Quarterly National Household Survey* (updated June 2012)[75] show that: 37% of adults consulted with a GP once or twice in the previous twelve months, while 7% had more than 11 consultations. The average number of GP consultations across the adult population was 3.2 visits per year. In all age groups a higher proportion of women consulted a GP than men.[76]

Furthermore, figures show that patients on the GMS scheme were more likely to visit their GP. In terms of visits during the last twelve months almost 9 out of every 10 adults with a medical card visited a GP at least once in the previous twelve months, compared to 7 out of every 10 adults with private health cover, and 6 out of every 10 adults with general public health cover.

[68] Irish Times. (2013). Prognosis not good for GP services in Ireland. Accessed on 20 August 2013 at http://irishtimes.newspaperdirect.com/epaper/viewer.aspx
[69] http://nagp.ie/news-media/gps-launch-nationwide-crisis-campaign
[70] http://www.independent.ie/irish-news/struggling-gps-warn-of-practice-closures-over-cuts-29437475.html
[71] Reply to a PQ from Minister of State at the Department of Health (Mr Alex White, T.D.) on 14/02/2013
[72] Ibid.
[73] http://www.tca.ie/images/uploaded/documents/General%20Medical%20Practitioners%20Report.
[74] Details provided to the L&RS by the Department of Health in August 2013.
[75] http://www.cso.ie/en/media/csoie/releasespublications/documents/labourmarket/2010/healthstatusq32010.pdf
[76] Ibid.

This would indicate that those liable for out-of-pocket payments may be less likely to consult with a GP. A paper by the ESRI noted that: "It is clear that charges (or the absence of them) do influence GP visiting behaviour."[77]

# 9. GP Out-of-Hours services in Ireland

## 9.1 GP Out-of-Hours Activity

In Ireland, GP Out-of-Hours services are defined as: "*The provision of urgent general practitioner services to patients of participating practices outside normal surgery hours i.e. between 6pm and 8am on Monday to Friday and for the 24 hour period on Saturday, Sunday and Bank Holidays*".[78]

A National Review of Out-of-Hours Services was published by the HSE in March 2010. It was the first national review to be undertaken since the commencement of publicly funded GP Co-operatives (Co-ops) in 1999.[79] Table 2 is taken from this review and shows GP Out-of-Hours activity in Ireland.

| | National | DNE | DML | West | South |
|---|---|---|---|---|---|
| **Number of GMS patients** | 1,586,208 | 308,807 | 373,778 | 457,720 | 445,903 |
| **Number of call contacts** | 941,812 | 175,394 | 139,169 | 229,065 | 398,372 |
| **Number of GMS calls** | 476,122 | 82,444 | 66,369 | 118,858 | 208,451 |
| **Number of GMS patients triaged out** | 155,678 | 31,939 | 20,336 | 42,325 | 61,078 |
| **Number of GMS patients seen** | 320,444 | 50,505 | 46,033 | 76,533 | 147,373 |
| **Cooperative Special Type Consultation (STC) payments claimed through PCRS** | 542,000 | Nil | 122,000 | 172,000 | 248,000 |

**Table 2: GP Out-of-Hours activity in Ireland**[80]

Figure 3 overleaf shows the geographical spread and variety of opening hours in GP Out-of-Hours services across Ireland. The most common types of services are those represented by green circles (weekends/evenings/nights) and red circles (weekends/evenings). Several areas around the country do not have a weekend GP Out-of-Hours service, and these are represented by red triangles.

[77] Layte R. and A. Nolan, Improving access to primary care in Ireland: Do GP charges matter? ESRI, 2009.
[78] HSE. (2010). National Review of GP Out of Hours Services. Accessed 25 July 2013 at http://www.hse.ie/eng/services/Publications/corporate/OOHreview2010.pdf
[79] http://debates.oireachtas.ie/dail/2012/03/27/00047.asp
[80] HSE (2010). National Review of GP Out of Hours' Services

