

General Practice Unit

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EASTERN
HEALTH
BOARD

BORD
SLAINTE
AN OIRTHIR

GENERAL PRACTICE UNIT

ANNUAL REPORT

1995

REGIONAL LIBRARY AND
INFORMATION SERVICE

CONTENTS

	Page
Introduction	(i)
1. Objectives	1
2. Unit Staffing	2
3. Development of Pilot Practices	4
4. Health Centre Developments	6
5. Computer Initiatives	6
6. Indicative Drug Budgeting	8
7. Doctors' Portion of Indicative Drug Savings	10
8. Education, Training & Research	12
9. Upgrading of Vocational Training Practices	13
10. Interface between General Practice and the remainder of the Health Services	13
11. Service Development Initiatives	15
12. Enhanced Range of Services	15
13. General Practice Database	17
14. Palliative Care	18
15. Developments for 1996	19

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INTRODUCTION

The Eastern Health Board's General Practice Unit was established in May 1993 and is located within the Community Care Programme. The Board caters for a population of 1.3 million people, 30% of whom are eligible under the G.M.S. Scheme. There are over 520 G.M.S. doctors and 374 pharmacists in the area representing almost one third of the national total. There are over 200 G.P.s listed in private practice.

OBJECTIVES

In line with the Health Strategy, the primary objective of the General Practice Unit is to facilitate, support and develop general practice as a whole. This involves:-

- **raising standards in general practice**
- **facilitating an improvement in the interface between general practice and other health services, including hospital services**
- **improving the organisation of general practice**
- **identifying opportunities for extending the services provided by general practitioners where this can be done more cost-effectively than at present**
- **assisting general practitioners to prescribe appropriately and cost-effectively**

2. UNIT STAFFING

2.1 GENERAL PRACTITIONERS ASSIGNED TO THE GENERAL PRACTICE UNIT, EASTERN HEALTH BOARD

Unit Doctor	Geographical Area	Hospital Catchment Area
Dr Yvonne Rafter 13 Highfield Road Rathgar, Dublin 6	Dublin South East and East Wicklow	St Vincent's Hospital
Dr Conor O'Hanlon 14 Palmerstown Park Kennelsfort Road, Dublin 20		St Columcille's Hospital, Loughlinstown
Dr Philip O'Connell 178 James's Street, Dublin 8	Dublin South Inner City and South West Dublin	St James's Hospital
Dr Kevin O'Doherty 478 South Circular Road Dublin 8		Our Lady's Hospice, Harold's Cross Our Lady's Hospital for Sick Children, Crumlin
Dr Sean McCarthy 1 Woodlawn Park Avenue Firhouse Dublin 24	Dublin West, West Wicklow and South Kildare	Tallaght Hospital
Dr Brendan O'Reilly 14 Larchfield Road Goatstown Dublin 16		MANCH Group Naas Hospital
Dr Noel O'Gorman Village Medical Centre 45-47 Main Street Finglas Dublin 11	Dublin North Inner City, Dublin North West and North Kildare	Mater Hospital
Dr Kieran Harkin 15 Grattan Crescent Inchicore Dublin 8		James Connolly Memorial Hospital, Blanchardstown St. Francis' Hospice, Raheny
Dr William Fegan Village Medical Centre 45-47 Main Street Finglas Dublin 11	Dublin City North and North County Dublin	Beaumont Hospital
Dr John Lappin 37/39 Fairview Strand Dublin 3	G.P. Unit Liaison Officer	
Dr Ellard Eppel Residence 3 Laurelton, Bushy Park Road Dublin 6	G.P. Unit Liaison Officer	

2.2 SUPPORT STAFF

Unit Administrator

Ms Pauline Bryan

Administrative Support Staff

Ms Barbara O'Connell

Ms Annette Farrell

Ms Marion Ward

Ms Linda Heffernan

Pharmacist

Ms Karene Moynan

Computer Resource Centre

Ms Suzanna McGannon

Research Assistant

Ms Edwina Mullan

Specialists in Public Health Medicine

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

Retail Pharmacist

The appointment of a **Retail Pharmacist** to the General Practice Unit was approved in 1995 for commencement in early 1996.

