Royal College of General Practitioners

NI

Support, Sustain, Renew

A vision for General Practice in Northern Ireland

Contents

Foreword

Dr Grainne Doran

General practitioners have been a core part of the National Health Service since its inception. The public information leaflets sent to every household in 1948 promised every citizen their own GP and continuity of care that would be provided by receiving advice and treatment from a named doctor. As a result of this initial service design, general practice has developed with a focus on not just being a GP but being someone's GP.

As our population continues to grow, with more people living for longer, the demands on health services are very different today compared to 70 years ago. While developments in medicine, research and technology have increased life expectancy, and must be celebrated, our health and social care system has had to adapt to meet new demands created by these demographic changes. General practice services are part of that change and it is essential that we look to the future to ensure a service that is not just fit for purpose, but as excellent as it can be.

Health and social care in Northern Ireland is under substantial strain. Working at the frontline of the health service, General Practitioners have been proactive in adapting to the growing patient demand which is being experienced across health and social care; despite limited additional resources. In addition to face-to-face and telephone consultations, GPs and their teams are managing an increasing workload from acute and repeat prescriptions; diagnostic tests and results; audit; clinical governance; clinical meetings and communication across interfaces with secondary and community care. In recent years, there has also been a move to deliver extra service provision to reduce pressures in secondary care. As independent contractors, many GPs also have responsibility for managing staff and finances. There is also an increasing need for GPs to engage with training and mentoring undergraduate and postgraduate students. This is all in addition to finding time to maintain their skills and knowledge through continuous personal development.

General practice, which deals with the majority of patient contacts and manages increasing numbers of patients with multiple conditions, must be supported and resourced to provide the right care for patients, at the right time. It must be a priority for society and for decision makers to ensure that our health systems are fit-for-purpose and sustainable. The challenges we face cannot go unmet.

In Northern Ireland, the shortfall in workforce numbers in general practice continues to be our greatest concern. We currently do not have sufficient numbers of GPs to meet the needs of patients in Northern Ireland. In the last few years, we have witnessed a series of GP practice closures and mergers, as practices across the region struggle to replace, recruit and retain family doctors. This has had a direct impact on patients' access to services within their local community and means that for many of those currently working in general practice, they are faced with increasing workloads and are often struggling. We have also witnessed significant challenges within Out of Hours services in Northern Ireland in recent years, reflecting the ongoing workforce pressures across general practice. There must be effective strategic and regional workforce and service delivery planning for general practice across the region.

In addition to GP workforce needs, premises and practice infrastructure have not been maintained or modernised at a sufficient pace to meet changing service requirements. With the development of multidisciplinary models for Northern Ireland primary care, the need for urgent assessment and action on premises has never been greater.

Digital innovations and technological solutions to improve healthcare and record management have also been developing over time but the opportunities that this brings for public health and social care have not yet been maximized, or the evidence base for impact, across all sections of the population, adequately assessed.

In addition to all of this, pressures in other parts of the system have only exacerbated the challenges facing general practice services. Northern Ireland has the worst elective care waiting times in the United Kingdom, with waiting lists for some services well-exceeding 200 weeks, causing substantial increase in GP workload and patient distress. As patients wait for a first appointment with a consultant, the GP continues to be the only accessible medical professional to support and monitor their condition, leading to an increased and sustained workload as patients seek additional advice and care. Pressures also exist within social care and while everyone works as hard as they can, in highly challenging and pressurised environments, on behalf of their patients, the communication gap between professionals working across primary, secondary and social care has never seemed greater.

Throughout our engagement to inform this paper, patients and GPs alike told us that the thing they value most about healthcare in the community is continuity. In this world of rapidly developing technology and modern medicine, people continue to place a high value on the relationships of trust that are developed between families and the general practice team. RCGPNI wants to protect this trust. At the same time, it is also clear that people want to take greater ownership and management of their own health and wellbeing, making decisions on their treatment and care plans, alongside their doctor. Patients want improved access to their GP team, and GPs want to have the time and resources to facilitate this.

All these challenges have been recognised in Northern Ireland and there has been widespread acknowledgement that action must be taken to save the priceless resource that is general practice. This paper builds on Fit for the Future: A vision for general practice,[1] which was published by RCGP in May 2019 and sets out the local vision of the RCGPNI to achieve sustainable, fit-for-purpose general practice services and protect this fundamental part of the NHS in the future.

We urge politicians, stakeholders, decision makers, clinicians and patients to support our vision and work with the GP profession to ensure it is delivered, in the interests of all patients and the entire NHS.

Dr Grainne Doran
RCGPNI Chair

Key Recommendations

Northern Ireland general practice is a precious commodity, with GPs providing a dedicated service to their patients. We are already seeing the effect of current pressures on the profession and it is essential that action is taken to avoid irreversible damage to this invaluable service.

While some steps have been taken to modernise and support general practice in Northern Ireland, significant change is still required to ensure we protect services for the future.

There is no one solution to the challenges in general practice. Instead, it is essential that a comprehensive plan is put in place that is multifaceted and adequately funded to ensure the service can continue to meet the needs of patients in Northern Ireland.

To deliver a sustainable, fit-for-purpose general practice service, RCGPNI calls for the following action to be taken:

- Ensure high-quality education and training
- Address shortfalls in the GP workforce
- Ensure the workload in modern General Practice is manageable
- Optimise technology and innovation in healthcare
- Reform Out of Hours services
- Allocate sustainable funding for General Practice

Ensure high-quality education and training

- As the only medical school in Northern Ireland currently, it is essential that the new Queens University Belfast undergraduate curriculum delivers on its commitments to increase experience in general practice to 25% by 2025, ensuring that medical students appreciate the value of working in general practice and are immersed in primary care settings.
- To deliver increased exposure to general practice at undergraduate level, GPs need to be facilitated with the physical space and the necessary protected time to teach the revised curriculum.
- Exploration of a new delivery model for undergraduate training within the Federation environment is currently being developed in two Federations in Northern Ireland. We call for further investment and development of this model to improve capacity to deliver the high quality of undergraduate training that students have enjoyed in GP practices to date.
- GP trainees require and deserve sufficient training and experience to provide them with the necessary skills and knowledge to be excellent clinicians and general practitioners. The Specialty Training (ST) review currently being undertaken by Northern Ireland Medical and Dental Training Agency (NIMDTA) must result in defined standards for clinical supervision, open and supportive training environments, defined clinical experience and effective delivery of the MRCGP curriculum by all providers engaged in the GP specialty training programme at ST1, ST2 and ST3 level in Northern Ireland.
- As the remit of the GP broadens, it is vital that the training programme reflects the modern workload of the profession and ensures newly qualified GPs are equipped to deal with the diversity and challenge that a career in general practice presents. GP training must be extended to at least four years, allowing the training programme capacity to reflect the complexities and depth of modern general practice.

- We should not expect family doctors to work long days to facilitate growing demands on their time and expect them to maintain a pattern of ongoing learning and development, without factoring in additional time and support to facilitate this. Core GP funding must be increased to allow GPs protected time for learning and skills development.
- Being well placed to lead quality improvement work at a population health level as well as at a local level, it is vital that GPs have dedicated time to focus on improvement of services, development of care pathways and activities that facilitate better patient outcomes. Core GP funding must be increased to allow protected time for this work.
- We call for a comprehensive, long-term strategy for quality improvement in general practice with lines of responsibility for delivery and development in the progression from undergraduate, through postgraduate training and to practice and Federation level.
- Protected funded time for GP leadership training should be embedded within the multidisciplinary team (MDT) model moving forward.
- We would ask the Department of Health (DoH) to give urgent considerations to the outcomes of the Task and Finish Group on Academic Training Pathways for GPs when published.

Address shortfalls in the GP workforce

- RCGPNI urges the Department of Health to develop a strategy to ensure that all available GP training places are filled.
- The Gardiner Report's recommendations, including increasing the number of overall medical school places in NI, should be fully implemented by the Department of Health to ensure we have a sufficient pool of medical students being educated in Northern Ireland.
- Review of the current occupational health provision with emphasis on mental health services for GPs is required including how such schemes can be actively promoted.
- RCGPNI calls for a solution to indemnity costs in Northern Ireland which ensures that no GP faces financial penalty compared to colleagues in England and Wales. A clear decision on the establishment of the proposed graduate entry medical school at Ulster University is necessary to facilitate clear forward planning of medical school placements and capacity in general practice to teach.

Ensure the workload in modern general practice is manageable

- RCGPNI calls for 15-minute appointments as standard, with GPs supported with the resources they require to enable this to happen and ensure patients have time appropriate to their needs.
- The Health & Social Care Board (HSCB) must support better interface working between primary and secondary care with a focus on patient safety, professional respect and ensure clear lines of clinical responsibility and governance.
- RCGPNI call for a review of population health demand in relation to GP numbers across Northern Ireland, to inform workforce across both urban and rural communities and ensure planned expansion of GP services where needed.
- We call on the Department of Health to work with general practice to look at meaningful ways of measuring GP workload to inform and support improvement in the delivery of GP services and address workload burden.

