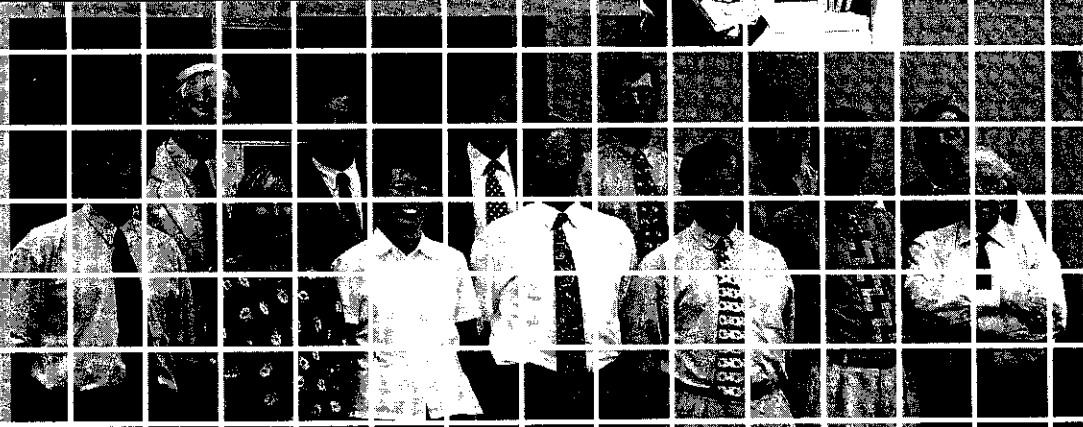
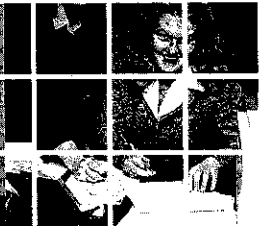
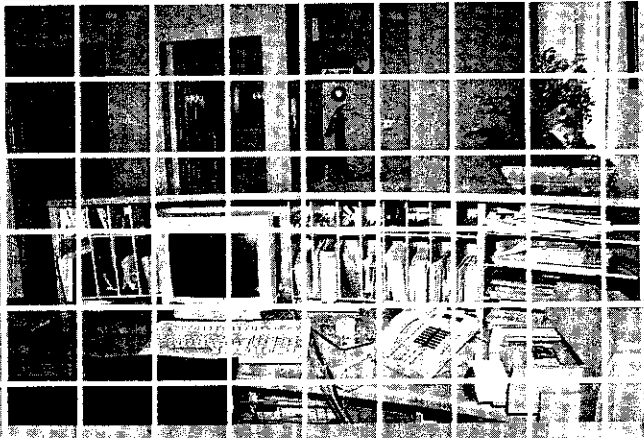


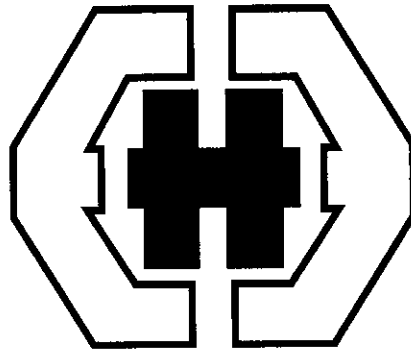
General Practice Unit

1997

ANNUAL
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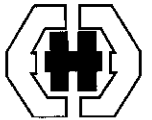


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GENERAL PRACTICE UNIT

**REGIONAL LIBRARY AND
INFORMATION SERVICE**

ANNUAL REPORT

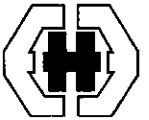
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**REGIONAL LIBRARY AND
INFORMATION SERVICE**



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MISSION STATEMENT

- ▲ To support and develop to the highest standard the organisation and delivery of general practitioner and primary care services in the Eastern Health Board area using all available resources.

OBJECTIVES

- ▲ To facilitate, support and develop general practice as a whole thereby raising standards of service delivery consistent with our Mission Statement.
- ▲ To improve the organisation of general practice.
- ▲ To facilitate an improvement in the interface between general practice and other health services, including hospital services.
- ▲ To identify opportunities for extending the services provided by general practitioners where this can be done more cost-effectively than at present.
- ▲ To assist general practitioners to prescribe appropriately and cost-effectively while maintaining or enhancing quality of care.

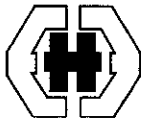
INTRODUCTION

The Eastern Health Board General Practice Unit (G.P. Unit) was established in May 1993 following the recommendations contained in the blueprint document **“The Future of General Practice in Ireland”**. This report recommended the setting up of General Practice Units in each health board area to enhance the future organisation of general practice in Ireland. It envisaged the following role for these new units:-

“The general practice unit will be concerned with and relate to all aspects of general practice including service delivery, practice support, practice staff, premises and equipment, vocational and continuing education, and will also be concerned with the interfaces between general practice and the other health and social services.”

The Eastern Health Board General Practice Unit is located within the Community Services Programme. There are approximately 518 General Medical Services (G.M.S.) doctors and 398 pharmacists in the area, representing almost one third of the national total. In addition, over 200 general practitioners are listed in private practice. Our Board caters for a population of 1.3 million people, 26% of whom are eligible under the General Medical Services (G.M.S.) Scheme.

Twelve general practitioners are attached to the G.P. Unit on a part-time basis, two of these doctors act in an advisory capacity and the remaining ten are assigned to defined geographical/hospital catchment areas as shown overleaf. Each Unit Doctor has a liaison responsibility for the general practitioners located within their own areas. The administrative structure of this group is headed by the G.P. Unit Administrator with administrative and secretariat back-up. The group works closely with our Board's Specialists in Public Health Medicine, with additional assistance being provided by a research assistant, the Board's community pharmacist and a computer resource officer. The Unit reports on its activities on an ongoing basis to the Programme Manager, Community Services Programme.





I. STAFFING

I.1 GENERAL PRACTITIONERS ASSIGNED TO THE GENERAL PRACTICE UNIT, EASTERN HEALTH BOARD (AS AT 31.12.97)

Unit Doctor: **Dr Yvonne Rafter**, 13 Highfield Road, Rathgar, Dublin 6.
Dr Niall O Cleirigh, 79 Pearse Street, Dublin 2.
Geographical Area: Dublin South East and East Wicklow
Hospital Catchment Area: St Vincent's Hospital; St Columcille's Hospital, Loughlinstown; Baggot St. Community Hospital; St. Michael's Hospital, Dun Laoghaire.

Unit Doctor: **Dr Kieran Harkin**, 15 Grattan Crescent, Inchicore, Dublin 8.
Dr Kevin O'Doherty, 478 South Circular Road, Dublin 8.
Geographical Area: Dublin South Inner City and South West Dublin
Hospital Catchment Area: St James's Hospital; Our Lady's Hospice, Harold's Cross; Our Lady's Hospital for Sick Children, Crumlin.

Unit Doctor: **Dr Sean McCarthy**, 1 Woodlawn Park Ave., Firhouse, Dublin 24.
Dr Philip Aherne, 9 Hartwell Green, Kill, Co Kildare.
Geographical Area: Dublin West, West Wicklow and South Kildare
Hospital Catchment Area: Tallaght Hospital; MANCH Group; Naas Hospital.

Unit Doctor: **Dr Aidan Culhane**, 7 Meadowlands, Athboy, Co Meath.
Dr Noel O'Gorman, The Village Medical Centre, 45-47 Main Street, Finglas, Dublin 11.
Geographical Area: Dublin North Inner City, Dublin North West and North Kildare
Hospital Catchment Area: Mater Hospital; James Connolly Memorial Hospital, Blanchardstown; St Francis' Hospice, Raheny.

Unit Doctor: **Dr William J Fegan**, The Village Medical Centre, 45-47 Main Street, Finglas, Dublin 11.
Geographical Area: Dublin City North and North County Dublin
Hospital Catchment Area: Beaumont Hospital.

Unit Doctor: **Dr Philip O'Connell**, 178 James's Street, Dublin 8.
Geographical Area: Dublin East (Central)
Hospital Catchment Area: Beaumont Hospital; St. Vincent's Hospital.

Unit Doctor: **Dr John Lappin**, 37/39 Fairview Strand, Dublin 3.
Geographical Area: G.P. Unit Liaison Doctor

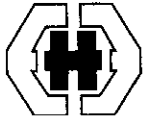
Unit Doctor: **Dr Ellard Eppel**, Residence 3, Laureilton, Bushy Pk. Road, Dublin 6.
Geographical Area: G.P. Unit Liaison Doctor

Dr O Cleirigh took up appointment in December 1997, replacing Dr Conor O'Hanlon.



GP Unit Staff: (L-R) Ms Rhona Corcoran, Ms Marion Ward.