3. DEVELOPMENT OF PILOT PRACTICES

The Health Strategy sought incentives for the improved organisation of general practice so that patients would have easier access to a wider range of services provided by their family doctor. The Strategy recommended 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 following are details of the pilot projects which the Eastern Health Board is currently involved in. They are located in:-

- West Tallaght - 2 pilot projects
- North Clondalkin
- Bray
- Dun Laoghaire

West Tallaght

In conjunction with two groups of general practitioners in the disadvantaged urban area of West Tallaght, the Unit is developing two centres of general practice on green field sites. The Board will have accommodation for its own clinics within these two developments. The objective is to facilitate the provision of an integrated and seamless service. The Board has applied for planning permission in respect of both projects.

Clondalkin

The Eastern Health Board is also grant aiding the development of a new purpose built practice centre in the North Clondalkin area. The project has already been granted planning permission and a site has been acquired. As a result of closer co-operation between all general practitioners in this area, two other practice centres will receive capital funding in order to provide a new and enhanced range of services.

The Unit made provision for a capital grant for the development of an additional practice centre in Tallaght. This project again involves all general practitioners in the area forming closer associations in order to co-operate more fully and thereby provide a new and enhanced range of services.

Other Initiatives

The Unit has also provided funding for:-

- (i) the computerisation of a group practice in the Bray area and the employment on a pilot basis of a practice manager
- (ii) the computerisation of a group practice in Dun Laoghaire and the employment of a practice nurse and physiotherapist on a pilot basis
- (iii) the purchase of equipment for shared use by practices in the Athy and Arklow areas and the provision of additional physiotherapy services in St. Vincent's Hospital, Athy, with direct access for general practitioners in the town.

4. HEALTH CENTRE DEVELOPMENT

The Unit upgraded facilities in Carnew Health Centre, which incorporates general practice facilities, at a cost of £50,000.

5. COMPUTER INITIATIVES

The Health Strategy target is to have 80% of G.M.S. practices computerised by 1998 in order to enhance practice management and improve the sharing of information.

The Unit has undertaken a number of initiatives in this regard:-

5.1 Computer Resource Officer

An officer is available on a part-time basis from the Board's Micro Support Division to advise general practitioners on their computer requirements. She regularly visits practices, obtains quotations for hardware and software and gives advice on all aspects of computerisation.

5.2 Software Open Days

Two software Open Days for general practitioners were organised in Dr Steevens' Hospital. All accredited software companies, and in excess of 120 general practice staff, attended. Visitors viewed the software available and had their individual queries answered.

5.3 Training

Because of the large number of general practitioners with little or no knowledge of computers, the Unit commenced the implementation of a training programme covering basic computerisation. Initially the Board's own training facilities were utilised but, due to the high demand for training, FAS agreed to provide assistance to general practice staff. Training covered basic Windows and Word.

5.4 Computer Funding

In 1995 allocations of funding were made to 33 practices (61 doctors in all) for computerisation amounting to £256,000. Allocations ranged from just over £2,000 to £25,000. With assistance from the Department of Public Health Medicine, the Unit suggested an outline of epidemiological data requirements.

6. INDICATIVE DRUG BUDGETING

A principal aim of the General Practice Unit is to assist general practitioners to prescribe appropriately and cost-effectively.

30% of general practitioners in the Board's area, 155 general practitioners, achieved savings in 1995 (63 of whom were also entitled to bonus grant payments) and a further 96 Category C doctors were entitled to bonus grant payments in respect of their 1995 indicative drug targets. The highest bonus grant received was £15,355. The highest saving made on an indicative drug target was £22,229. The following is an analysis of funding generated under the indicative drug savings scheme for 1995:-

NUMBER OF DOCTORS	SAVINGS ACHIEVED
126	£0 - £4,999
19	£5,000 - £9,999
7	£10,000 - £14,999
2	£15,000 - £19,999
1	£20,000 - £24,999
TOTAL: 155	£493,513

NUMBER OF DOCTORS	BONUS GRANT ACHIEVED
108	£0 - £4,999
40	£5,000 - £9,999
8	£10,000 - £14,999
3	£15,000 - £19,999
TOTAL: 159	£686,127

