

# THE EFFECT OF ACCESSIBILITY TO GP SERVICES ON HEALTHCARE UTILISATION AMONG OLDER PEOPLE

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## INTRODUCTION

We investigated the impact of accessibility to General Practitioner (GP) services on the use of GP services among older people in Ireland. Older people use healthcare services more frequently and intensively than the population as a whole. However, having limited personal mobility or poorer access to transport may present significant obstacles for an older person trying to avail of healthcare services. Internationally, the World Health Organization raises awareness of the need for healthcare to be within physical reach of vulnerable or marginalised groups, with older people and residents of rural areas identified as ‘at risk’ populations.

In Ireland, the *Programme for Government 2016-2019* outlines ambitions to ‘increase access to safe, timely care, as close to patients’ homes as possible’. It recognises a requirement to safeguard the sustainability of GP surgeries in rural Ireland and in disadvantaged urban areas. Furthermore, *The National Positive Ageing Strategy* states, ‘Older persons should have access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness’.

This policy emphasis on physical accessibility to healthcare at a national and international level led us to study older people’s access to healthcare in Ireland. Since GP services are the primary point of contact for individuals with the healthcare system, we examined whether people living near GP practices or with more GPs in their local area go to the GP more often.

## DATA AND METHODS

We used data on healthcare utilisation from the Irish Longitudinal Study on Ageing (TILDA), which is a nationally representative survey of over 8,000 people aged 50 years and older. The residential addresses of TILDA respondents were linked to a

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<sup>1</sup> This Bulletin summarises the findings from: Mohan, G., Nolan, A., and Lyons, S., “An investigation of the effect of accessibility to General Practitioner services on healthcare utilisation among older people”, *Social Science and Medicine*, Available at: <https://doi.org/10.1016/j.socscimed.2018.11.028>

separate dataset containing information on the location and number of GPs in the Republic of Ireland. This afforded the creation of three measures of 'physical access' to GP services:

1. Road network distance (kilometres) to the nearest GP;
2. An estimate of the number of addresses served by the individual's nearest GP. This indicator acts as a proxy for the capacity/congestion/workload of the local GP;
3. The number of GPs within walking distance of the TILDA participant's home. This provides an indication of the level of choice of primary care providers in a respondent's locality.

We used statistical methods to explore the association between these three access measures and the number of GP visits reported in a 12-month period. The main factors affecting how often an individual uses GP services are health status and socioeconomic characteristics such as age, and we controlled for many such factors in the analysis. We also explored the interaction between publicly-financed primary care (i.e. holding a medical card or a GP visit card) and these three access measures for GP visits. Individuals who hold a medical card or GP visit card must register with a particular GP to qualify for free GP visits.

#### **FINDINGS**

Overall, we did not find statistically significant differences in GP visiting among older people in Ireland depending upon their distance to GP services, the number of addresses potentially served by the local GP or the level of choice of GP provision. However, for those who must pay for GP appointments, i.e. those without a medical or GP visit card, visiting rates were higher where there was a greater number of GPs in their vicinity.

#### **POLICY IMPLICATIONS**

We found that geographic accessibility did not, in general, explain differences in the utilisation of GP services for older people in Ireland. From a health equity standpoint, this is an encouraging result. However, the modelling suggested that a higher number of GPs within walking distance was associated with a greater number of GP consultations among those who can exercise choice in their provider, i.e. non-medical cardholders who do not have to register with a specific GP. By contrast, for medical cardholders, having a higher level of GP provision within walking distance does not influence GP visiting since they must attend the same GP practice to avail of free consultations.

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