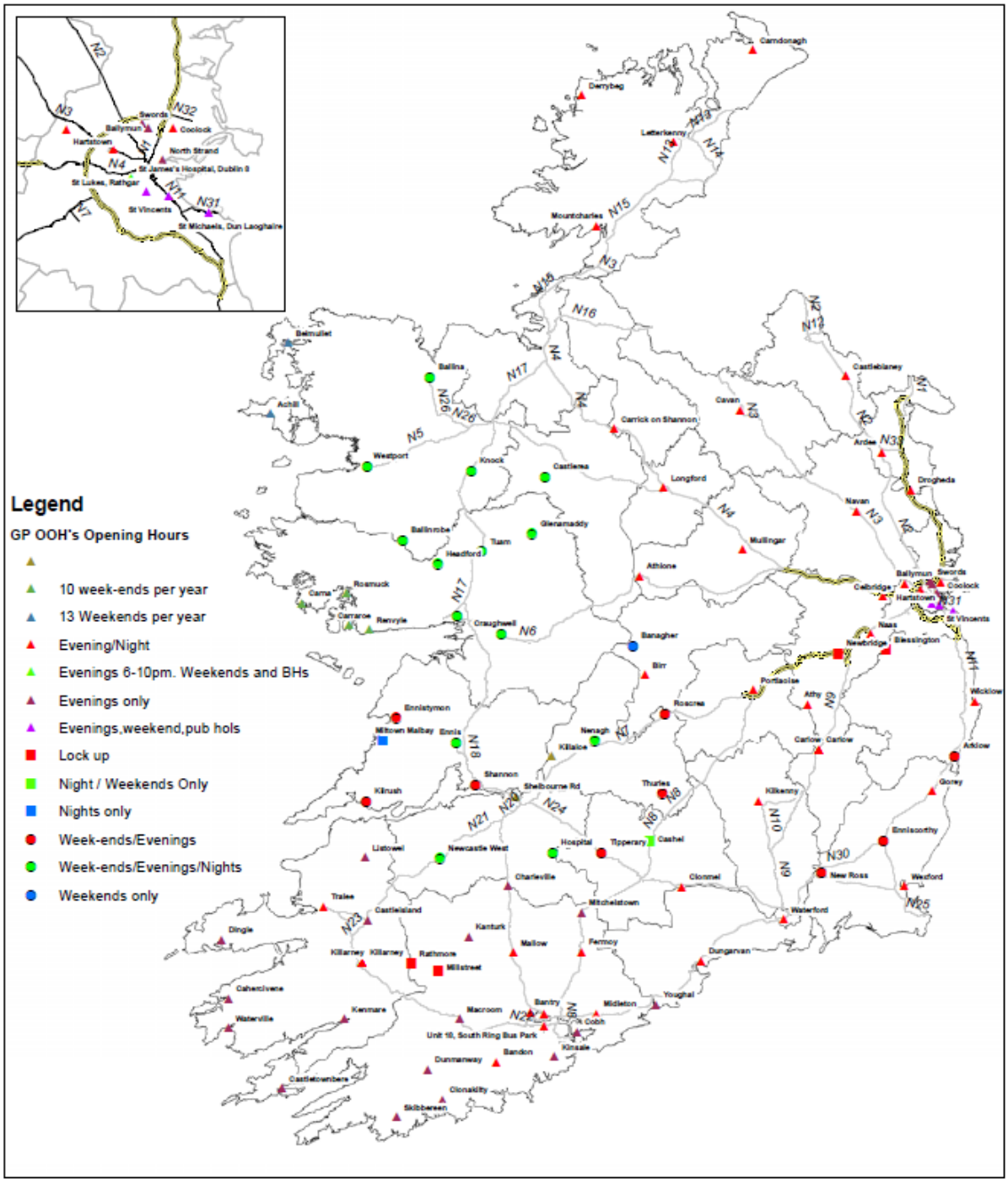


**Figure 3. Out-Of-Hours sites and hours of operation across Ireland**

### 9.2 GP Co-operatives (Co-ops)

In 1996 and 1997 a number of reports indicated an increased demand for Out-of-Hours care and identified a corresponding increase in attendance at A&E departments over a five year period.[81] In many parts of Ireland, GPs came together to form co-operatives (Co-ops) which provide a medical service outside normal working hours. GPs provide this service on a rota basis.[82]

Co-ops arose from the need to provide an easily accessible service for patients with urgent medical issues outside normal office working hours.[83] Each Co-op receives financial assistance from the State[84] and Co-ops now provide GP Out-of-Hours care to 70% (2.9 million people) of the Irish population.

Publicly-funded GP Co-ops commenced in Ireland in 1999, with a pilot initiative called 'Caredoc', followed by another called 'NeDoc' in the North East in 2000. Before the first Co-ops were established, GPs worked an average of 46 hours per week on call.[85] GPs currently working in Co-ops enjoy a reduction in Out-of-Hours workload.[86]

In 2005, 42% of all GPs were involved in Co-ops. These Co-ops had replaced internal and other practice rotas as the most widely used method of providing Out-of-Hours services.[87] By, 2010, there were 1,732 GMS GPs out of a total 2,136 doctors with GMS contracts (82%) participating in Out-of-Hours Co-ops, as well as 234 non-GMS GPs.[88]

Access to GP out-of-hours services is available in 14 centres nationally, as follows:

- D-Doc (Dublin North City and County);
- DubDoc (Dublin 2, 6, 8, 10, 12, 20, 22 and Lucan);
- DL Doc (Dún Laoghaire - based at St Michael's Hospital, Dún Laoghaire);
- East Doc (South East Dublin - based at St Vincent's Hospital);
- LUKE Doc (South Dublin - based at St Luke's Hospital, Rathgar);
- Tallaght GP Co-op (Tallaght and Clondalkin);
- KDoc (Kildare);
- NOW Doc (Leitrim, North Roscommon, Donegal);
- MIDoc (Midland Area);
- Shannon Doc (Mid Western Area);
- NEDOC (North East Area);
- Care Doc (South Eastern Area);