- It is essential that recurrent funding is committed long term to the full roll-out of the multidisciplinary team model in general practice and that the roll out is completed as a matter of priority.
- Support for GP protected time to engage with Federation development, and gain the required skills, is essential to the future success of the model.
- Funding of baseline Federation development is needed to enable Federations to fulfil their potential in supporting coalface general practice, as education and training environments for all disciplines of health professionals and to support an expanding provider role for service delivery.

Optimise technology and innovation in healthcare

- Active consideration must be given to the opportunities, challenges and risks for general practice service delivery as part of the developing Encompass programme (a HSC digital integrated care record scheme).
- To maximise the impact technology can have on general practice, we would like to see a commitment to the delivery of high-speed broadband connectivity to all GP practices by 2023, to ensure the infrastructure exists to support new innovations.
- Before adoption, new digital services should be fully evaluated in terms of their impact on patient safety, health inequality and clinician workload.

Reform Out of Hours services

- The current model of Out of Hours service delivery needs reform and must be prioritised by the Department of Health. This must include review of the role of Out of Hours, analysis for realistic workforce projections for any revised service and adequate supervision and training for trainee specialty doctors, nurses and other health professionals delivering the service.
- We call on the Department of Health to urgently publish the findings of the Regulatory Quality Improvement Authority (RQIA) review of Out of Hours services.
- Any ongoing Out of Hours design must support a safe effective working environment for those delivering the service.
- It is vital that adequate, long-term support is provided for GPs facing increasing medical indemnity charges in Out of Hours.
- Action must be taken to ensure that a refreshed service prioritises the creation of a safe and supportive training environment for medical, nursing and other professionals.

Allocate sustainable funding for general practice

- Sustainable, recurrent funding is required urgently for general practice. The Department of Health must allocate at least 11 % of the healthcare budget to general practice, ensuring that funding is available to address workforce shortages, deliver and sustain the full rollout of the multidisciplinary care team model in general practice, invest in modern GP premises and infrastructure and maximise technology and innovation to improve patient care.
- It is essential that GPs are supported with the capacity to engage and be represented in strategic planning to ensure the needs of the profession and patient population are considered when funding allocations are being agreed.

Our Shared Vision

In May 2019, the Royal College of General Practitioners published its UK-wide vision for general practice, which put forward an aspirational view of the profession in 2030 and laid out a series of recommendations for how to achieve this. The following report sets out a plan for realising this vision in Northern Ireland.

Patients are the heart of the health service. We must safeguard the future of general practice so that GPs and their teams can continue to provide patient-centred care to individuals, families and communities in Northern Ireland. It is essential we secure the future of general practice and ensure that GPs can continue to offer high quality patient care.

There has been widespread agreement on the need to fundamentally transform health and social care services in Northern Ireland. Political parties, health organisations and patient groups have stated the case for change and agree that a future health service must have general practice at its heart. This service must sit within a thriving primary care sector. Although there has been some progress towards achieving this vision, the implementation has been too slow and piecemeal.

In March 2016, the Department of Health published the Review of GP-led Primary Care Services in Northern Ireland, which set out the recommendations from a working group of professionals that included RCGPNI, Northern Ireland General Practitioners Committee (NIGPC), HSCB and DoH. The review set out a series of strategic goals, with extensive recommendations and key actions for achieving their aims, however the outcomes were not as effective as hoped for general practice.

Later in 2016, 'Systems, Not Structures: Changing Health and Social Care',[2] the report which culminated from the review of health and social care services in Northern Ireland and is commonly referred to as the Bengoa Report, was published. In response to the Bengoa Report's findings, the Department of Health published, the 'Health & Wellbeing 2026: Delivering Together' strategy in October 2016. The strategy reiterated that services in Northern Ireland were not sustainable and urgent action was required to future-proof our NHS. Delivering Together brought hope for the creation of a long-term plan that would ultimately transfer the delivery of patient care from hospitals into a community setting. Within a transforming landscape, this report explores some of the key issues facing general practice in Northern Ireland today and puts forward a series of positive solutions to safeguard the future of general practice for the benefits of patients, GPs and the wider NHS.

Ensuring High Quality Medical Education & General Practice Specialty Training

Northern Ireland medical education and GP training must be world-class if we are to attract enough people to consider a career in medicine in Northern Ireland. Encouraging students and trainees to pursue a career in the profession is vital if the workforce challenges facing general practice in Northern Ireland are to be tackled.

Undergraduate and Postgraduate Education

In January 2019, the Northern Ireland Medical School Places Review 2018 (the Gardiner Report) highlighted significant concerns for the future of the general practice workforce, with the number of doctors completing the foundation programme and entering directly into general practice or other specialty training falling considerably from 68.4% in 2012 to 34% in 2017. The Gardiner Report recommendations, including increasing the number of overall medical school places in NI, should be fully implemented by the Department of Health to ensure we have a sufficient pool of medical students being educated in Northern Ireland. If Northern Ireland is to build the GP workforce of the future, it is vital that medical school graduates are encouraged into the profession and that opportunities are available for them to undertake the required mandatory training.

If Northern Ireland is to build the GP workforce of the future, it is vital that medical school graduates are encouraged into the profession and that opportunities are available for them to undertake the required mandatory training. In 2017, RCGP and Medical Schools' Council produced a joint-report, 'Destination GP' which examined the factors influencing medical school students' career choices. Unsurprisingly, students were more likely to choose general practice as a career if they had early exposure to general practice placements in their undergraduate years or were inspired by positive role models within general practice.[4] Negative perceptions and narrative from peers, academics and secondary care clinicians about choosing general practice as a career also had a negative impact on their likelihood to pursue general practice.

With a commitment to increase exposure to general practice at medical school announced as part of Delivering Together, Queen's University Belfast has been taking forward a considerable programme of work to design and introduce C25 - the revised undergraduate medical school curriculum, which plans to deliver a significant increase in experience within general practice. This is set to meet the target of 25% undergraduate clinical time spent in general practice as recommended by RCGP, by 2025 and we most certainly welcome this commitment. RCGPNI believes that whatever the chosen career path of medical students and trainee doctors, the experiences and learning gained in general practice are invaluable to understanding the entire Health & Social Care system, in providing holistic care for patients and families and in recognising the role that primary care plays in delivering first-class health care to the people of Northern Ireland.

As the only medical school in Northern Ireland at the moment, it is essential that the new QUB undergraduate curriculum delivers on its commitments to increase experience in general practice to 25% by 2025, ensuring that medical students appreciate the value of working in general practice and are immersed in primary care settings.

While the revision of the curriculum is a hugely positive step forward, delivering on the commitment to increase exposure to general practice will be dependent on capacity within GP practices. With the workforce and workload challenges already set out in this paper, this is a significant ask for General Practitioners at a time when they are under immense pressure.

To deliver increased exposure to general practice at undergraduate level, GPs need to be facilitated with the physical space and the necessary protected time to teach the revised curriculum. Exploration of the model of delivery of undergraduate training with the Federation environment is currently being developed in two Federation areas in Northern Ireland.

We call for further development of this model to improve capacity to deliver the high quality of undergraduate training that students have enjoyed in GP practices to date.

It is also evident that we need to increase medical training capacity in Northern Ireland. There has been some uncertainty over whether the creation of a proposed graduate entry medical school at Ulster University will be funded.

We view the creation of this medical school as important to help facilitate an increased number of medical undergraduate placements and support capacity in general practice to teach.

We call for a clear decision on the establishment of the proposed graduate entry medical school at Ulster University to inform future planning of medical school placements and develop capacity in general practice to teach, and we call for this decision to be expedited as soon as possible.

The case has also been made and won for increasing the number of GP training places in Northern Ireland. In 2018, the number of annual places was increased to 111, compared to 65 in 2015. In the area of Postgraduate training, however, the Gardiner Report highlights the strategy of further increasing the total number of funded training places in isolation is very unlikely to achieve the desired objective of increasing the number of doctors qualifying as GPs. RCGPNI want to see urgent action being taken to ensure that all available GP training places are filled and a plan for regularly reviewing GP training places to determine when additional increases in numbers are required. We also want to see innovative models for GP specialty training introduced in areas which typically are hard to recruit into to increase the appeal of placements in these regions. As part of workforce planning, it is essential that the DoH maintains strategic oversight of the number of training places needed on a yearly basis.

As well as filling all the annual GP training places, the quality of the training provided must also be delivered to a consistently high standard. It is apparent from numerous annual reviews of the secondary care training environment that GP trainees are not receiving the optimum training that they deserve.[5] It seems that GP trainees are often missing out on the same high-quality training when on placement in certain specialty areas, compared to the experience being received by specialty trainees. For example, GP trainees have reported feeling like they are used to fill service delivery rotas on inpatient wards, rather than receiving the same exposure to more complex areas of medicine in hospitals.

