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Dear Daniel

## **PUBLIC ACCOUNTS COMMITTEE INQUIRY INTO ACCESS TO GENERAL PRACTICE IN NORTHERN IRELAND**

Thank you for your correspondence of 28 February 2025 requesting some additional information ahead of officials and I attending the evidence session with Committee members on Thursday regarding to NIAO report on 'Access to General Practice in Northern Ireland.'

With regard to costs associated with Trust run Practices, costs/allocations for new providers of GMS Services taking up provision of services following contract hand-backs are agreed with the Department before new providers take up the delivery of GMS services. Costs/allocations for each new provider are monitored on an ongoing basis. All costs are being met from within available funding and have not impacted agreed contractual funding to other contract holders.

The Table below sets out costs / spend associated with Trust managed GP practices.

<b>GP practices managed by Trust</b>	<b>Dates contracts taken over by Trust</b>	<b>2022/23 £'000</b>	<b>2023/24 £'000</b>
Dromore	01/07/2022	760	1,419
Priory/ Springhill	01/02/2023 - 31/07/2023	199	675
Racecourse	01/06/2023	-	629
Maphoner/Mullaghbawn	01/09/2023	-	723
Brookeborough/Tempo	01/07/2023	-	731
Kilkeel	01/11/2023	-	540
<b>Total</b>		<b>959</b>	<b>4,717</b>

Source: SPPG, DoPC

## Notes:

(i). Expenditure includes the following:

- Costs of premises which may include rent and rates, heat, light and power as well as other running costs.
- Staff costs - Trust managed practices retain the majority of GP practice staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).
- Locum costs - the above costs include GP Locum payments. Locums costs are not paid by the Trust. SPPG pays these directly to each Locum.

(ii). Given the unique circumstances surrounding Trust managed Practices, the following costs may additionally be incurred:

- Additional staff costs - due to the nature of contracts handed back, additional Locum staff and/or clinical support staff may have been required for specific Practices, for example additional social work input / additional pharmacy input.
- Equipment costs – some Practices may have required the replacement of medical equipment as previous contract holders had ownership and removed such equipment prior to Trust takeover.

The Department does not have a breakdown of costings for salaried GPs. Western Health & Social Care Trust commenced appointing salaried GPs in the current financial year, 2024/25.

In September 2024 the Western Trust interviewed and appointed 5 Salaried GPs, 4 took up post in January 2025 and 1 is due to take up post in April 2025. Interviews were held again on 30 January 2025 and 3 further GPs have accepted posts. In total the Western Trust have appointed 8 salaried GPs. The salary scale is £98,468 – 105,592 per annum pro-rata.

- Brookeborough/Tempo – 2 Salaried GPs appointed
- Fintona – 6 Salaried GPs appointed

### ***Locum GPs under Trust management***

The table below details total spend on locums in Trust-run practices for 2023/24. NB this may include more than one locum per practice.

Practice	Number of Months managed by Trust in 2023/24	2023/24 £'k
Dromore (WHSCT)	12	761
Priory/ Springhill (SEHSCT)	4	225
Racecourse (WHSCT)	10	447
Maphoner/ Mullaghbawn (SHSCT)	9	515
Brookeborough /Tempo (WHSCT)	7	440
Kilkeel (SHSCT)	5	374

In 23/24 in order to attract GPs to work in these practices an enhanced locum rate was paid. During 24/25 this rate has been reduced.

Fintona Medical Practice & Bayview Medical Practice were taken over by the WHSCT in the 24/25 financial year.

The Western Trust has been taking steps to move away from the locum GP led service provision to recruiting salaried GPs in the practices it is responsible for. This is an important step to support the sustainability and stability of these services for the future and will help promote continuity of care for patients. Whilst the rate paid to salaried GP staff is a matter for the Trust, the salary package being offered is commensurate with the rates offered for salaried GP roles elsewhere in Northern Ireland.

Importantly, recruiting salaried GPs will reduce the Trust's reliance on GP Locums for the delivery of GP services in these practices. Whilst the Department has worked with the Trust helping them to take steps to contain the rate per session to £350, it is recognised that a locum-led model is not financially sustainable in the longer term or conducive to continuity of care which is central to an effective GMS service.

The Department remains committed to the GP partnership model for the provision of GMS services, however it is important to have viable alternatives in place to ensure consistency of service delivery for patients in instances where it has not been possible to recruit GP partners.

With regard to the to the Regional Electronic Patient Record (EPR) solution (encompass), it is designed to provide those working in the Acute, Community and Mental Health sectors with a single, holistic, appropriate view of a patient or service users' interactions with those sectors. It enables staff across all disciplines to provide patients and service users with the safest, highest quality of care that is possible. The encompass governance structure contains a GP Advisory Council and a GP representative sits on the encompass Programme Board.

To date encompass has been implemented in the South Eastern, Belfast and Northern HSC Trusts with the final two HSC Trusts, Southern and Western, set to Go-Live in May 2025.

Digitisation of GP records is outside of the scope of encompass. The programme tackled the replacement of 50 existing, discrete computer systems, many which were reaching End of Life, with a single Electronic Patient record. The business change programme saw the introduction of the EPIC software suite and a review of care pathways involved resulting in the adoption of regional pathways for the services involved.

As with the NIECR system that provided Primary Care practitioners with a summary of episodes of care provided in the Acute Sector, GP led teams will have access to information held on the encompass solution. They will use the EpicCare Link system which provides a real time, read-only view of a person's electronic health and care record. Through this, Primary Care clinicians can view patient records, place referrals and radiology orders. GP information on medications prescribed in Primary Care and allergies recorded are shared within encompass.

As with previous solutions, correspondence from encompass is sent to GPs through Electronic Document Transfer mechanisms to support continuity of care.

GP Out of Hours currently remain on their legacy system while further scoping work is completed to understand their needs and bring them on to encompass.

In terms of E-prescribing, the Electronic Transfer of Prescriptions (ETP) project has been initiated to provide a service to ensure secure transfer of electronic prescriptions from a prescriber to a dispenser, and the onward transfer of the associated electronic claim to a payment solution. However, capital funding has not yet been secured for this ePharmacy programme due to the need to prioritise other HSC digital projects, such as the implementation of Encompass.

That said, funding for the ePharmacy programme team has been secured for three years and this will allow the programme and Business Case to be developed and the project ready to proceed to the procurement phase when funding becomes available.

The Department remains hopeful that the project will be able to proceed in 2027, dependent on funding, with completion in 2032.

Yours sincerely



**PETER MAY**