[81] HSE. (2010). National Review of GP Out of Hours Services. Accessed 25 July 2013 at http://www.hse.ie/eng/services/Publications/corporate/OOHreview2010.pdf
[82] http://www.citizensinformation.ie/en/health/emergency_health_services/emergency_health_services_in_ireland. html
[83] http://hospicefoundation.ie/wp-content/uploads/2013/03/Kiely-2012.pdf
[84] http://www.citizensinformation.ie/en/health/emergency_health_services/emergency_health_services_in_ireland .html
[85] http://www.rialtomedical.ie/assets/79/D25793C1-F959-AB9F-9853C0E3B9D63D16_document/Out-of-hours_co-operatives__General_practitioner_satisfaction_with_governance_and_working_arrangements.pdf
[86] Ibid.
[87] http://www.tca.ie/images/uploaded/documents/General%20Medical%20Practitioners%20Report.
[88] http://www.medicalindependent.ie/2381/co_ops_under_the_hse_knife

- South Doc (Cork and Kerry); and
- West Doc (Western Area);

### 9.3 Relevant legislation

GMS GPs are contracted to provide Out-of-Hours services for eligible patients under the Agreement for Provision of Services under Section 58 of the Health Act 1970 and as substituted by the *Health (Amendment) Act 2005*.[89]

*The Medical Practitioners Act 2007* changed registration procedures for GPs coming from the non-EU countries of Australia, New Zealand and South Africa to work in Ireland. The Act means that such doctors now have to apply for registration and pass registration exams.[90] Some doctors have complained that this makes the running of co-operatives more difficult, as they claim that it establishes obstacles to the recruitment of GPs.

### 9.4 Tensions between GPs and the HSE over Co-operatives

The Medical Independent (2010) suggests that attempts by the HSE to set up or manage Co-ops have been met with disapproval from some GPs, who contend that they should be GP-led. In 2005 the Medical Independent reported:

> "In particular the setting up of the much needed North Dublin Co-op, after years of stop-start negotiations between the local GPs, IMO and HSE, turned fractious when in 2005, the HSE decided it had had enough and (at a time when the issue was politically sensitive) tendered for the provision of Out-of-Hours services for North Dublin, attracting attention from a number of private enterprises and GPs in Ireland, as well as rumoured interest from UK providers."

Reacting to this, the Irish Medical Organisation (IMO) urged a boycott from its members, but the matter was resolved in 2006 with the creation of the GP co-operative 'D-DOC'. Nevertheless the Medical Independent (2010) reports that D-DOC has been expensive to run in comparison with other Co-ops and argues that: "*a HSE-dominated model is not necessarily a beneficial one*."

In July 2013 the Medical Independent reported that tensions were growing between GPs and the Primary Care Reimbursement Services (PCRS) unit of the HSE (the PCRS provides reimbursement to primary care contractors for the provision of health services to members of the public in their own community) over payment arrears from the PCRS to GPs for Out-of-Hours work.[91] The Medical Independent reported that 2013 saw the biggest number of late claims since 2010 and in total there have been 91 late claims since 2010.[92] Recently the Irish Medical Organisation (IMO) entered into a mediation process in regard to GP Out-of-Hours compensation with the Primary Care Reimbursement Services (PCRS)/HSE and reached an agreement in July 2013.[93]

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[89] HSE. (2010). National Review of GP Out of Hours Services.
[90] http://www.medicalindependent.ie/2381/co_ops_under_the_hse_knife
[91] http://www.medicalindependent.ie/30384/pcrs_receives_91_late_claims_in_three_years
[92] Ibid.
[93] http://www.imt.ie/news/latest-news/2013/07/breaking-news-agreement-signed-on-out-of-hours.html

### 9.5 Costs associated with Out-of-Hours work

The HSE (2010) suggests that there was 'a major increase in the number and cost of Out-of-Hours claims (459% in numbers and 505% in cost) from 1995-1999. The report claims that this reflects the revision of what constitutes Out-of-Hours work (in 1998, normal office hours during Monday-Friday were revised downward from 6pm to 5pm, and normal hours of 9am to 1pm on Saturdays were removed).

The HSE (2010) review of Out-of-Hours services also includes some statistics on the costs of Out-of-Hours work, which are shown in Tables 3 and 4.[94]

| Variable | Costs |
|---|---|
| **Cost of running 7 call centres** | €15.5m |
| **Cost of running 79 treatment centres** | €29.3m |
| ***STCs (including non-cooperative areas)** | €41.5m |
| **Grants to GPs (NeDoc (including triage) and DDoc).**<br><br>**DDoc grant to Caredoc for nurse triage.** | €7m<br><br>€1.8m |
| **Supplementary Grant** | €11.9m |
| **Total** | **€107.0m** |

*** Special Type Consultation (STC) payments are paid to GMS GPs for undertaking work over and above their contract with regard to specific consultations including Out-of-Hours consultations.**