As part of the General Medical Council Thematic Review of General Practice Education and Training in the UK,[6] which included Northern Ireland as one of five locations, common challenges were identified across the board. Potentially impacting on the quality of training being delivered in secondary care, the review found that both trainees and GP trainers felt that clinical supervisors in secondary care were not sufficiently familiar with the GP curriculum, and clinical supervisors reiterated this with suggestions they found it difficult to know if the feedback they were providing to trainees was relevant as they were unsure of the content of the GP curriculum. It is simply unacceptable that GP trainees in some environments are not receiving the quality of training that they deserve.

Each year, the GMC collates the results from the National Training Survey, carried out locally through NIMDTA. Reviewing the results of the survey between 2012 and 2019 (focusing on the GP training programme), overall satisfaction while training in general practice environments has been consistently high, varying between 89.50 and 92.36 (out of 100) during this time[7], with high satisfaction in areas including clinical supervision, educational supervision and adequate experience.

In 2019, GP trainees rated their overall experience in general practice environments with a score of 90.92. In contrast, the survey indicates downfalls in a number of secondary care environments, with Emergency Medicine, Medicine, Obstetrics and Gynaecology and Psychiatry showing overall satisfaction scores in the 70s. Across all of these secondary care environments, as well as Paediatrics and Child Health, lower scores were noted across the board when compared to the experience in general practice, in the areas of clinical supervision, supportive environment, adequate experience and curriculum coverage.

In addition, work undertaken by NIMDTA suggests that some of the specific barriers to filling places include changes in personal circumstances, moving to another specialty or relocating to another geographical area. Data collected by NIMDTA also shows that Foundation Doctors do not generally move into specialty training immediately, as they did historically. There seems to be greater choice and more opportunities to work as a locum doctor and some social factors, such as living independently later in life or 'settling down' at an older age, may also have an impact.

It is essential that we provide a high-class, attractive programme to GP trainees in all environments to actively encourage people to consider a career in general practice.

GP Specialty trainees require and deserve sufficient training and experience to provide them with the necessary skills and knowledge to be excellent clinicians and general practitioners. The Specialty Training review currently being undertaken by NIMDTA must result in defined standards for clinical supervision, open and supportive training environments, defined clinical experience and effective delivery of the MRCGP curriculum by all providers engaged in the GP specialty training programme at ST1 ST2 and ST3 level in Northern Ireland.

When assessing the sheer volume of clinical workload and complexity facing GPs today, there is a clear argument for making changes to the length of the GP training programme

As the remit of the GP broadens, it is vital that the training programme reflects the modern workload of the profession and ensures newly qualified GPs are equipped to deal with the diversity and challenge that a career in general practice presents. GP training must be extended to at least four years allowing the training programme capacity to reflect the complexities and depth of modern general practice.

Of course, GP training needs do not end when the training programme finishes. GPs are constantly learning and engaging in continuing professional development; however, as workload increases, it has become more challenging to find the time they need to do everything that is required of them.

We should not expect family doctors to work long days to facilitate growing demands on their time and expect them to maintain a pattern of ongoing learning and development, without factoring in additional time and support to facilitate this. Core GP funding must be increased to allow protected time for learning and skills development.

Quality Improvement

There have been significant developments in the support of health and social care quality improvement in Northern Ireland. In 2011, the Department of Health, through Quality 2020[8], set out a ten-year strategy for improving quality in health and social care[1]. However, to date, the implementation of Quality 2020 has disappointingly been solely secondary care based.

Engagement of primary care in the Innovation and Improvement Transformation Workstream, initiated by the Department of Health, has further highlighted the need to increase capacity in practice and provide regional strategic planning to develop quality improvement at primary care level.

Restructuring of HSC Quality Improvement (HSCQI) structures has facilitated better representation of general practice and this is welcomed, but it is the outcome of the practical development and incorporation of quality improvement in general practice that needs to be secured.

Being well placed to lead quality improvement work at a population health level as well as at a local level, it is vital that GPs have dedicated time to focus on improvement of services, development of care pathways and activities that facilitate better patient outcomes.

While work being delivered through HSCQI is in its early stages, there has been a clear commitment to support capacity for GP engagement in quality improvement, at both practice and Federation levels, and in partnership with local HSC Trusts.

We call for a comprehensive, long-term strategy for quality improvement in general practice with lines of responsibility for delivery and development identified from undergraduate, through postgraduate training and to practice and Federation level.

Leadership

GPs have historically had less exposure to leadership training, compared to colleagues in other specialty areas, which has resulted in poor adoption rates of leadership training for GP trainees.

With the changes to structures in healthcare delivery, leadership skills are critical attributes for delivering care to patients. This is true from two angles: leadership 'in' general practice, where GPs are required to lead teams within the practice; and leadership 'of' general practice, where clinicians are needed to strategically shape service design and healthcare transformation to ensure we protect our NHS for future generations.

Some opportunities have been created in recent years, such as the Achieve Develop Explore Programme for Trainees (ADEPT) programme which is open to GP trainees and there have also been pockets of funding committed to leadership training for GP Federation leads in recent years; however, more needs to be done to facilitate greater engagement with leadership training. While GPs have always played a role in leading and managing their practice and team, leadership skills 'in' general practice have become even more important with the development of multidisciplinary care teams. GPs play a vital role in managing risk, leading the team and managing the increasing practice workload and resulting leadership responsibilities.

GPs must be supported to develop the leadership skills that they require in modern general practice and protected funded time for GP leadership training must be embedded within the Multidisciplinary Team (MDT) model moving forward.

Similarly, with the health and social care transformation agenda well underway in Northern Ireland, it is more important than ever for GPs to have the necessary skills to enable them to adequately engage in strategic health & social care planning at the most senior level.

The HSC Collective Leadership Strategy, launched in October 2017, sets out a roadmap for ensuring that those working across health and social care at all levels are empowered to become leaders in their given areas. For general practice, it is a crucial time to ensure we are embedding these skills and mindsets into our current GP population, GPs of the future and the wider GP team. The unique requirements for general practice, as independent contractors sitting outside of formal Health and Social Care Trust structures, must be fully considered in this work, with specific plans put in place for engaging with the profession and supporting GPs to grow as professional leaders. The implementation of the Health and Social Care Collective Leadership Strategy will only be successful if the unique needs of GPs and their teams are taken into consideration.

Academia and research

The primary care environment brings significant opportunities for research and academic work. The innate curiosity of general practitioners in clinical and administrative work should be encouraged to develop into more formal use of data to explore how we deliver patient care. There is a huge amount of public health data held within primary care that has the potential to drive forward healthcare planning in Northern Ireland. General practice provides fertile ground to explore and test outcomes across the range of modern medical interventions.

There is however a need to develop a broad spectrum of academic and research skills within the practice workforce and the wider primary care team to lead on and collaborate with academic service development and population health. We need a trained and experienced workforce to support this population health agenda. Academic work needs to be visible within primary care to build confidence in developing services at the coal face and help increase its attractiveness as a career choice.

GP specialty trainees can apply to participate in the GP Academic Research Training Scheme (GPARTS) which currently offers funding for four places in 2019. It is essential that recurrent funding for GPARTS increases and that further opportunities are explored for GPs during and after their training, so that general practice is viewed as a prime environment for research. The GPARTS provide gateways to become acquainted with primary care research, but we need funded primary care pathways that facilitate GPs after they have completed their training to be able to engage in primary care research. We also need investment in developing primary care research networks to capitalise on the rich streams of population data available and maximise the impact of the evolving MDTs. With such comprehensive links to population health and patient data, this is not only an important aspect when considering GP recruitment; it is also a vital component for utilising the GP workforce in shaping health and social care planning for the future.

A Task and Finish Group on Academic Training Pathways has recently formed to explore the challenges for primary care research and academia and recommendations will be received by the department in early 2020. We support the creation of this group and view it as recognition of the challenges that general practice faces in this regard. We would ask the Department of Health (DoH) to give urgent considerations to the outcomes of the Task and Finish Group on Academic Training Pathways for GPs when published.