I.2 UNIT ADMINISTRATIVE AND SUPPORT STAFF



Unit Administrator

Pauline Bryan

Assistant Administrator

Sheila Marshall

Administrative Support Staff

Sarah O'Leary
Annette Farrell
Rhona Corcoran
Marion Ward
Linda Heffernan
Assumpta Carthy



GP Unit Staff: (L-R)
Ms Linda Heffernan,
Ms Assumpta Carthy.

Computer Resource Centre

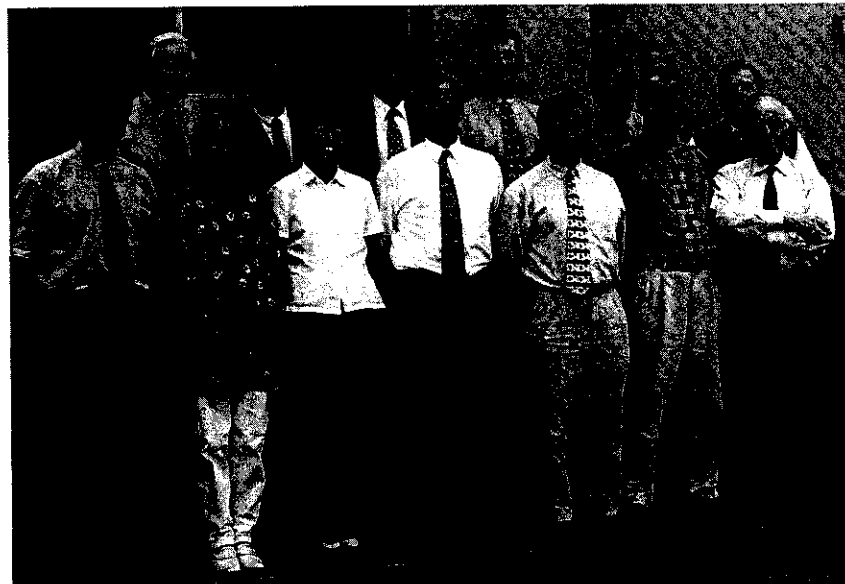
Clare Doherty (until December 1997)

Research Assistant

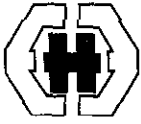
Edwina Mullan

Specialists in Public Health Medicine

Dr Catherine Hayes and Dr Zachary Johnson, both Specialists in Public Health Medicine, provide ongoing advice and assistance to the Unit.



Members of EHB GP Unit:
(Back L-R) Dr John Lappin, Dr Sean McCarthy, Dr Noel O'Gorman,
Dr Philip Aherne, Dr Kieran Harkin, Dr Bill Fegan.
(Front L-R) Dr Kevin O'Doherty, Dr Yvonne Rafter,
Ms Pauline Bryan - GP Unit Administrator, Dr Philip O'Connell,
Dr Aidan Culhane, Dr Niall O'Cleirigh, Dr Ellard Eppel.



2. SUMMARY OF ACTIVITIES 1997

Pilot Centres of General Practice

- ▲ Neilstown Health Centre opened in October 1997.
- ▲ Brookfield and Killinarden Centres almost completed.

Capital Funding for General Practice Developments

- ▲ Funding totalling £275,000 allocated to 15 projects.

Computerisation

- ▲ 80% target for basic computerisation of GMS practices achieved.
- ▲ "Start Up" grants totalling £160,000 paid.
- ▲ Two Computer Software "Open Days" held.
- ▲ Computer training provided for 49 doctors and 42 practice staff.

Indicative Drug Budgeting

- ▲ 134 doctors achieved savings totalling £619,339.
- ▲ 179 doctors achieved Bonus Grants totalling £1,270,787.

Vocational Training

- ▲ Unit took over administration of the Dublin Regional Vocational Training Scheme.

Practice Support Staff

- ▲ Two Information Days held.
- ▲ 15% increase in the number of practice nurses employed.

Liaison Activities

- ▲ Sharps disposal arrangements initiated in St. Vincent's and St. James's Hospitals.
- ▲ Agreed GP referral procedures for A&E and OPD at St. Vincent's Hospital.



3. DEVELOPMENT OF PILOT PRACTICES



The Health Strategy - "*Shaping a Healthier Future*" - supported the Blueprint Document's recommendation that a number of single-centre or multi-centre group practices should be established on a pilot basis which would provide a comprehensive range of primary healthcare services and have close links with hospital services. The aim of these developments is to improve the organisation of general practice so that patients can have easier access to a wider range of services provided by their family doctor.

The General Practice Unit invested in the following pilot projects which were completed, or neared completion, in 1997:-

- ▲ West Tallaght - Killinarden
- ▲ West Tallaght - Brookfield
- ▲ North Clondalkin - Neilstown
- ▲ Bray & Dun Laoghaire Pilot Projects

West Tallaght - Killinarden and Brookfield

In 1993 the Board, in conjunction with two groups of general practitioners in West Tallaght, agreed on the development of two centres of general practice on green field sites in this area. These projects are located in Killinarden and Brookfield. The planning and construction of these centres has been in progress for the last two to three years and, when completed, the Board will have accommodation for its own clinics within these two developments. The objective of these projects is to facilitate the provision of an integrated and seamless service for the community. Funding was provided by the Unit in 1997 for the completion of these two projects. Construction of the Brookfield centre is now completed and the Killinarden development will be completed shortly. These will be officially opened in early 1998.



Brookfield Health Centre



Clondalkin

This purpose-built medical centre was officially opened in Neilstown in October 1997. The development was funded through grant aid provided by the General Practice Unit in conjunction with savings generated under the indicative drug budgeting scheme by the three general practitioners operating from this centre. Counselling and local physiotherapy services are available from this centre, along with general practitioner and practice nurse services.



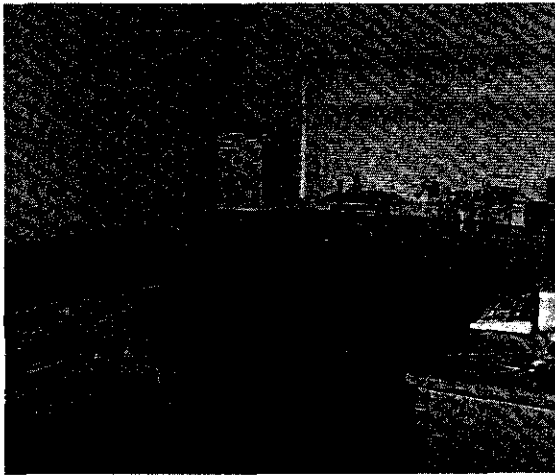
EHB Chairperson, Cllr. Roisin Shortall T.D., and Dr Liam Lynch, cutting the tape at the official opening of Neilstown Primary Health Care Centre, Clondalkin.

Bray & Dun Laoghaire Pilot Projects

The pilot projects in Bray and Dun Laoghaire concerning the employment of a practice manager, practice nurse and physiotherapist were completed in 1997 and are evaluated on an ongoing basis. The development of computerisation is also an integral feature of these projects. Final evaluation reports on these projects will be drawn up in 1998.

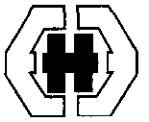
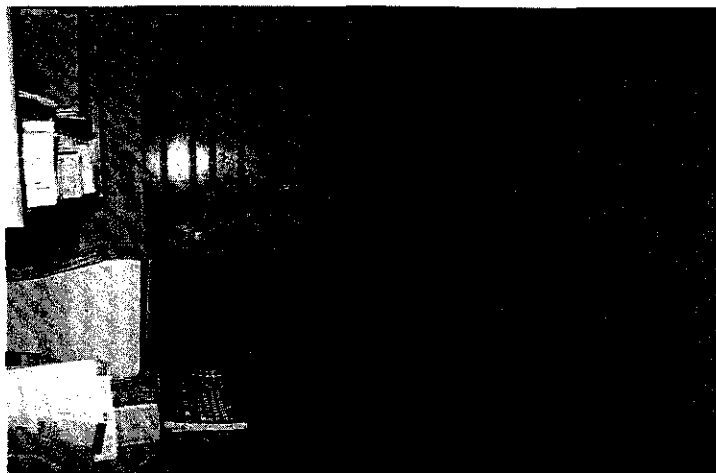
4. CAPITAL FUNDING DEVELOPMENTS

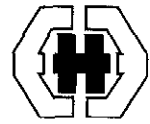
Funding totalling £275,000 was allocated by the Department of Health to this Board in 1997 for the capital development of general practice in accordance with the recommendations of the Blueprint and Health Strategy documents. Applications were sought from interested general practitioners who were engaged in the construction of purpose-built general practice centres or the development/extension of existing practices. In selecting projects for funding, priority was given to proposals which met the following criteria:-



- Developments which were on hand or due to be completed by the end of 1997
- Developments which involved GMS group practices or the formation of group practices
- Proposals which covered disadvantaged areas
- Developments which had a significant impact on service provision to GMS patients
- Proposals which extended the range of both general practitioner and primary care services to patients

Allocations totalling £275,000 were made to 15 projects which involved the purpose-built construction of practice premises or extensive renovations to existing premises or Health Centres where general practitioners had a centre of practice. Allocations ranged from £4,500 to £50,000.