**Table 3: National GP Out-of-Hours costs**

Table 4 below compares the costs of providing Out-of-Hours GP care in Northern Ireland with the same eligible population in Ireland. The table shows that it costs an extra €90m per annum in Ireland. Of the €107m it costs to run the service, approximately €42 million is spent on out-of-hours claims.[95]

| | Population | Costs |
|---|---|---|
| **Northern Ireland** | 1.4m | £18-20m |
| **Republic of Ireland** | 1.4m (GMS population) | €107m |

**Table 4: Out-of-Hours service provision costs in Northern Ireland and Ireland[96]**

K -Doc, a GP co-operative in Ireland, dispute this finding, arguing:

> "…the simple comparison between costs running an out-of-hours service in Northern Ireland and in the Republic, in the HSE's report, lacks credibility, particularly so given that staff costs in the former relate to employees who are actually employed in Emergency Department service, and it is also understood that medical manpower is

[94] http://www.hse.ie/eng/services/Publications/corporate/OOHreview2010.pdf
[95] http://debates.oireachtas.ie/HEJ/2010/11/16/00004.asp
[96] Source: HSE Out of Hours Review (2010)

> also delivered through the practice of bringing in eastern European doctors for short-term contracts."[97]

In an open letter to the Comptroller and Auditor General, published in the *Irish Medical Times* in 2011, Dr. William Behan argued that the HSE 2010 report failed to take the following into account when comparing the two jurisdictions in terms of cost of providing an out-of-hours service:[98]

- The five times greater land mass covered (with 86 treatment/call centres versus 19 in the North);
- The 4.5 times more centres used;
- Double the over-70s population covered;
- The greater medical need of the under-70s with medical cards;
- The NHS funds the full costs of providing a day-time primary care service unlike the GMS;
- Differences in the rate of exchange and purchasing power parity; and
- All Irish State citizens are allowed access to the service.

### 9.6 Recommendations of the HSE 2010 review

The 2010 HSE review made 13 recommendations for overhauling the delivery of GP Co-op services. Included in this was the recommendation to reduce the seven call centres to four centres, one in each region. The report also recommended that management of Co-ops should be given to the four HSE Regional Directors of Operations.[99] Regarding payments, it was recommended that payment for GP Out-of-Hours services should be on the basis of Special Type Consultation claims to be submitted online so that there is an audit trail of payments. Also, in determining the future grants paid by the HSE to Co-ops, the review concluded that private income generated by GPs from non-GMS patients should be taken into account.

The review also identified differences in the costs of providing a triage service, which ranged from €4.35 per call to €20.32.[100] However, speaking to the Joint Committee on Health and Children on 16th November 2010 Mr. Tadhg O'Brien of the HSE said:

> "When we started D-Doc we got a bed from CareDoc at a cost of €1 million to triage for the year, in the expectation of a high level of calls but the uptake in calls in the initial year was very low, working out at €24 per triage whereas normal nurse triaging around the rest of the country is approximately €4 per call. The GP STC costs approximately €60. We are retendering the triage service for north Dublin to bring it back in line with the rest of the country."[101]

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[97] http://www.imn.ie/index.php?option=com_content&view=article&id=1844:risk-assessment-for-cvd-an-update-&catid=32:clinical-news&Itemid=2
[98] http://www.imt.ie/opinion/2011/11/data-overestimate-gp-payments.html
[99] http://www.medicalindependent.ie/2381/co_ops_under_the_hse_knife
[100] http://www.hse.ie/eng/services/Publications/corporate/OOHreview2010.pdf
[101] http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/committeetakes/HEJ2010111600004

In addition, the review recommended the continuation and expansion of the Out-of-Hours service provision in the border areas.

### 9.7 The Irish Association of GP Co-ops (IAGPC) reaction to the HSE (2010) review

The Irish Association of GP Co-ops (IAGPC) answered the HSE report with a response document which disputed the figures contained in the HSE report. The response also called for an independent review to be carried out.[102]

The Co-ops identified the tax status of locums as a problem for their operation. Whereas previously, locum doctors were treated as self-employed and were exempt from Pay as you earn (PAYE) tax, in 2010 the Revenue Commissioners carried out an extensive review of the tax treatment of locum doctors engaged by GPs and decided that locum doctors would have to pay PAYE.[103] Some Co-ops have subsequently complained of being liable for Pay Related Social Insurance (PRSI) of 10.75% when hiring locums and some have taken cases against Revenue.[104]

### 9.8 Implementation of recommendations

The way in which Co-ops are funded has been changed following the HSE's review. The Irish Medical Times (2013) report that in the case of NEDOC, the change resulted in a reduction in funding of two-thirds.[105] Several GP Co-operatives have complained of reduced resources and signalled that they may have to reduce their level of service provision.[106]

### 9.9 Demand for these services/patient satisfaction

All the main cooperatives have undertaken patient satisfaction surveys (HSE, 2010). Findings have been very positive, with patient satisfaction typically over 90%.[107]

[102] http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/committeetakes/HEJ2010111600004://www.medicalindependent.ie/2381/co_ops_under_the_hse_knife
[103] http://www.grantthornton.ie/db/Attachments/Grant-Thornton-Tax-treatment-for-locums-February-2011.pdf
[104] http://www.medicalindependent.ie/2381/co_ops_under_the_hse_knife
[105] Ibid.
[106] Irish Medical Times. (2013). Open all hours for primary care, 1st March 2013.
[107] National Review of GP Out-of-Hours Services (HSE, 2010).