Workforce

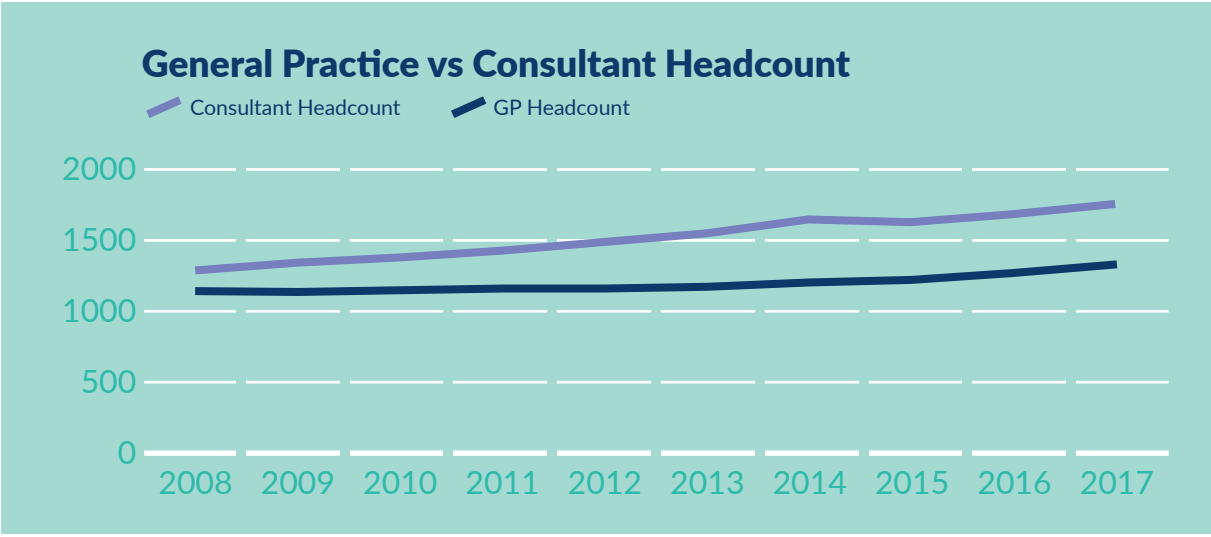
The workforce challenges being experienced across general practice in Northern Ireland have been well documented in recent years. These challenges must be addressed through increasing the number of GPs coming into the profession, supporting those GPs already working within the service and addressing shortfalls in the workforce of wider primary care healthcare professionals.

There currently are not enough GPs in Northern Ireland to meet the demand on services. The role of the General Practitioner has changed considerably in the past few decades and workforce planning has not been adequate to ensure that we have enough family doctors to provide the required services to patients.

The role of the modern GP has diversified and evolved in recent years. While some GPs work solely in practice, others choose to work additional sessions in hospital, palliative, community or special care clinics. With GPs providing such a wide range of services within our healthcare system, one of the greatest challenges is assessing workforce provision at the frontline of service delivery. The poor quality of data available does not provide any meaningful analysis of the GP workforce. While GP headcount numbers are captured and reported regularly these do not accurately reflect service provision at a practice level or reflect those GPs who support the delivery of secondary care services. Information on working patterns and numbers of sessions that doctors are working in primary care is mostly anecdotal.

In 2019, workforce figures for Northern Ireland show that there were 1,334 GPs[9] practicing, which is an increase from 1,180 GPs in 2014. While any increase in the number of GPs working in Northern Ireland is to be welcomed, these workforce figures only represent the number of doctors registered as a GP. They do not accurately represent the number of clinical sessions being delivered across Northern Ireland. Without this information, it is difficult to accurately calculate the whole-time equivalent workforce in Northern Ireland, making workforce planning particularly challenging.

Despite the ambitions within the Department of Health's strategy, 'Delivering Together' which shifts the focus of healthcare delivery in Northern Ireland towards providing care in a community setting, the general practice workforce continues to lag behind that of consultants in secondary care.[10]



Given the current method of workforce analysis being applied in Northern Ireland, we are unable to accurately determine the number of hours being worked in core general practice, although some indication is provided within the 2017/18 GP appraisal report, which is

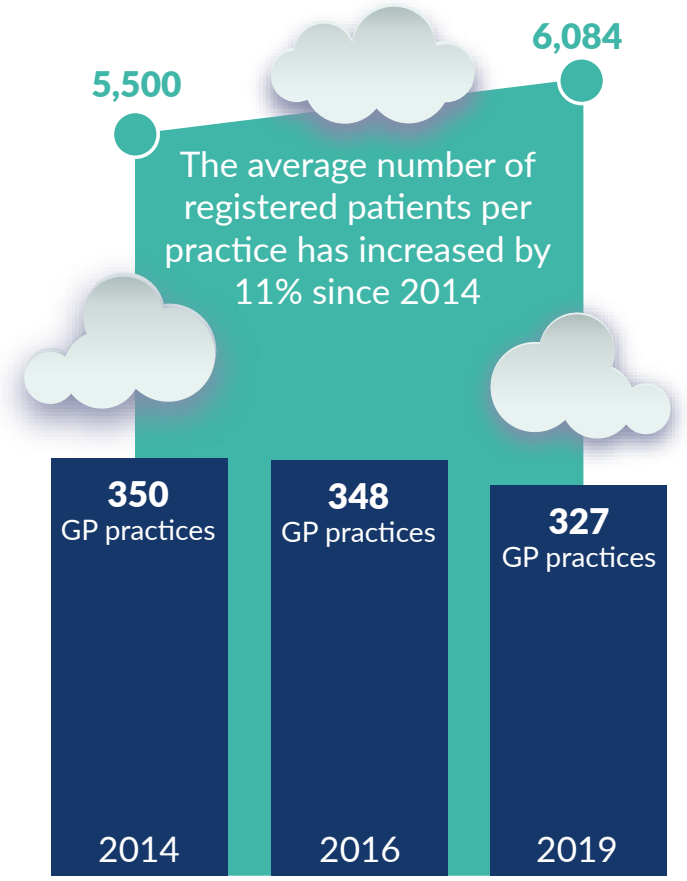
compiled by the NIMDTA. The figures within the most recent report show that between 2014 and 2018, there was a 3.5% decrease in the number of whole-time equivalent GPs in Northern Ireland.

As part of the ongoing transformation of primary care, it is essential that the Department of Health collect accurate data about the general practice workforce, specifically including whole-time equivalent numbers of GPs. This will enable accurate future workforce planning to ensure sufficient number of GPs working within the system to provide care for the growing population and ensure adequate training places are available for general practice.

GP Retention

The rate at which GPs are leaving the profession, and the sustainability of general practice services continue to cause concern. In a 2019 RCGPNI survey, 26% of those surveyed reported that they were unlikely to be working in general practice in five years' time.[11] There are varied reasons why GPs opt to leave the profession, with retirement and stress commonly cited. It is therefore vitally important that steps are taken to ensure that, where possible, GPs are retained within the service and the process by which GPs can return to practice is made as accessible as possible. Whilst we recognise that NIMDTA has both a GP Retention Scheme and a GP Induction and Refresher Scheme to address these specific issues, these are not enough to meet the current challenges and we would like to see further investment in this area to increase the effectiveness of these programmes.

In addition, support for the wellbeing of GPs currently in practice is needed. In the 2019 RCGPNI survey, 32% of GPs said that at least once a week, they felt so stressed that they couldn't cope. RCGPNI wants all possible efforts to be taken to ensure that GPs feel able to stay in practice for as long as possible.



We would like to see further wellbeing support extended to those GPs who are struggling to remain in practice, **specifically through a review of the current occupational health provision with emphasis on mental health services for GPs, including how such schemes can be actively promoted.**

Financial stability is also a major concern for GPs. Surveys carried out by RCGPNI regularly show concern within the profession about the financial sustainability of maintaining a GP practice. In 2019, 42% of GPs felt that it was either 'not very' or 'not at all' sustainable to run a general practice in Northern Ireland. Of those GPs, 79% stated professional indemnity costs as a reason for this unsustainability[12]. The cost of securing medical indemnity continues to rise in Northern Ireland and presents a significant financial burden to GPs. In England and Wales state-backed indemnity schemes have now been introduced to tackle this challenge. The perceived inequities in funding for indemnity are already threatening recruitment of the GP workforce in NI.

RCGPNI calls for a solution to indemnity costs in Northern Ireland which ensures that no GP faces financial penalties compared to colleagues in England and Wales.

Managing modern workload

As the population grows and the number of elderly patients increases, demands on primary health care services become greater. Efforts have been made by the Department of Health in recent years to offset the challenges that this brings, such as the trialling of telephone triage models within practices. However, challenges remain with strategic planning, and investment is required to address these challenges and improve the workloads of GPs.

Population projections in Northern Ireland are stark and present significant challenges for the future sustainability of general practice in Northern Ireland[13]:

- The population is estimated to increase by 85,800 people to 1.95 million by mid-2033
- The population is set to reach 1.99 million by mid-2043
- The population aged 65 and over is projected to increase to almost 1 in 4 of the population by mid-2043
- The over 85 population is set to increase by 106.4% over the next 25 years

The last two decades have seen considerable change in work undertaken by GP practices to cope with the demands of managing chronic conditions such as diabetes, asthma and Chronic Obstructive Pulmonary Disease in the community.

The skills of the GP have allowed for a steady increase in the ability to manage complexity in the practice setting but have brought significant challenges to capacity. Even with funding to release GP time, the lack of available locums to support this has hampered engagement. This has meant that care pathways have developed on a piecemeal base, which carries significant risks in terms of service inequity and workload burden across Northern Ireland.

