

Mr, Peadar Tobin, T.D.
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2

2nd July 2015

Re: PQ Ref: 26537/15 - Navan Doc on-Call

"To ask the Minister for Health the reason it is the case that the night of 24 June 2015 was the third time in six weeks at the Navan Doctor on Call Centre there was no available doctor to cover the shift"

Dear Deputy Tobin,

NEDOC Ltd. Has been requested to reply directly to you in the context of the above representation which you have submitted for response. I have outlined the issues for the NEDOC service as set out below.

There are not enough General Practitioners available and able to work overnight sessions in the NEDOC service. Nor are there enough qualified locums to cover for them for those overnight sessions. The reasons for this are many:

1. GP Manpower crisis

Ireland is in the grip of a medical manpower crisis. There are insufficient GPs (and hospital doctors) to provide the patient care that is required. Ireland has approximately 2,416 GPs – which works out at one GP for every 1,600 people compared to an OECD average of one GP for every 1,200 people.

One in 8 GPs are aged 64 and over, with more GPs in the older age bracket than younger.

Medical graduates are not choosing General Practice as a career. Last year the Joint Oireachtas Committee on Health heard that the number of available places on GP Training Schemes was not filled by medical graduates, which was an unprecedented situation.

2. Out of Hours requirement

The expectation that GPs can work 24/7 is unrealistic. The NEDOC policy on overnight work is that doctors do not work the following morning. It is an unsafe system of patient care to expect GPs to work in their day practice the morning after an overnight session. Many practices are so busy doctors cannot take the time off from their surgery to work red eye sessions.

3. GP Provision of Overnight Cover

A small group of GP members volunteer to regularly cover 46% of our overnight sessions, adhering to the NEDOC policy not to work in their surgeries the following morning. These doctors actively take time away from their own practices in order to fulfil this additional workload.

While NEDOC is fortunate to have so many nights worked by member GPs, this is not a sustainable situation in the long term, as life circumstances change and these doctors opt out of the overnight sessions. Ultimately day doctors have to be available to their day practices.

Provision has to be made for these doctors to take holidays and participate in other life events, however there are insufficient available locum doctors to cover these sessions.

4. Financially Unviable

NEDOC has four red eye sessions at a cost of €1.2m per annum, but with an income stream for these sessions of less than €500k. Doctors are paid current market rates to work these sessions and the income earned does not cover the cost of those doctors. Following notification to the HSE in October of last year that NEDOC would not be able to sustain the level of rostering at night due to ongoing financial deficits – the majority of which is due to overnight costs – the HSE agreed to provide the necessary support to maintain these sessions. NEDOC was due to reduce the red eye roster on 1st April 2015 and had given due notice to the HSE in this regard. The HSE agreed to provide support for the red eye service on 30th March.

The restructuring of those red eye sessions created significant instability for doctors who usually cover red eye sessions, and quite a number of them opted out of the sessions and have since not returned to red eye work – either taking up work elsewhere in Ireland or moving abroad for better work opportunities.

Unless overnight sessions are supported by the state, more and more co-ops will face situations whereby they must decide to reduce the number of sessions at night and refer patients to EDs or to their own GP the following day. Inevitably this creates further demand on an already full day service, and then onto NEDOC again in the evening.

5. Locum Cover

Doctors who worked in the hospital setting also worked in the GP out of hours service bringing additional skills and expertise to the out of hours service. NEDOC was fortunate to have had a number of such highly professional and skilled doctors working in our service for many years. However many of these doctors worked on impossible rotating 6 month contracts, with no job security and no knowledge of where they may be placed each January and July by the HSE. In the past 6 months quite a number of our long term highly experienced doctors have left to take up better career opportunities abroad, and they have not been replaced by other doctors.

GPs require additional locum support to ensure the overnight sessions are covered. At the moment there is a dearth of locum support available to GPs around the country. Day practitioners regularly report they cannot get locum cover for holidays, for maternity leave, for day-study leave. Many practices make the decision to operate with less manpower because they do not have, or cannot afford, locum cover – even though the patient demand for care would require the full cohort of GPs in the practice.

With so much day time work available to locum doctors, fewer and fewer of them choose to work more difficult overnight sessions. This is something that has to be addressed – and soon.

6. Atypical Working Scheme

There are options to source locum doctors from non EU countries. However the criteria applicable under the Atypical Working Scheme has discouraged many of these doctors from coming to Ireland to work. This scheme allowed doctors work in Ireland for a maximum period of 6 months, at which stage they had to leave, and their contract could not be renewed for a further 6 months, and they could not return to work here until that 6 month period had elapsed. While the criteria under this scheme has only recently been amended to allow a 9 month in 12 working arrangement, the impact of the legislation has affected current availability of non EU doctors who work in OOH in Ireland.

7. Day practice

The fact that overnight sessions in NEDOC are not being filled is indicative of the crisis General Practice is in now.

Successive FEMPI cuts have seen day time practice become almost unviable. Under FEMPI cuts, practice supports have been cut, so too rural practice allowances, fees for Mother & Infant Schemes, out of hours payments, Special Items of Service fees and other allowances and grants.

Doctors, both newly qualified and those working for years in General Practice, are choosing to leave practice in Ireland for better working conditions abroad.

Workload demand on day practice is increasing all the time as patients are directed to the GP rather than other health services that have also been affected by funding cuts. Practices regularly report that their routine appointments are full for days in advance and it is often difficult to fit in urgent same-day appointments.

Patients are attending NEDOC as a result of not being able to get a same day or next day appointment with their own GP. This creates a greater demand on our service.

If a GP is working in NEDOC, s/he is coming from a very busy day practice, straight into an evening shift with increasing numbers of patients. Most member GPs also work at their weekend NEDOC sessions, and these are also very high demand with as many as 20+ patients seen per shift. A health and safety issue arises here if doctors are working at high demand all week, through the weekend and straight into another high demand week in their surgery.

All of these factors are contributing to GP burn-out, and it is increasingly difficult to ask GPs to work overnight sessions when they are under this level of pressure.

8. More patients and less doctors

The introduction of the Under 6 card will only exacerbate this situation as day practice becomes busier and pushes into the out of hours, and out of hours appointments push into the later overnight sessions.

Free GP care is a worthy concept. It certainly appeals to the public. It creates a demand for healthcare and encourages people to see their GP. However there are no strategies in place, or planned, that will allow patients to get the service they have been told to demand. There is no strategy in place to increase the number of medical professionals. There is no strategy in place to retain our highly qualified doctors, and no strategy to stop the exodus of trained doctors abroad.

In NEDOC we are expected to be the out of hours for dentistry, palliative care, social care, child welfare, psychiatric services, public health and even for emergency care as patients are deferred to our service when no ambulance is available or when ED is over-flowing.

Finally

Despite our best efforts at resolving the manpower crisis, and looking at every source of GP locum available to us, the fact remains that if we cannot obtain locum cover, and GP members are unable to fill the sessions, then the NEDOC centre(s) will close overnight. This is a very serious issue, and one that requires to be addressed as a matter of urgency by the Government and GP Representative bodies in order to find a solution and quickly.

I trust this information is of assistance to you but should you have any further queries, please do not hesitate to contact me.

Yours sincerely

Arlene Fitzsimons

Arlene Fitzsimons
Operations Manager
NEDOC Ltd.