The following summarises the indicative drug budgeting position of the Eastern Health Board for 1995:-

Percentage of G.P.s under target per Health Board	<i>Appendix 1</i>
Average saving per G.P. who achieved savings per Health Board	<i>Appendix 2</i>
Total cost of drugs and medicines	<i>Appendix 3</i>
Cost per form	<i>Appendix 4</i>
Number of items per person	<i>Appendix 5</i>

7. DOCTORS' PORTION OF INDICATIVE DRUG SAVINGS

The total amount of funding expended in 1995 from the 1993 and 1994 portion of doctors' indicative drug savings amounted to £375,468. Funding generated under the 1995 Indicative Drug Savings Scheme will become available in 1996.

ANALYSIS OF PAYMENTS MADE FROM INDICATIVE DRUG SAVINGS IN 1995

	<u>1993</u> <u>SAVINGS</u>	<u>1994</u> <u>SAVINGS</u>
Information Technology & Improved Practice		
Information/Record Systems	25,444	35,726
Practice Premises	80,996	172,634
Clinical Equipment	23,104	24,689
Recruitment of primary care expertise	-	5,375
Research	-	5,000
Education & Training	<u>841</u>	<u>1,659</u>
Total:	<u>£130,385</u>	<u>£245,083</u>

7.1 Prescribing Bulletins

In 1995, in order to promote rational and cost-effective prescribing, the Unit distributed prescribing bulletins to all general practitioners in the Board's area.

Topics covered included:-

- Non-Steroidal Anti-Inflammatory Drugs
- Top 20 Generics
- Repeat Prescribing

7.2 Incentive Scheme

An incentive scheme for general practitioners who did not achieve savings in 1994 but who succeeded in achieving significant reductions in their drug expenditure was implemented at a cost of £29,000. Under this programme 58 doctors received an item of medical or communications equipment:-

<u>EQUIPMENT</u>	<u>NUMBER OF DOCTORS</u>
Audioscope	19
Medical Fridge	13
Fax	13
Doppler (Obstetric)	10
Doppler (Vascular)	3

8. EDUCATION, TRAINING & RESEARCH

8.1 Accident & Emergency Project

The Blueprint Document *The Future of General Practice in Ireland* supported the establishment of a pilot project involving general practitioner attachments to the Accident & Emergency Department of St. James's Hospital. The Unit supported general practitioner involvement in the Accident & Emergency Project in St. James's Hospital and the extension of this initiative to James Connolly Memorial Hospital in Blanchardstown at a cost of £57,000. The interim findings of this project show with no difference in outcome, general practitioners working in the Accident & Emergency Department:-

- perform significantly fewer investigations
- refer fewer patients for a second opinion
- discharge more patients home
- refer fewer patients to Out-Patient Departments
- admit fewer patients

8.2 Violence & Vandalism Study

The continuation of a comprehensive study into Violence and Vandalism against general practitioners was funded to a total of £12,000 in 1995.

8.3 Research/Evaluation of G.P. Unit Programmes

In line with the Health Strategy, the Unit employed a research assistant at a cost of £16,000, to assist in the evaluation of new programmes and initiatives.

9. UPGRADING OF VOCATIONAL TRAINING PRACTICES

In line with Department of Health guidelines, the Unit supported the upgrading of the fifteen Vocational Training Practices within the Board's area in 1995. Funding of £10,000 was made available to each training practice in the Eastern Health Board area.

10. INTERFACE BETWEEN GENERAL PRACTICE AND THE REMAINDER OF THE HEALTH SERVICES

Traditionally the general practitioner was perceived as being isolated from the remainder of the health services. Having practising general practitioners working within the Health Board structure has improved the Board's understanding of the problems and difficulties general practitioners encounter. Unit Doctor attachment to hospital committees in the Eastern Health Board area has also forged links and removed that sense of isolation.

10.1 Improving the Interface between General Practitioners and Hospitals

The improvement in the interface between general practice and the hospital sector is recognised as a major component in the future development of general practice and has been identified as a primary objective of the General Practice Unit.