With these changes in modern workload, comes the need for essential reform of how GPs manage their day-to-day workloads. While the profession has shown its resilience and ability to adapt over time, there are significant challenges at a strategic level in supporting the profession and ensuring GP services are being delivered on a sustainable footing.

Engaging GPs in strategic partnership in pathway planning could also streamline care and reduce duplication or presumption of work capacity. To date, there is little evidence that partnership or integrated approached to care across primary secondary care interface has been truly felt by GPs and staff at the coal face of primary care services.

The Health & Social Care Board must support better interface working between primary and secondary patient safety and ensure clear lines of clinical responsibility and governance. As well as planning and leadership at a strategic level, GPs need to be equipped at a local level with the time and support they require to engage in patient pathway designs and strategy developments.

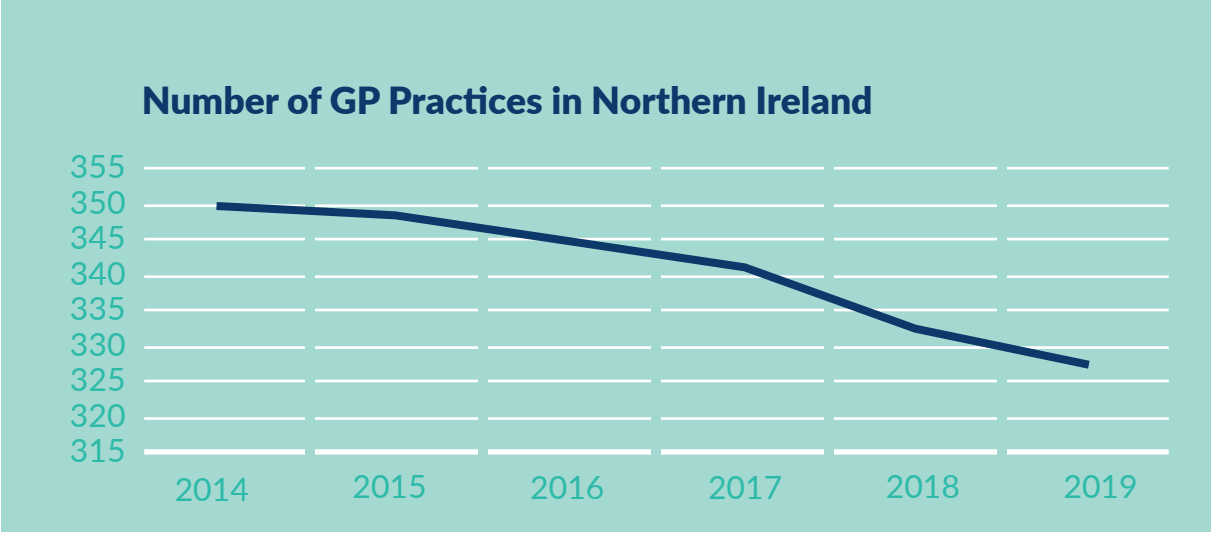
It is essential that service transformation is approached collaboratively with clinicians to ensure adequate thought is given to how care in general practice should be delivered most effectively. Innovative development must be encouraged and facilitated to build an evidence base and allow upscaling of effective change.

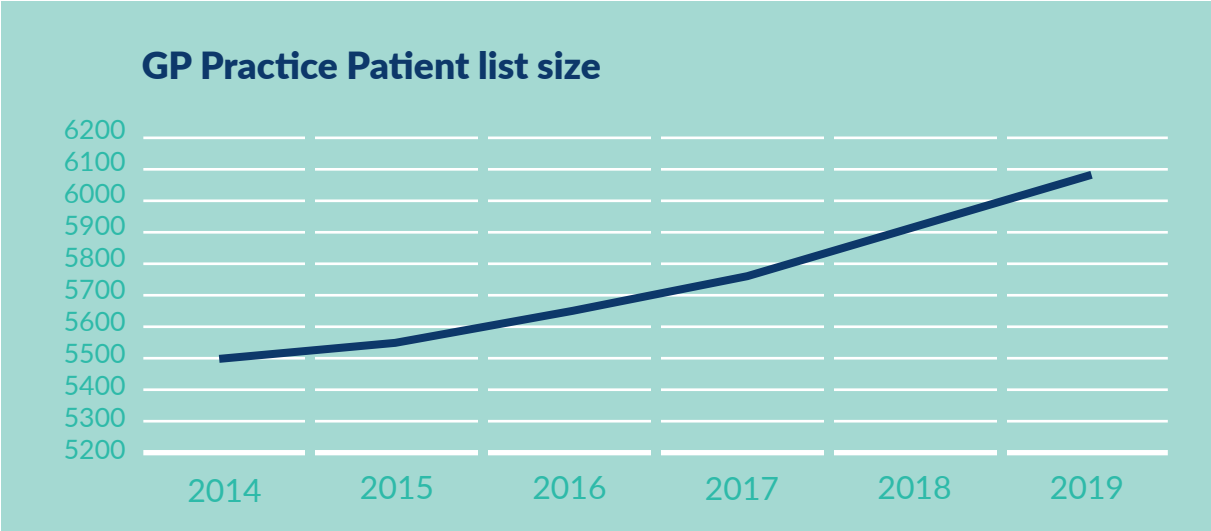
To ensure effective use of time and services, encouraging self-care and use of other support before considering use of GP services should also be encouraged to reduce demand on GP services and release time for more complex cases to be addressed. We welcome the Public Health Agency's support for our '3 Before GP' campaign,[14] and would urge continued public information campaigns that promote appropriate self-care.

Northern Ireland has seen a considerable number of practice closures and mergers in recent years, in part due to single handed GPs retiring and difficulty recruiting GPs to take over their practices.

In 2006/07, there were 363 GP practices in Northern Ireland compared to 327 in September 2019. These practices have been closing or merging at an accelerating rate in Northern Ireland. In the seven-year period prior to 2016, 18 practices either closed or merged, while in the three years subsequently the same number again closed or merged.

RCGPNI call for a review of population health demand in relation to GP numbers across Northern Ireland to inform workforce numbers across the urban and rural communities to ensure planned expansion of GP services where needed.





Sustaining the current model of care in general practice

Despite the obvious challenges facing the profession, the care that is delivered by GPs in Northern Ireland remains excellent.

The current model of general practice is based on a whole-time equivalent GP working nine clinical sessions per week, where one session equates to a half day. On a daily basis, GPs provide face-to-face appointments, telephone consultations, acute and repeat prescribing, as well as assessing letters from secondary care and writing referral letters and reports. This is in addition to other practice work including quality improvement, clinical governance and continued personal development, as well as tasks associated with running the practice, managing staff and engaging in education and training of undergraduate and postgraduate students and trainees.

General Practice in Northern Ireland: The Case for Change (BMA, 2015)
The most comprehensive analysis of GP consultation data that is available for Northern Ireland comes from a 2015 report by the British Medical Association.

Between 2003/04 to 2013/14:

- Consultations rose from 7.2m to 12.7m
- Test results handled by practices increased by 217%
- Repeat prescriptions increased by 42%
- Administrative tasks per patients increased by 115%

We call on the Department to work with general practice to look at meaningful ways of measuring GP workload to inform and support improvement in the delivery of GP services and adjust workload burden.

As outlined in the 2016 Bengoa Expert Panel report "Systems not structures"[15], the demand for access to GP surgeries has increased by 21.5% on average between 2008/09 to 2013/14[16]. With the number of consultations steadily increase over the past 15 years, action needs to be taken to support general practice to cope and ensure demand is manageable. The Bengoa report clearly states: "This rising demand cannot be resolved by the existing reactive model of care."

While flexibility exists within GP appointment systems, demand for consultations has meant the ten-minute consultation slot has become standard for many. With a growing number of patients presenting at GP practices with complex and multiple conditions, the ten-minute consultation cannot always adequately deal with modern patient demands. It is important to ensure that patients have access to appropriate care and this will require remodelling of the current system, with increased numbers of new members of the wider primary care team sharing the existing workload and increasing the range of services offered to patients.

RCGPNI calls for fifteen-minute appointments as standard, with GPs supported with the resources they require to enable this to happen.

Supporting new ways of working

Solutions must be found to address workload management. There have been some attempts to address these issues through demand management projects, but the solutions have often been time-limited, and the funding allocated non-recurrent. We want to see longer term initiatives and funding solutions identified in the future ensuring adequate time for team management, quality improvement, continuing professional development, governance focus and time to train.

Multidisciplinary team working in general practice

Across the UK there have been significant advancements in taking a multidisciplinary team (MDT) approach to working in primary care. In Northern Ireland, as part of the Delivering Together strategy, multidisciplinary primary care teams are acknowledged as having 'a key role to play in improving population health and wellbeing'.[17] Since then, considerable work has been done to develop and establish a new model for MDT working, embedded in general practice.