# 10. Out of hours GP services: Cross-border co-operation

## 10.1 Background

This section of the paper considers the potential for cross border co-operation in relation to GP Out-of-Hours care.

In 2001, a feasibility study found that approximately 70,000 people in the border areas between Northern Ireland and Ireland were nearer to GP Out-of-Hours in the other jurisdiction.[108] Depending on location, if such patients were free to travel across the border, it was suggested that travel distance to see a GP could be considerably reduced and that access to primary care in the border region would be increased.[109] It was also noted that this may help a number of families living in deprived areas in the border regions.

It became apparent that the implementation of such a cross border service, given the disparity in terms of how services operated, would require considerable organisation and preparation. A number of legislative, technical, pharmaceutical, financial and professional regulatory issues existed (for example, GPs from Northern Ireland cannot make a home visit in the Ireland, and vice versa). For the project to be realised, many arrangements would need to be put in place to enable for example, the dispensing of drugs, the protection of patient data, and processes to facilitate the onward referral to other medical services like social care.[110] In addition, there would need to be mechanisms to accommodate the fact that GP Out-of-Hours in Northern Ireland are provided as not-for-profit healthcare and that patients do not pay to access this care, whereas in Ireland a number of Out-of-Hours services are businesses where charges are made to patients who do not hold exemption cards.[111]

In 2005, CAWT (Co-operation and Working Together)[112] which is part financed by the European Union's (EU) European Regional Development Fund, secured funding from *EU Interreg IIIA* programme to develop two pilot projects along the border where patients would be given the choice of accessing closer GP Out-Of-Hours cross border services or using the existing service in their own jurisdiction. The project was not aimed to deliver efficiencies, but rather to establish a more convenient service for patients.

## 10.2 The two cross border Out-of-Hours services

Initial set-up costs, funded by CAWT for the two cross border projects totalled £204,000.[113] The two pilots came into effect in 2007 and are described as below:[114]

[108] CAWT (2001) Feasibility Study for the provision of Cross Border Out of Hours GP Services http://www.cawt.com/Site/11/Documents/Publications/PCCC/GPOOH/feasibilitystudy.pdf
[109] DHSSPS (2006) Measures to facilitate the provision of GP out of hours services on a cross border basis. Consultation paper, p5.
[110] Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project p10.
[111] Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project p27.
[112] CAWT website http://www.cawt.com/
[113] Correspondence with Author and DHSSPS: response dated 29.7.2013.
[114] CAWT GP Out of Hours project http://www.cawt.com/default.aspx?CATID=1173

### 1) GP Out-of-Hours Service for South Armagh/Castleblayney

People living in border areas of South Armagh could contact an optional GP Out-of-Hours service in the Out-of-Hours Centre in Castleblayney, County Monaghan in Ireland.

### 2) GP Out-of-Hours service for Donegal/Derry

People living in Killea, Castleforward, Burt, Inch, Birdstown and Kilderry areas of Inishowen, County Donegal in Ireland could attend an optional GP Out-Of-Hours service in Altnagelvin Hospital in Northern Ireland.

In order for the two pilot projects to operate, a number of protocols were established to facilitate the running of each service including:

- issuing of prescriptions;
- how payments would be processed;
- how patient records were dealt with;
- which ambulance would respond in respect of cross border transfers;
- triaging of patients;
- dealing with other aspects - such as mental health, child protection and acute hospital admission.

The creation of the pilots meant that patients (not GPs) could travel across the border in order to consult with a GP in the Out-of-Hours centre in the corresponding jurisdiction. It was projected that each pilot area would have approximately 13,000 residents that could avail of services, if needed.[115] However, when the Donegal/Derry pilot was first established, not all GP practices in the Inishowen/Buncrana area wanted to participate which meant that the catchment area for Donegal was reduced by approximately half, from 13,000 to 6,700 potential patients.[116]

## 10.3 Financing and patient charges

The arrangement between Northern Ireland and Ireland was that patients would be seen on a “quid pro quo” basis – rather like an exchange basis. The cost of treating one patient on one side of the border would be replicated in the other.

Private patients (those without a medical card) from Ireland pay the same costs for accessing a GP across the border in Northern Ireland as they do in their home jurisdiction. This fee is around €40 per patient.

In addition, patients from either side of the border who are entitled to free GP care are not charged. Rather, financial reimbursement is passed from service provider to service provider, based on the costs of treating the patient in their own jurisdiction. The Southern

[115] Centre for Cross Border Studies (2006) Attitudes to the development of cross border health services
[116] Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project p38.