5. COMPUTERISATION

The Health Strategy document published in 1994 sought to have 80% of GMS general practices computerised within four years so as to improve the sharing of information and help practice management. The General Practice Unit has endeavoured over the past four years to encourage general practitioners to introduce computerisation in their practices, initially to support the administration and management of their practices and ultimately to facilitate the exchange of epidemiological data with our Board. To further promote the introduction of computers in general practice, the following developments were undertaken by the Unit in 1997:-

5.1 Computer Resource Officer

In order to provide technical support and up-to-date information on computerisation, an officer from our Board's Computer Information Support Centre was assigned to the G.P. Unit up to December 1997. The role of the Computer Resource Officer included follow-up of practices which received initial funding and the drawing up of fact sheets on all aspects of computerisation which were disseminated to general practitioners in our Board's area. Topics covered included the benefits of computerisation, common pitfalls and computer accessories. A two year suggested implementation plan for doctors who were just starting out on their computerisation programme was devised (see Appendix 7). The Computer Resource Officer also visited practices, obtained quotations for hardware and software and provided general advice to doctors regarding their computerisation programmes.



*Ms Clare Doherty, GP Unit
Computer Resource Officer.*

5.2 Software Open Days

Two software Open Days were organised in Dr Steevens' Hospital in May and October to demonstrate the accredited software packages available to general practitioners. Representatives from the Mater Healthlink Project and St. James's Hospital Web Site were also in attendance. All general practitioners in our Board's area were invited to attend these demonstrations which provided GPs with the opportunity of looking at the various accredited clinical software packages before making their final investment.



Approximately 100 general practice staff attended these open days with staff from the software companies and the GP Unit on hand to answer individual queries.

5.3 Training

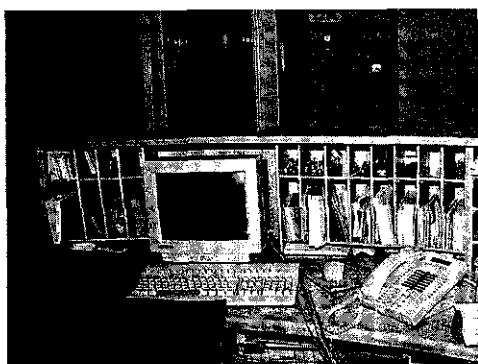
Training courses in basic computer skills (Windows and Word) were organised by the Unit in 1997 in conjunction with the Board's own Computer Training Department. These courses were available to doctors and their practice staff at a nominal charge and were designed to help them become more familiar with the general use of computer equipment so that they would not be as apprehensive about advancing the implementation of computers in their practices. A total of 49 doctors and 42 practice support staff attended these courses over 1997. Further training sessions in Word (Intermediate level) and Excel (Introductory level) are planned for 1998.



Ms Lucy Morrissey, GP Unit Computer Trainer (on left).

5.4 Computer Funding

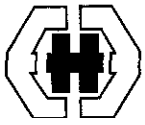
The allocation of computer "start-up" grants continued over 1997. A maximum grant of £2,000 was made available to selected GMS general practitioners who were initiating computerisation in their practices, provided that they fulfilled certain criteria. Allocations were made to 86 practices and a total of £160,000 was paid from this funding in 1997.



Computerised workstation in GP Surgery

5.5 Future Developments

Basic computerisation has now been introduced into 80% of GMS practices in our Board's area thereby achieving the target set in the Health Strategy. Funding for computerisation will be made available in 1998 to doctors who have not received financial assistance from the Unit to date and who wish to upgrade their existing systems.



6. ENHANCED SERVICES

One of the objectives of the General Practice Unit is to identify opportunities for extending the services provided by general practitioners where this can be done more cost-effectively than at present. In pursuance of this objective, the Unit identified three areas for development where selected general practitioners undertook pilot projects designed to deliver, in a general practice setting, services which are normally provided in hospitals.

Fifteen pilot projects covering physiotherapy, counselling and dietetics are being funded directly by the Unit under this initiative. These services are available on a shared basis amongst general practitioners for GMS patients in the following areas:-

Physiotherapy: Finglas, Tallaght, Clondalkin, Dun Laoghaire, South Inner City and two other projects in association with the Mater and Beaumont Hospitals.

Cost (1997) - £65,240.

Counselling: Arklow, Bray and Mulhuddart. A further project is being conducted in the South Inner City area in association with the Royal College of Surgeons in Ireland.

Cost (1997) - £20,760.

Dietetics: Bray, Fairview and Wicklow. A further project is operating in a general practice in Tallaght which is a joint project between general practitioners, this Board and the Meath Hospital.

Cost (1997) - £7,397.50.

The pilot period for these projects concludes in 1998. Audits and evaluations are being conducted during the period of operation.

7. INDICATIVE DRUG BUDGETING



An ongoing aim of the General Practice Unit since its inception has been to assist general practitioners to prescribe appropriately and cost-effectively.

In 1997, 35% of our Board's GMS general practitioners (179 doctors) generated bonus grants* totalling £1,270,787 based on their 1997 prescribing costs. This represented an increase from 175 doctors in 1996 who generated bonus grants totalling £1,122,095. The highest bonus grant achieved in 1997 was £35,121. In addition, 26% of GMS general practitioners in our Board's area (134 doctors) achieved savings on their indicative drug budgets totalling £619,339. This compares with 166 doctors who achieved savings of £953,162 in 1996. The highest saving made on an indicative drug target was £24,497.

The following is an analysis of funding generated under the indicative drug budgeting scheme in 1997:-

NUMBER OF DOCTORS		SAVINGS ACHIEVED	
90		£0-£4,999	
25		£5,000-£9,999	
13		£10,000-£14,999	
3		£15,000-£19,999	
3		£20,000-£24,999	
134		Total number of doctors	
£619,339		Total savings	
NUMBER OF DOCTORS		BONUS GRANTS ACHIEVED	
83		£0-£4,999	
53		£5,000-£9,999	
24		£10,000-£14,999	
10		£15,000-£19,999	
6		£20,000-£24,999	
1		£25,000-£29,999	
1		£30,000-£34,999	
1		£35,000-£39,999	
179		Total number of doctors	
£1,270,787		Total bonus grants	

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When the required deduction of 2% for the Education & Research Fund is taken into account, the final sums available to general practitioners for approved practice developments, and to the Health Board for investment in general practice, are as follows:-

▲ Health Board (50% Savings)	£303,476
▲ General Practitioners (50% Savings + 100% Bonus Grants)	£1,548,847

The following appendices demonstrate the final indicative drug budget position of the Eastern Health Board for 1997:-

- (1) % of Category A & B** doctors over & under budget per Health Board **Appendix 1**
- (2) Average excess and saving per Category A & B doctor per Health Board **Appendix 2**
- (3) Total cost of drugs and medicines (National v E.H.B.) **Appendix 3**
- (4) Cost per form (National v E.H.B.) **Appendix 4**
- (5) Number of items per person (National v E.H.B.) **Appendix 5**
- (6) Total funding generated under Indicative Drug Budgeting Scheme per Health Board **Appendix 6**

* Doctors in Category C receive a "bonus" grant equal to 50% of the difference between their 1996 outturn and the national age related average (NARA) cost. This grant is payable in full if the doctors in this group come within their 1997 target. The grant is abated on an absolute pro-rata basis in accordance with the formula agreed between the Department of Health and the Irish Medical Organisation by the amount a doctor exceeds his 1997 target.

** Category A doctors are those whose costs for 1996 were in excess of 105% of the national age related average (NARA) costs for 1996. Category B doctors are those whose costs for 1996 were within the range of 95% - 105% of the national age related average (NARA) costs for 1996.

Category C doctors are those whose actual costs for 1996 were less than 95% of the national age related average costs for 1996.

8. DOCTORS' PORTION OF INDICATIVE DRUG SAVINGS



The total amount of funding expended in 1997 from the 1993, 1994, 1995 and 1996 portion of doctors' indicative drug savings amounted to £1,040,774.50.

ANALYSIS OF PAYMENTS MADE FROM INDICATIVE DRUG SAVINGS IN 1997

	£
Information Technology & Improved Practice Information/Record Systems	153,241.00
Practice Premises	690,439.00
Clinical Equipment	119,653.50
Recruitment of primary care expertise	4,500.00
Education & Training	10,885.00
Office Equipment	50,246.00
Women's Health Projects	11,810.00
TOTAL:	£1,040,774.50

8.1 Equipment Allocation Scheme

An equipment allocation scheme for general practitioners who did not achieve savings in 1996 but who succeeded in improving their drug budget performances was implemented at a cost of just over £20,000.