GPs in Northern Ireland have acknowledged the need for them to move away from spending time managing some common conditions to supporting patients in self-management. This can help ensure that GP time can be spent on more complex patients with multiple conditions, dealing with undifferentiated illness and uncertainty, focusing on palliative care patients and

giving greater attention to early diagnosis. The development of MDTs, which provide a first-contact service for patients when they visit their GP practice, is considered a key element of enabling this to become a reality and broadening the range of services delivered in general practice, bringing new skills and expertise into the team. This development of MDTs in general practices has been funded at this early stage as part of the Department of Health's Transformation agenda and sees the addition of physiotherapists, social workers and mental health workers into practices as well as extending district nursing and health visitor support. Initially this model was only introduced in a small number of Federation areas, with its delivery being closely monitored and evaluated.

To date, three out of seventeen Federations have a MDT model wholly or partly in place, with plans to roll this out to a further two Federations by the end of 2019. The full rollout will require commitment of recurrent funding and is currently anticipated to take over six years. In the interim period, in areas where the MDT model has not yet been implemented, practices must be supported to ensure that all patients have access to the services they require.

It is essential that recurrent funding is committed long term to the full roll-out of the MDT model in general practice and that the roll out is completed as a matter of priority.

The Wider Practice Team

Working as part of a team has become a core element of general practice. When asked about what motivates people to work in general practice, 69% of GPs identified working as part of a team.[18] While the new multidisciplinary team model in general practice puts emphasis on several key professions being embedded into the GP team, there is a much wider spectrum of individuals involved in making primary care work in the best interests of patients.

Some of the new and long-standing roles embedded in the GP setting across the UK include:

- Practice-based pharmacists
- Advanced Nurse Practitioners
- Physiotherapists
- Social Workers
- District nursing
- Mental Health Workers
- Physicians Associates
- Paramedics
- Community nursing
- Occupational therapists

The identification of these roles builds on the multidisciplinary teams that have been working in general practice for many years, including practice nurses, health care assistants, health visitors and medical receptionists. Primary care also relies heavily on team members that sit outside of the GP practice, in the community. Community teams including district nurses, health visitors, social workers and specialist nurses (covering areas including diabetes, heart failure and respiratory conditions) have been well-established for many years and have been integral in providing all-round care for patients and families in the community. As part of the Community Nursing Review, district nursing will be better aligned to practices, rather than geographically aligned to Trusts, and community nursing

MDT Model

and health visiting teams will become more embedded as part of the wider practice team in years to come.

Not only is it important ensure all practices have access to this mix of staff, it is also vital to consider the development of career pathways for allied health professionals. Many of these are new roles, and their remits continue to develop over time.

GP Practice Nursing Framework
Nursing professionals are an essential part of the GP team. RCGPNI has actively supported the development of 'Now and the Future' GP nursing framework, which sets out a career pathway for nurses working in general practice.

Having a supported and sufficient pool of nursing professionals is vital for ensuring the sustainable future of primary care. In 2019, 43% of responding GPs said that it had been fairly or very difficult to recruit a practice nurse in the past year (Comres survey).

Practice and district nursing must be fully supported with comprehensive workforce planning to ensure we maintain the community services that patients rely on.

It is essential that we support the existing, established members of our practice teams. Clear processes to promote recruitment and retention of our practice nurse population as well as supporting their continued professional development is incorporated in the 'Now and in the Future – A General Practice Nursing Framework'[19] and the subsequently published Northern Ireland Practice and Education Council 2019 'Career Pathway for General Practice Nursing'[20].

RCGPNI calls for investment to support implementation of the 2019 Career Pathway for General Practice Nursing document.

To protect and fully embed multidisciplinary team working as the future model in general practice, we must ensure we have sufficient staff to carry out all of the required roles in the future.

The workforce requirements for MDT team working must be analysed and accounted for in health and social care workforce planning, with career pathways in primary care physiotherapy, mental health, social work and all other professions being developed, promoted and included in education and training programmes.

Alongside the benefits of having a variety of healthcare professionals working side-by-side in general practice, come several challenges. To successfully introduce and sustain these new ways of working, the role of the GP must adapt to include greater management responsibility, support for leadership roles, new governance and risk-management considerations and time for team meetings and patient care reviews.

The role of the medical receptionist will also change, with GP teams relying on front of house staff to support patients to access the best member of the GP team to meet their needs and to help patients navigate community and voluntary services.

Adapting to new ways of working will not only be a challenge for the practice staff; it will also require patients to adapt and change their thinking from 'I need to see my GP' to 'I need to see the best person in my general practice team'. While the GP will hold ultimate responsibility for the health and wellbeing of the patients registered with their practice, patients will only get the most out of their GP team if they are open to seeing the best health professional to

manage their care. We know however that many patients do not present to their GP with one issue, so flexibility in the system must remain to ensure patients get the holistic, cross-professional support that they need.

To achieve the optimal model of MDT working, embedded in general practice, GPs need to have sufficient protected time to manage the new GP team and to develop leadership and people management skills. They also need time to adapt to new demands on their time when dealing with more complex patients. managing cross-professional patient reviews and liaising with Allied Health Professional (AHP) colleagues working within the practice daily. Increase in core funding to support protected time is essential.

GPs working collaboratively

One of the most significant developments within the general practice landscape in recent years has been the establishment of 17 GP Federations. All GP practices in Northern Ireland have come together in localised groups to form 17 not for profit charitable organisations. These Community Interest Companies Limited by Guarantee are owned by one member director from each practice. An elected board of directors provides daily support and prioritises what its practices wishes to achieve. Each Federation sits under a regional overarching Federation Support Unit (FSU) which provides further regional strategic direction and governance. The model has provided opportunities for GPs to work better together at a local level and to take advantage of subsequent abilities to recruit, educate, train and provide professional development at scale.

Federations were initially established to support pressures on general practice workload and they are important conduits for ensuring that the needs of the GP profession are heard and acted on. Over the past few years, some Federations have developed faster than others and it is vital that all 17 Federations are supported to develop and thrive, so that equitable improvements in both GP support and patient care are achieved across the region simultaneously. Federations also have significant potential to play a leading role in service redesign and population health, and should be adequately supported in these roles. They have already proved their worth in terms of helping to facilitate the expansion of MDTs

To date, some of the most considerable developments have focused on supporting GP practices with growing workload, namely establishing new ways of employing allied health professionals in general practice and the development of the GP Rescue Team model. However, the Federation model is still relatively new and the opportunities that it brings have not yet been fully established or utilised across Northern Ireland.

To support the Federation model to flourish, GPs must be given both the time to dedicate to this new model, and access to appropriate business support and advice to raise experience and knowledge of the commissioning process and financial management at scale. There is an inherent risk to the future development of GP Federations if GPs don't have protected time away from clinical work to devote to Federation activity. Tackling growing workload and increasing the workforce will all help but support for GP protected time, to engage with Federation development and gain the required skills, is essential to the future success of the model.

Funding of baseline Federation development is needed to enable Federations to fulfil their potential in supporting coalface general practice, as education and training environments for all disciplines of health professionals and to support an expanding provider role for service delivery.

Premises and Infrastructure

The need to invest in primary care and general practice premises has never been greater. Progress has been made on embedding the MDT model in general practice and conversations will continue on the development of IT capabilities and diagnostics, but if practices do not have the physical space and capability to house these new ways of working, they simply cannot progress.

Across Northern Ireland, there are huge differences when it comes to GP practices.

- Some premises are Trust owned and some are privately owned.
- Some have expanded or extended over the years to keep up with the demand on services, while other simply do not have the capacity or support to do this.
- Some are so old that there is little other option than to replace the entire building.

While there are considerable differences across individual practices, as a whole, GP premises are not fit-for-purpose. Many practices continue to adapt and attempt to make do with what they have, but most need significant investment and modernisation if we are to deliver a sustainable service in the future that is in the best interest of patients.

To be considered fit-for-purpose, GP premises should:

- Have sufficient space and capacity to house the GP and wider practice MDT.
- Provide additional space for training and education.
- Be able to house diagnostic tools and equipment as required.
- Be technologically enabled with sufficient broadband capacity.
- Support the wellbeing of all staff with regards to taking breaks and being a healthy place to work.

The first step is to understand the current and full extent of the problem. While the need for infrastructure investment has been recognised, and progress has been made through the Primary Care Infrastructure Programme in the Health and Social Care Board, the implementation of premises development has not maintained pace with changing service provision.

The Health & Social Care Board continues to invest in primary care infrastructure by embedding a 'Hub and Spoke' model, which intends to create more appropriate settings for managing healthcare in the community. Assessments of GP owned practices to determine the condition and need for investment have been undertaken by the HSCB, but this review predated the current multidisciplinary model and the anticipated expansion of medical student numbers and new curriculum challenges in primary care. Trust owned premises require a comprehensive review to identify investment and expansion requirements again in light of MDT expansion and training demands.