Significant progress has been made in improving co-operation between hospitals and general practitioners as Unit Doctors are now members of Liaison Committees and/or Therapeutic Committees of the following hospitals:-

- Mater Hospital
- James Connolly Memorial Hospital
- Beaumont Hospital
- MANCH Group
- Naas Hospital
- St. James's Hospital
- Our Lady's Hospital, Crumlin
- Our Lady's Hospice, Harold's Cross

These committees are co-operating with a number of prescribing initiatives. The Unit is currently examining the feasibility of a Joint Hospital/Community Drug Budget.

Sharps disposal arrangements for general practitioners have been made with a number of voluntary hospitals.

The Mater Health Link project is establishing communication links with general practitioners regarding appointments and test results.

Discussions are ongoing relating to general practitioner involvement in the new Tallaght Hospital.

10.2 Interface with Community Care Services

There is continuous liaison between Unit Doctors, Directors of Community Care and Area Administrators which ensures mutual co-operation at local level.

11. SERVICE DEVELOPMENT INITIATIVES

11.1 Ambulatory Blood Pressure Monitors

The Unit purchased Ambulatory Blood Pressure Monitors for shared use by groups of general practitioners. An evaluation of the use of these monitors in general practice is being conducted by the Department of Public Health Medicine in association with the General Practice Unit and the Blood Pressure Unit, Beaumont Hospital. The total cost of this project is £27,000.

11.2 Syringe Drivers

The Unit purchased two Syringe Drivers for the exclusive use of general practitioners in the Board's area. The costs involved amounted to £2,000.

12. ENHANCED RANGE OF SERVICES

Following on from the principles of the Health Strategy, in October 1995 the Unit wrote to all G.M.S. doctors and identified areas which will require future development and which will result in measurable improvements in the health and social gain of the medical card population. The services focused on were:-

- physiotherapy
- dietetic services
- counselling services

It was suggested that doctors consider making these services available by:-

- the recruitment of service providers on a contract basis
- the contracting of services to established local private service providers
- making appropriate arrangements with local hospitals

Funding will be made available during 1996 for allocation to a limited number of selected practices on a pilot basis for a two year period. The closing date for receipt of applications was 17th November, 1995, and 34 applications were received covering 100 doctors. It is intended to use a variety of options in the provision of an enhanced range of services. The applications submitted will give the flexibility to achieve this.

13. GENERAL PRACTICE DATABASE

The Unit continued the compilation of a comprehensive computerised database on general practice in the Board's area.

Information covered includes:-

- Practice Premises
- Rooms and Equipment
- Staffing
- Record Systems
- Special Services provided

This database will provide an improved information system on general practice within the Health Board and will result in the more effective targeting of resources.

14. PALLIATIVE CARE

The Unit continued the Palliative Care Scheme which involves payment to general practitioners in respect of the provision of domiciliary palliative care services in the final phase of the following terminal illnesses:-

- advanced cancer
- terminal HIV
- motor neurone disease

A fee of £100 per patient is payable to general practitioners on cessation of treatment.

The Unit, in conjunction with the I.C.G.P., conducted a Palliative Care Training Course in St. Vincent's Hospital. The total costs incurred amounted to £1,500.

15. DEVELOPMENTS FOR 1996

Considerable progress has been achieved to date in developing general practitioner services consistent with the principles set out in the Health Strategy. These developments enable better organisation and integration of general practice with other health services leading to an overall cohesive health care system.

The following are the aims of the General Practice Unit for the development of general practice in 1996:-

- improvements in the infrastructure of general practice including improved practice premises and the development of group practices
- the increase in the availability of clinical and diagnostic equipment in general practice in order to improve the range of services available from general practitioners
- the involvement of general practitioners in activities currently undertaken by hospitals but which are more appropriate to the community setting
- the promotion of close liaison with hospital services and the provision of general practitioner access to appropriate investigative and other services within hospitals
- the increase in the number of practice support staff, particularly practice nurses
- the provision of an increased range of services in general practice including dietetics, counselling and physiotherapy
- the development of computerisation in general practice in line with the Health Strategy aim to have 80% of G.M.S. practices computerised by 1998 so as to help practice management and provide epidemiological data to the Board
- the support of vocational and post-graduate education of doctors
- the continuation of improvements in Palliative Care Services, including the domiciliary care programme for people who are terminally ill
- the involvement of general practitioners in a screening programme for children in disadvantaged areas whose health status may be vulnerable