Under this scheme 43 doctors received an item of clinical or computer equipment to upgrade their existing equipment. Items provided included:- examination couch, obstetric/vascular doppler, digital scales, examination lamp, medical fridge, audioscope, printer, modem.

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9. VOCATIONAL TRAINING

In line with Department of Health guidelines, the Unit supported the upgrading of the fifteen vocational training practices within our Board's area in 1997. Funding of £5,000 was made available to each training practice for approved developments.

In addition the General Practice Unit also took over the administration of the Dublin Regional Vocational Training Scheme in July 1997 which provides vocational training for doctors who wish to enter general practice. Full-time administrative and secretarial support is provided by the General Practice Unit for this scheme which has recently been re-named as the Eastern Regional General Practice Training Programme. The closer link between the Training Scheme and our Board has been very positive in terms of resourcing of the scheme and enhanced liaison.



ERGTP Trainers' Workshop: (Back L-R) Dr John Mason, Dr Patrick McGrath, Dr Owen Clarke, Dr Fergus O'Kelly, Director, Dr George Doyle, Dr Jim McShane, Assistant Director. (Front L-R) Dr Joe Clarke, Chairman, Dr Martin White, Dr Edel McGinnity, Dr Neil Golden, Dr Marie Scully.

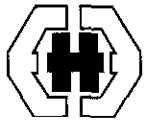
10. PRACTICE SUPPORT STAFF



The employment of practice nurses and secretaries was strongly promoted by the Unit in 1997. This was in recognition of the fact that the need for support staff in surgeries has now become a necessity in view of the increased workload in general practice due to the provision of a greater range of services and the introduction of computerisation.

Information workshops were held in May and October, promotional literature was distributed and limited financial assistance in the form of grants of £2,000 were given to seven general practitioners to establish facilities in their premises in order to employ a nurse. Doctors also availed of the subsidies provided under their GMS contracts for general practitioners to assist with the employment of their secretaries and nurses.

There were 75 practice nurses employed in the Board's area at the end of 1996 and 86 nurses in employment at the end of 1997, representing a 15% increase in the number of practice nurses employed. There are currently in excess of 450 practice secretaries and 12 practice managers employed by general practitioners in the Eastern Health Board area. The benefits of this initiative are improved practice organisation and doctors being enabled to provide an enhanced range and level of services to their patients.



11. WOMEN'S HEALTH

20 doctors in the Tallaght/Clondalkin area and 17 doctors in the North Dublin area continued to participate in the two year pilot Women's Health Project in which general practitioners provide designated women's health clinics in their surgeries on specific days every week/fortnight/month. Financial support of £0.144m. was provided by our Board in 1997 towards this project which will be evaluated in 1998.

A number of doctors continued to invest some of their indicative drug savings towards the provision of designated women's health clinics in their practices in 1997.

12. EDUCATION, TRAINING & RESEARCH

12.1 Accident & Emergency Project

This pilot project to study the impact that the employment of general practitioners would have in Accident & Emergency Departments was completed in 1997.

12.2 Irish College of General Practitioners Courses

The education of general practitioners was supported by the Unit through the provision of financial assistance to the Irish College of General Practitioners for the running of specific courses dealing with minor surgery and practice management.

12.3 South Inner City Needs Assessment Report

This report, which was published in 1997 and supported by the Unit, examined the primary care needs of the south inner city area following the impending transfer of the MANCH group of hospitals to the new Tallaght Hospital. The research was carried out by the Department of General Practice, U.C.D., with the assistance of our Department of Public Health Medicine, and the recommendations of the report are currently being examined. There is G.P. Unit participation in this examination process.



12.3 Generic Prescribing Initiative

This initiative was directed at general practitioners and pharmacists in the south inner city area whereby co-operation between both parties was obtained with regard to the prescribing and dispensing of cost-effective generic brands of drugs. An evaluation of this initiative by the Board's Regional Drug Unit demonstrated a favourable overall trend in generic prescribing by general practitioners in this area following its implementation.

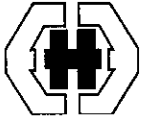
12.4 Research/Evaluation of G.P. Unit Programmes

All pilot projects initiated by the General Practice Unit have in-built evaluation mechanisms. The Unit also employs a Research Assistant who works under the direction of the Department of Public Health Medicine to assist with evaluating programmes and developments.

13. INTERFACE WITH THE REMAINDER OF THE HEALTH SERVICES

13.1 Interface between general practitioners and hospitals

The Health Strategy emphasises that "the hospital should complement the role of the general practitioner as the first point of contact with the health services". In this regard, the GP Unit has always encouraged closer linkages between acute hospitals and general practitioners. There is GP Unit Doctor representation on the Liaison and Therapeutics Committees of the major hospitals in our Board's area. This allows the views of general practitioners on areas of mutual interest and concern to be expressed to their hospital colleagues in an appropriate forum and enables hospital staff to reciprocate their views to their colleagues in primary care. The outcome of this closer communication has been a greater understanding and awareness by both parties of the difficulties and successes experienced by each group. It is an ongoing aim of the Unit to maintain and support this liaison with a view to making primary and secondary care services more responsive to the health needs of the community.



There was active liaison in 1997 between general practitioners in the Tallaght area, Eastern Health Board and GP Unit representatives, and the Board of the new hospital in Tallaght with a view to the development of a primary care centre on site. The aim of this initiative is to develop a high quality, wide-ranging general practitioner service adjacent to the hospital facility.

Direct access for general practitioners to dedicated physiotherapy services in the Mater and Beaumont Hospitals, and to an outreach dietetic service from the Meath Hospital, continued on a pilot basis in 1997 under the enhanced range of services projects. Reports on these evaluations will be available in 1998.

Close co-operation between the Mater and St. James's Hospitals continued throughout 1997 regarding information technology developments, namely the Healthlink and Web Site projects.

A standard Accident & Emergency referral form was devised for general practitioners in the St. Vincent's Hospital catchment area which is also available on disk to load onto their practice computers. There is an agreed procedure for referring patients to the Out Patients Department and walk-in phlebotomy and Chest X-Ray services are also available in St. Vincent's Hospital.

Arrangements for the disposal of sharps by general practitioners are now in place in the majority of acute hospitals.

Although there is co-operation on individual projects with acute hospitals, the concept of hospitals complementing the role of the general practitioner as the first point of contact with the health services as envisaged under the Health Strategy remains an aspiration.



13.2 Interface with Community Care Services

The Unit continued to support ongoing liaison between the Unit Doctors and the Directors of Community Care and Area Administrators in their assigned catchment areas.

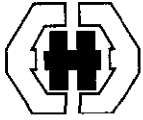
13.3 Interface with Academic Bodies

The Liaison Committee consisting of representatives of the General Practice Unit, the Department of Public Health Medicine and the Academic Heads of the Departments of General Practice and Public Health, continued to meet during 1997 to discuss areas of mutual interest. The South Inner City Health Needs Assessment Report was produced by a sub-group of this committee, chaired by the Department of Public Health Medicine. Joint work initiatives were also established in relation to cardiovascular disease prevention and the importance of Folic Acid in the prevention of neural tube defects.

14. SERVICE DEVELOPMENT INITIATIVES

Ambulatory Blood Pressure Monitors

In 1995 the Unit purchased nine Ambulatory Blood Pressure Monitors for shared use by groups of general practitioners. These doctors participated in a study into their use in general practice in association with the Blood Pressure Unit in Beaumont Hospital. In May 1997 the official handing-over of these monitors to the participants took place at which details of the evaluation report were presented.



15. GENERAL PRACTICE DATABASE

A comprehensive computerised database on general practice is held within the General Practice Unit. Information on practice premises, clinical and communications equipment, staffing and service provision is regularly updated and is a valuable resource for the Unit when identifying areas of specific need and projects for future investment and development.

16. VIOLENCE IN GENERAL PRACTICE

A report into the level of violence experienced by general practitioners in their practices was commissioned by the General Practice Unit in 1996. As a result of this report, a Strategy Committee was set up to deal with the main recommendations of the report. At present, there is a reporting system in place whereby general practitioners who experience incidents of violence in their practices can inform the Unit of same. The relevant G.P. Unit Doctor can then provide follow-up support to the practice concerned.

17. PALLIATIVE CARE

The Palliative Care Scheme, which involves the once-off payment of £100 to general practitioners for the provision of domiciliary palliative care services to patients in the final phase of selected terminal illnesses continued to be administered by the Unit in 1997. The following illnesses are covered by this scheme:- advanced cancer, terminal HIV and motor neurone disease. The care of both GMS and private patients is covered. The total allocation for this scheme in 1997 was £0.106m.