Options are available for GP owned practices to borrow money for premises development through the GP Loan Scheme and funding has also been committed through the Capital Grant Scheme, but to enable essential transformation in primary care, comprehensive investment is required to modernise and expand all practices as required.

The Department of Health must ensure that sufficient analysis of all GP premises in Northern Ireland is completed, identifying infrastructure needs that are required to deliver transformation and delivery of modern GP services. A dedicated funding stream must be developed to fund the necessary capital works across Northern Ireland.

Technology and Innovation

To meet the needs of current and future generations, general practice IT infrastructure requires major overhaul. Technology provides exceptional opportunities to improve not only the working lives of GPs but also the health of patients and the delivery of safe patient care.

There is a need for the health service as a whole to harness the potential that technology offers. Developments such as the use of e-consulting, establishment of robust and secure platforms for patient record sharing across health and social care, the automation of administrative tasks and the delivery of enhanced diagnostic decision-making and self-management tools could transform the way that patient care is delivered in general practice. The introduction of such measures would help to ensure that GPs and patients can better manage their own health and access care records in a way that is convenient to them, while also ensuring that GPs have the time to focus on care delivery for those who need it most. We believe that GPs are ready to embrace the change and opportunities that technology brings, but the IT infrastructure must be ready for this to be fully utilised and both patients and GPs must be supported to fully embrace such changes.

Getting the basics right

As technology continues to advance, the need to improve general practice systems also continues to grow. The Health and Social Care Board's eHealth and Care Strategy, which sets out a blueprint for improvements to health and social care through the use of technology, will come to an end in 2020 and it is essential that a focus is maintained on ongoing development within health and social care.

We need to ensure that the basic infrastructure within GP practices can support these developments. The HSCB has committed to rolling out broadband upgrades for all GP practices and wider work is underway to improve broadband connectivity right across Northern Ireland. While we welcome the investment and work that is currently underway to improve connectivity, any blackspots that may remain in terms of broadband connectivity pose a risk to ensuring equal access to digital patient care across Northern Ireland.

Given these risks, we would like to see a commitment to the delivery of high-speed broadband connectivity to all GP practices by 2023.

In addition to getting the technological infrastructure right, there is also work to do in supporting patients who might struggle to engage with digital forms of access and care in their healthcare journey. The challenges facing Northern Ireland in terms of basic IT infrastructure and patient access must be fully considered in the development and rollout of new primary care technology and steps must be taken to ensure new technology improves access to healthcare regardless of geographical location, socio economic status or digital literacy.

Shared learning

To realise the benefits of technology, the GP workforce must be fully supported to engage meaningfully with the development of new technology and ensure that they have the training and skills to use available technology safely to its full potential, without increasing their existing workload. Given the workforce challenges facing general practice, it is often very difficult for GPs to engage in any type of advanced continuous professional development. This must be rectified if GPs and their teams are to be expected to keep up to date with the latest technological developments and harness this potential for the benefit of their practice and patients.

Technology must also be harnessed to help improve the sharing of information and best practice across the country, regardless of geographical location. In March 2018, Health and Social Care Quality Improvement (HSCQI) launched an online platform to help improve the sharing of QI initiatives.[21] RCGPNI welcome such initiatives which help to improve the sharing of best practice across general practice.

Patient data

A single IT system for the whole health and social care system will enable true sharing of data, accountability and improved service for patients. Commonality of coding and comparable data across all services would introduce new ways of monitoring and evaluating services, tracking waiting lists and understanding service pressures and demands in real time. Plans to introduce new systems as part of the Encompass programme could also improve communications across primary and secondary care, provide more direct access to advice and treatment information and reduce the need for duplication of recording patient information across teams, departments and Trusts. It could also have the potential to save a significant amount of time spent by clinicians and staff across the health and care sector, on inputting, updating and transferring patient information.

Integrating IT systems in Northern Ireland is current priority. There has been significant investment through the Encompass programme[22], which is a HSC-wide initiative to integrate digital health and social care records. The programme to date has placed emphasis on secondary care environments, aiming to deliver a fully integrated and inclusive system that covers hospitals and services across the Trusts, ensuring full compatibility. It is anticipated that the programme will be implemented in 2021, with full rollout across the entire system, including general practice, by late 2023. Active consideration must be given to the opportunities, challenges and risks for general practice service delivery as part of the Encompass programme.

In order for this vision to be realised, the way in which patient data is recorded must be standardised. Currently across Northern Ireland a number of clinical processing systems are in use by practices, resulting in variations in the way in which patient information is recorded and coded. If the vision of a shared patient record is to be realised, the practice systems already in place within general practice need to be compatible with one another. We welcome work underway by the Department of Health to streamline the coding of patient data across practice systems and view this as the first step to achieving a shared patient record.

Northern Ireland has the highest adoption rate of electronic health records (EHRs) of any part of the UK. The higher adoption rate by Northern Ireland clinicians can be linked to the perceived success of its Electronic Care Record (NIECR), which is a computer system used across health and social are to share information about a patient's medical history. In January 2018, 95% of NIECR users confirmed that the platform has saved them time. The ECR is also linked to Out of Hours GP systems and uploads a minimum data set from GP records (including medication and allergy information), however does not share GP consultation information and does not currently offer patients with support and immediate advice when interpreting data and test results.

While accessing shared patient data is at a more advanced stage in Northern Ireland than some other areas of the UK, there are still improvements that could be made to improve the interoperability of GP systems.

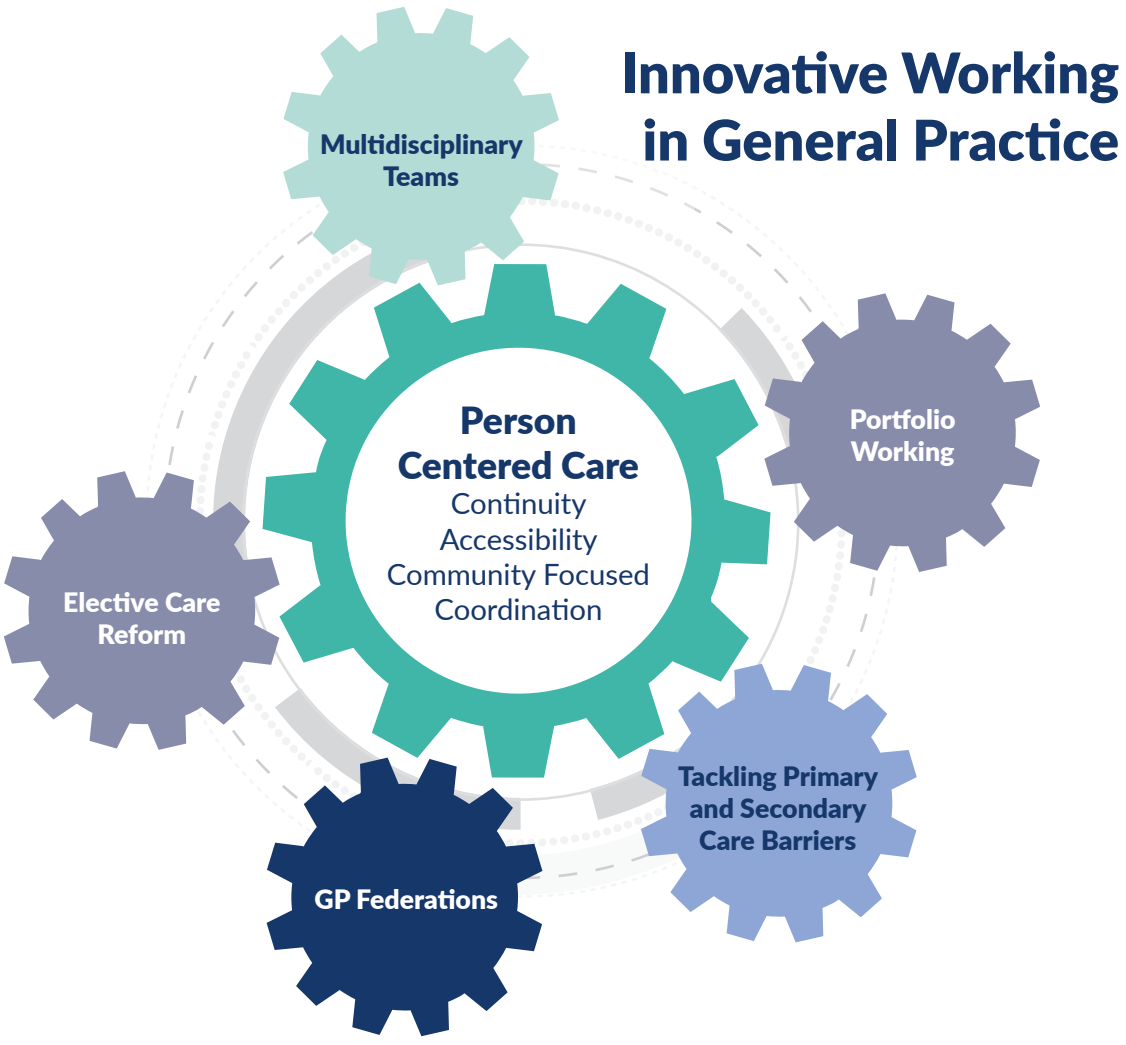
This level of information potentially opens the door to new methods of patients interacting with services and increased personal choice. Such an innovative system presents challenges. Widely accessible information on availability of services across Northern Ireland would be a driver for change in considering new ways for demand to be managed and services to be delivered. In primary care, such a system may change the dynamic between access and continuity of care. In theory, if systems are delivered as planned and clinicians have wider access to patient information, availability and access to GP appointments could be opened-up, with more patient choice in who they see, what practice they wish to visit and what type of professional they wish to speak to.

