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Use and supply of General Practitioner services in Ireland by area-level deprivation [1]

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INTRODUCTION

Do people living in deprived areas use GP services more or less than those in better-off areas of Ireland? Those living in more socio-economically disadvantaged areas may have worse health status and need more care, but they also may have more difficulty accessing these services. To cast light on this question, we used statistical analysis to study the supply and use of General Practitioner (GP) services by Irish adults according to levels of deprivation in their residential area. Since GPs are key healthcare providers and act as gatekeepers to secondary care services, differences in access to GP services are an important policy concern. The development of primary care services that are accessible to everyone is highlighted as a major goal in the Irish Government's *Sláintecare* healthcare reform plans. Geographic or area-level factors, including local deprivation and supply of healthcare providers, are recognised as important elements of access. Indeed, the newly-adopted contract between the Irish Government and GPs includes the allocation of €2 million to GPs who locate in deprived areas over the period 2020-2021.

DATA AND METHODS

The 2016 *Healthy Ireland* survey, a nationally representative survey of adults, provided information on the utilisation of GP services and the characteristics of respondents' residential areas. The residential addresses of *Healthy Ireland* participants were linked to a separate dataset containing information on the location of GPs in the Republic of Ireland in 2016. This provided an indication of

[1] This Bulletin summaries the findings from: Barlow, P., Mohan. G., Nolan, A. and Lyons, S. (2021) "Area-level deprivation and geographic factors influencing utilisation of General Practitioner services". *SSM - Population Health.* Available at: https://doi.org/10.1016/j.ssmph.2021.100870

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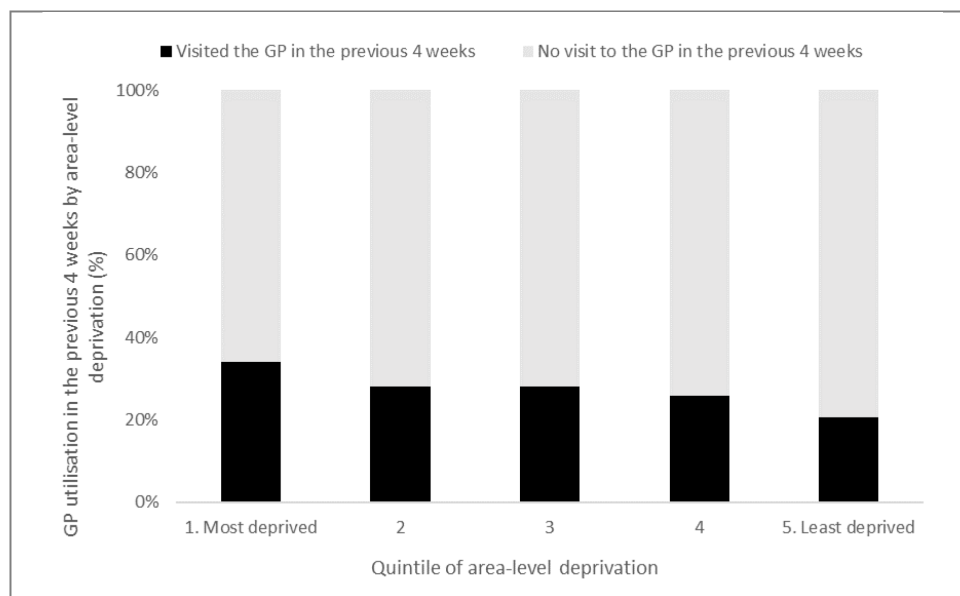
the level of supply of primary care in the respondent's area. The sample for analysis consisted of over 6,300 individuals.

We used statistical methods to explore the association between living in areas of various levels of deprivation on reported utilisation of GP services by respondents in the four weeks prior to their interview. Figure 1 shows that a greater proportion of those living in more deprived areas reported having visited a GP within the last four weeks. Further statistical analysis examined whether this relationship persisted after accounting for levels of supply of GPs in the neighbourhood, respondent's gender, age, socio-economic and health status, as well as entitlements to publicly-financed GP care i.e., holding a medical card or GP visit card.

Results

The supply of GP services was found to be most abundant in areas with the highest and lowest levels of deprivation, with areas experiencing average levels of deprivation being least well served. However, those residing in more deprived communities had a strong, statistically significant positive association with having seen a GP within the last four weeks, controlling for individual characteristics and GP supply.

Figure 1 Visited GP in previous 4 weeks by quintile of area-level deprivation



Conclusions

The socio-economic makeup of an area may be relevant to decisions about how to allocate primary care resources. In Ireland, those living in areas with highest levels of deprivation make significantly more use of GP services, even after controlling for many factors affecting the need for GP care and GP supply. Higher demand for

GP care likely reflects worse health status among many individuals in deprived areas. We also found that the most deprived areas had a relatively good supply of GP services on average, as did the best-off areas. The determinants of GP supply are complex, reflecting historical patterns of population growth, incentives in the medical card system, and ability-to-pay among those not covered by medical cards.

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