

Urgent and Emergency Care consultation response

Background

The Royal College of General Practitioners is the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice.

We support GPs through all stages of their career, from medical students considering general practice, through training, qualified years and into retirement. In addition, we set the standards for competency through our examination process.

In Northern Ireland, RCGPNI represents more than 1400 GPs, more than 80% of the general practice workforce.

Consultation response

The Royal College of GPs recognise the significant pressure facing urgent and emergency services in Northern Ireland and the need for action to ensure all citizens have equitable access to care. Therefore, we welcome the opportunity to respond to the review of Urgent and Emergency Care in Northern Ireland.

Throughout our response to this consultation review, we have adopted the same definitions of urgent and emergency care outlined by NHS England in page 17 of the consultation document.

We acknowledge the recognition that general practice is a critical component in the delivery of urgent and emergency care. It is important to make clear that between the hours of 8:30am to 6:00pm Monday to Friday, the vast majority of urgent care in Northern Ireland is provided by GPs and their practice teams.

It is vital that the Department of Health recognise the huge pressures across general practice. Our GP colleagues and their dedicated practice teams are struggling to cope with demand that has risen exponentially. As the consultation document rightly states, more than 200,000 consultations are taking place in general practice per week, with 40% of these being face to face. An essential part of the journey to transform urgent and emergency care must be a sustained and strategic investment in general practice, which provides approximately 95% of care a patient will need across their lifetime¹.

While we accept and welcome the new models of care being considered and developed, we want to make clear that general practice should still be the first port of call for patients requiring urgent care that can be safely managed in the community. For urgent care, we urge Departmental colleagues to recognise that patient access, while important, is only one aspect of quality of care. Relationship-based care has a large evidence base showing improved clinical outcomes, lower costs, reduced admission rates and high satisfaction rates for both patient and clinician¹. We urge the Department of Health to recognise the risk of developing a "transactional service" and to ensure general practice is supported to provide the compassionate relationship-based care, both scheduled and unscheduled, that our patients value and the health system needs.

¹ <https://www.rcgp.org.uk/policy/general-practice-covid-19-power-of-relationships.aspx>

Strategic Priority 1 – Integrated Urgent and Emergency Care

The emergence of Covid-19 necessitated GP practices across Northern Ireland to, virtually overnight, begin operating a primarily remote consultation model. This was necessary to manage infection control and keep patients and practice staff safe. However, we note the acknowledgement in the consultation reportⁱⁱ that Covid-19 accelerated a move that was already underway, towards remote consultation which is embedded in many practices as part of a hybrid approach to consulting to meet patients' needs on an individual basis.

The increasing prevalence of remote consultations in general practice has not been without challenges. Indeed, there has been considerable frustration and discontent about the change in service model and this has been unfairly directed at GPs and practice teams. If the Department of Health does decide to proceed with the introduction of a regional 'Phone First' model in Northern Ireland, we suggest that a public messaging campaign is essential. It is critical that patients are aware of any significant changes to service provision across the whole system to ensure it is a success.

We would also urge the Department of Health to consider how these new models of care will be measured for effectiveness. It is our view that an outcomes-based approach should be taken, with metrics monitored. This will also allow resource allocation and workforce planning to be directed appropriately. The College in Northern Ireland would be concerned that many patients accessing Urgent Care Centres and other new models of care will ultimately be directed back to general practice. It is essential that this is measured, and resource directed appropriately.

It is our view that the introduction of Urgent Care Centres and rapid access assessment and treatment services will help improve timely and equitable access to urgent and emergency care in Northern Ireland. We support the aim of ensuring a patient can access the right healthcare professional in a timely fashion and we agree that, if properly implemented, this will streamline patient care. It is essential that there is a place that GPs can direct patients needing further clinical assessment to and that they have confidence patients will be seen in a timely manner by the correct professional. More often than not, Emergency Departments are the only place available to GPs to send patients who need their case escalated and this adds pressure to other parts of our health service and also provides a poor experience for patients, having to wait many hours for care and often referred many times before an appropriate management plan is instigated.

It is welcome that the proposed model of care has direct access for GPs and that GPs will be able to make direct appointments for patients with the most appropriate specialist for assessments, tests and diagnostics. If this system functions as intended, we believe that this will improve access to urgent and emergency care in Northern Ireland. It is essential that there is open and equal access to Trust-based diagnostic and treatment pathways and that GPs have direct access. This would help to optimise patient care and ensure the patient journey is enhanced. Parity of respect and recognition of clinical skills and assessment are also vital.

We note with concern that there is unfortunately no mention of the Multidisciplinary model in general practice in the review of urgent and emergency care. We believe that this model, which sees other healthcare professionals embedded in general practice, will also make a difference to urgent care, if fully rolled out. This would be achieved by enabling direct access to other healthcare professionals for patients. This programme is a vital part of the transformation journey in Northern Ireland. It must be rolled out fully across Northern Ireland and it should be a key part of the ongoing efforts to transform urgent and emergency care. A regional approach to

urgent and emergency care without the full roll out of the Multidisciplinary team model creates further inequity in service provision and unequal demand across the system,

The College in Northern Ireland support the need to urgently reform Out of Hours services, which we accept are not working in the way they should be, and patients are struggling to access them. However, we cannot tackle the challenges in Out of Hours without investing in service provision in-hours. We recognise that the current service model, with 19 OOH centres managed by five different organisations, is overly complex and can be difficult for patients to navigate. We also recognise the difficulty in staffing OOH services, with 18% of planned Out of Hours sessions not able to go ahead in 2020. However, it is essential to remember that the solution to this challenge cannot simply be to encourage GPs to work longer hours. Many will simply be unable to do so due to their daytime commitments and we could risk losing vital staff from our profession.

We would urge the Department of Health to take action to ensure that Out of Hours is truly multidisciplinary. While GPs lead the service from a clinical perspective, other healthcare professionals must be involved in the service, providing care to patients. Due to a variety of reasons, early career GPs are more likely to work in Out of Hours settings and it is imperative that there is appropriate investment in their training and mentoring. In addition, we also would urge that support is given for the training of speciality GPs. Without this support, the next generation of GPs will not be able to gain these essential clinical skills.

While we would defer to our trade union colleagues in the British Medical Association on this issue, it would be remiss of us not to highlight the impact of pension and indemnity challenges on encouraging doctors to work in Out of Hours or other additional services. This must be resolved as soon as possible, lest we lose a vital element of the workforce at a time when the system can least afford it.

We welcome the acknowledgement of our severe workforce challenges and support the development of a regional, multi-professional workforce to ensure we have appropriately skilled staff to deliver on these new models of care. This is an essential piece of work, and we suggest that the Department of Health must ensure these new models of care are truly multidisciplinary, with nursing and allied health professional colleagues playing a vital role.

RCGPNI would be concerned that there will be a heavy reliance on GPs when it comes to staffing these new models of care – particularly in Urgent Care centres which appear to be reliant on GPs who already perform Out of Hours, making a small pool of staff even more strained. General practice is facing a workforce challenge, with 26% of GPs over 55ⁱⁱⁱ and nearing retirement, and colleagues increasingly suffering from burnout and stress. We must be clear that relying on GPs in isolation to staff these models will not succeed. We would urge the Department of Health to ensure that staff are not only multidisciplinary but that the medical workforce is drawn from across both secondary and primary care, utilising the best clinical skill mix to meet patient needs.

ⁱ <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>

ⁱⁱ <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-consultation-report-and-strategic-priorities.PDF> Page 8, 2.02

ⁱⁱⁱ RCGP Tracking Survey data, April 2021