'On demand' services that appear to be becoming more popular with younger generations or those with minimal care needs may be better accommodated. There is therefore potential for the current model of general practice to change, creating significant risk of inequity in workload, if workload becomes measured by consultation numbers rather than content.

To counter these risks, before adoption new digital services should be fully evaluated in terms of their impact on patient safety, health inequality and clinician workload.

Informing service delivery

The harnessing of data in a safe and secure way is crucial for the development of vital public services in Northern Ireland. The development of the GP Intelligence Platform (GPIP), which brings together data from a range of GP clinical systems into a single data storage solution, has been effective in helping to meet the needs of GP practices and in supporting the planning and development of health services across Northern Ireland. Data collection is also vital in ensuring that new models of care, such as the development of the multi-disciplinary team, are effectively assessed and we would like to see data collection incorporated more effectively into service evaluation and transformation.



Out of Hours

Reflecting the challenges in in-hours general practice, workforce shortages are a significant challenge in ensuring the provision of sustainable, suitable services, resulting in unacceptable gaps in Out of Hours service provision across the region.

The Out of Hours Workforce

Unsurprisingly, as GPs continue to work in incredibly challenging environments, many are reducing their involvement in Out of Hours work. Data from the latest NIMDTA Annual Appraisal Report (2017/18)[23] illustrates that while there has been an increase in the number of GPs participating in Out of Hours work, there has been a drop in the number of sessions filled across the service, indicating a reluctance to work multiple sessions.

In 2019, 60% of GPs that participated in an RCGP survey said they did not work any Out of Hours sessions. When asked why this is the case, 29% said they find the hours too stressful. Put simply, things cannot continue as they are.

Consideration needs to be given to the additional members of the multidisciplinary team who can better support GP Out of Hours services in Northern Ireland. The use of skilled Nurse Practitioners and paramedics amongst others should be considered to support ongoing care of the population outside of core general practice hours. These professionals should be developed further to support their GP colleagues in providing services out of normal working hours.

Service reviews

The challenges facing GP Out of Hours services in Northern Ireland did not happen overnight, and service provision has been gradually deteriorating over time. In March 2016, the Department of Health published the working group findings from the Review of GP-led Primary Care Services in Northern Ireland.[24] While the Review focused on all general practice related services, one of the key strategic goals in the report was to build sustainable Out of Hours services, with a specific goal of being able to 'provide an effective GP Out of Hours service' for the region identified. Despite several actions being advanced, serious problems remain within Out of Hours services in Northern Ireland.

Having been made aware of service gaps and challenging working environments for clinicians in Out of Hours environments in Northern Ireland, the GMC highlighted concerns to the RQIA, leading to a review of services. As of September 2019, findings have yet to be published. This was followed by the current Urgent and Emergency Care review which is also including OOH GP services in its scope. We await with interest the findings of these reviews and expect to see their recommendations leading to the delivery of a safe, sustainable model for Out of Hours care that has the confidence of professionals to engage in service provision.

We call on the Department of Health to urgently publish the findings of the review of Out of Hours services.

Other factors impacting on Out of Hours services

Medical Indemnity

While increasing costs for medical indemnity cover are impacting on all GPs, particularly in relation to recruitment and retention (as discussed previously), it has the potential to significantly impact on the number of GPs who are willing to work sessions or extra sessions in Out of Hours services. We are already witnessing a steady decline in the number of partners and sessional GPs working in Out of Hours and should increasing indemnity costs act as an additional financial disincentive, this is only set to get worse.

It is vital that adequate, long-term support is provided for GPs facing increasing medical indemnity charges.

Training Environment

Trainees deserve to work and learn in safe, well-supported environments and the pressures currently facing Out of Hours environments across the region do not create the conditions necessary to achieve this. Such challenges no doubt lead to negative training experiences and subsequently disincentivise individuals from choosing to work in Out of Hours.

Action must be taken to ensure that a refreshed service prioritises the creation of a safe and supportive training environment for medical, nursing and other professionals.

Funding for General Practice

Looking at the long-term sustainability of health and social care services, the Department of Health is estimated to need an additional 6% in resources per year, to maintain services and account for demographic changes.[25] The rationale for this is broken down to include 1% for inflation, 1% for medical developments and 4% to account for increasing demand.

The expert panel report, led by Professor Bengoa and published in 2016, suggests that "...if the system continues in its current form, we can expect costs to double by 2026/27 simply to maintain current levels of performance". The report also refers to the need for reflecting on commissioning processes, moving towards 'commissioning for value' and away from 'paying for activity'. Explaining the rationale, the report states:

"A value-based model in Northern Ireland would need to reinforce an integrated primary and community health and social care delivery model so that more can be done outside the acute setting, encouraging work across organisational boundaries, as well as a strengthened primary care sector to effect a shift in the balance of care."

In Northern Ireland, despite successive reports presenting evidence for a fundamental shift towards greater emphasis on primary care service provision, sufficient funding has not followed. While there has been some additional investment in general practice services in Northern Ireland in recent years, it has fallen below what is required; this is evidenced in the 2019 RCGP tracking survey figures which showed 83% of GPs felt that funding was not quite, or nowhere near, enough.[26]

More recently, a Nuffield Trust report[27] found that there has been little movement of funding from secondary to primary care. The report states:

"It is important to note that health and social care trust accounts suggest any reorientation in what matters has not so far carried over into hard cash. At a national level, analysis of the annual accounts of the Health and Social Care Board shows no increase in spending on primary care, or specifically on general practice."

"While the classifications used vary, trust accounts also suggest no shift in their budgets from acute, episodic care towards ongoing care for chronic illnesses outside hospital."

General Practitioners are feeling the burden of being expected to provide an increasing level of service, without being supported financially to do so. This impacts negatively on the ability to reform health and social care services and is detrimental to maintaining an already struggling primary care sector.

Practice sustainability
In 2019, 42% of GPs said that they felt it was not very, or not at all, financially sustainable to run a GP practice in Northern Ireland. (Comres survey)

When probed as to the reasons for feeling this way, some of the main reasons cited by GPs include:

- Insufficient core funding
- Professional indemnity costs
- Employment costs

Funding sources

In June 2017, additional funding was secured as part of the Confidence and Supply Agreement between the Democratic Unionist Party and UK Government. As part of the additional resources that were allocated for Northern Ireland, £200 million was designated for health and social care transformation over a two-year period. While the injection of part of this funding into primary care was welcomed and has been used for the introduction or advancement of several key projects including the introduction of multidisciplinary care teams, it is disappointingly non-recurrent.

It is essential that funding for health innovations, such as multidisciplinary working in general practice, is made sustainable and recurrent.

In addition, funding provisions must be made for the full rollout of the multidisciplinary team model across the entire region. It is essential that long-term funding plans are considered for successfully prototyped and evaluated healthcare initiatives.

Making the case for additional funding for general practice can be particularly challenging in the local environment. While Trusts are often engaged in identifying strategic, long-term or immediate finance needs in secondary care, important areas within general practice that require investment often slip through the net. For example, there has been little strategic planning when it comes to supporting GPs with quality improvement advancements, safeguarding support or leadership.

It is essential that GPs are supported with the capacity to engage in strategic planning and the needs of the profession are considered when funding allocations are being agreed.

Reflecting on the need for greater investment in GP services across the UK, RCGP has long called for at least 11% of health care budgets to be spent in general practice. The College considers this as an achievable allocation, based on previous levels of spending in UK general practice and we believe this would enable high quality patient care to be delivered to ensure that services are sustainable for the future.

Sustainable, appropriate funding is required urgently for general practice. The Department of Health must allocate at least 11 % of the healthcare budget to general practice, ensuring that funding is available to:

- Address the workforce shortage.
- Deliver and sustain the full rollout of the multidisciplinary care team model in general practice.
- Invest in modern GP premises and infrastructure.
- Maximise technology and innovation to improve patient care.

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