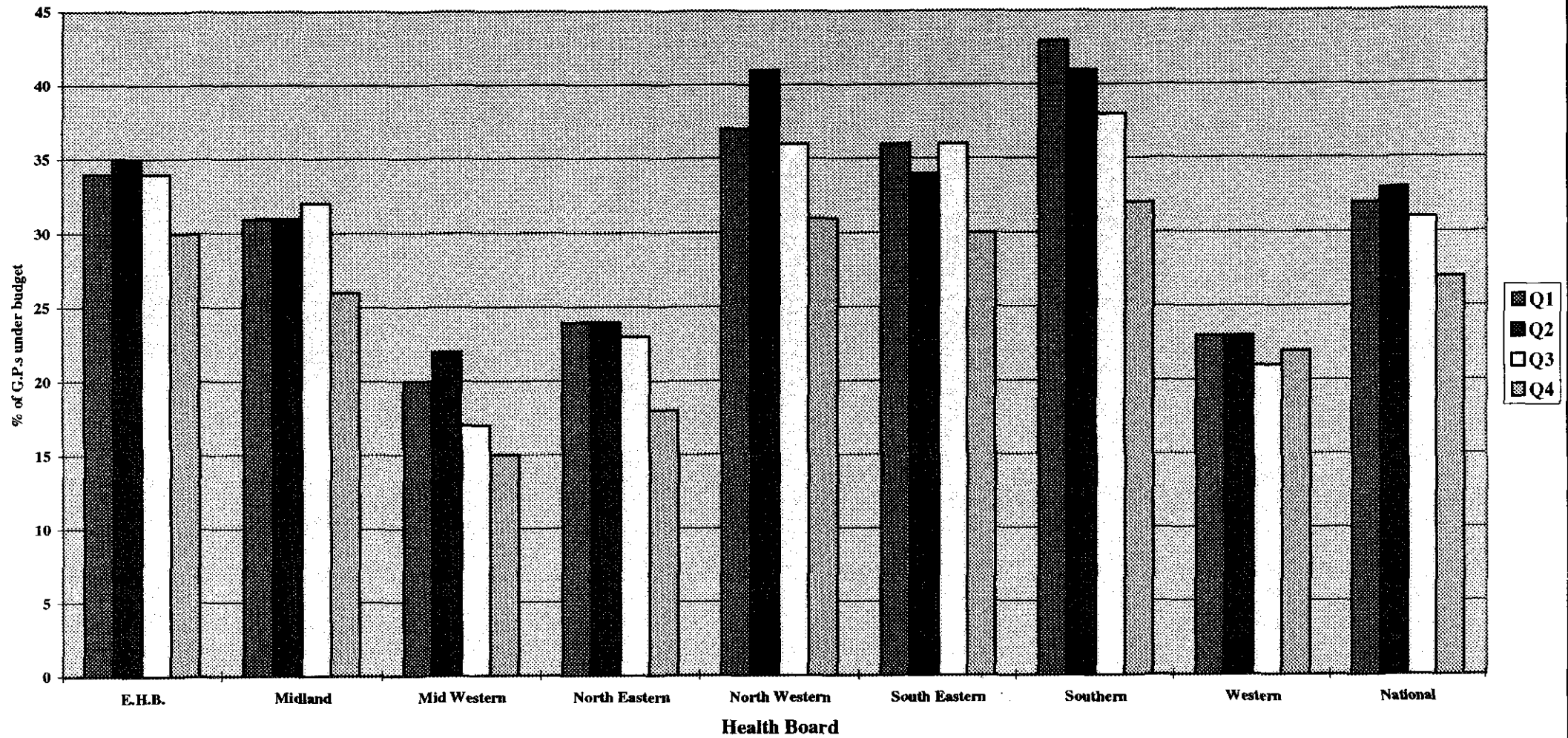
The Blueprint document for the future development of general practice states that:-

“The development of general practice is ... a necessary and key requirement for the development of primary care. As part of this development it will be necessary to broaden, where appropriate, the scope and depth of the general practitioner’s contribution to primary care and to improve the interface between general practice with the rest of the health services.”