18. SCREENING OF CHILDREN

This initiative, which commenced in September 1993, involving general health and developmental examinations by general practitioners of GMS children in the 3-4 year and 12-13 year age categories in selected disadvantaged areas, was continued in 1997. Participating general practitioners are paid £13 per examination.

19. HEALTH PROMOTION

The role of the general practitioner and practice support staff in the field of health promotion and disease prevention is well-recognised in view of their close association with children, families, the elderly and other members of the community. The general practitioner and practice nurse are ideally placed to avail of opportunistic situations to promote good health practices and provide advice and information to their patients. The General Practice Unit, therefore, continued to encourage doctors during the year to hold health promotion workshops in their practices and to utilise indicative drug savings to fund such classes.





20. DEVELOPMENTS FOR 1998

The central role that general practitioners play in the delivery of effective primary care services to the community is widely acknowledged. In the current climate of rapid development in all areas of society, it is necessary for us to look to the future to identify projects for development and plan efficient resource management so that general practitioners will be adequately equipped and suitably prepared for these changes.

The following initiatives are planned by the Unit in 1998 to help address the priority areas for development:-

G.P. Unit Re-Structuring

The General Practice Unit will review its existing arrangements regarding the organisation of activities on a hospital catchment area basis. It is proposed to re-structure Unit Doctor catchment areas broadly in line with the proposed division of the Eastern Regional Health Authority on the basis of North, South East and South West divisions. These areas will be sub-divided amongst the Unit Doctors in accordance with District Electoral Divisions (DEDs). DEDs will be kept intact in each Unit Doctor area. Unit Doctors will continue to have a liaison role with the hospitals in their new area division. This re-structuring will facilitate the more effective planning of future Unit activities.

Computerisation

Following on from the "start up" grants which were allocated over recent years, the Unit proposes to financially assist doctors in 1998 to upgrade their existing computer systems. We will continue to monitor the level and usage of computers in general practice so that the current position of 80% computerisation in GMS practices will, at least, be maintained and preferably exceeded. The use of computerisation for clinical recording and improved care will be promoted.

Training of general practitioners and their practice staff in the use of their computer systems will also be continued and expanded.

Enhanced Range of Services

The provision of enhanced services by general practitioners will continue to be encouraged. In this regard, it is proposed to invite submissions from doctors in 1998 for a Men's Health Initiative whereby screening and general health promotion advice will be offered to male patients in general practitioners' surgeries.

Development of Major Pilot Practices

The pilot medical centres in Brookfield and Killinarden will be fully commissioned in 1998.

Capital Funding for General Practice Developments

Funding will be provided in 1998 for capital projects in general practice.

Indicative Drug Budgeting

It is proposed to appoint a Practice Support Assistant in 1998 to a selected practice on a six-month pilot basis. This initiative will entail the employment of a doctor amongst a number of general practitioners to look at their levels of prescribing and identify areas of potential savings. The presence of the assistant will also allow more time for the other general practitioners to review their prescribing practices.

Practice Support Staff

Practice Nurse "start up grants" of £2,500 will be made available to general practitioners who employ a nurse for the first time in 1998 to assist with the cost of establishing the necessary facilities in their practices. The employment of Practice Nurses and Practice Managers will be further promoted in 1998.

Research, Education & Training

The Irish College of General Practitioners will be hosting the 1998 World Conference for Family Doctors (WONCA) in the R.D.S. from 14th-18th June.





This conference is held every three years (only every fifteen years in Europe) and between 2,500-3,000 delegates from all over the world are expected to attend. The General Practice Unit will encourage general practitioners in our Board's area to attend this conference and will hold an evening reception in Dr Steevens' Hospital for selected delegates over the course of the week.

Liaison between general practice and other health services

Ongoing liaison between the General Practice Unit and the other health services will continue to be encouraged and supported. Particular emphasis will be placed on encouraging hospitals to complement the role of general practitioners in an integrated healthcare system.

Enhanced Range of Services

The Unit will encourage general practitioners to continue to provide an enhanced range of services in general practice and thereby facilitate the provision of care in the most appropriate setting.

Patient Registration

In line with the recommendations of the Health Strategy, the Unit will examine the issue of patient registration in 1998 with a view to making recommendations on the introduction and implementation of a system at local level.

Practice Database

The Unit database will be amended to include District Electoral Division (D.E.D.) codes for each principal practice centre and a corresponding Deprivation Index for that area. Information coded for small areas will facilitate more effective planning of future Unit activities. This database will be updated on an ongoing basis.

Violence Against General Practitioners

General practitioners will be re-appraised of the reporting system in place in the Unit regarding violence or vandalism experienced by them or their staff in the course of their duties. A one-day training course for general practitioners in the management of violence and aggression will be arranged during 1998 and a practice information leaflet will be drawn up and disseminated to all practices.

Development of Primary Care in the South Inner City

The Unit will facilitate an appraisal of general practice requirements in the South Inner City in view of the transfer of the MANCH group of hospitals to Tallaght in June 1998 and will support the development of *comprehensive primary care services in that area.*

Development of Primary Care Centre, Tallaght

The Unit will continue to support the development of a general practice Primary Care Centre in Tallaght.

Other Developments

Payments to doctors under the Palliative Care Scheme and the scheme for Screening of Children in Disadvantaged Areas will be continued.

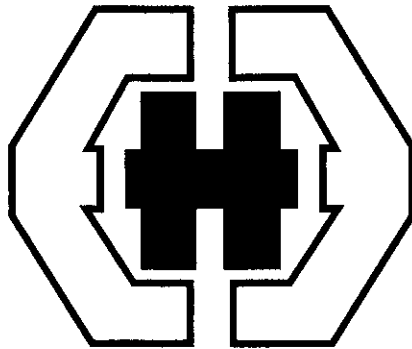




CONCLUSION

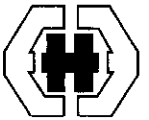
The work of the General Practice Unit has continued to expand and develop every year since it was set up in 1993. This work reflects the ongoing changes taking place in every facet of primary care which pose great challenges to general practitioners, their staff and health board managers alike.

The continued co-operation of general practitioners in our Board's area has been very valuable in assisting with the progression and implementation of the various initiatives outlined in this report and is much appreciated. Our work can only be carried out through partnership with those with whom we have contact - doctors, practice support staff, ancillary paramedical staff, hospitals, academic departments, pharmacists, our colleagues within the Board and many more. We hope that this spirit of co-operation will continue into the future and allow the achievement of standards of excellence in the delivery of primary care services to the community for many years to come.



**EASTERN
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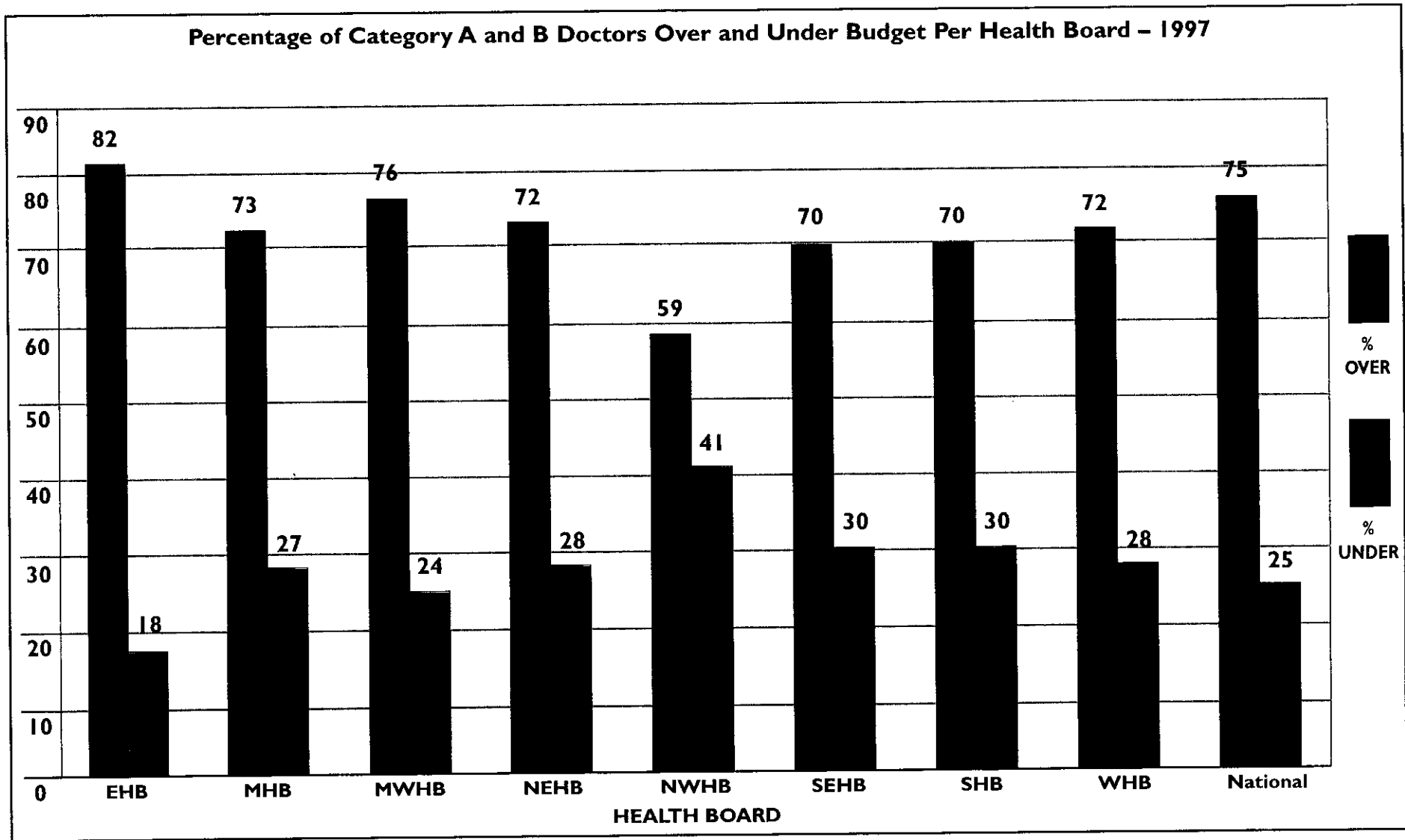
GENERAL PRACTICE UNIT