HSC Trust in Northern Ireland pays for patients from Northern Ireland who received treatment in Ireland. This fee is currently £60 per patient.[117]

### 10.4 Evaluation of the services – has it been a success?

The cross border GP Out-of-Hours pilot projects were independently evaluated by the Centre for Cross Border Studies in 2008.[118] The evaluation report concluded that the project had a lower than expected patient uptake. In addition, some of the main issues identified included concerns that people would make use of the service at the weekend when they could not get a GP appointment during the week within their own jurisdiction. Standardisation of services on both sides of the border was also an issue in terms of regulation, funding and governance. Other issues included the different public holidays in both jurisdictions; different child protection procedures; access to medicines, and the order in which patients are seen at Out-of-Hours services, for example in Northern Ireland patients are given an pre-arranged appointment time, whereas in Ireland, patients are seen on a "first come, first served" basis.[119] Furthermore, as previously highlighted, GP home visits could not take place on a cross-border basis. The report also indicated that the evidence pertaining to the cost effectiveness of the cross border service to deliver appropriate care remained inconclusive.[120] Despite some of these difficulties, the report recommended that the services be maintained with a view to putting in place longer-term arrangements for their continuance and possible expansion along the border.

Since the evaluation in 2008, the two pilot services have been mainstreamed into general healthcare services. The DHSSPS has advised that CAWT no longer provide the funding and are not involved in the running of the service.[121] Whilst GPs are not directly employed for the cross border service, they do see patients as required. As such, patients in the Southern Trust area can still attend the centre in Castleblaney across the border, and patients from Donegal can cross the border and attend Altnagelvin hospital in Northern Ireland. At present there are no other cross border shared GP services.

The issue of cross border Out-of-Hours service provision was also discussed at an evidence session with the Northern Ireland Assembly's Committee for Health, Social Services and Public Safety in March 2010. At that meeting, officials from the DHSSPS suggested that the numbers of patients using the cross border Out-of-Hours service was low and that there could be resource implications if uptake of such cross border services were not being utilised as first envisaged.[122]

[117] Correspondence with Author and DHSSPS: response dated 29.7.2013.
[118] See: Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project.
[119] Clarke, P. 2008 Independent Evaluation of CAWT Cross Border GP Out of Hours project, p44.
[120] Ibid
[121] Correspondence with Author and DHSSPS: response dated 29.7.2013.
[122] NI Assembly Hansard: (25 March 2010) Committee for Health, Social Services and Public Safety GP Out-of-hours Provision in Northern Ireland.

### 10.5 Number of patients attending

In terms of uptake, recent figures from the DHSSPS[123] show that on average between 20-30 patients use the cross border Out-of-Hours service per month:

- Western Urgent care – on average 125 cross border patients are seen per annum
- Southern Trust – 300 patients were seen in Castleblayney between March 2012-March 2013

Given the initial projections as to the possible number of people who could have availed of the service, in reality, these numbers are low. Understanding if the reasons for this are simply because patients prefer to stay in their own jurisdiction, if there is a lack of awareness of the services, or other reasons - such as the limitations of the service (e.g. no cross border GP home visits) is not known.

In terms of its future, CAWT has confirmed that both cross border Out-of-Hours services are under review by the DHSSPS, the Department of Health, and the HSE to determine their longer-term viability.[124] Indeed, the DHSSPS has stated that there are no current plans to extend the service under Interreg IV.

## 11. Ambulance services

The final section of this paper briefly considers another aspect of urgent care, namely ambulance service provision, and highlights several areas of cross border collaboration.

### 11.1 Ambulance Services: Northern Ireland

The Northern Ireland Ambulance Service (NIAS) was established in 1995 as a single Trust which operates in addition to the other five HSC Trusts.[125] The mission of the NIAS is "*to provide safe, effective, high-quality, patient-focused care and services to improve health and well-being by preserving life, preventing deterioration and promoting recovery*".[126] The Health and Social Care Board is also responsible for commissioning ambulance services in Northern Ireland.

The NIAS has an operational area of approximately 14,100 square kilometres, much of which is rural terrain, and a fleet of over 300 ambulances which operate on a 24/7 basis. There are 116 A&E ambulances, 105 non-emergency vehicles, 42 rapid response vehicles and 50 other vehicles such as officer cars/vehicles for emergency planning. A single Emergency Ambulance Control (EAC) Centre is based at Ambulance Headquarters in Belfast.[127] The DHSSPS has advised that at all times, the nearest available ambulance will be dispatched to attend an incident.

