

# UNIVERSAL PRIMARY CARE: COST AND WORKFORCE IMPLICATIONS

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# Universal primary care: cost and workforce implications<sup>1, 2</sup>

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## INTRODUCTION

In 2017, a report (the Sláintecare report) from a cross-party parliamentary committee recommended the introduction of universal general practitioner (GP) and primary care in Ireland. Subsequently, Budget 2022 and Budget 2023 included measures aimed at increasing the proportion of the population eligible for GP services without charge. However, progress in implementing these proposals has been limited. Concern has been raised about the potential cost of such reforms and whether there are sufficient staff available within the system to deliver the increased demand that would be expected under a universal system.

In this analysis, the workforce and cost implications of introducing universal GP and community-based nurse care are estimated. The analysis assumes that in a universal primary care system all individuals would have eligibility for GP and community-based nurse care, which would both be free at the point of use.

## DATA AND METHODS

Extending eligibility for GP care that is free at the point of use would increase the demand for GP services and, consequently, the need for GPs. In this analysis the additional number of GPs required was estimated as the number of GPs needed to meet this additional demand while ensuring that GPs cover the same number of GP visits as currently. The cost to the state of extending eligibility for GP care was estimated using two different payment rates – one based on current capitation rates (for existing cardholders) and one based on the current private fee paid by non-cardholders. The number of community-based nurses required to deliver

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<sup>1</sup> This Bulletin summarizes the findings from: Connolly, S., Wren, MA., Keegan, C., and Garcia Rodriguez, A. "Universal primary care: cost and workforce implications", *Economic and Social Review*, Available online: <https://www.esr.ie/article/view/2222>

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universal care was estimated as the number of nurses that would be required if all counties in Ireland had the (population adjusted) number of community-based nurses of the best served county. The cost of employing additional community-based nurses was estimated as the number of additional nurses required by the annual cost of employing a community-based nurse.

## FINDINGS

In 2018, an additional 521 GPs (17 per cent increase) and 1,502 community nurses (53 per cent increase) would have been required to deliver universal care. The cost to the state of introducing universal GP care was estimated to be between €398 million and €440 million (Table). This equates to a 2.4% - 2.7% increase in public healthcare expenditure in 2018. Some of the additional costs to the state would be offset by a reduction in out-of-pocket payments for people currently required to pay for GP visits. Consequently, if all of this private expenditure became publicly financed, the increase in total health expenditure arising from extending eligibility for GP visits free at the point of use is estimated at between €102 million and €144 million in 2018. The cost of employing an additional 1,502 community-based nurses would range from €102 million to €138 million in 2018, equating to an increase in public healthcare expenditure in 2018 of 0.6% to 0.8%.

### Impact on public and total health expenditure of universal GP and community-based nurse services for the total population (2018)

	<i>Increase in public health expenditure (million)</i>	<i>Percentage increase in public health expenditure (%)</i>	<i>Increase in total healthcare expenditure (million)</i>	<i>Percentage increase in total health expenditure (%)</i>
GP	€398 - €440	2.4% - 2.7%	€102 - €144	0.5% - 0.6%
Community based nurses	€102 - €138	0.6% - 0.8%	€102 - €138	0.6% - 0.8%
Total	€500 - €578	3.0% - 3.5%	€204 - €282	1.1% - 1.4%

## POLICY IMPLICATIONS

The introduction of universal eligibility to GP and community nurse care in Ireland would increase the universality of the Irish healthcare system. While adding to public health expenditure, the introduction of universal primary care would help reduce out-of-pocket expenditure and unmet need for primary care services and, in doing so, would help achieve a key reform objective for the health system in Ireland. Like all reform proposals, careful consideration of the potential impacts of the reform are required to ensure that the reforms achieve what they are intended

to achieve. Failure to put in place the additional staff could result in a situation where people have, in theory, an entitlement to a service but are not able to access the services in practice, thereby undermining the universality of the system.

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