ANNUAL REPORT

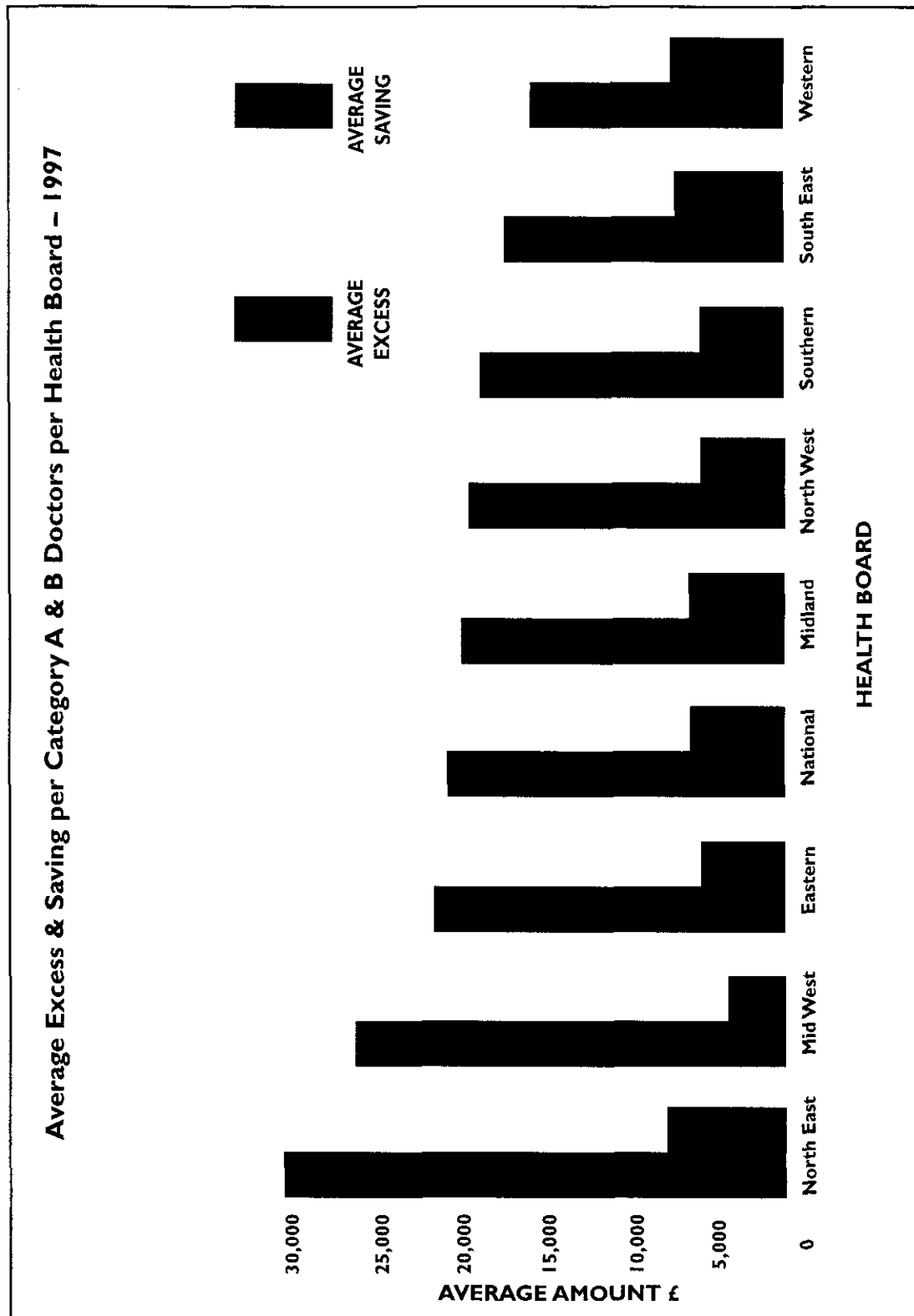
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APPENDICES

APPENDIX I



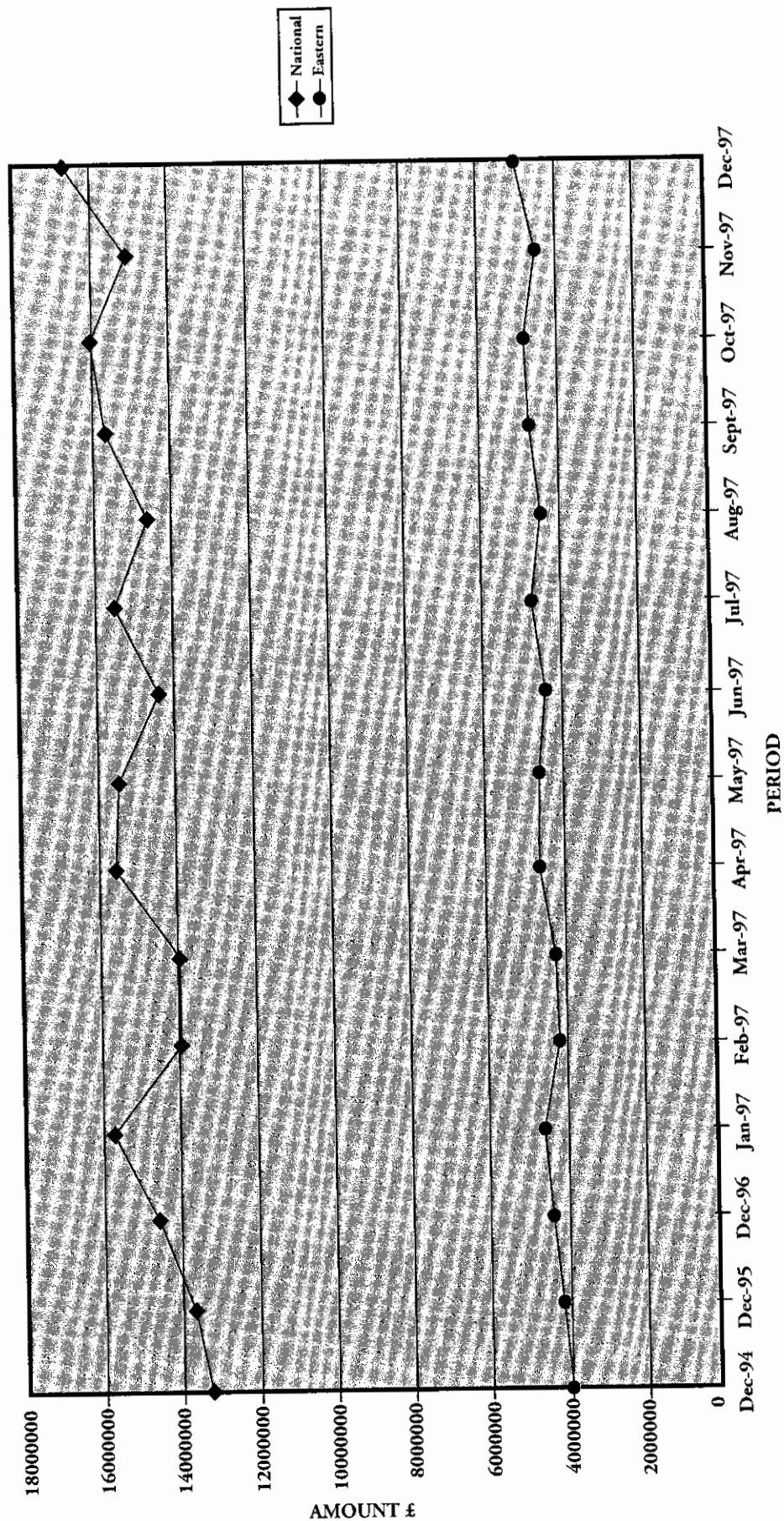
APPENDIX 2



HEALTH BOARD	AVERAGE EXCESS	AVERAGE SAVING
North East	£28,886	£6,875
Mid West	£25,732	£4,086
Eastern	£21,212	£4,451
National	£20,300	£4,908
Midland	£20,100	£4,578
North West	£19,583	£3,986
Southern	£18,775	£4,591
South East	£15,152	£5,671
Western	£12,537	£5,401