[123] Correspondence with Author and DHSSPS: response dated 29.7.2013.
[124] Correspondence with Author and CAWT: Cross border (GP) Out of Hours Services response dated 10.7.13
[125] See: The Health and Social Services Trusts (Establishment) (Amendment ) Order (Northern Ireland ) 2008 and section 1 of the Health and Social Care (Reform) Act (Northern Ireland ) 2009
[126] Northern Ireland Ambulance Service Annual report 2011/12, p3.
[127] NIAS: Our Services http://www.niamb.co.uk/docs/our_services_index.html

Over the past 5 years, the DHSSPS has invested over £21 million in the service and expenditure on the NIAS exceeds £62m per annum.[128] Services offered range from major incident planning, emergency response and hospital transportation. The NIAS employs over 1,100 staff across 57 ambulance stations.[129] Bespoke software systems are also in place to enable telephone calls to the NIAS to be categorised into one of three categories (A, B, or C) based on clinical urgency. Category A calls are potentially life threatening whereas category C calls are less urgent. The DHSSPS has also set ambulance response time targets in response to calls as a way of monitoring performance.

Each year the NIAS deals with over 140,000 '999' calls and transports over 330,000 patients.[130] Whilst demand is high and is expected to increase, in 2011/12, Emergency Ambulance Control received 21,000 emergency calls which, on arrival at the scene, were not clinically urgent. In addition there have been a number of incidents where front-line NIAS staff have been being verbally or physically abused, giving cause for concern. Demands on the service coupled with budgetary constraints, means that the NIAS is likely to face increasing operational challenges in the future.

### 11.2 The NIAS and cross border operations

In terms of cross border collaboration, the Northern Ireland Ambulance Service has a Memorandum of Understanding with the Ambulance Service in Ireland, which was signed in 2009 and is reviewed annually.[131] The purpose of the Memorandum is to:

1. Identify the responsibilities of both services in respect of the management of incidents or events which require the attendance of both services;
2. Provide guidance and clarification to staff in the management of cross border incidents;
3. Improve communications systems between the two services;
4. Ensure that patients receive safe timely effective and efficient services;
5. Prevent duplication of work resulting in a more timely response; and
6. Utilise all resources efficiently to improve outcomes for patients.

The NIAS crosses the border to transport patients, mainly for events planned in advance – such as for cardiac treatment in Dublin, however some emergency transfers also take place.[132] Ambulance services on both sides of the border provide mutual aid to support emergencies which may arise. The NIAS will respond to emergency requests in the border areas when resources are available - for example for road traffic collisions in Donegal or Dundalk. This is also reciprocated by the ambulance service in the Republic if an incident occurs in the North and there is a shortage of resources. In such cases, patients are taken to

[128] Northern Ireland Ambulance Service Annual report 2011/12, p10.
[129] Correspondence with Author and DHSSPS: response dated 2.9.2013
[130] Northern Ireland Ambulance Service HSC Trust http://www.niamb.co.uk/
[131] AQO 2594/11-15 Mr Chris Lyttle to ask the Minister for Health, Social Services and Public Safety for an update on the actions he is taking to develop shared health services on a north-south basis. 27/09/2012.
[132] Correspondence with Author and DHSSPS: response dated 2.9.2013

the **nearest appropriate** hospital (this may be a different hospital/ jurisdiction than the ambulance originated from). This is determined by ambulance personnel at the scene of the incident by assessing the condition of the patient.[133] No charges are made for emergency ambulance response to either side of the border. However, there are charges for repatriation concerning planned transportations.

The DHSSPS has provided a breakdown of the number journeys made by the NIAS to the Republic of Ireland over the last 3 years. As can be seen in Table 5, the number of journeys made across the border has increased over the last 3 years but overall, remains a relatively low occurrence.

| | Emergency vehicles dispatched via Emergency Control Centre | | | Emergency vehicles dispatched via Non-Emergency Control Centre | Total number of emergency vehicles dispatched |
|---|---|---|---|---|---|
| **Type of Call** | **Emergency** | **Urgent** | **Routine** | **Routine** | |
| **2010/11** | 11 | 0 | 2 | 16 | **29** |
| **2011/12** | 34 | 4 | 16 | 15 | **69** |
| **2012/13** | 40 | 4 | 24 | 45 | **113** |

**Table 5: The number of emergency vehicles dispatched from NI to ROI: 2010-2013.**

### 11.3 Cross Border Training Exercises

As described below, the NIAS has also participated in emergency planning exercises and training exercises with colleagues from ambulance services in the Republic of Ireland.[134] However, according to the DHSSPS, no cross border training is currently planned for this year. A Memorandum of Understanding for Mutual Aid across both services is currently under development and is expected to be signed off before the end of 2013.