Work carried out to date, and developments planned for the future, seek to meet these objectives so that the role of the general practitioner in the primary care setting can be further expanded and progressed, leading to the achievement of the common aim of improving the health and social gain of the community.

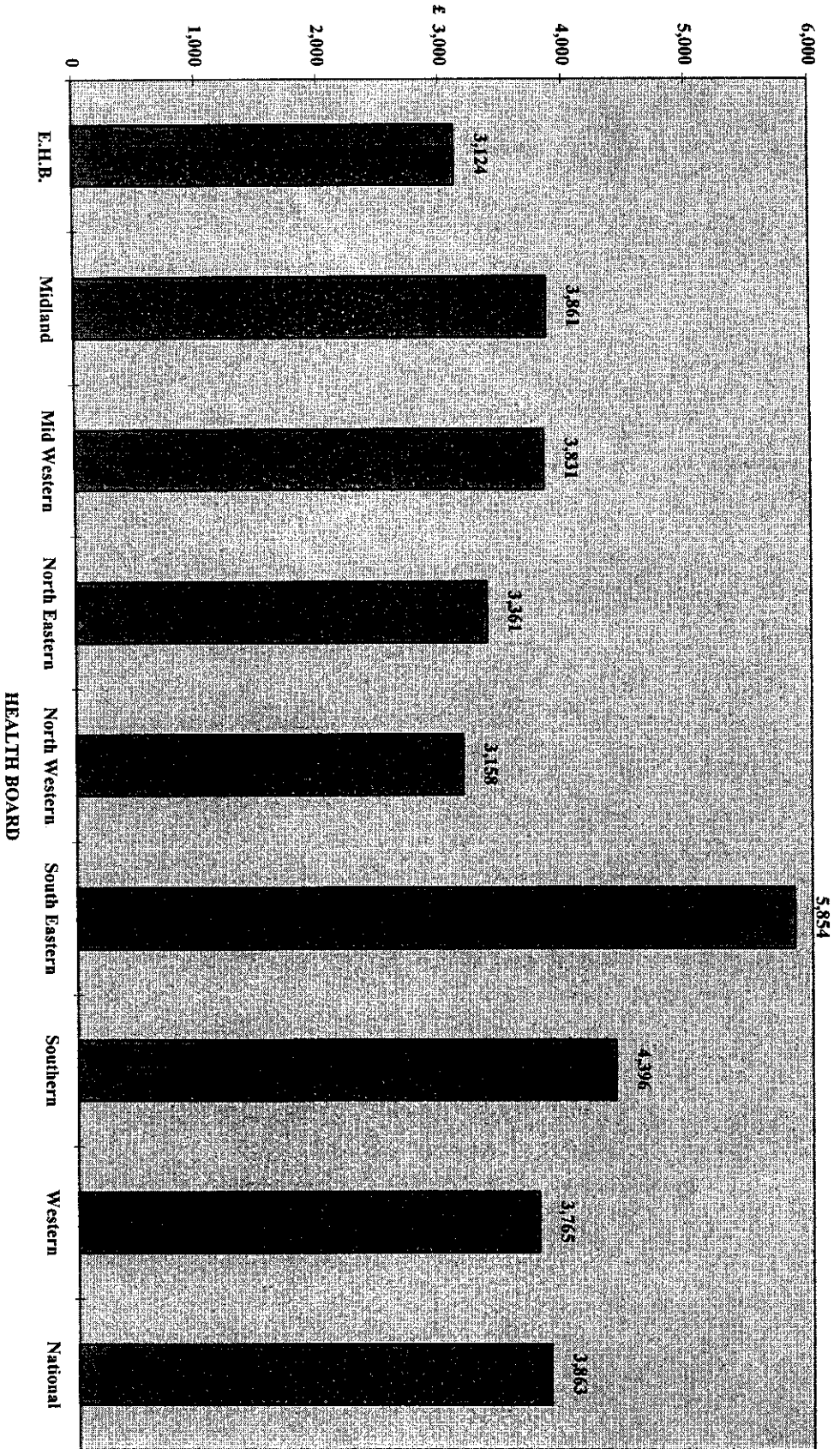
APPENDIX 1

% OF G.P.S UNDER BUDGET PER HEALTH BOARD FOR PERIOD JAN-DEC 1995



APPENDIX 2

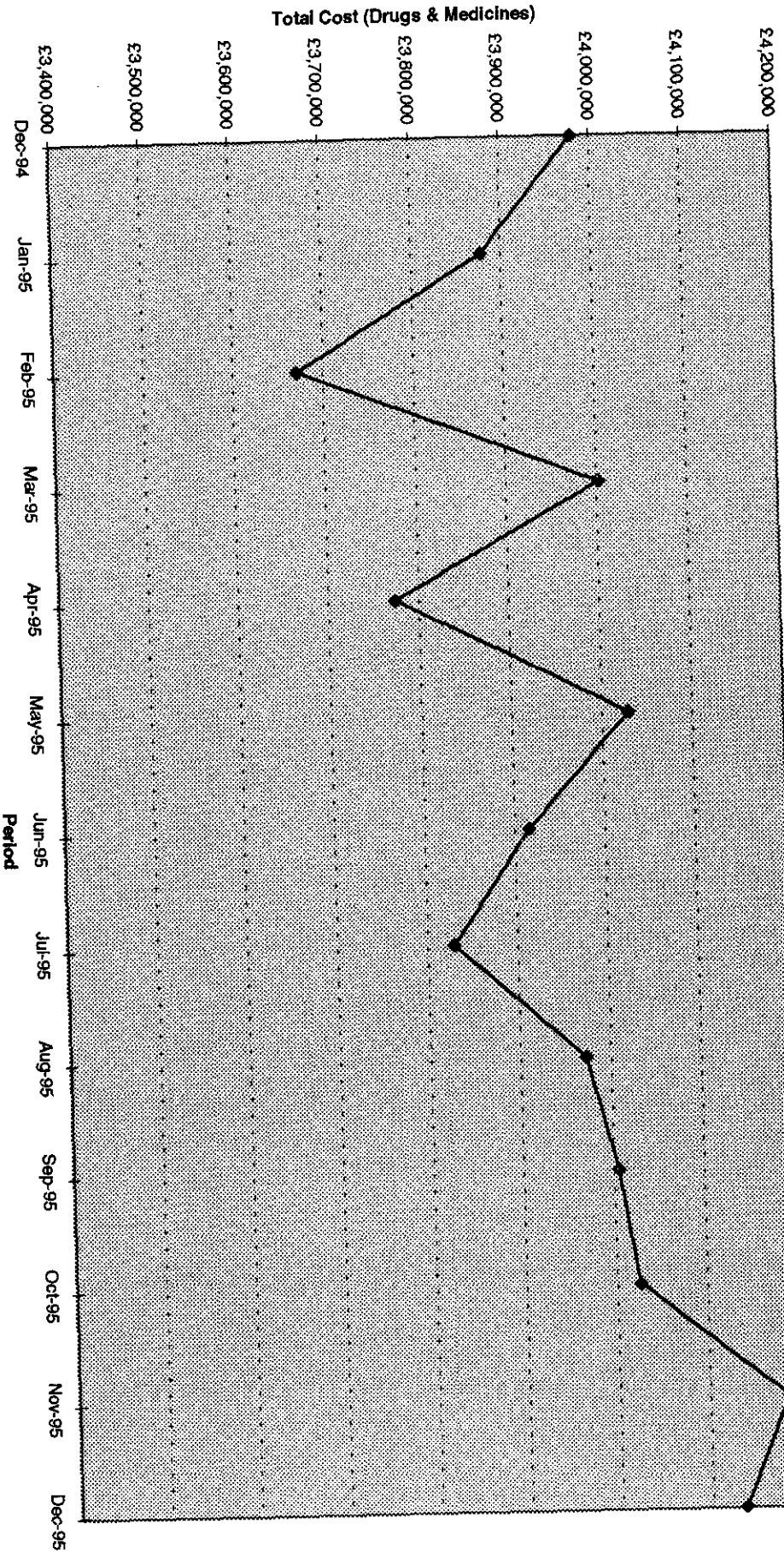
AVERAGE SAVING PER G.P. PER HEALTH BOARD AT YEAR END 1995