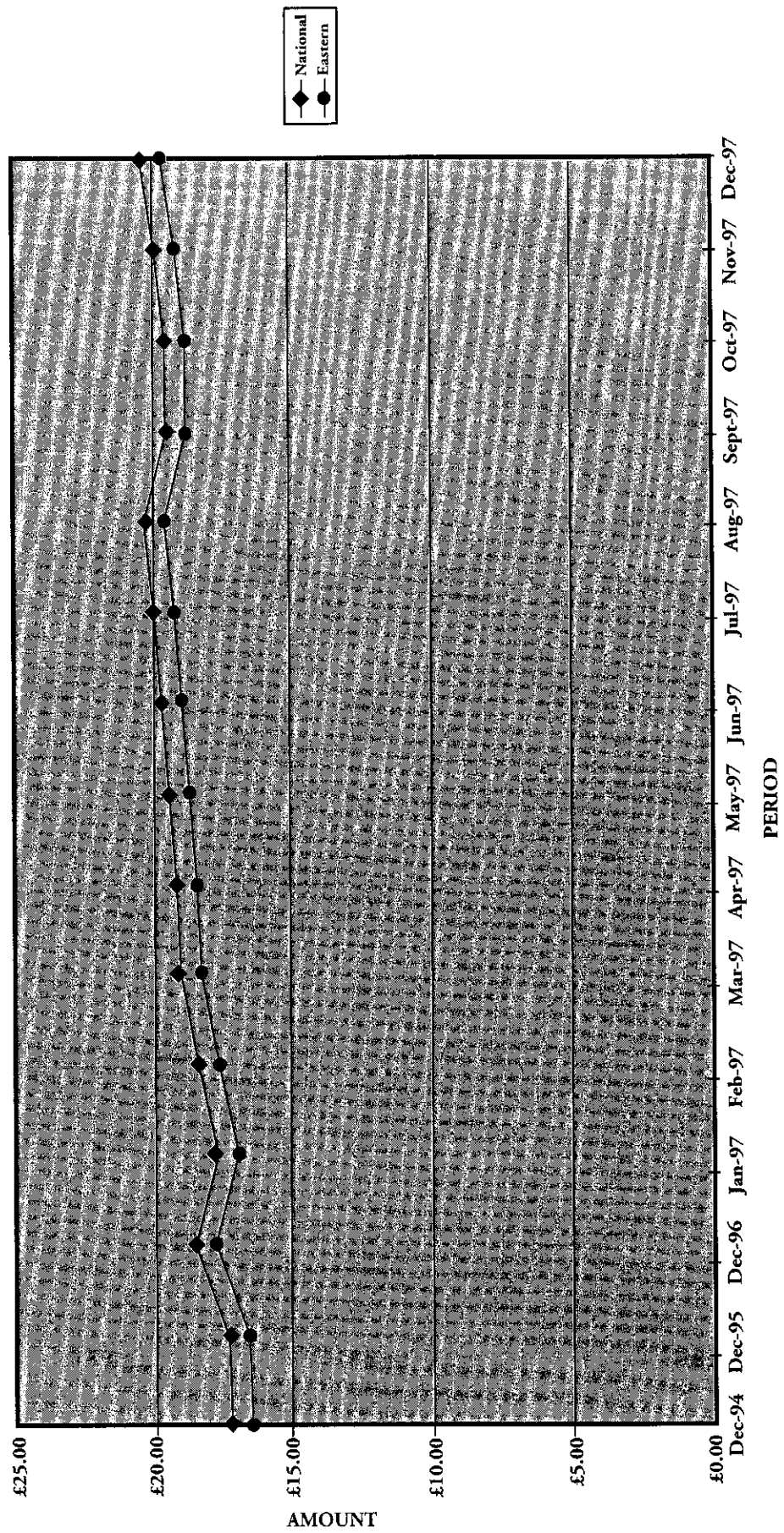
APPENDIX 3

Total Cost (Drugs & Medicine) – National v E.H.B. 1997



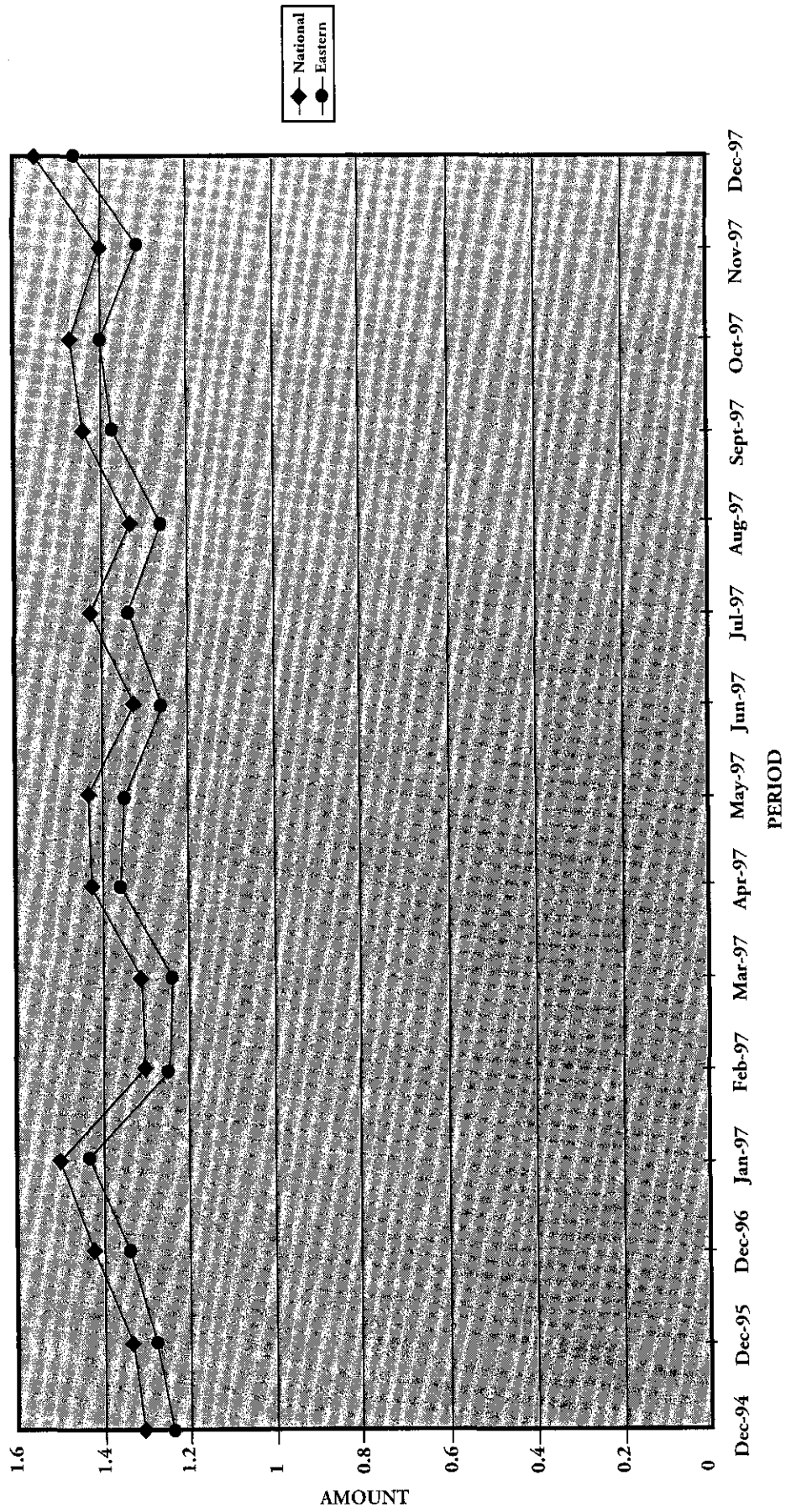
APPENDIX 4

Cost Per Form – National v E.H.B. 1997



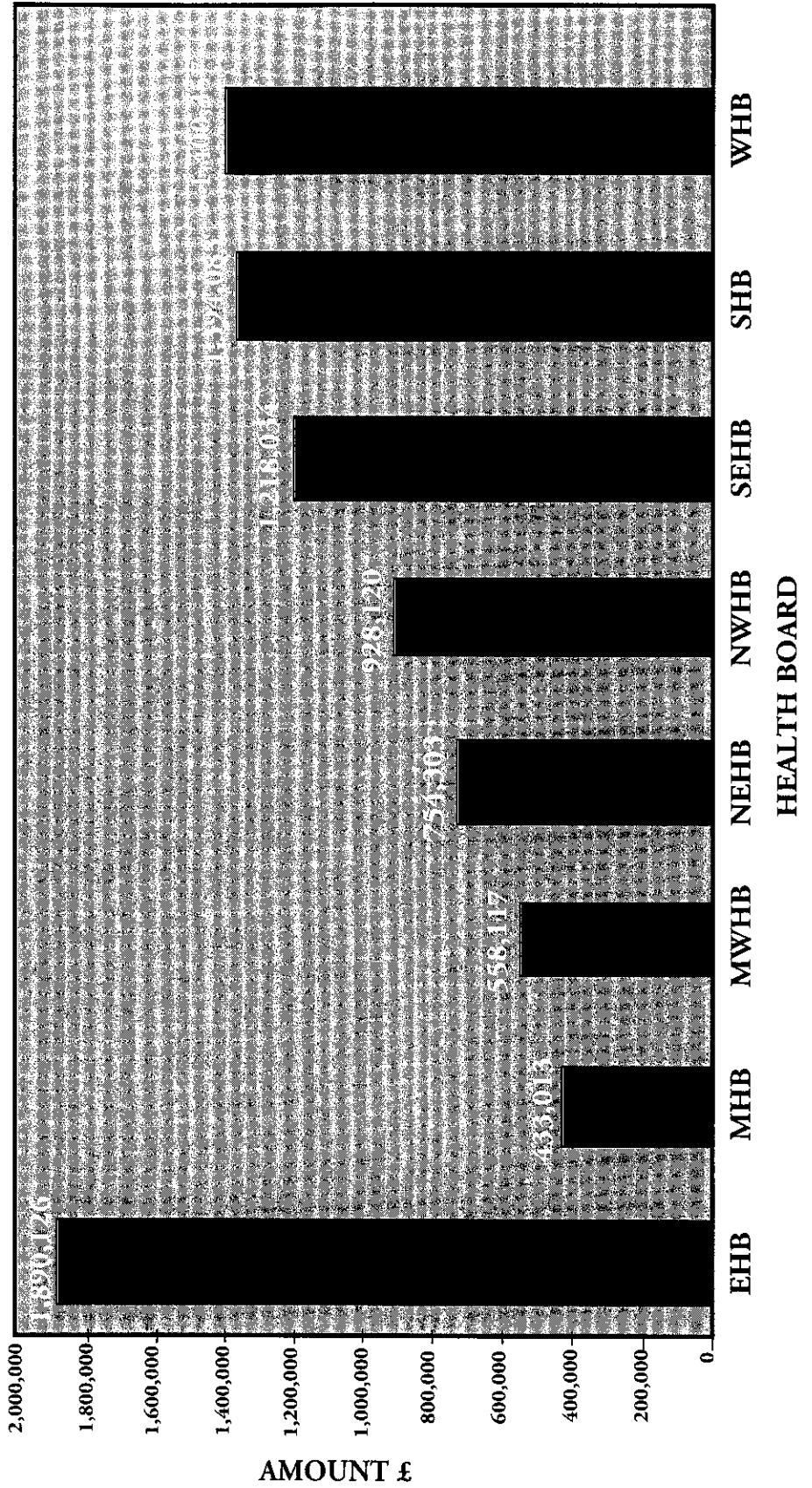
APPENDIX 5

Number of Items Per Person – National v E.H.B. 1997



APPENDIX 6

Total Funding Generated under Indicative Drug Budgeting Scheme per Health Board - 1997



APPENDIX 7

GP COMPUTERISATION

SUGGESTED IMPLEMENTATION PLAN

1. Be prepared to allocate time and resources to getting your system up and running. Funding is available in the amount of £2.50 per record summarised and entered on the computer, from the GPs' portion of Indicative Drug Savings and from the Vocational Training Practice grant. Practice support subsidies are available for the employment of a practice nurse or practice secretary. Any excess funding can be used to employ a practice manager.
2. All staff in the practice should familiarise themselves with basic computer skills e.g. using keyboard, mouse, windows, etc. Basic computer training courses are being run by the Eastern Health Board in Dr. Steevens' Hospital and are available to GPs and their staff at a nominal charge.
3. Avail of computer training from the software company wisely. Do not avail of training in an area of the software until you are ready to start using that part of the software. If a period of time elapses between receiving training and using the software, re-training may be necessary. Study leave is available to attend these and other recognised training courses.
4. Identify a project leader who will drive the project. This could be someone in the practice who is already computer literate or who has good organisational skills. Alternatively, a practice manager could be employed on a full-time or part-time basis.
5. Take a phased approach to computerisation, setting realistic and achievable targets. A suggested phased approach is listed below. Another valuable source of information is the ICGP booklet entitled "Computerising your Practice" by Dr. Mary Favier and Dr. Michael Boland.

YEAR 1	Register basic patient details (see procedure overleaf)	Secretarial and Medical Personnel
Weeks 1-12	At least 50 per week (10 a day)	
Weeks 13-26	Commence setting up and issuing repeat prescriptions (see procedure overleaf)	Secretarial and Medical Personnel
	Continue with basic patient registrations as above	Secretarial and Medical Personnel
Weeks 27-39	Commence recording details of immunisations (see procedure overleaf)	Medical Personnel
	Commence issuing acute GMS prescriptions	Medical Personnel
	Continue as above	Secretarial and Medical Personnel
Weeks 40-52	Commence registering social/ medical history details (10 per week)	Medical Personnel
	Continue as above	Secretarial and Medical Personnel
YEAR 2	Commence issuing referral letters (see procedure overleaf)	Secretarial and Medical Personnel
Week 1	Continue as above	Secretarial and Medical Personnel
Week 14	Commence using Appointments/ Accounts facility (see procedure overleaf)	Secretarial Personnel
	Continue as above	Secretarial and Medical Personnel