CAWT has co-ordinated two separate cross border major medical emergency planning exercises and two separate cross border emergency medical assistance / trauma management courses. In 2009, CAWT reported on training which had taken place for the ambulance services on both sides of the border in association with a range of other emergency services - such as the Territorial Army Medical Services, the Irish Army Air Corps and the RAF.[135] CAWT states:

> "*Magilligan Training camp in Co. Derry hosted the unique cross border 'Advanced Life Support' training and communication exercise, designed to test the ability of both ambulance services, North and South, to work co-operatively and to practice working as single cross border team in dealing with a major medical incident in the border region. Incidents such as a multiple vehicle road traffic accident, an industrial accident*

[133] Correspondence with Author and DHSSPS: response dated 2.9.2013
[134] http://www.niamb.co.uk/docs/our_servicesemer.html
[135] http://www.cawt.com/default.aspx?CATID=4871&CID=2831

*or natural disaster are examples of situations where both emergency services might need to work together."*

### 11.4 Air Ambulances in Northern Ireland

The NIAS has arrangements in place whereby it can request the Maritime and Coastguard Agency to source appropriate air transport for patients when necessary. This was supplemented recently by a Memorandum of Understanding with the Police Service of Northern Ireland in respect of access to its dedicated air support services. The Health and Social Care Board in Northern Ireland also has in place an air ambulance contract with Woodgate Aviation for planned transfers of both adult and paediatric patients to and from Northern Ireland. The Minister has discussed the issue of co-operation in an air emergency service with his counterpart in the Irish Republic, and anticipates further such discussions.

### 11.5 Ambulance Services: Ireland

The National Ambulance Service (NAS) is the provider of ambulance services in Ireland and is managed by the HSE. Area Profiles are available on the HSE website.[136]

In a response to a Parliamentary Question in December 2012, the Minister for Health, Dr. James Reilly,T.D. outlined the National Ambulance Service new intermediate care service (ICS) in Sligo and Letterkenny. The ICS will take non-emergency, stretcher-based patient transport, such as inter-hospital transfers, in order to free up emergency resources. The Minster said that the ICS service would be fully operational in early 2013 and will be expanded to 19 intermediate care operatives.

### 11.6 Air ambulances in Ireland

In 2005, the Department of Defence and the Department of Health completed a Service Level Agreement (SLA) which formalised arrangements for the provision of an inter hospital air ambulance service by the Air Corps. This agreement was renewed in October, 2011.[137]

The Emergency Aeromedical Service was initiated as a 12 month pilot service in June of 2012 and is based in Custume Barracks, Athlone. The project is being operated from within existing resources and a review is underway.[138] In December 2012, Minster Reilly, referring to the pilot, said that he had discussions with Minister Edwin Poots in Northern Ireland on how the two jurisdictions might co-operate on air ambulance services on either side of the border.[139]

[136] http://www.hse.ie/eng/services/list/3/nas/ourstaff/areainformation.pdf
[137] Reply to PQ (35082/13) on 16/0713 Minister for Justice, Equality and Defence, Mr Alan Shatter, T.D.
[138] Reply to PQ (9581/13) from Minister for Health, Dr. James Reilly, on 26/02/13.
[139] http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail2012121900029.

## Appendix 1: Examples of North South health-related co-operation

The list below provides examples of cross-border co-operation in the area of healthcare:

- The Ireland / Northern Ireland National Cancer Institute of the USA Cancer Consortium includes initiatives such as cancer registries co-operation, cancer prevention programme and telesynergy. Oral and Maxillo Facial Surgery co-operation in the North-West.
- 2 GP Cross-border Out-of-Hours Pilot Projects (as discussed in this paper)
- Exercise Medical Bridge – participation in cross-border emergency planning exercises (2007 and 2008).
- Pandemic Flu Planning and co-operation (sharing information on planning and preparedness).
- Fire and Rescue co-operation with regard to fire prevention and planning, and for incidents such as road traffic accidents, fires in property, forest fires and flooding.
- Cross-border First Responder Schemes.
- Co-operation on Radiotherapy Services (including arrangements for Donegal Patients to receive treatment at the Belfast Cancer Centre and the planned Satellite Radiotherapy Facility at Altnagelvin Hospital).
- Co-operation in Health Promotion including physical activity, research, nutrition, health promoting hospitals, training, workplace health, men's health, mental health and breastfeeding, tobacco controls, drugs and alcohol initiatives.
- All-Island Action Plan on Suicide Prevention (incorporating a rolling programme of initiatives to encourage cross-border co-operation in the prevention of suicide and self-harm). The National Office for Suicide Prevention (NOSP) is jointly involved in the All-Island Suicide Prevention Plan.
- Child Protection Inter-Departmental Coordinating Group with sub-groups on Internet Safety; Protocol for Movement of Children/Vulnerable Families across borders; All-Island Media Awareness; Research; and Vetting and Barring.
- The North/South child protection hub - a dedicated online resource used to share and improve knowledge, develop evidence-based practice and, ultimately, assist the safeguarding of vulnerable children.
- "Out of Programme" Training initiative enabling NI doctors to undertake training in the RoI (run by the the NI Medical and Dental Training Agency).
- Paediatric and Congenital Cardiac Surgery Services.
- All-Ireland Contract for Clinical Waste Management.
- Programmes and initiatives of the Food Safety Promotion Board (SafeFood).
- The Institute for Public Health (funded by both DHSSPS and DoH) is involved in a number of projects on an all-island basis aimed at strengthening public health intelligence, supporting health impact assessment in N Ireland, capacity building and policy development.