AVERAGE SAVING

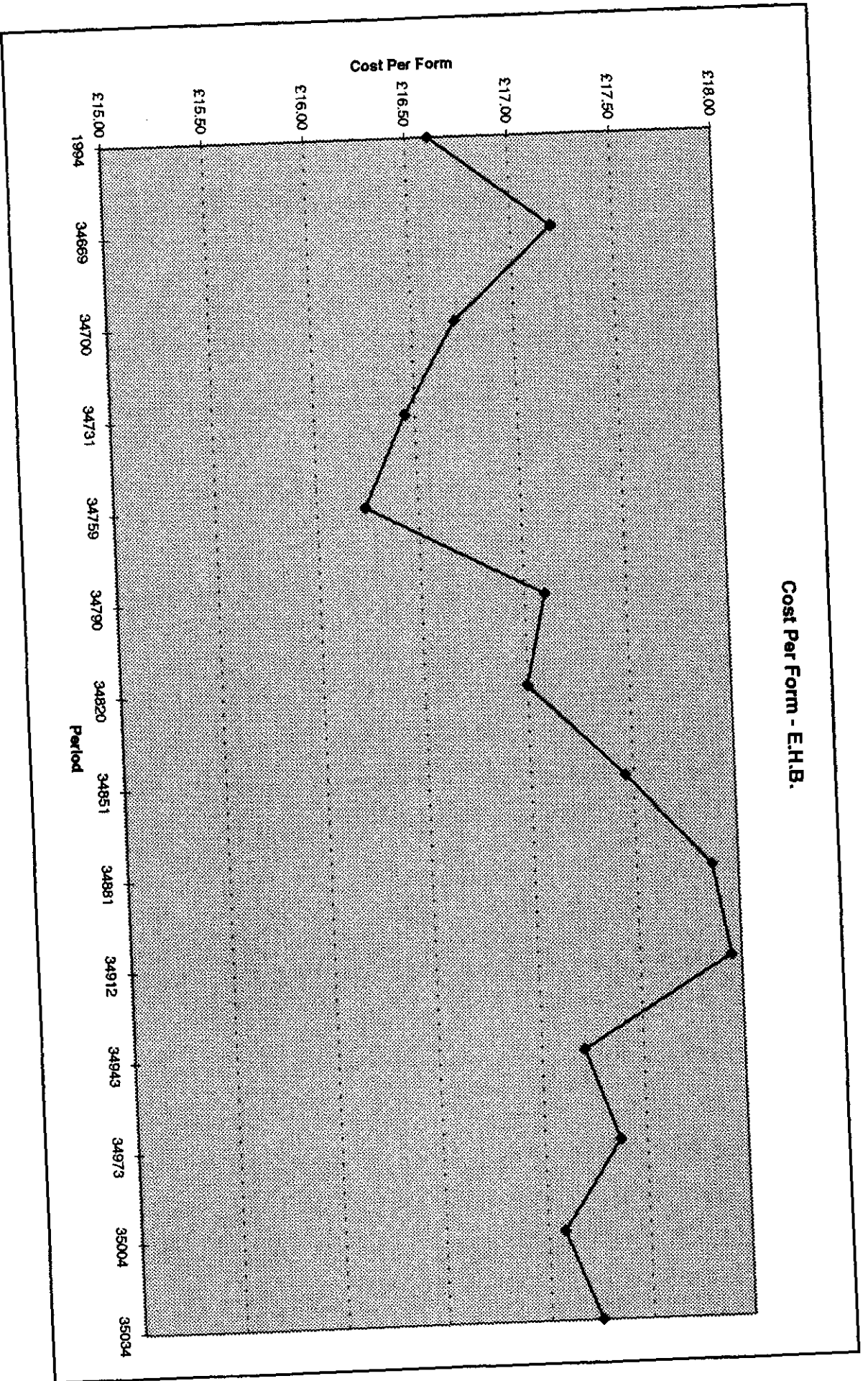
APPENDIX 3

Total Cost (Drugs & Medicines) - E.H.B.



APPENDIX 4

Cost Per Form - E.H.B.



APPENDIX 5

Number of Items Per Person - E.H.B.