Week 26	Commence recording consultation data including diagnosis selected from list of disease codes	Medical Personnel
	Continue as above	
Week 40	Commence investigations/procedures	Medical Personnel
	Continue as above	

Suggested Procedures

Registration Guidelines

1. The list of GMS patients should be obtained from the Health Board and installed on the PC.
2. When patient enters surgery, check if patient is already registered and, if not, secretary to enter patient's name and address.
3. Secretary to give patient the 2 page registration form to complete and bring into surgery.
4. Doctor to check medical/social history details with patient and return form to secretary when consultation is over.
5. Secretary should aim to enter the details on page one of the registration form for at least 10 patients every day.

Procedure for setting up and issuing repeat prescriptions

1. Patients to be requested to give at least 24 hours notice for repeat prescriptions.
2. The first time a patient calls for a repeat prescription (after the installation of a computer system) his/her chart can be pulled to find out which drugs the patient is on.
3. Prescriptions can be entered as the requests come in, or alternatively, the charts can be left aside for entry later that day. By doing this, the task is manageable in small amounts.
4. When all repeat prescriptions have been captured, the secretary will be able to print out repeat prescriptions as requests come in, and have them available for the GP to check and sign.

Immunisation Procedure

1. GPs who have screens in their surgeries will be able to run the immunisation module of their respective package, enter details of immunisations administered and print out parent timetable showing when next immunisation is due.
2. GPs without a screen in their surgery can record details of batch number, location, etc. on the chart and enter the data at a later stage.

Referral Letter Procedure

1. GPs who have screens in their surgeries will very quickly and easily be able to construct referral letters from templates and lists of consultants available within their software package.
2. Secretaries will require the GP to advise them on the contents of the referral letter. With this information, the secretary can quickly construct the letter using the templates available and have it ready for the doctor to check and sign before the patient leaves the surgery. It will also be possible to print out the patient's medical history if these details have previously been recorded on the system.

Procedure for setting up appointments

1. Identify the resources of the practice i.e. GPs, Nurses, Physiotherapists, Counsellors, etc.
2. Set up a calendar for each resource showing hours available each day and divide into appropriate time slots.
3. When a patient rings to make an appointment, enter details on appropriate calendar.

Procedures for using Accounts facility

1. Set up rates for different types of consultations.
2. Identify patients with outstanding balances and enter balance on computer.
3. Update patient's balance after every consultation.
4. When patients attend the surgery, the secretary can enquire on the state of the patient's account and print out a bill if required.