A new deal for primary care for the Irish people

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examine options for improving access to primary care in Ireland

A well functioning health system must provide equal access to healthcare for its patients on the basis of need rather than ability to pay. In our recent report, "Social Health Insurance: Further Options for Ireland," we identify limited access to primary care as an important bottleneck in the current Irish health system. The recent PA Consulting Group (2008) review of acute hospital services, emphasised the importance of strengthening community care to alleviate pressure on hospitals. In this article we review possible strategies to improve access to GP care.

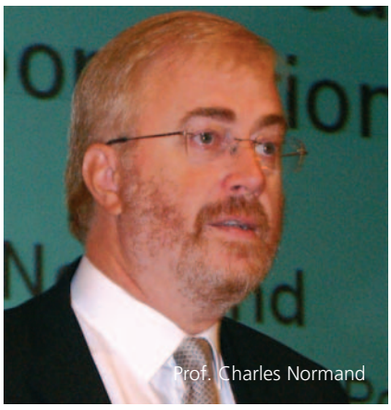
Recent research has highlighted the unfairness, inefficiency and ultimate unsustainability of current arrangements. Charges for GP services hit those worst who are just above threshold levels for medical cards. It is estimated that 18 per cent of the population do not go to their GP because of cost. Similarly, some patients who don't have medical cards bypass their GPs and go directly to hospital Emergency Departments. This additional workload puts further pressure on the limited capacity in the acute hospital sector.

In addition, GP supply per person is worsening. Ireland already has one of the lowest GP to population ratios in the former EU 15. The GP cohort is becoming older, meaning that many will retire in the next decade. Further, 70 per cent of new GPs are women and work fewer sessions than male GPs. There are half as many GPs per population in some parts of the country as compared to others, and many GPs are closing their lists to new patients.

WHAT CAN BE DONE?

(i) Free primary care for children

Different age groups have different needs and ability to access services. Internationally there is strong support on technical grounds for free health care for the under fives. Further, there is also increasing awareness that the health needs of adolescents require more focus. Our first option relates to extending free primary care, including GP access and prescription costs, to children and we consider the implications for three age-groups: the under fives, under 16s and under 19s. Diagram 1 highlights the results.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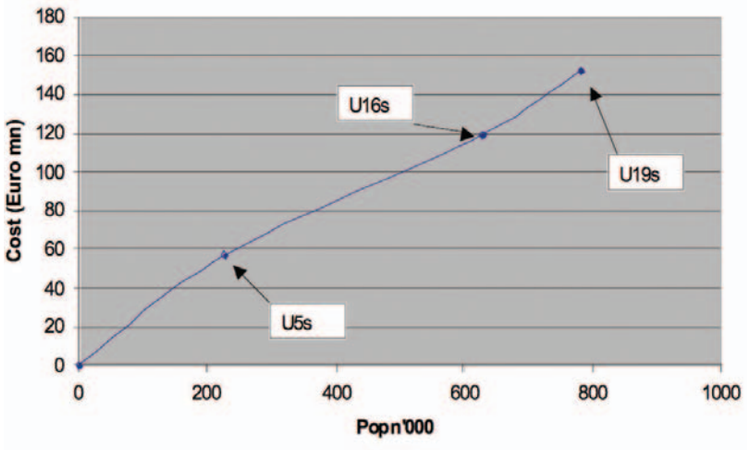
The striking feature of all three options is that they are very cheap. The extension of free primary care to all under fives would only cost €57 million per year. The age group from five to 15 are actually cheaper to cover per child than the under fives. The total cost difference between covering the U16s and U19s is also quite small, just over €30 million. Hence under €160 million is needed to provide free pri-

Diagram 1: Costs and Additional Population Covered – Free Primary Care for Children (2006 prices)



mary care to all children, equivalent to an increase of health care funding of just over two per cent in real terms.

An alternative is the provision of GP Visit cards. However, the cost of these would not be very different since children are not high users of expensive drugs. In addition the GP visit cards have not been as popular with eligible patients.

(II) Free or subsidised GP access for all

To improve access to primary health care for all the population and reduce the flow of people directly to hospital emergency departments, it would make sense to reduce the financial barriers to accessing GPs for all the population. Free primary care for everyone would only cost government an extra €1 billion which is within the scope of recent government health budget increments. This low figure is because government is already paying for the highest-cost users with medical cards through its €2.1 billion funding for primary care services. Despite this, the financial burden on relatively poor families who need care is heavy. Even a partial subsidy of GP access for the population without medical cards, such as €20 per visit, would reduce the unfairness and inefficiencies of the present system.

(ii) Increasing human resources:

Even just to maintain the low current GP to population ratio in Ireland, the number of newly trained GPs will have to expand substantially from current levels to match retirement of existing GPs (which is currently around 70 GPs each year and will increase) and population growth over the next 12 years. If financial barriers are removed then even more newly trained GPs will be needed, rising to 185 each year in the period 2016-2020, just to maintain where we are. Further, this calculation may be an underestimate with increasing feminisation of the GP workforce. The current number of GP training places is 121 per year and needs to increase significantly if access to GPs is to improve radically. We would suggest an immediate move to 150 places in line with government policy, which must further be increased to 200 places to cope with the removal or lowering of financial barriers for GP services. In addition, GP training needs to be made available on a shortened basis to those junior hospital doctors with sometimes extensive relevant experience. Such doctors will become increasingly available with the move to consultant provided services in public hospitals.

> There is need for a second phase of reforms if primary care is to serve as a strong foundation for a better health system

A further challenge is to find ways to increase supply to some underserved areas. While the market for GP services is not subject to government control, the government is a key purchaser of services for the high-using population. It would therefore appear to be vital that government reviews and makes transparent its criteria for the allocation of GMS lists and it considers paying GPs higher capitation rates for working in underserved areas. This would set the right market incentives to provide a fairer distribution of GPs.

Final thought:

The Primary Care Strategy embodies some good thinking but has not been implemented appropriately and does not address the financial and geographic barriers to access that have been highlighted here. There is need for a second phase of reforms to reduce those barriers if primary care is to serve as a strong foundation for a better health system. This will represent "a new deal" for the provision of primary care for the Irish population. HM

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